



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 26, 2026

Licensee

Always Care Home LLC

14441 Quintana Street Northwest

Ramsey, MN 55303

RE: Project Number(s) SL41408016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 18, 2025, 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 \$500.00. 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.

Always Care Home LLC

February 26, 2026

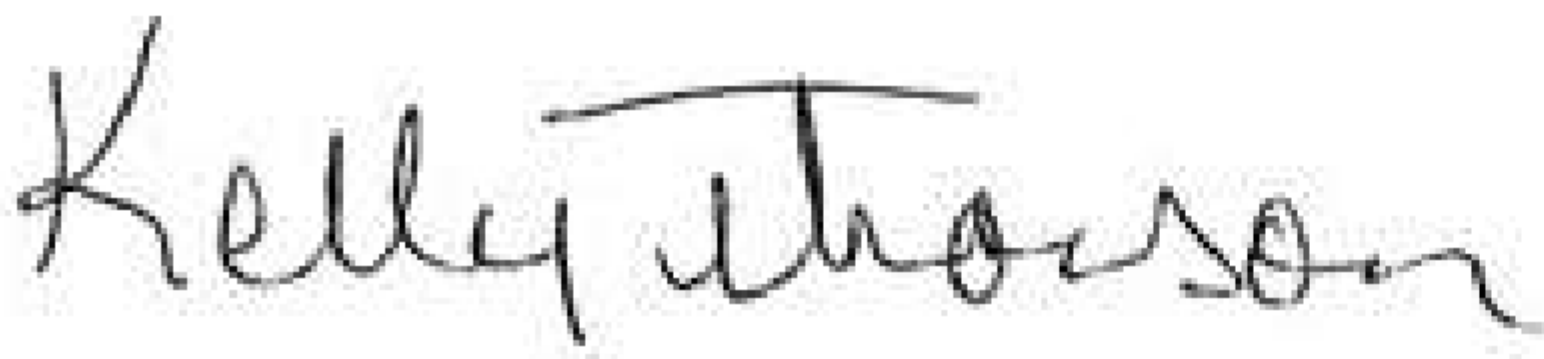
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The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. 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,

A handwritten signature in cursive script that reads "Kelly Thorson". The ink is dark and the signature is fluid.

Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H41408	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER ALWAYS CARE HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 14441 QUINTANA ST 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(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are 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: SL41408016-0 On November 17, 2025, through November 18, 2025, the Minnesota Department of Health conducted an inital full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were an unknown number of clients receiving services under the provider's 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			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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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			

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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 observation, interview, and record review, the licensee failed to provide access to the client medical records, the licensee's personnel files, and other documents which impeded the survey. 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 November 17, 2025, at 8:15 a.m., 8:45 a.m., and 9:45 a.m., a.m., the surveyor called and left messages and emailed the licensee at the number and email address the Minnesota Department of Health (MDH) had on file. On November 17, 2025, at 10:30 a.m., the surveyor arrived at the address listed as the licensee's business office and observed a single-family style home with one van in the driveway. Upon ringing the electronic doorbell, a message played from the doorbell that indicated	0 645			

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0 645	Continued From page 3 no one was home but you could record a message. On November 17, 2025, at 10:35 a.m., the surveyor again called the number on file and left another recorded message indicating the surveyor was at the listed address on file and to call back as soon as possible and left the address at 10:45 a.m., after not hearing back from the provider. On November 17, 2025, at 1:00 p.m. and 1:10 p.m., the surveyor called and left messages and emailed the licensee at the number and email address the Minnesota Department of Health (MDH) had on file asking for a call back as soon as possible and established a timeline for an expected reply before 9:00 a.m. on November 18, 2025. On November 17, 2025, at 3:55 p.m. and 4:00 p.m., the surveyor called and left messages and emailed the licensee at the number and email address the Minnesota Department of Health (MDH) had on file and for a second time requested a reply by the following morning. On November 17, 2025, at 8:32 p.m., the surveyor received an email from owner (O)-A that indicated his father passed away on November 9, 2025, and due to this family emergency, he traveled to Nigeria on November 15, 2025, for the burial and to support his mother and was scheduled to return om December 7, 2025. O-A requested that the survey be postponed until after his return and indicated he would be available for survey anytime after December 9, 2025. O-A indicated his current clients are being cared for through arrangements with other licensed agencies, so their needs continue to be met and	0 645			

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0 645	Continued From page 4 ensure continuity of care. O-A indicated he could provide documentation related to his travel or father's passing. The surveyor obtained the notification that O-A submitted to MDH to indicate the temporary license holder started providing services to a client (C)-1 on May 3, 2025. On November 18, 2025, at 9:28 a.m., the surveyor contacted and spoke over the phone with family member of client (FM)-B, who stated O-A was a nurse providing home care services for her son but he was out of the country currently and would be back in December and other providers continue to provide care for her son in O-A's absence. The surveyor was unable to conduct an initial survey on the temporary comprehensive licensure due to the unavailability of the provider and the lack of access to any records. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 645			
0 000	Integrated License (HCBS) Initial Comments On November 17, 2025, through November 18, 2025, the Minnesota Department of Health began an initial full survey at the above home and community-based service (HCBS) designation provider, but the survey was aborted as the licensee was unable to provide the department access to records due to being out of the country.	0 000			