Electronically Delivered

February 18, 2026

Licensee
Transitions Home Care
2677 Mounds View Boulevard
Mounds View, MN 55112

RE: Project Number(s) SL23102017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 29, 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 . . ."

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H23102	A. BUILDING: _____ B. WING _____	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONS HOME CARE	2677 MOUNDS VIEW BLVD MOUNDS VIEW, MN 55112

(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: SL23102017-0 On January 27, 2026, through January 29, 2026, 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 was one discharged client who had received 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).	
0 490 SS=C	144A.472, Subd. 6 Notification of Changes The temporary licensee or licensee shall notify	0 490		

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0 490	Continued From page 1 the commissioner in writing within ten working days after any change in the information required in subdivision 1, except the information required in subdivision 1, clause (5), is required at the time of license renewal. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to notify the commissioner in writing within ten (10) working days after any change in the information required by the comprehensive home care statute regarding their physical address. This practice resulted in a level one violation (a violation that will cause only 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: On January 27, 2026, at 10:17 a.m., the surveyor called the number provided to the Minnesota Department of Health (MDH). The surveyor left a voicemail related to the survey that would take place on January 27, 2026, and requested a call back. On January 27, 2026, at 10:34 a.m., the surveyor sent out the survey entrance email to the email address MDH had on file. On January 27, 2026, at 12:00 p.m., the surveyor arrived at the licensee's physical office address at 5126 Long Lake Road Mounds View as provided to MDH. The surveyor knocked on the door but	0 490		

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0 490	Continued From page 2 there was no response. The surveyor called back the licensee's phone number again, this time someone answered and stated they were owner/manager (O/M)-A. When the surveyor informed O/M-A that they were outside the office location, O/M-A requested to know at which address. The surveyor gave them the address, and O/M stated that it was the office of the previous owner. O/M-A also stated they bought the business in 2024, and their current address was 7400 Metro Blvd Edina. The licensee's renewal Application for License to Operate as a Comprehensive Home Care Provider dated May 8, 2025, indicated the licensee's office physical location was at 5126 Long Lake Road Mounds View. On January 29, 2026, at 4:10 p.m., O/M-A stated they thought since they bought the business MDH would have changed their address to their current location. O/M-A also stated they were aware of the change of information form, and they would send the corrected information to MDH. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 490		
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	0 810		

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0 810	Continued From page 3 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 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 develop and implement an individual abuse prevention plan (IAPP) with all required content for one of one discharged 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 the potential to affect a large portion or all of the clients). The findings include: C1 was admitted to the licensee on January 1, 2024, and discharged on July 5, 2025. C1's diagnoses included Parkinson's (early), cognitive decline, and mobility impairment. C1's service plan dated January 26, 2024, indicated C1 received the following services: comprehensive assessments, daily personal care attendant services, and companionship.	0 810		

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0 810	Continued From page 4 C1's IAPP dated December 20, 2024, lacked an assessment of the C1's susceptibility to abuse by another individual, including other vulnerable adults or minors; C1'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 C1 and other vulnerable adults or minors. On January 29, 2026, at 4:10 p.m., owner/manager (O/M)-A stated they were not aware C1's IAPP was missing required content. O/M-A also stated the registered nurse (RN) who completed the assessment was long separated from the company. O/M-A also stated they were working to get a new RN once they have new clients to admit. The licensee's undated Vulnerable Adult/Child Protection policy indicated employees are required to individually assess clients to determine vulnerability to abuse or neglect and develop a specific plan to minimize the risk of abuse to that client. In addition, all employees providing home care are mandated to report abuse and/or neglect (including suspected abuse or neglect) of the vulnerable adult/child according to this policy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (a) When the services being provided are	0 860		

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0 860	Continued From page 5 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 conduct continued monitoring and review within 90 days from the date of the last review 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 the potential to affect a large portion or all of the clients). The findings include:	0 860		

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0 860	Continued From page 6 C1 was admitted to the licensee on January 1, 2024, and was discharged on July 5, 2025. C1's service plan dated January 26, 2024, indicated C1 received the following services: comprehensive assessments, daily personal care attendant services, and companionship. C1's record included a 90-days ongoing client assessment dated March 10, 2025. C1's record lacked any other assessments completed after the date. On January 29, 2026, at 4:20 p.m., owner/manager (O/M)-A stated the registered nurse (RN) who completed the 90-day assessment was no longer working with the licensee. O/M-A also stated they could not know whether any further assessments were completed or not. The licensee's undated Comprehensive Client Assessment policy did not address the timing of assessments. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of	0 870		

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0 870	Continued From page 7 staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content 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 the clients). The findings include:	0 870		

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0 870	Continued From page 8 C1 was admitted to the licensee on January 1, 2024. C1's service plan dated January 26, 2024, indicated C1 received the following services: comprehensive assessments, daily personal care attendant services, and companionship. C1's service plan lacked the following content: - schedule and methods of monitoring staff providing home care services. On January 29, 2026, at 4:20 p.m., owner/manager (O/M)-A stated they were unaware their service plan was missing content identified above. The licensee's undated Service Plan policy indicated the service plan would include all the missing content above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
01115 SS=F	144A.4795, Subd. 3(b) Unlicensed Personnel - Comprehensive (b) Unlicensed personnel performing delegated nursing tasks for a comprehensive home care provider must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in subdivision 7, paragraphs (b) and (c), and a practical skills test on tasks listed in subdivision 7, paragraphs (b), clauses (5) and (7), and (c),	01115		

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01115	Continued From page 9 clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed in all the required areas prior to providing home care services for one of one employee (unlicensed personnel (ULP)-B). 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 the potential to affect a large portion or all of the clients). The findings include: ULP-B was hired January 1, 2024, and provided direct care services to the licensee's client. On January 29, 2026, at 1:05 p.m., via email, owner/manager (O/M)-A sent the surveyor an undated Staff Orientation Training Log checklist with ULP-B's name and a list of topics to be completed. Some of the topics on the checklist	01115		

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01115	Continued From page 10 were checked. On January 29, 2026, at 3:04 p.m., via email, O/M-A sent a Personal Care Assistant (PCA) certificate dated June 12, 2023, and issued by the Department of Human Services (DHS). O/M-A stated the certificate was part of ULP-B's orientation training. On January 29, 2026, at 4:30 p.m., O/M-A stated the Staff Orientation Training Log was their training. When the surveyor requested to know how the training was completed, O/M-A stated the PCA certificate was their proof of training. O/M-A also stated they had used the same certificate for previous years' surveys. ULP-B's record lacked training in all the required content for comprehensive home care providers to include: successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in 144A.4795 Subd. subdivision 7, paragraphs (b) and (c), and a practical skills test on tasks listed in subdivision 7, paragraphs (b), clauses (5) and (7), and (c), clauses (3), (5), (6), and (7), and all the delegated tasks the employee will perform. The licensee's undated Staff Competency policy indicated home health aides may not work for [licensee] until they had successfully passed the written and demonstration competency evaluation. The policy further indicated training and competency evaluations for all unlicensed personnel (basic and comprehensive) included all the missing content above. No further information was provided.	01115		

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01115	Continued From page 11 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01115		
01165 SS=F	144A.4796, Subd. 1 Orientation of Staff and Supervisors All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and regulations before providing home care services to clients. The orientation may be incorporated into the training required under subdivision 6. The orientation need only be completed once for each staff person and is not transferable to another home care provider. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to home care licensing requirements and regulations was provided for one of one employee (unlicensed personnel (ULP-B)). 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: ULP-B started employment with the licensee on January 1, 2024, to provide comprehensive home care services.	01165		

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01165	Continued From page 12 On January 29, 2026, at 1:05 p.m., via email, owner/manager (O/M)-A sent the surveyor an undated Staff Orientation Training Log checklist with ULP-B's name and topics to be completed. Some of the topics on the checklist were checked. On January 29, 2026, at 3:04 p.m., via email, O/M-A sent a Personal Care Assistant (PCA) certificate dated June 12, 2023, and issued by the Department of Human Services (DHS). O/M-A stated the certificate was part of ULP-B's orientation training. ULP-B's record lacked the following required orientation topics: - review of Home Care statutes; - review of provider's policies and procedures; - handling emergencies and using emergency services; - reporting maltreatment of vulnerable adults or minors; - handing of client complaints, reporting of complaints, where to report; - home care bill of rights; - consumer advocacy services; and - review of types of Home Care services the employee will provide and provider's scope of license. On January 29, 2026, at 4:30 p.m., O/M-A stated the Staff Orientation Training Log was their orientation. When the surveyor requested to know how the training was completed, O/M-A stated the Personal Care Attendant (PCA) certificate was their proof of training. O/M-A also stated they had used the same certificate for previous years' surveys.	01165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H23102	A. BUILDING: _____ B. WING _____	01/29/2026

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TRANSITIONS HOME CARE	2677 MOUNDS VIEW BLVD MOUNDS VIEW, MN 55112

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01165	Continued From page 13 The licensee's undated Staff Orientation and Education policy indicated all staff providing home health care through home care will be prepared to provide safe, effective services to all clients through a thorough orientation and education program pertinent to the needs of the clientele. The policy also included all the missing topics above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01165		
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 establish and maintain a comprehensive tuberculosis (TB) infection control program according to the most current guidelines issued by the Centers for Disease Control and	01245		

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	H23102	A. BUILDING: _____ B. WING _____	01/29/2026

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01245	Continued From page 14 Prevention (CDC) to include TB screening and TB staff education for two of two employees (owner/manager (O/M)-A, unlicensed personnel (ULP)-B). 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 the potential to affect a large portion or all of the clients). The findings include: O/M-A O/M-A started employment with the licensee on January 1, 2024. O/M-A's record included a TB history and symptom screen (symptom evaluation) dated January 1, 2024, and a TB gold test dated October 29, 2022. O/M-A's record lacked the following required content: - TB training upon hire. ULP-B ULP-B started employment with the licensee on January 1, 2024. ULP-B's record included a TB history and symptom screen (symptom evaluation) dated January 1, 2024, and TB training completed on January 3, 2025. ULP-B's record lacked the following required TB	01245		

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01245	Continued From page 15 documentation: - the tuberculin skin test (TST) or the Interferon Gamma Release Assay (IGRA) (blood test). On January 29, 2026, at 4:30 p.m., O/M-A stated they could not find the missing required TB screening and education documentation in their records. When O/M-A was asked if the TB test was completed, O/M-A stated they were not sure. The licensee's undated, Tuberculosis Screening/Prevention policy indicated the licensee would observe the recommended precautions related to TB prevention as identified by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH). The precautions include the following elements: - risk assessment; - TB screening; and - staff education. Regulations for Tuberculosis Control in Minnesota Health Care Settings dated April 3, 2025, referenced Guidelines for Preventing the Transmission of TB in Health Care Settings dated December 30, 2005, indicated TB screening of all healthcare workers, included a symptom evaluation and interferon-gamma release assay test or tuberculin skin test (IGRA or TST). The policy also indicated training is required at time of hire for all health care workers (HCWs). The content of the training should be appropriate to the job responsibilities and educational or professional background of HCW. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		

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0 000	Integrated License (HCBS) Initial Comments On January 27, 2026, at 10:50 a.m., owner/manager (O/M)-A stated the licensee did not have any clients under the home and community-based service (245D/HCBS) designation. The HCBS survey was terminated.	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)	