



STATE LICENSING COMPLIANCE REPORT

Report #: HL388547313C

Date Concluded: 03/19/2026

Name, Address, and County of Facility

Investigated:

HOME HELPERS HOME CARE OF ST. LOUIS
PARK
3620 Central Avenue NE STE 16
Blaine, MN 55434
HENNEPIN

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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H38854	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/19/2026
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NAME OF PROVIDER OR SUPPLIER AMERICAN FAMILY HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3620 CENTRAL AVE NE, SUITE# 16 MINNEAPOLIS, MN 55418
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a complaint investigation.</p> <p>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.</p> <p>INITIAL COMMENTS: #HL388547313C</p> <p>On March 18, 2026, through March 19, 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 (0) clients receiving services under the provider's Comprehensive Home Care license.</p> <p>The following correction order is issued for #HL388547313C, tag identification 0445.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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).</p>	
0 445 SS=F	144A.471, Subd. 7 Comprehensive Home Care Provider	0 445		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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0 445	<p>Continued From page 1</p> <p>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:</p> <ul style="list-style-type: none"> (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. <p>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.</p> <p>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</p>	0 445		
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0 445	<p>Continued From page 2</p> <p>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).</p> <p>The findings include:</p> <p>The license was effective on February 23, 2026. The licensee's last (renewal) Application for License to Operate as a Comprehensive Home Care Provider was signed on December 26, 2024, by owner (O)-A, at the conclusion of the application. Under the Description of Other Licenses section, the licensee indicated they had two other licenses. Under the section Home Care Services Offered, the licensee indicated they or their employees would directly provide each Comprehensive Home Care Service.</p> <p>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...".</p> <p>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.</p> <p>Under the section titled Verification, is the statement, "I certify that I have read and understand the following Minnesota Statutes,"</p>	0 445		
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0 445	<p>Continued From page 3</p> <p>with a checked box by O-A placed before the following: Home Care Laws. Chapter 144A, sections 144A.43 through 144A.484.</p> <p>The licensee's (renewal) application for Integrated License: Home and Community-Based Services (HCBS) Designation was signed on January 10, 2025, by O-A. 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."</p> <p>On March 18, 2026, at 10:55 a.m., O-A indicated via email that the licensee had three (3) clients receiving home care services. O-A indicated 14 clients received 245D.03 Supportive Services, with two (2) being out of the country or one (1) recently returned from travel awaiting service initiation approval by the case manager, and no clients receiving services from both 144A and 245D.03. In the same email, O-A provided a current client roster dated March 18, 2026, indicating 19 clients and 17 clients received housekeeping, laundry, and meals. Three (3) of the 17 clients also had companionship and assistance with activities of daily living (ADLs). The remaining two (2) clients did not indicate any services (blank boxes).</p> <p>During phone interview on March 18, 2026, at 1:35 p.m., O-A stated C1, C2, and C3 were 144A clients. C1 and C2 received companionship and C3 received assistance with showers. The rest of the clients on the roster were 245D clients.</p> <p>On March 18, 2026, at 3:35 p.m., via email, O-A provided Department of Human Services (DHS)</p>	0 445		
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0 445	<p>Continued From page 4</p> <p>billing statements and provider remittance advice statements dated February 16, 2026, February 24, 2026, and March 10 and 11, 2026, indicating 11 clients were billed for one of the following codes:</p> <ul style="list-style-type: none"> -H2015 - Community Living Assistance; -H2015 U3 - Individualized Community Living Supports (ICLS); -S5130- Homemaking, Cleaning; and -S5135 UC- Individualized Home Supports without Training (IHS). <p>On March 19, 2026, at 10:27 a.m., via email, O-A provided private pay billing statements for C1, C2, and C3, which did not indicate what services were provided. C1, C2, C3's service agreements were requested.</p> <p>On March 19, 2026, at 10:53 a.m., via email, O-A provided service agreements for C1, C2, and C3. The service agreements provided the following services for each client:</p> <ul style="list-style-type: none"> -C1-companionship, activities such as movie, games, etc. Light housekeeping as requested and meal prep as needed; -C2-assist with morning-mid day-evening cares, dress, incontinence care, transfers, and hygiene care; and -C3-personal cares. <p>On March 19, 2026, at 11:05 a.m., via email, O-A indicated C2 received physical with a one-person standby assist.</p> <p>On March 19, 2026, at 11:42 a.m., via email, O-A indicated at the time they did not provide any comprehensive services to any of their clients.</p> <p>On March 19, 2026, at 11:48 a.m., via email, O-A indicated "no" when asked if they had provided</p>	0 445		
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0 445	<p>Continued From page 5</p> <p>any comprehensive services during the last renewal period.</p> <p>The Minnesota Statutes 144A.471 Subd. 7 indicated a comprehensive home care licensed provider may provide basic home care services listed in subdivision 6, and one or more of the following:</p> <p>(1) services of an advanced practice registered nurse, physician assistant, registered nurse, licensed practical nurse, physical therapist, respiratory therapist, occupational therapist, speech-language pathologist, dietitian or nutritionist, or social worker;</p> <p>(2) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed health professional within the person's scope of practice;</p> <p>(3) medication management services;</p> <p>(4) hands-on assistance with transfers and mobility;</p> <p>(5) treatment and therapies;</p> <p>(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</p> <p>(7) providing other complex or specialty health care services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Sixty (60) days</p>	0 445		
0 000	<p>Integrated License (HCBS) Initial Comments</p> <p>INITIAL COMMENTS:</p>	0 000	Minnesota Department of Health is	

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0 000	<p>Continued From page 6</p> <p>#HL388547313C</p> <p>On March 18, 2026, through March 19, 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 19 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.</p> <p>The following correction order is issued for #HL388547313C, tag identification 8000.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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).</p>	
08000 SS=F	<p>144A.484, Subd. 4 Applicability of Home,Community-based Serv Rq</p> <p>A home care provider with a home and</p>	08000		

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08000	<p>Continued From page 7</p> <p>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:</p> <p>(1) service planning and delivery requirements in section 245D.07;</p> <p>(2) protection standards in section 245D.06;</p> <p>(3) emergency use of manual restraints in section 245D.061; and</p> <p>(4) protection-related rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b).</p> <p>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.</p> <p>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.</p> <p>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</p>	08000		
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08000	<p>Continued From page 8</p> <p>failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>The licensee's (renewal) application for Integrated License: Home and Community-Based Services (HCBS) Designation was signed on January 10, 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."</p> <p>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.</p> <p>On March 18, 2026, at 10:55 a.m., O-A indicated via email that the licensee had three (3) clients receiving home care services. O-A indicated 14 clients received 245D.03 Supportive Services, with two (2) being out of the country or one (1) recently returned from travel awaiting service initiation approval by the case manager, and no clients receiving services from both 144A and 245D.03. In the same email, O-A provided a current client roster dated March 18, 2026, indicating 19 clients and 17 clients received housekeeping, laundry, and meals. Three (3) of the 17 clients also had companionship and assistance with activities of daily living (ADLs). The remaining two (2) clients did not indicate any services (blank boxes).</p>	08000		
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08000	<p>Continued From page 9</p> <p>On March 18, 2026, at 3:35 p.m., via email, O-A provided Department of Human Services (DHS) billing statements and provider remittance advice statements dated February 16, 2026, February 24, 2026, and March 10 and 11, 2026, indicating 11 clients were billed for one of the following codes: -H2015 - Community Living Assistance; -H2015 U3 - Individualized Community Living Supports (ICLS); -S5130- Homemaking, Cleaning; and -S5135 UC- Individualized Home Supports without Training (IHS).</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Sixty (60) days</p>	08000		