STATE LICENSING COMPLIANCE REPORT

Report #: HL232186474C **Date Concluded:** 03/24/2026

Name, Address, and County of Facility Investigated:
PRIDE 'N' LIVING HOME CARE INC
7691 Central Avenue STE 102
Fridley, MN 55432
ANOKA

Facility Type: Home Care Provider **Evaluator's Name:** Anna Bohnen, RN

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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H23218	A. BUILDING: _____ B. WING _____	C 03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIDE N'LIVING HOME CARE INC	7691 CENTRAL AVENUE STE 102 FRIDLEY, MN 55432

(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 order is issued pursuant to a compliance 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: #HL232186474C On March 23, 2026 through March 24, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider, and the following correction order is issued. At the time of the compliance investigation, there were zero clients receiving services under the provider's Comprehensive Home Care license. The following correction order is issued for #HL232186474C, tag identification 0445.	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).	
0 445 SS=F	144A.471, Subd. 7 Comprehensive Home Care Provider	0 445		

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0 445	Continued From page 1 Home care services that may be provided with a comprehensive home care license include any of the basic home care services listed in subdivision 6, and one or more of the following: (1) services of an advanced practice nurse, physician assistant, registered nurse, licensed practical nurse, physical therapist, respiratory therapist, occupational therapist, speech-language pathologist, dietitian or nutritionist, or social worker; (2) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed health professional within the person's scope of practice; (3) medication management services; (4) hands-on assistance with transfers and mobility; (5) treatment and therapies; (6) assisting clients with eating when the clients have complicating eating problems as identified in the client record or through an assessment such as difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous instruments to be fed; or (7) providing other complex or specialty health care services. This ELEMENT is not met as evidenced by: Based on interview and record review, the licensee failed to provide at least one comprehensive home care service to each person identified as a client under the care of the licensee. 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	0 445		

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0 445	Continued From page 2 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 license was effective on May 26, 2025. The licensee's last (renewal) Application for License to Operate as a Comprehensive Home Care Provider was signed on May 6, 2025, by owner (O)-B, at the conclusion of the application. Under the Description of Other Licenses section, the licensee indicated they had one other Minnesota Licenses and/or Enrollments. Under the section Home Care Servies Offered, the licensee indicated they or their employees would directly provide each Comprehensive Home Care Service. The Ownership Information Page 1 section read, "The applicant/licensee must provide at least one home care service directly, meaning this service is either provided by the individual listed below (sole proprietorships) or the service is provided by an employee(s) of the legal entity/sole proprietor below." The application further directs the applicant to 144A.471, Subd. 2 where the statute further indicates the licensee "holds itself out as a provider of home care services...". Under the Revenue Information section read, "Renewal fees are based on revenue from providing licensed home care services." The application depicts the holder of the license received revenue during the prior year from providing licensed home care services. Under the section titled Verification, is the statement, "I certify that I have read and	0 445		

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0 445	Continued From page 3 understand the following Minnesota Statutes," with a checked box by O-B placed before the following: Home Care Laws. Chapter 144A, sections 144A.43 through 144A.484. The licensee's (renewal) application for Integrated License: Home and Community-Based Services (HCBS) Designation was signed on May 10, 2025, by O-B. Under the section 245D Basic Support Services Offered read, "A licensed home care provider with an integrated license: HCBS designation (designation) must comply with the requirements for home care providers governed by Minnesota Statutes, sections 144A.43 - 144A.484." During phone interview on March 23, 2026, at 12:12 p.m., administrator (A)-Astated all clients were on "personal care assistance (PCA) and waiver services, none received skilled nursing services or medication management services." On March 23, 2026, at 2:01 p.m., via email, A-A provided an undated client roster which indicated all 54 clients received HCBS support services or PCA services. On March 24, 2026, at 9:04 a.m., via email, A-A provided a list of billing codes used for PCA services and HCBS support services only. During phone interview on March 24, 2026, at 9:40 a.m., A-A stated they were not licensed to provide nursing services such as medication management. Clients' family or other homecare agencies would provide those services. A-A stated PCAs provided C1 personal cares along with mechanical lift transfers and the billing codes used were T1019 and T1019 UC. A-A stated they had been using those billing codes for many	0 445		

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0 445	Continued From page 4 years and had been consistent with it. On March 24, 2026, at 11:17 a.m., via email, A-A indicated the following: -14 clients were billed under PCA/waiver services -11 clients were only on waiver services -29 clients were only on PCA services The same email included billing statement dated March 10, and 24, 2026, for the following billing codes used for C2 and C3: -S5135 UA-Night Supervision Services -S5130- Homemaker, Cleaning -T1019 UA- PCA, Supervision -T1019 TG- PCA, Complex, 1:1 No further information was provided. TIME PERIOD FOR CORRECTION: Sixty (60) days	0 445		
0 000	Integrated License (HCBS) Initial Comments INITIAL COMMENTS: #HL232186474C On March 23, 2026, through March 24, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider, and the following correction order is issued. At the time of the investigation, there were 54 clients that were only receiving services under the Integrated licensure: Home and Community Based Service Designation. As a result of the investigation, the licensee was determined not to be in compliance with 144A.484 Integrated Licensure: Home and Community Based Service Designation. The following correction order is issued for	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.	

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0 000	Continued From page 5 #HL232186474C, tag identification 8000.	0 000	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).	
08000 SS=F	144A.484, Subd. 4 Applicability of Home,Community-based Serv Rq A home care provider with a home and community-based services designation must comply with the requirements for home care services governed by this chapter. For the provision of basic support services, the home care provider must also comply with the following home and community-based services licensing requirements: (1) service planning and delivery requirements in section 245D.07; (2) protection standards in section 245D.06; (3) emergency use of manual restraints in section 245D.061; and (4) protection-related rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b). A home care provider with the integrated	08000		

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08000	Continued From page 6 license-home and community-based services designation may utilize a bill of rights which incorporates the service recipient rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b) with the home care bill of rights in section 144A.44. This STANDARD is not met as evidenced by: Based on interview and record review, the licensee did not provide any home care services to those identified as clients who received services under the home and community-based service (HCBS) integrated license designation that would otherwise require (separate) licensure under chapter 245D. This affected all of the licensee's clients. 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: The licensee's (renewal) application for Integrated License: Home and Community-Based Services (HCBS) Designation was signed on May 10, 2025, by owner (O)-B. Under the section 245D Basic Support Services Offered the application directed, "A licensed home care provider with an integrated license: HCBS designation (designation) must comply with the requirements for home care providers governed by Minnesota Statutes, sections 144A.43 - 144A.484."	08000		

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08000	Continued From page 7 The licensee was also directed to indicate with a check mark any basic support services (as defined in 245D.03) that they will provide. The licensee indicated they were enrolled to provide seven (7) basic support services. During phone interview on March 23, 2026, at 12:12 p.m., administrator (A)-A stated all clients were on "personal care assistance (PCA) and waiver services, none received skilled nursing services or medication management services." On March 23, 2026, at 2:01 p.m., via email, A-A provided an undated client roster which indicated all 54 clients received HCBS support services and/or PCA services. On March 24, 2026, at 9:04 a.m., via email, A-A provided a list of billing codes used for PCA services and HCBS support services only. During phone interview on March 24, 2026, at 9:40 a.m., A-A stated they were not licensed to provide nursing services such as medication management. Clients' family or other homecare agencies would provide those services. A-A stated PCAs provided C1 personal cares along with mechanical lift transfers and the billing codes used were T1019 and T1019 UC. A-A stated they had been using those billing codes for many years and had been consistent with it. On March 24, 2026, at 11:17 a.m., via email, A-A indicated the following: -14 clients were billed under PCA/waiver services -11 clients were only on waiver services -29 clients were only on PCA services The same email included billing statement dated March 10, and 24, 2026, for the following billing	08000		

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08000	Continued From page 8 codes used for C2 and C3: -S5135 UA-Night Supervision Services -S5130- Homemaker, Cleaning -T1019 UA- PCA, Supervision -T1019 TG- PCA, Complex, 1:1 No further information was provided. TIME PERIOD FOR CORRECTION: Sixty (60) days	08000		