DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 4, 2025

Licensee
Warm Hearts Home Care LLC
8947 151st Lane Northwest
Ramsey, MN 55303

RE: Project Number SL41076016

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 May 30, 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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 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
	H41076	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARM HEARTS HOME CARE LLC	8947 151ST LN NW RAMSEY, MN 55303

(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 #41076016-0 On May 27, 2025, through May 29, 2025, an evaluator 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 evaluation, there was one active client 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).	
0 265 SS=F	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice	0 265		

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0 265	Continued From page 1 receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure home care services were provided according to accepted healthcare, medical, or nursing standards for one of one clients (C1) with bedrails. 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: C1 had an admission date of January 7, 2025, and received services in a housing with services (HWS) setting. C1's diagnoses included epilepsy (seizure disorder), encephalopathy (brain disease), and chronic meningitis (inflammation of brain and spinal cord membranes). On May 27, 2025, at 1:46 p.m., surveyor observed C1 to have bilateral quater bed rails at the head of C1's bed. C1's record lacked evidence that an explanation	0 265		

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0 265	Continued From page 2 of the risks and benefits of the use of the bedrail had been provided to the client, or the client's representative. On May 27, 2025, at 1:47 p.m., C1's guardian stated the bed rails have been attached to the bed for a long time and are in the upright position unless they or a nurse is at the bedside. On May 28, 2025, at 12:17 p.m., owner/registered nurse (O/RN)-A stated, "As for the risks and benefits, I don't know if I have it documented but it definitely was covered, it would be in the initial assessment if I documented it." The licensee's undated 4.19 Siderails policy indicated, "It is the policy of [Name of company] (sic) to limit the use of medical devices to those that are considered "safe", based on current standards of practice. When [Name of company] (sic) is aware a home care client is utilizing siderails (a medical device) on a bed, [Name of company] (sic) shall assess the use, educate the client, and when appropriate, the responsible person, regarding the risks and benefits of siderails, and verify that the siderail in use is of a safe design and utilized consistent with the manufacturer's directions. This policy shall be followed regardless of who owns or is supplying the side rail." The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled	0 265		

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0 265	Continued From page 3 body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 265		
0 465 SS=F	144A.472, Subd. 1 License Applications Each application for a home care provider license must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the applicant's name, email address, physical address, and mailing address, including the name of the county in which the applicant resides and has a principal place of business; (2) the initial license fee in the amount specified in subdivision 7; (3) the email address, physical address, mailing address, and telephone number of the principal administrative office; (4) the email address, physical address, mailing address, and telephone number of each branch office, if any; (5) the names, email and mailing addresses, and telephone numbers of all owners and managerial officials; (6) documentation of compliance with the background study requirements of section 144A.476 for all persons involved in the management, operation, or control of the home care provider;	0 465		

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0 465	Continued From page 4 (7) documentation of a background study as required by section 144.057 for any individual seeking employment, paid or volunteer, with the home care provider; (8) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (9) documentation of liability coverage, if the provider has it; (10) identification of the license level the provider is seeking; (11) documentation that identifies the managerial official who is in charge of day-to-day operations and attestation that the person has reviewed and understands the home care provider regulations; (12) documentation that the applicant has designated one or more owners, managerial officials, or employees as an agent or agents, which shall not affect the legal responsibility of any other owner or managerial official under this chapter; (13) the signature of the officer or managing agent on behalf of an entity, corporation, association, or unit of government; (14) verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures and keep them current: (i) requirements in chapter 260E, reporting of maltreatment of minors, and section 626.557, reporting of maltreatment of vulnerable adults; (ii) conducting and handling background studies on employees; (iii) orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance; (iv) handling complaints from clients, family members, or client representatives regarding staff or services provided by staff;	0 465		

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0 465	Continued From page 5 (v) conducting initial evaluation of clients' needs and the providers' ability to provide those services; (vi) conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (vii) orientation to and implementation of the home care client bill of rights; (viii) infection control practices; (ix) reminders for medications, treatments, or exercises, if provided; and (x) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; and (15) other information required by the department. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they had met the requirements of licensure when applying for a temporary comprehensive home care license, by attesting the managerial officials who were in charge of the day-to-day operations, had reviewed, understood and implemented current policies and procedures, as required by home care provider regulations, 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	0 465		

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0 465	Continued From page 6 failure that has affected or has potential to affect a large portion or all of the clients). The findings include: The licensee's application for temporary Comprehensive license, section titled "Managerial Official Verification" (page 11 of the application), directed, "Read the following statements, initial each, if true, and sign below." The following was initialed (not all inclusive), "I certify that I have read and understand the following Minnesota [MN] Statutes: Home Care Statutes." The page was signed and dated by owner/registered nurse (O/RN)-A on March 27, 2024. The licensee began providing comprehensive home care services on January 27, 2025. During the entrance conference on May 27, 2025, at approximately 10:30 a.m., owner/registered nurse (O/RN)-A verified she was in charge of the day-to-day operations and the registered nurse who oversaw the more clinical aspects. O/RN-A indicated she was familiar with the home care laws and statutes. The licensee failed to implement the following required policies and procedures: - quality management, - disaster planning and emergency preparedness plan; - tuberculosis (TB) prevention and control requirements, and - reminders for treatments, or exercises, if provided. On May 28, 2025, at 12:24 p.m., owner/registered nurse (O/RN)-A verified the above listed policies and procedures had not been developed and/or	0 465		

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0 465	Continued From page 7 implemented. O/RN-A stated, "I ordered all the policies from an outside company, I just need to go through and put in my company information, I just haven't done that for all of them yet." Refer to licensing order at Statute 144A.479 Subd 3. Quality management. A quality management plan, development of quality indicators and a quality management meeting had not been completed. Refer to licensing order at Statute 144A.4791 Subd. 12. Disaster planning and emergency preparedness plan. The licensee lacked an emergency preparedness plan for emergency situations. Refer to licensing order at Statute 144A.4798 Subd. 1. Tuberculosis (TB) prevention and control. A TB symptom screening had not been completed for one of one employees (licensed practical nurse (LPN)-C). Refer to licensing order at Statute 144A.4792 Subd 5. The licensee failed to ensure a treatment management plan was developed for one of one clients (C1). Twelve (12) correction orders were issued, which indicated the licensee's understanding of the Minnesota statutes were limited and not evident for compliance with sections 144A.43 to 144A.4798. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 465		

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0 470	Continued From page 8	0 470		
0 470 SS=F	144A.472, Subd. 2 Comprehensive License Applications In addition to the information and fee required in subdivision 1, applicants applying for a comprehensive home care license must also provide verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures in this subdivision and keep them current: (1) conducting initial and ongoing assessments of the client's needs by a registered nurse or appropriate licensed health professional, including how changes in the client's conditions are identified, managed, and communicated to staff and other health care providers, as appropriate; (2) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (3) medication and treatment management; (4) delegation of home care tasks by registered nurses or licensed health professionals; (5) supervision of registered nurses and licensed health professionals; and (6) supervision of unlicensed personnel performing delegated home care tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the temporary comprehensive licensed home care provider failed to ensure the licensee's managerial staff responsible for day-to-day operations, understood the statutes including ensuring required policies and procedures were implemented. This practice resulted in a level two violation (a	0 470		

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0 470	Continued From page 9 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: The licensee's application for temporary Comprehensive license, section titled "Managerial Official Verification" (page 11 of the application), directed, "Read the following statements, initial each, if true, and sign below." The following was initialed (not all inclusive), "I certify that I have read and understand the following Minnesota [MN] Statutes: Home Care Statutes." The page was signed and dated by owner/registered nurse (O/RN)-A on March 27, 2024. The licensee began providing comprehensive home care services on January 27, 2025. The licensee failed to implement the following required policies and procedures: -delegation of home care tasks by registered nurses or licensed health professionals; and -supervision of registered nurses and licensed health professionals. On May 28, 2025, at 11:52 a.m., O/RN-A stated, "I didn't think I needed to observe the licensed nurses because their license would cover that. It makes sense that I do need to observe them to be able to complete performance reviews." No further information was provided.	0 470		

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0 470	Continued From page 10 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 470		
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the home care provides. This had the potential to affect all 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).	0 790		

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0 790	Continued From page 11 The findings include: On May 27, 2025, at 12:00 p.m., surveyor requested quality management improvement meeting minutes from the owner/registered nurse (O/RN)-A. Licensee lacked documentation of quality management improvement meeting minutes. On May 27, 2025, at 12:00 p.m., O/RN-A stated, "We do in person meetings each month, but I do not have anything documented." The licensee's undated 1.26 Quality Improvement Project policy indicated, "[name of company] (sic)will have at least one documented quality improvement project in place at all times, and retain records of such projects for at least two years." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (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 person's risk of abusing other vulnerable adults or minors; and statements of the specific	0 810		

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0 810	Continued From page 12 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the individual abuse prevention plan (IAPP) included required content for one of one clients (C1). 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: C1 had an admission date of January 7, 2025, and received services in a housing with services (HWS) setting. C1's diagnoses included epilepsy (seizure disorder), encephalopathy (brain disease), and chronic meningitis (inflammation of brain and spinal cord membranes). C1's Service Agreement dated January 7, 2025, indicated C1 was receiving assistance with bed mobility, G-J tube cares, medication administration, repositioning, suctioning, trach cares, and wound care.	0 810		

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	H41076	A. BUILDING: _____ B. WING _____	05/30/2025

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0 810	Continued From page 13 C1's record lacked an individual abuse prevention plan that included: - an individualized assessment of client's susceptibility to abuse by other individuals; - assessment of the client'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 the client and other vulnerable adults or minors and risk of self-abuse. On May 28, 2025, at 12:28 p.m., owner/registered nurse (O/RN)-A stated, "I think I just missed it, but she is total cares so she can't really abuse anyone." The licensee's undated 1.24 Vulnerable Adults and Maltreatment - Communication, Prevention, and Reporting policy indicated, "[Name of company] (sic) will develop an individualized abuse prevention plan for each home care client. The plan will contain a review of: 1) the client's susceptibility to abuse by another individual {including other vulnerable adults), 2) the client's risk of abusing other vulnerable adults, and 3) actions, measures, or approaches [Name of company] (sic)will take to minimize the risk of abuse to the client and other vulnerable adults." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 815 SS=F	144A.479, Subd. 7 Employee Records The home care provider must maintain current records of each paid employee, regularly	0 815		

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0 815	Continued From page 14 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 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 one of one employee (licensed practical nurse (LPN)-C). This practice resulted in a level two violation (a	0 815		

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0 815	Continued From page 15 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: LPN-C was hired October 31, 2024, to provide direct care services for clients. LPN-Cs employee record lacked documentation of the following orientation topics: - homecare statutes; - consumer advocacy services; and - review of types of home care services the employee will provide and provider's scope of license. On may 27, 2025, at 2:01 p.m., LPN-C stated LPN-C completed orientation with owner/ registered nurse (O/RN)-A upon hire. LPN-C stated the training content covered electronic charting software use, individual client needs, and 'other stuff'. On May 28, 2025, at 12:22 p.m., O/RN-A stated, All my staff are trained by me, we go over the statues, and the policies, we go over their scope and licenses and abuse and neglect and all the cares, we go over customer service, I do all the required trainings with them in person, I just didn' t write it down anywhere. The licensee's undated 3.01 Orientation for Home Care Staff policy indicated, "Orientation	0 815		

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0 815	Continued From page 16 must be completed once for each staff person and is not transferable to another home care provider. All Comprehensive Home Care employees must complete the orientation to home care requirements before providing home care services to clients. Orientation to home care services need only be completed once. The materials and/or type of training (i.e. video, lecture, reading, etc.) will be documented for compliance." In addition, the policy indicated, "Evidence of the completion of required orientation topics must be kept in the employee record of each staff person having completed the orientation." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
0 835 SS=C	144A.4791, Subd. 3 Statement of Home Care Services Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by:	0 835		

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0 835	Continued From page 17 Based on interview and record review, the licensee failed to ensure the facility's statement of services was provided to the client or client representative prior to initiation of services for one of one clients (C1) with records reviewed. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) 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: C1 had an admission date of January 7, 2025, and received services in a housing with services (HWS) setting. C1's record lacked a written acknowledgment of the clients's receipt for "Statement of Home Care Services". On May 28, 2025, at 11:56 a.m., owner/registered nurse (O/RN)-A stated, "I didn't know that that was something that I needed to give to each client. So, I haven't been doing that." The licensee's undated 1.30 Statement of Home Care Services policy indicated, "[Name of company] (sic) shall provide a "Statement of Home Care Services" to clients and client's representatives. This Statement shall be provided prior to the date that services are first provided." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 835		

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0 835	Continued From page 18 (21) days	0 835		
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. (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 timely completion of required assessments by the registered nurse (RN) for on-going assessments not to exceed 90 days, for one of one clients reviewed (C1). 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	0 860		

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0 860	Continued From page 19 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: C1 had an admission date of January 7, 2025, and received services in a housing with services (HWS) setting. C1's Service Agreement dated January 7, 2025, indicated C1 was receiving assistance with bed mobility, G-J tube cares, medication administration, repositioning, suctioning, trach cares, and wound care. C1's record included a 14-day assessment dated January 29, 2025, and a 90-day assessment dated May 13, 2025, which indicated 104 days passed between assessments. On May 28, 2025, at 12:29 p.m., owner/registered nurse (O/RN)-A stated, "It was late because of not knowing how to do it and putting it into rtasks. It was so confusing, so it was really just because I didn't know how to work Rtasks (an electronic charting system). I attempted to complete the assessment a couple of times and then I had to call Rtasks, and they walked me through how to do it, but I didn't have documentation until it was complete she indicated." The licensee's undated Assessment-Comprehensive Services policy indicated, "Ongoing client monitoring and reassessment will be conducted as needed based on changes in the needs of the client but will not exceed 90 days	0 860		

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0 860	Continued From page 20 from the last date of assessment." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
0 885 SS=F	144A.4791, Subd. 12 Disaster/Emergency Preparedness Planning The home care provider must have a written plan of action to facilitate the management of the client's care and services in response to a natural disaster, such as flood and storms, or other emergencies that may disrupt the home care provider's ability to provide care or services. The licensee must provide adequate orientation and training of staff on emergency preparedness. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure a written plan was developed to facilitate the management of the clients care and services in response to a natural disaster 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 of the clients). The findings include:	0 885		

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0 885	Continued From page 21 The licensee lacked development of a written plan of action in response to natural disasters and emergencies. On May 28, 2025, at 11:43 a.m., owner/registered nurse (O/RN)-A stated, "I would think there would be some generic EPP items in her file, but no I don't have one that is specific to her." The licensee's 7.01 Disaster Planning and Emergency Preparedness Plan policy indicated, "[Name of company] (sic) will have in place a written plan of action to facilitate the management of clients care and services in response to a natural disaster or other emergencies that may disrupt their ability to provide care and/or services." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 885		
01030 SS=F	144A.4793, Subd. 2 Policies and Procedures (a) A comprehensive home care provider who provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines. (b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting	01030		

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01030	Continued From page 22 of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, monitoring and evaluating the treatment and therapy, and communicating with the prescriber. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop, implement and maintain up-to-date written treatment or therapy management policies and procedures as required. 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 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 clients). The findings include: On May 28, 2025, at 11:40 a.m., the licensee's policies and procedures were requested from owner/registered nurse (O/RN)-A. The policies and procedures provided by O/RN-A did not include treatment and therapy policies to address the following: -tracheostomy cares; -tube feeding administration and cares; and -foley catheter cares. On May 28, 2025, at 11:50 a.m., O/RN-A stated they were unaware of the need for an individual policy addressing each treatment provided. No further information was provided.	01030		

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01030	Continued From page 23 TIME FOR CORRECTION: Seven (7) days	01030		
01050 SS=F	144A.4793, Subd. 6 Treatment and Therapy Orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to obtain an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies licensee managed for one of one client (C1). 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: C1 had an admission date of January 7, 2025, and received services in a housing with services (HWS) setting.	01050		

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01050	Continued From page 24 C1's diagnoses included epilepsy (seizure disorder), encephalopathy (brain disease), and chronic meningitis (inflammation of brain and spinal cord membranes). C1's Service Agreement dated January 7, 2025, indicated C1 was receiving assistance with bed mobility, G-J tube cares, medication administration, repositioning, suctioning, trach cares, and wound care. C1's record lacked a written or electronically recorded order from an authorized prescriber for catheter cares. On May 27, 2025, at 1:52 p.m. C1's guardian stated, "They do the medications, vitals, suctioning, repo, cleaning up after BMs baths oral care, catheter cares and trach cares for [C1]." On May 28, 2025, at 11:58 a.m., owner/registered nurse (O/RN)-A stated, "I don't think I have orders for the catheter cares because I didn't realize we needed them since all we do is the cares, they have another company that will insert or remove the catheter as needed." The licensee's undated 5.01 Medication & Treatment Orders policy indicated, "To ensure a current, written prescriber's order must be obtained for any treatment or medication administration provided to a client. Prescriptions or orders that are to be implemented must be received from an authorized prescriber. And, to ensure ongoing evaluation of medications and treatments." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01050		

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01050	Continued From page 25 days	01050		
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 ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included TB history and symptom screening for one of one employees (licensed practical nurse (LPN)-C). 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	01245		

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01245	Continued From page 26 a large portion or all of the clients). The findings include: LPN-C was hired October 31, 2024, to provide direct care and supervision. LPN-C's record lacked documentation of TB screening for the presence of infection with Mycobacterium tuberculosis completed upon hire. On May 27, 2025, at 11:47 a.m., owner/registered nurse (O/RN)-A stated, "We do not have the TB screening form; I will need to get that going forward." The licensee's undated, T.B. Prevention & Control Program policy, indicated TB screenings would be completed for all employees. The MDH guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings" dated July 2013, and based on CDC guidelines, indicated a facility TB risk assessment should be completed initially and then for low-risk settings the risk assessment should be updated every other year. The MDH Tuberculosis Screening and Education Requirements for Assisted Living Facilities and Home Care Providers dated February 3, 2022, indicated baseline TB screening was required at the time of hire for all health care personnel in Minnesota. Baseline TB screening included assessing for current symptoms of active TB disease; assessing TB history; and testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TB skin test or a single TB blood test.	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41076	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARM HEARTS HOME CARE LLC	8947 151ST LN NW RAMSEY, MN 55303

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01245	Continued From page 27 No further information was provided. TIME PERIOD TO CORRECT: Twenty-One (21) days.	01245		