Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

July 30, 2024

Licensee
Sterling Healthcare LLC
7420 Unity Avenue North, Suite 310C
Brooklyn Park, MN 55443

RE: Denial of License Number 410395
Health Facility Identification Number (HFID) 39320
Initial Full Survey; Project Number(s) SL39320016

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on June 26, 2024, for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above mentioned provider. Based on the survey, MDH found you not in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A. As a result, your authority to continue to operate under a temporary license or be approved for a Comprehensive home care license, is being denied.

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 . . ."

REQUEST FOR RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.473, Subd. 3 (b) and/or (c), you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by MDH and Chapter 14 does not apply. **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

Note requests for reconsideration must be received by the department within 15 calendar days of the date of this notice.

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.

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF CLIENTS

You must comply with the requirements of notification and transfer of clients and provide the information described in Minn. Stat. § 144A.475, Subd. 5 (1), (2), (3), (4) and (5). Please provide the information to this department's contact, Jessie Chenze, Supervisor, via email at: Jessie.Chenze@state.mn.us, the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care **no later than August 2, 2024**. Pursuant to Minn. Stat § 144A.473, Subd. 3 (e) (4), a temporary licensee whose license is denied is permitted to continue operating as a home care provider during the period of time when a transfer of home care clients from the temporary licensee to a new home care provider is in process.

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 additional questions, please do not hesitate to contact Jessie Chenze, Supervisor, at Jessie.Chenze@state.mn.us. Jessie Chenze can also be reached by office phone at 218-332-5175.

Sincerely,

Rick Michals, J.D.
Interim Assistant Division Director

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39320	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HEALTHCARE LLC	7420 UNITY AVE N, STE 310C 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, 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: Project #39320016 On June 24, 2024, through June 26, 2024, a surveyor of this Department's staff, attempted to visit the above temporary comprehensive home care licensed provider and the following correction orders were issued. At the time of the evaluation, there were no clients receiving services under the temporary comprehensive 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 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).	
0 645 SS=F	144A.475, Subd. 1 Conditions (a) The commissioner may refuse to grant a	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39320	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HEALTHCARE LLC	7420 UNITY AVE N, STE 310C 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
0 645	Continued From page 1 temporary license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the home care provider or owner or managerial official of the home care provider: (1) is in violation of, or during the term of the license has violated, any of the requirements in sections 144A.471 to 144A.482; (2) permits, aids, or abets the commission of any illegal act in the provision of home care; (3) performs any act detrimental to the health, safety, and welfare of a client; (4) obtains the license by fraud or misrepresentation; (5) knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the home care provider's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the home care provider's clients; (8) interferes with or impedes a representative of the department in the enforcement of this chapter or has failed to fully cooperate with an inspection, survey, or investigation by the department; (9) destroys or makes unavailable any records or other evidence relating to the home care provider's compliance with this chapter; (10) refuses to initiate a background study under section 144.057 or 245A.04; (11) fails to timely pay any fines assessed by the department; (12) violates any local, city, or township ordinance relating to home care services; (13) has repeated incidents of personnel	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39320	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HEALTHCARE LLC	7420 UNITY AVE N, STE 310C 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
0 645	Continued From page 2 performing services beyond their competency level; or (14) has operated beyond the scope of the home care provider's license level. (b) A violation by a contractor providing the home care services of the home care provider is a violation by the home care provider. This MN Requirement is not met as evidenced by: Based on interview and attempted correspondence with provider and attempted record review, the licensee failed to cooperate and participate with the survey process by the Minnesota Department of Health (MDH), which had the potential to affect the licensee's 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 June 24, 2024, at approximately 7:00 a.m., a review of the licensee's Comprehensive Home Care license indicated the office was open Monday through Friday from 8:00 a.m. to 5:00 p.m. In addition, the license was effective January 10, 2023, through March 9, 2024. The following is correspondence to and from provider from June 24, 2024, through June 26, 2024:	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39320	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HEALTHCARE LLC	7420 UNITY AVE N, STE 310C 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
0 645	Continued From page 3 -On June 24, 2024, at 7:39 a.m., an electronic mail (e-mail) was sent to the licensee's e-mail address on record with MDH announcing the Comprehensive Home Care survey initiation. -On June 24, 2024, at 8:07 a.m., the surveyor called the licensee's phone number on record with MDH. The person who answered the phone identified himself as the agent and a nurse for (name of home care) facility. The agent stated he had to go to work, as a nurse, and he was not able to provide any records at that time, as the office was in his home and no one was at his home at that time. The nurse repeated he needed to work and the phone call ended. -On June 24, 2024, at 8:22 a.m., the surveyor called the number on record and a voicemail message was left requesting a return call to the surveyor. -On June 24, 2024, at 10:09 a.m., the surveyor called the number on record and the phone was answered. The "nurse" stated he had discharged the clients the licensee had been providing care for since the homecare license had expired. The surveyor was told the licensee had no current clients. The nurse stated the licensee wanted to keep the comprehensive home care license. The surveyor informed the nurse that an e-mail had been sent to the address on record with MDH that contained information regarding the survey. The nurse/agent stated in a whispered voice he did not have access to e-mail while at work and he asked if he could send information to surveyor when he was done with work. The surveyor agreed to this. -On June 24, 2024, at 3:51 p.m., an e-mail was	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39320	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HEALTHCARE LLC	7420 UNITY AVE N, STE 310C 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
0 645	Continued From page 4 sent to the e-mail on record requesting client rosters and staff list be sent to surveyor. -On June 24, 2024, at 5:14 p.m., an e-mail was sent to the e-mail on record requesting a time to complete the entrance conference. -On June 25, 2024, at 7:50 a.m., the surveyor called the number on record. The phone rang several times and then the surveyor heard music play and a beep was heard. The surveyor left a message after the beep. The surveyor requested a return phone call and referred to the e-mails sent, and records requested. -On June 25, 2024, at 8:10 a.m., the surveyor called the number on record. The phone rang several times and then the surveyor heard music play. The phone call was not answered. The surveyor left a message after a beep was heard. -On June 25, 2024, at 9:00 a.m., an e-mail was sent to the e-mail on record that the surveyor was attempting to reach the licensee, adding the surveyor had spoken with the nurse/agent twice the day prior and had been informed that the information requested would be sent to the surveyor when the agent/nurse was off of work on June 24, 2024. The surveyor asked that information requested be sent by 2:00 p.m., on June 25, 2024. -On June 26, 2024, at 8:01 a.m., the surveyor called a different phone number listed on a website for the licensee. The phone rang three times and went to a busy signal. -On June 26, 2024, at 8:14 a.m., the surveyor called the phone number listed on a website for the licensee. The phone rang three times and	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39320	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HEALTHCARE LLC	7420 UNITY AVE N, STE 310C 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
0 645	Continued From page 5 went to a busy signal. -On June 26, 2024, at 8:23 a.m., an e-mail was sent to the e-mail on record that the surveyor was attempting to complete the survey process. -On June 26, 2024, at 8:26 a.m., the surveyor called the number on record. The phone rang several times and then the surveyor heard music play. The phone call was not answered. The surveyor attempted to leave a voice message. -On June 26, at 8:50 a.m., an e-mail was sent to the e-mail on record that the survey would be ending at 12:00 p.m., due to non-responsiveness. -On June 26, 2024, at 12:21 p.m., the surveyor called the number on record. The phone rang several times and then the surveyor heard music play. The phone call was not answered. The surveyor attempted to leave a voice message that the survey process had been concluded and an exit e-mail would be sent to the e-mail address on record. -On June 26, 2024, at 12:25 p.m., an exit e-mail was sent to the e-mail address on record. No information had been received as requested, nor had any communication taken place since June 24, 2026, at 10:09 a.m., when the agent stated he would send information when he got off of work in a whispered voice. -On June 26, 2024, at 1:48 p.m., the surveyor received an e-mail from the e-mail on record from the agent which stated he was sorry he missed the calls, he had been sick, and that he just logged into his PC (personal computer) and "realized that you had send me a request for documents." The e-mail included the phone	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39320	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HEALTHCARE LLC	7420 UNITY AVE N, STE 310C 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
0 645	Continued From page 6 number on record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 645		