# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL296216568C

**Date Concluded:** February 26, 2026

**Name, Address, and County of Facility Investigated:**
Synergy Home Care Northeast Metro
1879 Station Pkwy NW
Andover, MN 55304
Anoka County

**Facility Type:** Home Care Provider

**Evaluator's Name:** Michelle Winters

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 |
|---|---|---|---|
| | H29621 | A. BUILDING: _____ B. WING _____ | R-C 06/26/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SYNERGY HOME CARE NORTHEAST METRO | 9298 CENTRAL AVE NE, STE 202 BLAINE, MN 55434 |

| (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 |
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| {0 000} | Initial Comments<br><br>INITIAL COMMENTS:<br><br>#HL296216568C<br><br>On June 22, 2026, through June 26, 20206, the Minnesota Department of Health conducted a follow-up survey to evaluate compliance with correction orders issued for compliance investigation #HL296216568C.<br><br>Synergy Home Care Northeast Metro was found to be in substantial compliance with the 144A state regulations. | {0 000} | | |
| {0 000} | Integrated License (HCBS) Initial Comments<br><br>INITIAL COMMENTS:<br><br>#HL296216568C<br><br>On June 22, 2026, through June 26, 20206, the Minnesota Department of Health conducted a follow-up survey to evaluate compliance with correction orders issued for compliance investigation #HL296216568C.<br><br>The following correction order is reissued for #HL296216568C; tag identification 8000. | {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.<br><br>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO | |

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| {0 000} | Continued From page 1 | {0 000} | FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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<br><br>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:<br>(1) service planning and delivery requirements in section 245D.07;<br>(2) protection standards in section 245D.06;<br>(3) emergency use of manual restraints in section 245D.061; and<br>(4) protection-related rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b).<br>A home care provider with the integrated 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 | {08000} | | |

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| {08000} | Continued From page 2<br>the home care bill of rights in section 144A.44.<br><br>This STANDARD is not met as evidenced by:<br>Based on interview and record review, the licensee did not provide at least one home care service for four (4) of 4 clients 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.<br><br>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).<br><br>The findings include:<br><br>The licensee's Current Client Roster dated June 18, 2026, indicated licensee provided services to 38 clients.<br><br>On June 24, 2026, president (P)-A provided service authorizations for four clients receiving waivered services. The service authorizations indicated the following codes were used for billing:<br>-S5130 - Homemaking Services. Cleaning;<br>-S5135 UC - Individual Home Supports without Training; and<br>-S5135 UA - Night Supervision.<br><br>The service authorizations for C1, C2, C3, and C4 lacked home care billing codes. | {08000} | | |

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| {08000} | Continued From page 3<br><br>On June 18, 2026, at 4:01 p.m., P-A stated he had not been successful obtaining billing codes from case managers and was "getting a lot of pushback" and then stated "short answer ...no", then "long answer: I need to go into each one and figure out what is what".<br><br>On June 26, 2026, at 9:38 a.m., P-A stated he had attempted to obtain homecare billing codes from case managers. P-A stated he did not wish to transfer clients to 245D providers as he was providing community service.<br><br>No further information was provided. | {08000} | | |