DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

March 21, 2019

Administrator
Caremate Home Health Care Inc
2236 Marshall Avenue
Saint Paul, MN 55104

Re: YM3X11
Dear Administrator:

An abbreviated standard survey was completed at your agency on August 25, 2020 by the Minnesota State Department of Health,for the purpose of investigating a complaint and assessing compliance with federal regulations and state licensing statutes. At the time of survey, the complaint was substantiated but no deficiencies were issued, because corrective action was taken prior to the survey. A plan of correction is not required.

Enclosed is your copy fo the Federal Form CMS-2567 and State Form.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	248000	A. BUILDING _____ B. WING _____	C 08/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREMATE HOME HEALTH CARE INC	**2236 MARSHALL AVENUE SAINT PAUL, MN 55104**

(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) COMPLETION DATE
G 000	INITIAL COMMENTS An abbreviated survey was completed at your agency on 8/25/20-8//26/20 to conduct complaint investigations. CareMate Home Health Care Inc., was found to be in compliance with requirements at 42 CFR Part 484, requirements for Home Health Agencies. The following complaint was found to be UNSUBSTANTIATED: H8000018C The following complaint was found to be SUBSTANTIATED: H8000017C however, no deficiencies were issued due to corrective actions implemented by the agency prior to the abbreviated survey.	G 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

September 10, 2020

Administrator
Caremate Home Health Care Inc
2236 Marshall Avenue
Saint Paul, MN 55104

Re: Event ID: YM3X11

Dear Administrator:

A survey of the Home Care Provider named above was completed on August 26, 2020 for the purpose of assessing compliance with State licensing regulations and to investigate a complaint. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the requirements under Minnesota Statutes Sections 144A.43 to 144A.482.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H03323	A. BUILDING: _____ B. WING _____	C 08/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREMATE HOME HEALTH CARE INC	**2236 MARSHALL AVENUE SAINT PAUL, MN 55104**

(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 On 8/25/20 through 8/26/20, an abbreviated survey was completed at your agency by the Minnesota Department of Health to conduct complaint investigations. No correction orders were issued pursuant to the survey. The following complaint was found to be UNSUBSTANTIATED: H8000018C The following complaint was found to be SUBSTANTIATED: H8000017C, however, no correction orders were issued due to actions implemented by the agency prior to the abbreviated survey.	0 000		