DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

April 24, 2026

Administrator
HOMEWARD BOUND PLYMOUTH
13522 SUNSET TRAIL
PLYMOUTH, MN 55441

RE: Event ID: 22E5CC-H1

Dear Administrator:

On April 15, 2026, an abbreviated survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid program. At the time of the survey, the survey team noted one or more deficiencies.

Federal certification deficiencies are delineated on the electronically delivered form CMS-2567 "Statement of Deficiencies and Plan of Correction". Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action (PoC). A provider will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview.

A PoC for the deficiencies must be submitted within ten calendar days of your receipt of this letter.

Failure to submit an acceptable written plan of correction for all Health and Life Safety Code Federal deficiencies within ten calendar days may result in additional remedies and/or decertification including a loss of federal reimbursement.

Your PoC must include:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.

- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The PoC must be placed directly on the CMS-2567, signed and dated by the administrator or your authorized official. If possible, please type and return your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original. Additional documentation may be attached to Form CMS-2567, if necessary.

DEPARTMENT CONTACT:

Questions regarding all documents submitted as a response to the client care deficiencies (those preceded by an "W" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Nikki Harvey, Regional Operations Supervisor
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: nikki.harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

Upon acceptance of your PoC, Life Safety will revisit the facility to verify necessary corrections.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G447	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEWARD BOUND PLYMOUTH	13522 SUNSET TRAIL , PLYMOUTH, Minnesota, 55441

(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
W0000	INITIAL COMMENTS On 4/14/26 and 4/15/26 , an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was not in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The following complaint was reviewed HG4479981C (2970434) with a deficiency issued at W368. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	W0000		
W0368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure medications were administered in accordance with the physician orders and acceptable professional standards for 1 of 1 client (C1) reviewed for medication errors, who did not receive his correct anti-seizure medication that was increased after hospitalization. In addition, the pharmacy was not notified of the change in order until more than six weeks after the order changed. Findings include: C1's Emergency Data Form (EDF) dated 7/06/2023, indicated C1 had profound intellectual disability and seizure disorder. C1's Self-Management Assessment (SMA) dated 8/04/25,	W0368		

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 reverse for further 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.

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

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W0368	Continued from page 3 the hospital. 2/3/26 C1 received three tabs at 5:30 p.m. Correct dose would have been four tabs.1 missed tab44 PM doses between 2/4/26 and 3/19/2644 missed tabsTotal missed tabs:1 tab on 2/3 PM + 44 missed between 2/4/26 through 3/19/26 = 45 missed tabsHosp 1/30 (got PM dose prior) through 2/3 AM dose3 days x 6 tabs daily = 18Available tabs: 18+3 tabs from 2/3 AM dose= 21 tabs (available to give 4th tab upon return) Days of order changed (45)- Available tabs (21) = 24 missed doses In total C1 would not have had enough to receive 24 tablets, so 24 missed doses occurred between 2/03/26 through 3/18/26 when the medication error was founded by FM-A. A medication error policy was requested but was not received.	W0368		

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April 24, 2026

Administrator
HOMEWARD BOUND PLYMOUTH
13522 SUNSET TRAIL
PLYMOUTH, MN 55441

Re: Enclosed State Supervised Living Facility Licensing Orders - Event ID: 22E5CC-H1

Dear Administrator:

The above facility survey was completed on April 15, 2026, for the purpose of assessing compliance with Minnesota Department of Health Supervised Living Facility Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144.56.

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 facility's Governing Body.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

Minnesota State Department of Health

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50000	Initial Comments In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number or MN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. . On 4/14/26 and 4/15/26, a complaint investigation was conducted. Your facility was found to be in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF). The following complaint was reviewed with no licensing order issued. HG4479981C (MN2970434)	50000		

Office of Primary Care and Health Systems Management

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W0000	INITIAL COMMENTS On 4/14/26 and 4/15/26 , an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was not in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The following complaint was reviewed HG4479981C (2970434) with a deficiency issued at W368. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	W0000	Corrective action: Immediately upon identification of the medication discrepancy, the physician's orders were reviewed and verified, and the correct dosage was implemented. The pharmacy was notified, and updated medication labels were obtained to ensure alignment between the physician's orders, pharmacy packaging,and the Medication Administration Record (MAR). A full medication reconciliation was completed to ensure accuracy across all systems. Staff will complete "Guidelines for Medication Administration" in Auzmor, HBI's learning management system. 5/11/2026 Staff will also be scheduled to retake HBI's medication Administration class. 6/10/2026	
W0368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure medications were administered in accordance with the physician orders and acceptable professional standards for 1 of 1 client (C1) reviewed for medication errors, who did not receive his correct anti-seizure medication that was increased after hospitalization. In addition, the pharmacy was not notified of the change in order until more than six weeks after the order changed. Findings include: C1's Emergency Data Form (EDF) dated 7/06/2023, indicated C1 had profound intellectual disability and seizure disorder. C1's Self-Management Assessment (SMA) dated 8/04/25,	W0368	Identification of other other individuals affected: A comprehensive audit of medication administration records, physician orders, and pharmacy labels was conducted to ensure accuracy and consistency. Any discrepancies identified were immediately corrected, and the pharmacy was notified as needed. This audit ensured no additional individuals were affected by similar issues. The procedure on medication direction change was reviewed with the nurse case manager to ensure 'Medication Direction Change' stickers are utilized on medication cards/bottles/containers for every medication change moving forward. Systemic changes: The facility has implemented the following system changes: The Therap Pharmacy Interface is being activated to streamline and standardize the entry of medications directly into the MAR, reducing risk of manual entry errors.	

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Kristi Nordland	DPO	5-4-2026

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Minnesota State Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEWARD BOUND PLYMOUTH	**13522 SUNSET TRAIL , PLYMOUTH, Minnesota, 55441**

(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
50000	Initial Comments In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number or MN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. . On 4/14/26 and 4/15/26, a complaint investigation was conducted. Your facility was found to be in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF). The following complaint was reviewed with no licensing order issued. HG4479981C (MN2970434)	50000	5/4/26- received 5/5/26- reviewed and accepted Nicole Harvey Digitally signed by Nicole Harvey Date: 2026.05.05 09:19:37 -05'00'	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kristi Nordland	DPO	4-27-2026