STATE LICENSING COMPLIANCE REPORT

Report #: HL413256522C

Date Concluded: February 26, 2026

Name, Address, and County of Facility Investigated:

Care Prime LLC

2695 2nd Street North, North Saint Paul, MN 55109

Ramsey 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41325	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREPRIME LLC	2695 2ND ST N NORTH SAINT PAUL, MN 55109

(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: #HL413256522C On February 23, 2026, through February 26, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider. At the time of the investigation, there was one (1) client receiving services under the provider's Basic Home Care license. The following correction order(s) are issued for #HL413256522C, tag identification 8000.	0 000		
0 000	Integrated License (HCBS) Initial Comments INITIAL COMMENTS: #HL413256522C On February 23, 2026, through February 26, 2026, the Minnesota Department of Health conducted a compliance investigation at the above provider. At the time of the investigation, there were 19 clients receiving services under the Integrated licensure: Home and Community Based Service Designation. As a result of the investigation, the licensee was determined to be not in compliance with 144A.484 Integrated Licensure: Home and Community Based Service Designation. The following correction order is issued for #HL413256522C, 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	

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0 000	Continued From page 1	0 000	WILL APPEAR ON EACH PAGE. 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.	08000		

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08000	Continued From page 2 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 19 of 20 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 signed on December 23, 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." 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 two (2) basic support services.	08000		

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08000	Continued From page 3 On February 23, 2026, at 10:53 a.m., O-A indicated via email that the licensee provided 144A Basic Home Care Services to one (1) private pay client, and only 245D Basic Support Services to 19 clients under their care. O-A also confirmed the licensee's 245D clients did not receive any basic homecare services. Review of the licensee's current client roster: basic home care dated October 13, 2025, indicated one (1) client received basic home care services. Review of the licensee's current client roster: integrated license 245D dated October 13, 2025, indicated licensee had 19 clients, with O-A indicating that 19 clients received HCBS services only. No further information was provided. TIME PERIOD FOR CORRECTION: Sixty (60) days	08000		