



STATE LICENSING COMPLIANCE REPORT

Report #: HL401137706C

Date Concluded: March 23, 2026

Name, Address, and County of Facility

Investigated:

Willa Healthcare
7635 148th St West
Apple Valley, MN 55124
Dakota County

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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H40113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/23/2026
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NAME OF PROVIDER OR SUPPLIER WILLA HEALTHCARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7095 183RD STREET WEST LAKEVILLE, MN 55044
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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 compliance 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: #HL401137706C</p> <p>On March 16, 2026, through March 23, 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 clients receiving services under the provider's Comprehensive Home Care license.</p> <p>The following correction order is issued for #HL401137706C, 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 _____

Minnesota Department of Health

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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 comprehensive home care services to any clients under the care of the licensee during the last renewal period of the license.</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 June 11, 2025. The licensee's last (renewal) Application for License to Operate as a Comprehensive Home Care Provider was signed on May 13, 2025, by owner (O)-A, at the conclusion of the application. O-A indicated they or their employees would directly provide each Home Care Service. The list of services checked off on the application included comprehensive homecare services.</p> <p>On March 19, 2026, at 8:57 a.m., in an email, O-A stated they had not discharged any clients.</p> <p>On March 19, 2026, at 10:50 a.m., the surveyor sent to O-A, a current client roster that was provided at licensee's last survey conducted on October 15, 2024. The roster indicated there were two current clients (C2, C3).</p> <p>On March 19, 2026, at 12:07 p.m., O-A responded by email and stated C3 was a referral that was out of network and had not been provided any services. O-A stated C2 was admitted as a private pay client but had not paid her bill so services were put on hold.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Sixty (60) days</p>	0 445		
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0 000	Continued From page 3	0 000		
0 000	<p>Integrated License (HCBS) Initial Comments</p> <p>INITIAL COMMENTS: #HL401137706C</p> <p>On March 16, 2026, through March 23, 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 was one (1) client that was 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 #HL401137706C, tag identification 8000.</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>	

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08000	Continued From page 4	08000		
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 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 at least one home care service for one of one client identified as a client 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</p>	08000		

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08000	<p>Continued From page 5</p> <p>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 Services (HCBS) Designation was signed May 16, 2025, by owner (O)-A. 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 of the eight (allowed) basic support services.</p> <p>On March 18, 2026, at 10:59 a.m., O-A stated in an email that they cared for one client receiving only homemaking services under the 245D license.</p> <p>Review of a billing statement received on March 18, 2026, at 10:59 a.m., indicated the State of Minnesota was billed for homemaking for one client, but the statement lacked billing codes or client identification.</p> <p>On March 19, 2026, at 12:07 p.m., O-A indicated the billing statement was for their one active client.</p>	08000		

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08000	Continued From page 6 No further information was provided. TIME PERIOD FOR CORRECTION: Sixty (60) days	08000		