Electronically Delivered

April 8, 2026

Licensee
Pro Medical Services Inc
14697 80th Place North, Suite M
Maple Grove, MN 55311

RE: Project Number(s) SL27879012

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 6, 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.

MDH 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 . . ."

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 - 1252 - 144a.4798, Subd. 3 - Infection Control Program - $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.

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,

N. Harvey, BSN, RN

Nikki Harvey, Supervisor
Licensing and Certification Program
Email: nikki.harvey@state.mn.us
Telephone: 320-223-7318 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
	H27879	A. BUILDING: _____ B. WING _____	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRO MEDICAL SERVICES INC	14697 80TH PLACE N, STE M MAPLE GROVE, MN 55311

(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: SL27879012-0 On March 4, 5 and 6, 2026, a surveyor of this Department's staff, conducted a survey for the above provider and the following correction orders are issued. At the time of the survey, there were no clients receiving services under the Comprehensive license.	0 000		
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	0 790		

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0 790	Continued From page 1 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 appropriate to the size of the home care provider and relevant to the type of services the home care provider provided. 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 March 5, 2026, at approximately 4:45 p.m. agent (A)-A was requested to provide documentation regarding quality management program and activities. A-A verified the licensee had not engaged in quality management activities. The undated "Quality Management Program" policy noted "The program will reflect participation by all services and levels of staff. The Quality Improvement Program will address client service areas that are high volume, high risk, or problem prone." In addition, "Retention of reports and findings of the Quality Team will be retained in the	0 790		

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0 790	Continued From page 2 agency files for two (2) years and will be made available to the Minnesota Department of Health upon request. Documents will include a summary of council meetings, projects and data collection, and findings." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
01010 SS=F	144A.4792, Subd. 22 Disposition of Medications (a) Any current medications being managed by the comprehensive home care provider must be given to the client or the client's representative when the client's service plan ends or medication management services are no longer part of the service plan. Medications that have been stored in the client's private living space for a client who is deceased or that have been discontinued or that have expired may be given to the client or the client's representative for disposal. (b) The comprehensive home care provider will dispose of any medications remaining with the comprehensive home care provider that are discontinued or expired or upon the termination of the service contract or the client's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.	01010		

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01010	Continued From page 3 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the client's record the disposition of the medications as required for one of one client (C1) upon discharge. 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: During the entrance interview on March 3, 2024, at 9:22 a.m., agent (A)-A stated the licensee did not provide medication management services to clients receiving services under the comprehensive home care license at this time as they do not have any clients. (A)-A indicates C1 was discharged September 25, 2025 from the agency and was to be a planned discharged but ended up going to the hospital for an acute illness. Per the Plan of care signed by the provider and dated April 3, 2025 C1's diagnoses include: chronic pain, pressure ulcer of unspecified buttock, stage 4, acute and chronic respiratory failure, traumatic brain injury, quadriplegia. Prescription Medication list: Acetaminophen 500 mg tabs 2 by mouth twice daily Mucomyst Nebulizer solution inhale 4 mls into the	01010		

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01010	Continued From page 4 lungs 2 times daily Amitriptyline 25 mg tab. Start 1/2 tab at bedtime for 1 week, then increase up to 2 tabs (50 mg) at bedtime as tolerated Atorvastatin 10 mg by mouth every day at bedtime Asmanze Twishaler 220 mcg, inhale 2 puffs into the lungs every evening Aspirin 81 mg EC tab, take 81 mg by mouth daily Baclofen 10 mg take 3 tabs (30 mg) by mouth 4 times daily Buprenorphine 2 mg sublingual tab. Place 3 tabs (6 mg) under the tongue 3 times daily Burpropion 150 mg 24 hr tab. Take 150 mg by mouth every morning Diazepam 1 mg/ml sol. take 1 ml by mouth 3 times daily Fludrocortisone 0.1 mg by mouth daily Gabapentine 300 mg cap take 3 capsules (900mg) by mouth 4 times daily Duoneb 1 vile by nebulization 4 times a day Metformin 500 mg 24 hr release table take 2000 mg (tabs) by mouth daily with lunch Methenamine Hippurate 1 gm tab by mouth two times daily Methocarbamol 750 mg tab take 1 by mouth four times daily Midodrine 10 mg tab. take 1 tab 3 times daily Oxybutynin ER 1 tab daily by mouth Tizanidine Hcl 4 mg, take 2 tabs by mouth 4 times daily for muscle spasm Trazadone 100 mg take 1 tab at bedtime for sleep Albuterol inhaler 2 puffs into the lungs every 4 hours as needed for shortness of breath Naloxone 4 mg/0.1 ml nasal spray Spray 4 mg into one nostril alternating nostrils once as needed for opiod reversal C1's record lacked evidence of documentation	01010		

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01010	Continued From page 5 for disposition of medications to include name of the medication, strength, quantity, to whom the medications were given, date of disposition, and the names of the staff and other individuals involved in the disposition. On March 5, 2026 a, at 8:42 a.m. A-A indicated he had texted the registered nurse (RN)-A who indicated she had brought the medications to the nursing home as C1 discharged from the hospital to the nursing home. A-A verified there was no documentation in C1's record indicating the disposition of the medications. RN-A is currently on leave from the agency for an extended time with return expected. Medication Management Policy Review, print date 3/5/26 however policy itself is undated and does not address documentation and disposition of medications. TIME PERIOD FOR CORRECTION: Seven (7) days	01010		
01080 SS=F	144A.4794, Subd. 3 Contents of Client Record Contents of a client record include the following for each client: (1) identifying information, including the client's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified; (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known; (4) health information, including medical history, allergies, and when the provider is managing	01080		

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01080	Continued From page 6 medications, treatments or therapies that require documentation, and other relevant health records; (5) client's advance directives, if any; (6) the home care provider's current and previous assessments and service plans; (7) all records of communications pertinent to the client's home care services; (8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (10) documentation that services have been provided as identified in the service plan; (11) documentation that the client has received and reviewed the home care bill of rights; (12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3; (13) documentation of complaints received and resolution; (14) discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the client's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the client's record the disposition of the medications as required for	01080		

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01080	Continued From page 7 one of one client (C1) upon discharge. 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: During the entrance interview on March 3, 2024, at 9:22 a.m., agent (A)-A stated the licensee did not provide medication management services to clients receiving services under the comprehensive home care license at this time as they do not have any clients. (A)-A indicates C1 was discharged September 25, 2025 from the agency and was to be a planned discharged but ended up going to the hospital for an acute illness. Per the Plan of care signed by the provider and dated April 3, 2025 C1's diagnoses include: chronic pain, pressure ulcer of unspecified buttock, stage 4, acute and chronic respiratory failure, traumatic brain injury, quadriplegia. Prescription Medication list: Acetaminophen 500 mg tabs 2 by mouth twice daily Mucomyst Nebulizer solution inhale 4 mls into the lungs 2 times daily Amitriptyline 25 mg tab. Start 1/2 tab at bedtime for 1 week, then increase up to 2 tabs (50 mg) at bedtime as tolerated Atorvastatin 10 mg by mouth every day at bedtime	01080		

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01080	Continued From page 8 Asmanze Twishaler 220 mcg, inhale 2 puffs into the lungs every evening Aspirin 81 mg EC tab, take 81 mg by mouth daily Baclofen 10 mg take 3 tabs (30 mg) by mouth 4 times daily Buprenorphine 2 mg sublingual tab. Place 3 tabs (6 mg) under the tongue 3 times daily Burpropion 150 mg 24 hr tab. Take 150 mg by mouth every morning Diazepam 1 mg/ml sol. take 1 ml by mouth 3 times daily Fludrocortisone 0.1 mg by mouth daily Gabapentine 300 mg cap take 3 capsules (900mg) by mouth 4 times daily Duoneb 1 vile by nebulization 4 times a day Metformin 500 mg 24 hr release table take 2000 mg (tabs) by mouth daily with lunch Methenamine Hippurate 1 gm tab by mouth two times daily Methocarbamol 750 mg tab take 1 by mouth four times daily Midodrine 10 mg tab. take 1 tab 3 times daily Oxybutynin ER 1 tab daily by mouth Tizanidine Hcl 4 mg, take 2 tabs by mouth 4 times daily for muscle spasm Trazadone 100 mg take 1 tab at bedtime for sleep Albuterol inhaler 2 puffs into the lungs every 4 hours as needed for shortness of breath Naloxone 4 mg/0.1 ml nasal spray Spray 4 mg into one nostril alternating nostrils once as needed for opiod reversal C1's record lacked evidence of documentation for disposition of medications to include name of the medication, strength, quantity, to whom the medications were given, date of disposition, and the names of the staff and other individuals involved in the disposition.	01080		

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01080	Continued From page 9 On March 5, 2026 a, at 8:42 a.m. A-A indicated he had texted the registered nurse (RN)-A who indicated she had brought the medications to the nursing home as C1 discharged from the hospital to the nursing home. A-A verified there was no documentation in C1's record indicating the disposition of the medications. RN-A is currently on leave from the agency for an extended time with return expected. Medication Management Policy Review, print date 3/5/26 however policy itself is undated and does not address documentation and disposition of medications. TIME PERIOD FOR CORRECTION: Seven (7) days	01080		
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	01245		

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01245	Continued From page 10 licensee failed to establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). The licensee failed to update a TB risk assessment and failed to ensure a Tuberculosis and Infection Control Program was established and maintained and accessible for use. 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: The licensee lacked an updated agency TB risk assessment worksheet and failed to maintain a Tuberculosis and Infection Control Policy in a manner that could be utilized. During interview on March 6, 2026, at 11 :00 a.m., Agent (A) A (owner) reported he could not find the Tuberculosis (TB) risk assessment or the TB infection control plan and was having difficulty with the key search words for their location in the cloud. These documents were requested upon entrance conference and throughout the survey process. A-A indicated the risk assessment was completed in 2021 and had not been updated since. A-A indicated the assessment risk was Low. Interview on March 12, 2026, A-A provided the 2021 Risk Assessment but reported he did not have the TB program or the Infection Control Program, stating "I do not have".	01245		

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01245	Continued From page 11 The licensee lacked an updated agency TB risk assessment and failed to maintain a Tuberculosis Infection Control Program. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01245		
01252 SS=F	144A.4798, Subd. 3 Infection Control Program A home care provider must establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control. 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: Interview The licensee lacked the development and	01252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27879	A. BUILDING: _____ B. WING _____	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRO MEDICAL SERVICES INC	14697 80TH PLACE N, STE M MAPLE GROVE, MN 55311

(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
01252	Continued From page 12 maintenance of police and procedure related to an Infection Control Program. During interview on March 6, 2026, at 11 :00 a.m., Agent (A)-A (owner) reported he could not find the Infection Control policy and procedure and had difficulty finding the "key search word" for the location in the cloud but would continue to search. These documents were requested upon entrance conference and throughout the survey process. A-A indicated he would be developing a new system so that needed documents could be accessed using a key word. During an interview on March 12, 2026, A-A reported he did not have the Infection Control program, stating "I do not have". Infection Control Program, policy and procedures not provided as unable to be located in the cloud where it was stored. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01252		