STATE LICENSING COMPLIANCE REPORT

Report #: HL410557924C **Date Concluded:** 03/17/2026

Name, Address, and County of Facility Investigated:
DAISY HOME CARE LLC
819 30th Avenue South #200B
Moorhead, MN 56560
CLAY

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41055	A. BUILDING: _____ B. WING _____	C 03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAISY HOME CARE LLC	819 30TH AVENUE S STE 200B MOORHEAD, MN 56560

(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: #HL410557924C On March 16, 2026, through March 17, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider. At the time of the investigation, there were zero (0) clients receiving services under the provider's Comprehensive Home Care license. No correction orders are issued.	0 000		
0 000	Integrated License (HCBS) Initial Comments INITIAL COMMENTS: #HL410557924C On March 16, 2026, through March 17, 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 four (4) 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 #HL410557924C, 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. This STANDARD is not met as evidenced by:	08000		

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08000	Continued From page 2 Based on interview and record review, the licensee did not provide at least one home care service for four (4) of four (4) 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 filled out by owner (O)-A and signed on January 27, 2026. 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) basic support services. On March 17, 2026 at 7:44 a.m., O-A indicated via email, the licensee only provided 245D Basic Support Services to three (3) clients under their	08000		

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08000	Continued From page 3 care. O-A also confirmed none of the licensee's clients receive any home care services. O-A provided Department of Health Services (DHS) billing statements dated August 18, 2025, for C5. The billing statement indicated billing code S5130 was used for homemaking. On March 17, 2026, at 12:03 p.m., via email, O-A provided licensee's undated 245D HCBS admission and discharge register, which indicated every client received only 245D basic support services. O-A indicated an error was made by not including the 4th client but did include the 4th client on the register. The same email included claim summaries dated February 9, 2026, for C2, and C4, and February 23, 2026, for C2, C3, and C4. The billing statements indicated the following billing codes were used for the remaining licensee's 245D clients: - S5130- Homemaking, cleaning - S5135 TF- homemaking, home management No further information was provided. TIME PERIOD FOR CORRECTION: Sixty (60) days	08000		