Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 16, 2026

Licensee
Ntingale In-House Skilled Nurse LLC
416 31st Avenue North
Minneapolis, MN 55411

RE: Project Number SL32811007

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 March 24, 2026, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted no violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

Performance Incentive. In accordance with Minn. Stat. 144A.474, Subd. (10) a licensee is eligible for a performance incentive if there are no violations identified in a core or full survey. The performance incentive is a ten percent discount on the licensee's next home care renewal license fee. You have received the performance incentive discount.

Health Regulation Division (HRD) Licensing will contact you with additional information regarding the Performance Incentive. Please contact health.homecare@state.mn.us if you do not receive notice from HRD Licensing prior to your next Renewal Notice; you currently have a pending renewal application; or have questions about the process.

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,

Annette Winters, Supervisor
State Evaluation Team
Email: annette.m.winters@state.mn.us
Telephone: 651-201-4204 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H32811	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NTINGALE IN-HOUSE SKILLED NURSE LLC	416 31ST AVENUE NORTH MINNEAPOLIS, MN 55411

(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 SL32811007-0 On 3/23/26 - 3/24/26, a surveyor of this Department's staff visited the above provider. At the time of the survey, there were 17 clients that were receiving services under the provider's Comprehensive Home Care license. As a result of the survey, the licensee was determined to be in compliance with Minnesota Statutes, section 144A.43 to 144A.484.	0 000		