



STATE LICENSING COMPLIANCE REPORT

Report #: HL345086581C

Date Concluded: March 4, 2026

Name, Address, and County of Facility

Investigated:

Best Choice Home Health Care

1261 Payne Avenue Suite 102, Saint Paul, MN

55130

Ramsey 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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2026
NAME OF PROVIDER OR SUPPLIER BEST CHOICE HOME HEALTHCARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1261 PAYNE AVENUE SUITE 102 SAINT PAUL, MN 55130		
(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 LICENSING 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 violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL345086581C On February 23, 2026, through March 4, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider, and the following correction orders are issued. At the time of the compliance investigation, there were zero (0) clients receiving services under the provider's Basic Home Care license. The following correction order(s) are issued for #HL345086581C, tag identification 0440.		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).	
0 440 SS=F	144A.471, Subd. 6 Basic Home Care License Provider		0 440		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2026
NAME OF PROVIDER OR SUPPLIER BEST CHOICE HOME HEALTHCARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1261 PAYNE AVENUE SUITE 102 SAINT PAUL, MN 55130		
(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
0 440	Continued From page 1 Subd. 6.Basic home care license provider. Home care services that can be provided with a basic home care license are assistive tasks provided by licensed or unlicensed personnel that include: (1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing; (2) providing standby assistance; (3) providing verbal or visual reminders to the client to take regularly scheduled medication, which includes bringing the client previously set-up medication, medication in original containers, or liquid or food to accompany the medication; (4) providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises; (5) preparing modified diets ordered by a licensed health professional; and (6) assisting with laundry, housekeeping, meal preparation, shopping, or other household chores and services if the provider is also providing at least one of the activities in clauses (1) to (5). This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide at least one basic 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	0 440			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2026
NAME OF PROVIDER OR SUPPLIER BEST CHOICE HOME HEALTHCARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1261 PAYNE AVENUE SUITE 102 SAINT PAUL, MN 55130		
(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
0 440	Continued From page 2 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 license was effective on July 19, 2025. The licensee's last renewal Application for License to Operate as a Basic Home Care Provider was signed on July 22, 2025, by owner (O)-A. The licensee indicated they had one (1) other Minnesota Licenses and/or Enrollments. The licensee indicated they or their employees would directly provide each Basic Home Care Service. Under the Ownership Information Part 1 section, the application notes, "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, the application indicates "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 understand the following Minnesota Statutes,"	0 440			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2026
NAME OF PROVIDER OR SUPPLIER BEST CHOICE HOME HEALTHCARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1261 PAYNE AVENUE SUITE 102 SAINT PAUL, MN 55130			
(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
0 440	Continued From page 3 with a checked box by O-A placed before the following: Home Care Laws. Chapter 144A, sections 144A.43 through 144A.484. On February 25, 2026, at 1:23 p.m., O-A indicated via email that the licensee provided only 245D Basic Support Services to three (3) clients under their care. O-A also confirmed the licensee's 245D clients did not receive any basic homecare services. Review of the licensee's current client roster dated January 1, 2026, indicated the licensee had 3 clients, with O-A indicating that 3 clients received HCBS services only. No further information was provided. TIME PERIOD FOR CORRECTION: Sixty (60) days	0 440			
0 000	Integrated License (HCBS) Initial Comments INITIAL COMMENTS: #HL345086581C On February 23, 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 Integrated licensure: Home and Community Based Service Designation. As a result of the investigation, the licensee was determined to be not in compliance with 144A.484 Integrated Licensure; Home and Community Based Service Designation. The following correction order is issued/orders	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'		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2026
NAME OF PROVIDER OR SUPPLIER BEST CHOICE HOME HEALTHCARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1261 PAYNE AVENUE SUITE 102 SAINT PAUL, MN 55130		
(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	Continued From page 4 are issued for #HL345086581C, tag identification 8000.	0 000	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).		
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).	08000			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2026
NAME OF PROVIDER OR SUPPLIER BEST CHOICE HOME HEALTHCARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1261 PAYNE AVENUE SUITE 102 SAINT PAUL, MN 55130		
(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
08000	Continued From page 5 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 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 April 1, 2025, by owner (O)-A. 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			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2026
NAME OF PROVIDER OR SUPPLIER BEST CHOICE HOME HEALTHCARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1261 PAYNE AVENUE SUITE 102 SAINT PAUL, MN 55130		
(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
08000	Continued From page 6 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. On February 25, 2026, at 1:23 p.m., O-A indicated via email that the licensee provided only 245D Basic Support Services to three (3) clients under their care. O-A also confirmed the licensee's 245D clients did not receive any basic homecare services. Review of the licensee's current client roster dated January 1, 2026, indicated licensee had 3 clients, with O-A indicating that 3 clients received HCBS services only. No further information was provided. TIME PERIOD FOR CORRECTION: Sixty (60) days	08000			