Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 16, 2026

Licensee
Advocate Health Care Services
15720 Rockford Road #217
Plymouth, MN 55446

RE: Project Number SL41318016

Dear Licensee:

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.

The Minnesota Department of Health (MDH) completed an initial survey on November 20, 2025, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

The Department of Health 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
Per 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 clients/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(s) 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. 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41318	A. BUILDING: _____ B. WING _____	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVOCATE HEALTH CARE SERVICES	15720 ROCKFORD ROAD #217 PLYMOUTH, MN 55446

(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: SL41318016-0 On November 18, 2025, through November 20, 2025, a surveyor of this Department's staff, visited the above Temporary Comprehensive home care licensed provider and the following correction orders were issued. At the time of the survey, there were three (3) active clients receiving services under the Temporary Comprehensive Home Care license.	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)	
0 510 SS=F	144A.473, Subd. 2 Temporary License (a) For new license applicants, the commissioner shall issue a temporary license for either the	0 510		

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0 510	Continued From page 1 basic or comprehensive home care level. A temporary license is effective for up to one year from the date of issuance, except that a temporary license may be extended according to subdivision 3. Temporary licensees must comply with sections 144A.43 to 144A.482. (b) During the temporary license period, the commissioner shall survey the temporary licensee within 90 calendar days after the commissioner is notified or has evidence that the temporary licensee is providing home care services. (c) Within five days of beginning the provision of services, the temporary licensee must notify the commissioner that it is serving clients. The notification to the commissioner may be mailed or emailed to the commissioner at the address provided by the commissioner. If the temporary licensee does not provide home care services during the temporary license period, then the temporary license expires at the end of the period and the applicant must reapply for a temporary home care license. (d) A temporary licensee may request a change in the level of licensure prior to being surveyed and granted a license by notifying the commissioner in writing and providing additional documentation or materials required to update or complete the changed temporary license application. The applicant must pay the difference between the application fees when changing from the basic level to the comprehensive level of licensure. No refund will be made if the provider chooses to change the license application to the basic level. (e) If the temporary licensee notifies the commissioner that the licensee has clients within 45 days prior to the temporary license expiration, the commissioner may extend the temporary license for up to 60 days in order to allow the	0 510		

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0 510	Continued From page 2 commissioner to complete the on-site survey required under this section and follow-up survey visits. This STANDARD is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within five (5) days of providing comprehensive home care services under the Temporary Comprehensive Home Care license. 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), 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 current client roster indicated C1 started services on May 8, 2025. C1's record included an initial "start of care" assessment dated May 8, 2025. A "Notice from Temporary Licensee of Providing Licensed Home Care Services" document, signed by registered nurse/administrator (RN)-B on June 10, 2025, indicated the licensee began providing home care services on May 17, 2025. The form was received by the Minnesota Department of Health on June 10, 2025, greater than five days (33 days) after beginning to provide services to C1. On November 18, 2025, at 12:43 p.m., RN-B	0 510		

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0 510	Continued From page 3 stated C1 started receiving services on May 8, 2025, and started receiving services. RN-B further stated licensee was a few weeks late notifying MDH of C1 starting services and indicated no one had informed licensee of the need to notify MDH. Moreover, RN-B stated there was a lot of statutes that licensee still had to learn. No additional information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 815 SS=F	144A.479, Subd. 7 Employee Records 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: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the	0 815		

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0 815	Continued From page 4 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained all required content for three of three employees (registered nurse (RN)-B, licensed practical nurse (LPN)-C, and unlicensed personnel (ULP)-D). 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 the clients). The findings include: RN-B was hired June 14, 2025, LPN-C was hired September 30, 2025, and ULP-D was hired November 10, 2025. All employees provided cares and services to licensee's clients. RN-B, LPN-C, and ULP-D's employee records lacked documentation of the following required content:	0 815		

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0 815	Continued From page 5 - orientation: - overview of home care statutes; - review of provider's policies and procedures; - reporting maltreatment of vulnerable adults or minors; - home care bill of rights; - handling client complaints, reporting complaints, where to report; - consumer advocacy services; and - review of types of home care services the employee would provide and providers scope of license. On November 20, 2025, at 3:00 p.m., RN-B stated the training content noted above was missing from RN-B, LPN-C, and ULP-D's employee files. RN-B further stated new hire orientation had been completed; however, the agency orientation check-off sheet which licensee developed and used to track new hire orientation and training was unable to be located. On July 29, 2025, at 1:01 p.m., RN-B stated the licensee used EduCare (a training software) to complete orientation requirements with employees. RN-B stated if EduCare courses were not available via computer, the licensee would review EduCare's training content in person and then certify the course was received. RN-B stated, "I know we did it. I don't know why we don't have the documentation for it." On July 29, 2025, at 1:15 p.m., RN-B stated, "We received the training. We both worked with assisted living, and we thought we received it. Not sure what happened." On July 29, 2025, at 1:22 p.m., owner and registered nurse (O)-A stated they completed	0 815		

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0 815	Continued From page 6 training on the orientation topics listed above. The licensee's undated Personnel Records policy indicated the personnel record for an employee shall include records of orientation to the agency, to home care requirements, and their roles and responsibilities. The licensee's undated Agency Employee Orientation policy read, "1. The state required orientation to home care must include the following: a. An overview of Minnesota's home care law (MN Statues 144A.43 to 144.4798) b. An introduction and review of all of agency's policies and procedures related to the provision of home care services. c. Handling of emergencies and use of emergency services. d. Reporting the maltreatment of vulnerable minors or adults under Minnesota Statutes 626.556 and 626.557. e. The home care bill of rights (Minnesota Statutes 144A.44): 1) Overview of the home care statute and licensure rules. 2) Handling of emergencies and use of emergency services. 3) Reporting the maltreatment of vulnerable minors or adults. 4) Home Care Bill of Rights. 5) Handling of clients' complaints and reporting of complaints to the Office of Health Facility Complaints. 6) Consumer advocacy services of the Ombudsman for Long-Term care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates and	0 815		

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0 815	Continued From page 7 other relevant advocacy services. 7) A review of the types of home care services the employee will be providing and the scope of the agency's services under the specific license. 2. Completion of the orientation training shall be documented in the employee's personn Licensee's Agency Employee Orientation policy dated January 2025, indicated all employees of the agency, including those who provide direct care, supervision of direct care, or management services for the agency, would complete an orientation to home care requirements before providing home care services to clients. If any volunteers provide services to home care clients, they also would receive orientation to home care. Furthermore, The state-required orientation to home care would include the following: a. An overview of Minnesota's home care law (MN Statues 144A.43 to 144.4798). b. An introduction and review of all of the agency's policies and procedures related to the provision of home care services. c. Handling of emergencies and use of emergency services. d. Reporting the maltreatment of vulnerable minors or adults under Minnesota Statutes 626.556 and 626.557. e. The home care bill of rights (Minnesota Statutes 144A.44): i. Overview of the home care statute and licensure rules. ii. Handling of emergencies and use of emergency services. iii. Reporting the maltreatment of vulnerable minors or adults. iv. Home Care Bill of Rights. v. Handling of clients' complaints and reporting of complaints to the Office of Health Facility	0 815		

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0 815	Continued From page 8 Complaints. vi. Consumer advocacy services of the Ombudsman for long-term care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, and other relevant advocacy services. vii. A review of the types of home care services the employee will be providing and the scope of the agency's services under the specific license. Moreover, completion of the orientation training would be documented in the employee ' s personnel file. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (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.	0 860		

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0 860	Continued From page 9 (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 a registered nurse (RN) completed a reassessment within 14 days after the date that homecare services were provided for two of two clients (C1, C2). 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 number or all the clients). The findings include: C1 C1 was admitted on May 8, 2025, and began receiving comprehensive home care services. C1's Service Plan dated September 1, 2025, indicated C1's services included dressing, bathing, grooming, assistance with transfers, mobility, toileting, positioning, housekeeping, laundry, medication administration, range of motion exercises, and application of compression stockings.	0 860		

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0 860	Continued From page 10 C1's record included an initial assessment completed by the RN on May 8, 2025. C1's record lacked a 14-day assessment completed by a RN. C2 C2 was admitted on June 16, 2025, and began receiving comprehensive home care services. C2's undated Service Plan indicated C2's services included dressing, bathing, grooming, assistance with transfers, mobility, toileting, housekeeping, and laundry. C2's record included an initial assessment completed by the RN on June 16, 2025, and a 14-day reassessment completed by a RN on July 1, 2025, which was greater than 14 days after the date that homecare services were provided. On November 18, 2025, at 1:42 p.m., RN-B stated C1 and C2's 14-day reassessments had not been completed timely. RN-B further stated licensee could no longer access the previous assessment information, therefore, licensee had to go to paper documentation for a while and missed the timing for reassessments. The licensee's undated Comprehensive Client Assessment policy indicated client reassessment would be conducted in the client's home no more than 14 days after initiation of services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		

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01245	Continued From page 11	01245		
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 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 maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). The licensee failed to ensure screening for active TB (either a two-step tuberculin skin test (TST) or blood test) were completed and documented for two of three employees (licensed practical nurse (LPN)-C, and unlicensed personnel (ULP)-D). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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 residents).	01245		

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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
01245	Continued From page 12 The findings include: LPN-C LPN-C was hired September 30, 2025, and provided direct cares and services for clients within the community. LPN-C's employee record included a TB history and symptom screening form completed September 9, 2025, a negative first-step TST skin test, which was read on April 25, 2025, and a negative second-step TST skin test, which was read on May 9, 2025. LPN-C's record lacked TB testing results completed within 90 days prior to hire. ULP-D ULP-D was hired May 19, 2025, and provided direct cares and services for residents of the facility. ULP-D's employee record included a TB history and symptom screening form completed, November 11, 2025. ULP-D's record lacked either a two-step tuberculin skin test (TST) or blood test. On November 19, 2025, at 11:25 a.m., owner/registered nurse (O)-A stated she was told by administrative assistant (AA)-F that TB two-step results would be acceptable for up to six (6) months prior to hire date. O-A stated licensee's staff argue with licensee when they are asked to provide TB screening and testing upon hire; therefore, licensee accepts the documents employees provide them at time of hire. The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41318	A. BUILDING: _____ B. WING _____	11/20/2025

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01245	Continued From page 13 noted training was required at the time of hire and included: pathogenesis, signs symptoms, and the licensee's infection control plan. In addition, baseline screening for all health care workers (HCW) included a history and symptom screen and testing for the presence of TB infection. The regulations noted a blood test should include the date of the test. According to the regulations, if a HCW had documentation for latent TB, that documentation could be substituted for documentation of a previous positive TST or blood test. The licensee's Tuberculosis Screening policy dated September 2005, indicated each employee or volunteer having direct contact with clients would have documentation of baseline health screening prior to providing care to clients, which would include, at a minimum, TB skin testing via the TST method. Furthermore, a two-step TST would be required for baseline TB screening of healthcare workers who had not had a TST within the previous three (3) months. Moreover, if the employee received TST within three (3) months of employment, that would be considered step-one. Step-2 would be placed at the time of hire. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		