Electronically Delivered

December 5, 2025

Licensee
Carextra Home Health
5275 Edina Industrial Boulevard, Suite 114
Edina, MN 55439

RE: Project Number(s) SL35082002

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 14, 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.

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 . . ."

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
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

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,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 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
	H35082	A. BUILDING: _____ B. WING _____	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREXTRA HOME HEALTH	5275 EDINA INDUSTRIAL BLVD, SUITE 114 EDINA, MN 55439

(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: SL35082002-0 On November 12, 2025, through November 14, 2025, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were two clients receiving services under the provider's comprehensive home care 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).	
0 815 SS=E	144A.479, Subd. 7 Employee Records The home care provider must maintain current	0 815		

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0 815	Continued From page 1 records of each paid employee, regularly 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 the employee record contained all of the required content for two of three employees (unlicensed personnel (ULP)-A, ULP-D).	0 815		

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0 815	Continued From page 2 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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: ULP-A ULP-A was hired on January 10, 2024, to provide direct care services. ULP-D ULP-D was hired on February 13, 2024, to provide direct care services. ULP-A and ULP-D's employee record lacked completed annual reviews. On November 13, 2025, at 12:19 p.m., ULP-D stated they had started employment with the licensee in 2024. ULP-D stated they provided direct care services to clients, and they had not had an annual performance review. On November 13, 2025, at 1:33 p.m., owner (O)-A stated they were responsible for completing annual reviews for employees. O-A stated the process was to complete an annual review the following year employees were hired. The surveyor observed O-A looking through ULP-A and ULP-D's employee record, unable to locate completed annual reviews. O-A stated the reason for completing annual reviews was to help staff	0 815		

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0 815	Continued From page 3 improve on their duties. O-A stated the annual reviews was missed. The licensee's undated Performance Review policy indicated staff would receive a performance evaluation after one year of employment and at least annually thereafter. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
01190 SS=D	144A.4796, Subd. 6 Required Annual Training (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include: (1) training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided; (2) review of the home care bill of rights in section 144A.44; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and	01190		

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01190	Continued From page 4 (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. (b) In addition to the topics listed in paragraph (a), annual training may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment to include all the required topics for one of three employees (unlicensed personnel (ULP-D). 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	01190		

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01190	Continued From page 5 was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-D was hired on February 13, 2024, to provide direct care services. ULP-D's employee record contained an Educare (a software training program) transcript that indicated ULP-D had completed the following trainings in 2025: - medication and treatment CPAP (continuous positive airway pressure) dated January 4, 2025, 0.75 hours - medication and treatment - feeding tubes dated January 4, 2025, 0.75 hours, - medication and treatment - insulin administration dated January 4, 2025, 0.75 hours, - medication and treatment - insulin pens dated January 4, 2025, 0.50 hours, - medication and treatment - nebulizer and inhalers dated January 4, 2025, 0.50 hours, - medication and treatment - oxygen saturation dated January 4, 2025, 0.75 hours, - medication and treatment - ostomy care (a surgical created opening to allow for draining of feces or urine) dated January 4, 2025, 0.75 hours, - medication and treatment - oxygen dated January 6, 2025, 1 hour, - medication and treatment - wound care dated January 6, 2025, 1 hour, - mental illness 1 - overview and depression dated January 7, 2025, 0.75 hours, - mental illness 2 - bipolar, anxiety, psychosis and trauma-induced disorders dated January 8, 2025, 0.75 hours, and;	01190		

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01190	Continued From page 6 - mental illness 3 - personality disorders, substance abuse and de-escalation dated January 8, 2025, 0.50 hours. ULP-D's employee record lacked the following trainings: - reporting maltreatment of vulnerable adults or minors - home care bill of rights; - infection control techniques; - review of provider's policies and procedures; and - hearing loss training (optional). On November 13, 2025, at 1:32 p.m., owner (O)-A stated staff should complete the annual training around their anniversary hire date. O-A stated they were aware staff were required to complete annual training classes, and they assigned classes for staff to complete. The surveyor observed O-A looking at ULP-D's transcript and stated the annual classes were not assigned to ULP-D to complete. O-A stated there was a lot to track in terms of classes to assign to staff and they may have forgotten to assign those classes to ULP-D. The licensee's undated Annual Training Requirement policy indicated staff would receive the above training each year. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01190		
01245 SS=E	144A.4798, Subd. 1 TB Infection Control (a) A home care provider must establish and	01245		

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01245	Continued From page 7 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 conduct a TB symptom evaluation and baseline TB screening for two of three employees (unlicensed personnel (ULP)-A, owner/clinical nurse supervisor (O/CNS)-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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: ULP-A ULP-A was hired on January 10, 2024, to provide direct care services.	01245		

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01245	Continued From page 8 ULP-A's file included a baseline TB screening dated May 14, 2024 which was negative. ULP-A's file also included a TB Mantoux testing dated July 20, 2015, and August 3, 2015, which included a negative result for both. ULP-A's file also included QuantiFERON test dated July 10, 2015, that indicated ULP-A was negative for TB. ULP-A's file lacked TB screening and completed TB Mantoux completed within 90 days of hire. O/CNS-C O/CNS-C was hired on May 19, 2019, to provide supervisor and direct care services. O/CNS-C's file included a baseline TB screening dated January 19, 2023. The TB screening form indicated O/CNS-C was treated for latent TB latent (dormant bacteria that is not causing symptoms). O/CNS-C's file included documentation of previously completed treatment for latent TB. The document indicated antibiotics (medication used to treat bacteria infections) was started September 13, 2001 and was completed June 26, 2002. O/CNS-C's filed also included documentation of three completed TB Mantoux tests dated January 23, 2001, January 30, 2001, and August 27, 2001. O/CNS-C's file lacked TB screening and completed TB Mantoux completed within 90 days of hire. On November 13, 2025, at 1:55 p.m., O/CNS-C stated their process was to complete the TB screening form and ask staff to bring in copies of previous completed TB testing. The surveyor observed O/CNS-C looking through ULP-A's employee file and stated there was no additional testing present. A/CNS-C stated they were treated for TB and believed they did not require	01245		

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01245	Continued From page 9 further TB testing. O/CNS-C stated not completing the required TB testing was a public health issue and staff should not be providing direct care services without the required testing. The licensees undated 6.08 Tuberculosis and Staffing policy indicated staff that work with residents would be screened and tested for tuberculosis. The Minnesota Department of Health Tuberculosis Prevention and Control Program dated July 2013 recommended a TB screening was required for all healthcare workers, which consisted of assessment for current symptoms of active TB disease, assessing TB history, testing for the presence of infection Mycobacterium tuberculosis by administered either a two-step tuberculosis skin test (TST), or single interferon gamma release assay (a blood test to determine if a person has been infected with TB). An employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. The Center for Disease Control Clinical Testing Guidance for Tuberculosis: Health Care Personnel dated May 17, 2019, recommended all United States health care personnel should have a completed a TB risk assessment, symptom evaluation, TB testing for tuberculosis, with additional working for TB disease with a positive test results or symptoms compatible with TB disease. No further information was provided.	01245		

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01245	Continued From page 10 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
0 000	Integrated License (HCBS) Initial Comments SL35082002-0 On November 12, 2025, through November 14, 2025, a surveyor of this Department's staff visited the above provider. At the time of the survey, there were three clients that were receiving services under the Integrated Licensure; Home and Community Based Service Designation. As a result of the survey, the licensee was determined to be in compliance with 144A.484 Integrated Licensure; Home and Community Based Service Designation.	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)	

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