

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL401616087C

**Date Concluded:** July 23, 2025

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

**Investigated:**

Heart of a Star Home Care  
3100 Yukon Ave North  
Crystal MN, 55427  
Hennepin County

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Brandon Martfeld, RN, BSN,  
Special Investigator

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 144G. 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

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|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>40161</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>07/14/2025</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEART OF A STAR HOME CARE LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3100 YUKON AVENUE NORTH<br/>CRYSTAL, MN 55427</b> |
|--|---|

| (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              | <p><b>Initial Comments</b></p> <p>On July 14, 2025, the Minnesota Department of Health initiated an investigation of complaint #HL401616087C. No correction orders are issued.</p> | 0 000         |   |                    |

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