Electronically Delivered

April 10, 2026

Licensee
Excellent Care Services Inc
3003 43rd Street Northwest Suite 106
Rochester, MN 55901

RE: Project Number(s) SL24797013

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 19, 2026, 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 - 0645 - 144a.475, Subd. 1 - Conditions - $500.00

The total amount you are assessed is $. 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**.

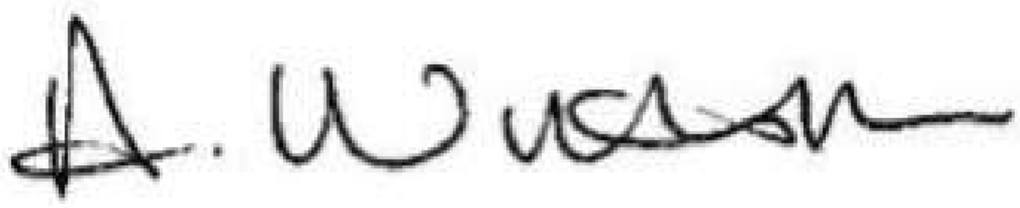
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms 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,



Annette Winters, Supervisor
Regional Operations Supervisor
Email: annette.m.winters@state.mn.us
Telephone: 651-558-7558 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
	H24797	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCELLENT CARE SERVICES INC	3003 43RD ST NW SUITE 106 ROCHESTER, MN 55901

(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 Citation Text for Tag 0000, Regulation C1MC *****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 #SL24797013-0 On 3/16/26 - 3/19/26 surveyors 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 zero active client receiving services under the comprehensive license and nine clients recieiving services under the basic license.	0 000		
0 645 SS=F	144A.475, Subd. 1 Conditions (a) The commissioner may refuse to grant a 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	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H24797	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCELLENT CARE SERVICES INC	3003 43RD ST NW SUITE 106 ROCHESTER, MN 55901

(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 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 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	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H24797	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCELLENT CARE SERVICES INC	3003 43RD ST NW SUITE 106 ROCHESTER, MN 55901

(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 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 record review, the licensee failed to fully cooperate with the survey process by the Minnesota Department of Health (MDH), which had the potential to affect any current clients or staff with records reviewed. 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: Email correspondence on 3/16/26 at 7:24 a.m. was sent to the licensee to request survey form completion prior to initiation of the comprehensive survey for 3/16/26. On 3/16/26, at 8:06 a.m., the licensee's owner was contacted by phone and stated he would be onsite upon the surveyor's arrival. On 3/16/26, at 10:45 a.m., director or services and the of nursing (DON) were onsite. An entrance interview was attempted. The owner stated he did not need a survey because the agency's license was pending, and he was working with the Minnesota Department of Health. He stated the time between the email correspondence and phone call did not give him	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H24797	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCELLENT CARE SERVICES INC	3003 43RD ST NW SUITE 106 ROCHESTER, MN 55901

(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 enough to gather the requested information. Furthermore, he would not release information until he was certain he had a comprehensive license and wanted the surveyor to find out the status of his comprehensive license. On 3/17/26 at 11:17 a.m. a phone call was attempted to the agency's office however the voicemail was full, an SMS (short message service) message was left with the surveyor's phone number. On 3/17/26 at 12:00 p.m. an attempt was made to stop by the agency's office. The door was locked, and the lights were off. On 3/17/26 at 4:02 p.m. another attempt was made to stop by the agency's office. The door remained locked with the lights off. Email correspondence on 3/18/26 at 9:09 a.m. was sent to the owner requesting the same information requested prior to the survey entrance on 3/16/26 at 7:24 a.m. along with a medical record request. On 3/18/26 at 10:15 a.m. during a phone call the director of services stated he would look at the email correspondence and call the surveyor back. No return call was received. Email correspondence on 3/16/26 at 11:52 from the director of services indicated he had to leave town because of an urgent call from an extended family member, and he would respond to the requested forms the following Monday. Email correspondence on 3/18/26 at 1:15 p.m. to the director of services indicated the survey could not be postponed and the requested information	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H24797	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCELLENT CARE SERVICES INC	3003 43RD ST NW SUITE 106 ROCHESTER, MN 55901

(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 was required by 3/19/26 at 9:00 a.m. There was no further communication.	0 645		