STATE LICENSING COMPLIANCE REPORT

Report #: HL347567042C

Date Concluded: March 3, 2026

Name, Address, and County of Facility Investigated:

Eden Pathways
1001 Twelve Oaks Center Drive
Wayzata, MN 55391

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
	H34756	A. BUILDING: _____ B. WING _____	C 03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN PATHWAYS	1001 TWELVE OAKS CENTER DR, STE 1005 WAYZATA, MN 55391

(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 INITIAL COMMENTS: #HL347567042C On March 2, 2026, through March 3, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider. At the time of the investigation, there was one (1) client receiving services under the provider's Comprehensive Home Care license. No correction orders were issued.	0 000		
0 000	Integrated License (HCBS) Initial Comments INITIAL COMMENTS: #HL347567042C On March 2, 2026, through March 3, 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 48 clients 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 #HL347567042C, 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. 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.	

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0 000	Continued From page 1	0 000	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 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.	08000		

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08000	Continued From page 2 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 48 of 48 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 12, 2025, by owner (O)-A. On page 3, 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) of the eight (allowed) basic support services. On March 2, 2026, at 1:06 p.m., O-A indicated via	08000		

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08000	Continued From page 3 email they served 48 clients under DHS. Review of the licensee's undated current client roster received on March 2, 2026, at 11:15 a.m., indicated licensee served 65 clients and did not indicate which clients received only 245D basic support services. On March 2, 2026, at 2:00 p.m., the surveyor requested and received DHS billing statements dated February 10, 2026, and February 24, 2026, indicating billing codes used for 40 clients receiving 245D basic support services included: -T2034 - 24-hour Emergency Assistance; -H2015 U3 - Individualized Community Living Supports; -S5150 - Respite Care; -S5135 UC - Individualized Home Supports without Training; and -S5135 UA - Night Supervision. On March 3, 2026, at 3:03 p.m., in a phone interview, O-A stated they were not Medicare certified and the billing codes used were authorized by client case managers. O-A stated caregivers provided personal care to several clients on the roster. No further information was provided. TIME PERIOD FOR CORRECTION: Sixty (60) days	08000		