STATE LICENSING COMPLIANCE REPORT

Report #: HL332126865C **Date Concluded: March 4, 2026**

Name, Address, and County of Facility Investigated:

Bell Medical Services INC
6901 78th Avenue North, Suite 104,
Brooklyn Park, MN 55445
Hennepin County

Facility Type: Home Care Provider **Evaluator's Name: RHONDA MAKELA**

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
	H33212	A. BUILDING: _____ B. WING _____	C 03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELL MEDICAL SERVICES	6901 78TH AVENUE NORTH STE 104 BROOKLYN PARK, MN 55445

(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 March 2, 2026 through March 4, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider. At the time of the investigation, there were three (3) clients receiving services under the provider's Comprehensive Home Care license. No correction orders were issued.	0 000		
0 000	Integrated License (HCBS) Initial Comments On March 2, 2026, through March 4, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider, and the following correction order(s) are issued. At the time of the investigation, there were 50 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 #HL332126865C, tag identification 8000.	0 000		
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	08000		

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08000	Continued From page 1 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 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 at least one home care service for 50 of 53 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. 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 August 5, 2024, by owner (O)-A. Under the	08000		

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08000	Continued From page 2 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." 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 eight (8) basic support services. On March 2, 2026, at 5:19 p.m., human resources representative (HR)-B stated via email that the licensee services a total of 53 clients, with all 53 clients receiving home care services. The licensee's undated current client roster, titled "[Licensee] Integrated License Client List" indicated three (3) clients received comprehensive services identified as "Homecare Nursing". The licensee's homecare nursing roster dated 2026, further indicated the following billing codes for the three clients: -T1002 (Registered Nurse); and -T1003 (Licensed Practical Nurse). The client roster indicated 50 clients received only 245D services identified as: -"IHS" (Individualized Home Supports), -"NS" (Night Supervision Services), -"Resp" (Respite), and -"chore" (Chore Services). The licensee's Department of Health Services (DHS) billing statements dated December 2025, and January 2026. The billing statements indicated the following billing code modifiers were	08000		

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08000	Continued From page 3 used for the licensee's 245D clients, including the following: -C3 (IHS, chore): -UA (Night Supervision, Protected Transport), and -C4 (IHS): -UC (Individualized Home Supports with/without Training). No further information was provided. TIME PERIOD FOR CORRECTION: Sixty (60) days	08000		