Electronically Delivered

August 13, 2025

Licensee
Brightstar Health Care Service
5029 Randolph Ave Northest
Otsego, MN 55374

RE: Project Number SL40932016

Dear Licensee:

This is your **official notice** that you have been **granted your comprehensive home care license.** Your license effective and expiration dates remain the same as on your temporary license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 45 days prior to your expiration date, please contact us at (651) 201-5273 or by email at: health.homecare@state.mn.us.

The Minnesota Department of Health (MDH) completed an initial survey on June 17, 2025, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

In addition, on June 17, 2025, evaluators of this Department's staff visited the above home and community based services (HCBS) provider and there were no correction orders issued. At the time of the evaluation, there were no active clients receiving services under the HCBS license.

The Department of Health 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
Per 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 clients/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).

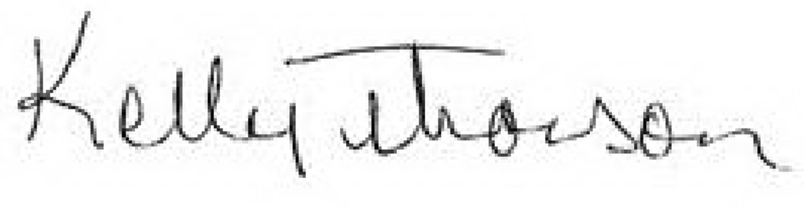
CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing 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.

Sincerely,



Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40932	A. BUILDING: _____ B. WING _____	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTSTAR HEALTH CARE SERVICE	5029 RANDOLPH AVE NE OTSEGO, MN 55374

(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: SL40932016 On June 16, 2025, through June 17, 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 2 clients receiving services under the provider's 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).	
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring	0 860		

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0 860	Continued From page 1 (a) When the services being provided are 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 ensure that 5 day required nursing assessments were completed within 5 days after the start of services 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	0 860		

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0 860	Continued From page 2 include: C1's record indicated the 5-day assessment by the registered nurse (RN) was not completed. On June 16, 2025, at 12:55 p.m., registered nurse (RN)-A stated they were not aware of the requirement of the 5-day assessment. The licensee's undated Comprehensive Client Assessment policy indicated, a thorough, comprehensive, and accurate assessment, consistent with the client's immediate needs will be completed by a registered nurse. The initial assessment will be completed within 5 days after the initiation of services. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) 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 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	0 870		

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0 870	Continued From page 3 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 observation, 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 of the clients). The findings include: C1's service plan lacked the following required content: -a description of the home care services to be provided -the methods of monitoring reviews or assessments of the client; and -the schedule and methods of monitoring staff	0 870		

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0 870	Continued From page 4 providing home care services. On June 16, 2025, at 12:55 p.m., registered nurse (RN)-A stated they were not aware of the missing requirements of the service plan, they thought the forms they were using were correct. The licensee's undated Service Plan policy indicated the service plan will include a description of the home care services to be provided, the schedule and methods of monitoring reviews or assessments of the client, and the frequency of sessions of supervision of staff and type of personnel who will supervise staff. No further information was provided. TIME PERIOD FOR CORRECTION: twenty-one (21) days.	0 870		
0 905 SS=F	144A.4792, Subd. 2 Provision of Medication Mgt Services (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions,	0 905		

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0 905	Continued From page 5 and actions to address these issues. (b) The assessment must: (1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and (2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications. "Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment which included the 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: C1's medication administration record dated April 2025, indicated C1 received medication administration. C1's record lacked documentation that a face-to-face medication management	0 905		

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0 905	Continued From page 6 assessment was completed upon admission to include indications for medications the client was taking, side effects, contraindications, allergic or adverse reactions and actions to address these issues, interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and provide instructions to the client or client's representatives on interventions to manage the client's medications and prevent diversions of medications. On June 17, 2025, at 11:15 a.m., registered nurse (RN)-A stated they did not have the correct forms to fill out to meet the requirements of the medication assessment. The licensee's undated Medication Management policy indicated comprehensive client assessment performed at start of care and other defined points in time include review of all medications the client is taking and records this in the client record. Medications in the home are reviewed with the client/family to determine current medications and client understanding of the medications' actions and side effects. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication	0 920		

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0 920	Continued From page 7 management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 920		

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0 920	Continued From page 8 licensee failed to ensure a current and individualized medication management plan was developed and maintained with 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: C1's medication administration record dated April 2025, indicated C1 received medication administration services. C1's record lacked documentation a medication management plan was developed by the licensee to include: -a statement describing the medication management services that will be provided -a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions -documentation of specific client instructions relating to the administration of medications - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and	0 920		

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0 920	Continued From page 9 - any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. On June 17, 2025, at 11:15 a.m., registered nurse (RN)-A stated they did not have the correct forms to fill out to meet the requirements of the medication management plan. The licensee's undated Medication Management policy indicated clients/family members will be educated about proper medication storage in the home as needed. During the assessment it is determined who will be responsible for managing, setting up, reordering and obtaining medications from the pharmacy. Family members or other support individuals that may assist with administering or obtaining medications from the pharmacy will be oriented to the plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 935 SS=F	144A.4792, Subd. 8 Documentation of Administration of Medication Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the	0 935		

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0 935	Continued From page 10 reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff documented a reason why medication administration was not completed as prescribed 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: C1's medication administration record dated April 2025, lacked documentation for the reason why medication administration was not completed for 11 out of 31 days. On June 16, 2025, at 12:55 p.m., registered nurse (RN)-A stated the days medication administration were left blank were likely completed by family and staff should have written an explanation of why the medication administration record was left blank. No further information was provided.	0 935		

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0 935	Continued From page 11 TIME PERIOD FOR CORRECTION: Seven (7) days	0 935		
0 965 SS=F	144A.4792, Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the comprehensive home care provider is managing for the client. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prescriber's orders were complete 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: C1's medication administration record dated April 2025, indicated C1 received medication administration twice daily to include: -famotidine 40mg/5ml give 5ml twice a day -albuterol sulfate inhalation solution 0.083% 2.5mg/3ml use 1 vial every 4 hours as needed for wheezing -acetaminophen 160mg/5ml give 3.75ml by mouth as needed for pain	0 965		

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0 965	Continued From page 12 C1's client record lacked signed provider orders for all medications. On June 16, 2025, at 12:55 p.m., registered nurse (RN)-A stated signed provider orders are hard to get, the family takes the client to appointments, and we don't get signed orders. We do call the provider's office to verify the medications. The licensee's undated Medication Orders policy indicated all medication orders, including herbal preparations, must contain dosage, route, and frequency. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 965		
01035 SS=F	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration;	01035		

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	H40932	A. BUILDING: _____ B. WING _____	06/17/2025

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01035	Continued From page 13 (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure an individualized treatment or therapy management plan was developed to include the 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: C1's treatment administration record (TAR) dated May 27, 28, and 30, 2025, indicated C1 received assistance with personal cares and tube feeding.	01035		

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01035	Continued From page 14 The licensee lacked development of a treatment plan for C1 to include assistance with tube feeding. C1's record lacked development of a treatment and therapy plan to include: -a statement of the type of services that will be provided -documentation of specific client instructions relating to the treatments or therapy administration -identification of treatment or therapy tasks that will be delegated to unlicensed personnel -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services and -any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. On June 17, 2025, at 11:15 a.m., registered nurse (RN)-A stated they did not have the correct forms to fill out to meet the requirements for the treatment and therapy management plan. The licensee's undated Treatment and Therapy Management Services policy indicated when the client has been assessed and orders for treatments, therapies, medication obtained, these orders will be incorporated into the client's Service Plan. -The Service Plan will include a written statement of the treatment or therapy that will be provided.	01035		

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01035	Continued From page 15 -Specific instructions that relate to providing the treatment or therapy. -Whether the treatment or therapy tasks will be delegated to an unlicensed person, and specific instructions for delegation of the task and assessment of competency. -Procedures for notifying a registered nurse or other licensed health professional if problems arise with the treatment or therapy services. -Any client specific requirements that relate to documentation of treatments and therapy, and direction on where tasks are to be documented. -Frequency of supervision of personnel providing the delegated treatment or therapy tasks. -Verification by the registered nurse that services provided, precautions are documented, and caregivers are following plan to prevent complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01050 SS=F	144A.4793, Subd. 6 Treatment and Therapy Orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced	01050		

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01050	Continued From page 16 by: Based on interview and record review, the licensee failed to ensure prescriber's orders were complete 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: C1's treatment administration record (TAR) dated April 2025, indicated C1 received assistance with a tube feeding on May 27, 28, and 30, 2025. C1's client record lacked signed provider orders for the tube feeding. On June 16, 2025, at 12:55 p.m., registered nurse (RN)-A stated signed provider orders are hard to get, the family takes the client to appointments, and we don't get signed orders. We do call the provider's office to verify the medications. The licensee's undated Treatment and Therapy Management Services policy indicated orders must be obtained for medications, treatments or therapies that would require orders from an authorized provider before the services are provided. The orders will be maintained in the client record and communicated to agency staff in the Service Plan and Care Plan.	01050		

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01050	Continued From page 17 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01050		
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 develop and maintain a Tuberculosis (TB) infection control program based on the Centers for Disease Control (CDC) and Minnesota Department of Health (MDH) guidelines to include a facility TB risk assessment, which had the potential to affect all clients receiving home care services. 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	01245		

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01245	Continued From page 18 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 a written TB infection control plan to include a facility TB risk assessment On June 16, 2025, at 2:25 p.m., registered nurse (RN)-A stated they have not yet completed the TB facility risk assessment as they did not realize it applied to home care. The MDH guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings" dated July 2013, and based on CDC guidelines, indicated an employee may begin working with clients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (blood test, interferon gamma release assay) or a two-step TST. Baseline TB screening should be documented in the employee's record. The guidelines indicated a facility TB risk assessment should be completed initially and then for low-risk settings the risk assessment should be updated every other year. The licensee's undated Tuberculosis (TB) Policies and Procedures for Home Care document indicated the licensee will conduct a TB risk assessment of the agency annually and document findings. No further information was provided. TIME PERIOD TO CORRECT: Twenty-One (21) days	01245		

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0 000	Integrated License (HCBS) Initial Comments On June 16, 2025, at 10:30 a.m. registered nurse (RN)-A stated the licensee did not have any clients under the 245D/HCBS (home community based service) designation. The HCBS survey was terminated	0 000		