



# STATE LICENSING COMPLIANCE REPORT

Report #: HL390777641C

Date Concluded: March 10, 2026

**Name, Address, and County of Facility Investigated:**

Heavenly Caregivers LLC  
260 Wentworth Avenue East, Saint Paul, MN  
55118  
Dakota 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:  <b>39077</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/10/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEAVENLY CAREGIVERS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3435 WASHINGTON DRIVE #208 EAGAN, MN 55122</b>
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(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 9, 2026 through March 10, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider. At the time of the investigation, there were two (2) 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  INITIAL COMMENTS: #HL390777641C On March 9, 2026, through March 10, 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 five (5) 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 #HL390777641C, 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	08000		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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08000	<p>Continued From page 1</p> <p>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.</p> <p>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 five (5) of seven (7) 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.</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 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</p>	08000		
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08000	<p>Continued From page 2</p> <p>Services (HCBS) Designation was signed on June 20, 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 would provide. The licensee indicated they were enrolled to provide eight (8) basic support services.</p> <p>The licensee's undated current client roster indicated two (2) clients received "comprehensive services," described as skilled nurse visit, which are 144A services. The roster indicated 5 clients received "basic" services, described as respite care, homemaking, and "IHS" (individualized home supports), which are 245D services.</p> <p>On March 9, 2026, at 12:09 p.m., O-A, stated via email that the licensee is currently serving a total of 7 clients, 2 of which received comprehensive services and 5 of which received 245D.03 supportive services.</p> <p>On March 10, 2026, at 11:21 a.m., O-A provided Department of Human Services (DHS) billing statements dated February 2026. The billing statements indicated the following billing codes were used for the licensee's 245D clients:</p> <ul style="list-style-type: none"> <li>- S5130- Homemaking;</li> <li>- S5135 Adult Companionship Care; and</li> <li>- S5150- Unskilled Respite Care.</li> </ul> <p>No further information was provided.</p>	08000		
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08000	Continued From page 3  TIME PERIOD FOR CORRECTION: Sixty (60) days	08000		