



STATE LICENSING COMPLIANCE REPORT

Report #: HL214001208C

Date Concluded: October 16, 2025

Name, Address, and County of Facility

Investigated:

Sholom Community Alliance Home Health Care
3620 Phillips Parkway
Saint Louis Park, MN 55426
Hennepin County

Facility Type: Home Care Provider

Evaluator's Name: Nicole Myslicki, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144 and 144A. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H21400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/22/2025
NAME OF PROVIDER OR SUPPLIER SHOLOM COMM ALLIANCE HOME HLTH			STREET ADDRESS, CITY, STATE, ZIP CODE 3620 PHILLIPS PARKWAY GOLDEN VALLEY, MN 55426		
(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 CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: HL214001208C On September 22, 2025, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 42 clients receiving services under the provider's Comprehensive Home Care license. The following correction order is issued for HL214001208C, tag identification 0645.	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).		
0 645 SS=I	144A.475, Subd. 1 Conditions	0 645			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 645	Continued From page 1 (a) The commissioner may refuse to grant a temporary license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the home care provider or owner or managerial official of the home care provider: (1) is in violation of, or during the term of the license has violated, any of the requirements in sections 144A.471 to 144A.482; (2) permits, aids, or abets the commission of any illegal act in the provision of home care; (3) performs any act detrimental to the health, safety, and welfare of a client; (4) obtains the license by fraud or misrepresentation; (5) knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the home care provider's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the home care provider's clients; (8) interferes with or impedes a representative of the department in the enforcement of this chapter or has failed to fully cooperate with an inspection, survey, or investigation by the department; (9) destroys or makes unavailable any records or other evidence relating to the home care provider's compliance with this chapter; (10) refuses to initiate a background study under section 144.057 or 245A.04; (11) fails to timely pay any fines assessed by the department; (12) violates any local, city, or township ordinance relating to home care services;	0 645			

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0 645	Continued From page 2 (13) has repeated incidents of personnel performing services beyond their competency level; or (14) has operated beyond the scope of the home care provider's license level. (b) A violation by a contractor providing the home care services of the home care provider is a violation by the home care provider. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee operated beyond of the scope of the comprehensive home care provider license for four of four clients (C1, C2, C3, C4), when they had a secured dementia care unit within a building operated by the licensee. This practice resulted in a level three violation (a violation that harmed a client's health or safety, or a violation that had the potential to cause more than minimal harm to the client), 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: The licensee had a comprehensive home care provider license and provided services in public housing buildings via an arrangement with the local public housing authority. Neither the licensee nor the public housing authority held other MDH licensure applicable to secured dementia care units. A document from the Office of Administrative Hearings, titled Findings of Fact, Conclusions of	0 645	Minnesota Department of Health is documenting the State 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 evaluators' 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		

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0 645	Continued From page 3 Law and Recommendation, dated July 11, 2024, indicated a comprehensive home care provider operates outside the scope of it's comprehensive home care license by limiting and controlling ingress to, egress from or access to portions of the client's home. C1 admitted to the licensee August 10, 2017. C1's diagnoses included dementia. C1's service plan dated July 23, 2025, indicated C1 received assistance with safety checks, redirection and reorientation, and bathing. C2 admitted to the licensee July 8, 2024. C2's diagnoses included Alzheimer's disease. C2's service plan dated August 3, 2025, indicated C2 received assistance with redirection, prompting, and safety checks. C3 admitted to the licensee December 5, 2022. C3's diagnoses included Alzheimer's disease. C3's service plan dated July 22, 2025, indicated C3 received assistance with activities of daily living (ADLs). C4 admitted to the licensee September 11, 2024. C4's diagnoses included dementia. C4's service plan dated September 3, 2025, indicated C4 received assistance with reorientation, escorts, and safety checks. During a tour on September 22, 2025, at 11:19 a.m., the investigator observed the licensee's secured unit. Four clients occupied apartments in the secured unit. During an interview September 22, 2025, at 10:44 a.m., registered nurse (RN)-D stated memory care clients could not freely come and	0 645	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).		

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0 645	Continued From page 4 go, as they were in a secured unit. During an interview September 22, 2025, at 10:50 a.m., housing manager (HM)-A stated Housing and Urban Development (HUD) funds were used years prior to change part of the second floor into a memory care for a certain number of years. The licensee had not been actively admitting clients to the memory care unit. HM-A described the licensee as being in a holding process because they needed to have a reason to move the clients out of the memory care. In 2023, the unit had twelve clients. In 2024, they were down to eight, and now four. The four clients currently in the memory care unit had a lease from HUD. During the interview September 22, 2025, at 10:50 a.m., registered nurse (RN)-C stated they were not admitting clients to the memory care, nor were they advertising for it. The licensee had been operating the memory care unit by closely following Minnesota Statute 144G. During an interview September 22, 2025, at 1:03 p.m., tenant services coordinator (TSC)-F stated she worked for the company who owned the building the licensee worked out of. TSC-F stated she only referred clients to the licensee if they told her they wanted services. When the memory care unit had been open for admissions, TSC-F brought the prospective client to the licensee's nurse who set up a time for an assessment. Meanwhile, TSC-F started her paperwork for leasing and HUD. Then, if the licensee's nurse determined they needed a higher level of care than their memory care unit provided, TSC-F told the prospective client they could not accept them. If a tenant who already lived in the building	0 645			

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0 645	Continued From page 5 needed a higher level of care, the licensee's nurse assessed them to see if they needed to move to their memory care unit. During email correspondence September 24, 2025, at 8:12 a.m., administrator (AD)-B indicated the licensee had an internal transfer into the memory care unit January 10, 2025. C5 had been the last admission to the memory care unit and passed away March 27, 2025. The licensee completed and submitted the Application for License to Operate as a Comprehensive Home Care Provider, electronically signed June 3, 2024, which included a section titled, "Home Care Services Offered". Within that section, the licensee selected the option, "Complex or Specialty Healthcare Services (list those services in the box below)". The licensee indicated "Dementia" in the box provided. State Statute 144G.08 Subd. 8., definition of Assisted living facility with dementia care did not include an exception for HUD buildings. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 645			