



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 10, 2026

Licensee
Lifespark
4570 W 77th Street Suite 350
Edina, MN 55435

RE: Project Number(s) SL23501013

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 3, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

Performance Incentive. In accordance with Minn. Stat. § 144A.474, subd. 10. Performance incentive. A licensee is eligible for a performance incentive when there are no violations identified in a core or full survey. The performance incentive is a ten percent discount on your next home care renewal license fee. Based on the results of your survey, you are eligible for this discount. Please contact the home care inbox (health.homecare@state.mn.us) to inquire about the incentive prior to submitting your next renewal.

Health Regulation Division (HRD) Licensing will contact you with additional information regarding the Performance Incentive. Please contact health.homecare@state.mn.us if you do not receive notice from HRD Licensing prior to your next Renewal Notice; you currently have a pending renewal application; or have questions about the process.

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.

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If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, reading "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H23501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER LIFESPARK		STREET ADDRESS, CITY, STATE, ZIP CODE 4570 W 77TH STREET SUITE 350 EDINA, MN 55435			
(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 SL23501013-0 On June 1, 2026, through June 3, 2026, a surveyor of this Department's staff visited the above provider. At the time of the survey, there were 200 clients that were receiving services under the provider's Comprehensive Home Care license. As a result of the survey, the licensee was determined to be in susbstancial compliance with Minnesota Statutes, section 144A.43 to 144A.482.	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE