

July 21, 2025

Olajumoke Oladeji, Authorized Agent
JMKAY Health Care Services Inc
4200 Winchester Lane
Brooklyn Center, Minnesota 55429-1720

License Number: 1115343 (245D – HCBS)

CORRECTION ORDER

Dear Olajumoke Oladeji:

On June 5-6, 9, 11, 2025, a licensing review of JMKAY Health Care Services Inc, located at 6040 Earle Brown Drive, Brooklyn Center, Minnesota, was conducted to determine compliance with state and federal laws and rules governing the provision of home and community-based services to persons with disabilities and age 65 and older under Minnesota Statutes, Chapter 245D. As a result of this licensing review a Correction Order is being issued.

A. Reason for Correction Order

Pursuant to Minnesota Statutes, section 245A.06, if the Commissioner of the Department of Human Services (DHS) finds that the license holder has failed to comply with an applicable law or rule and this failure does not imminently endanger the health, safety, or rights of the persons served by the program, the Commissioner may issue a Correction Order to the license holder.

The following violation(s) of state or federal laws and rules were determined as a result of the licensing review. Corrective action for each violation is required by Minnesota Statutes, section 245A.06 and is hereby ordered by the Commissioner of Human Services.

1. Citation: Minnesota Statutes, section 245A.04, subdivision 5.

Violation: For four of four persons whose records were reviewed (P1-P4), the license holder did not provide the commissioner access to documents and records as required.

The license holder did not provide the commissioner with access to documents and records, including records maintained in electronic format, as required.

Corrective Action Ordered: The license holder did provide licensors with access to records on the second day of the compliance monitoring review. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

2. Citation: Minnesota Statutes, section 245A.65, subdivision 1.

Violation: For two persons whose records were reviewed (P1, P4), the license holder did not provide orientation to the internal and external reporting procedures of alleged or suspected maltreatment as required.

- a. The license holder did not provide P1 with an orientation to the internal and external reporting procedures of alleged or suspected maltreatment within 24 hours of admission as required. P1 was admitted to the program on September 15, 2023. At the time of the review, this was not completed.
- b. The license holder did not provide P4 with an orientation to the internal and external reporting procedures of alleged or suspected maltreatment within 24 hours of admission as required. P4 was admitted to the program on September 15, 2023. P4's orientation was provided on February 9, 2024.

Corrective Action Ordered: Within 30 days of receiving this order, you must provide an orientation to the internal and external reporting procedures to P1. You must maintain documentation with the date P1 received this orientation in P1's record. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

3. Citation: Minnesota Statutes, section 245A.65, subdivision 2.

Violation: For four persons whose records were reviewed (P1-P4), the license holder did not establish and enforce program abuse prevention plans as required.

- a. The license holder did not develop an individual abuse prevention plan (IAPP) for P1 as part of the initial individual program plan or service plan. P1's service initiation date was September 15, 2023. P1's IAPP was developed on June 6, 2024, and signed June 5, 2025. Additionally, the license holder did not provide an orientation to the program abuse prevention plan for P1 as required.
- b. The license holder did not develop an IAPP for P2 as part of the initial individual program plan or service plan. P2's service initiation date was September 26, 2024. P2's IAPP was developed on November 12, 2024.
- c. The license holder did not develop an IAPP for P3 as part of the initial individual program plan or service plan. P3's service initiation date was May 30, 2024. P3's IAPP was developed on April 17, 2025. Additionally, the license holder developed an IAPP that assessed P3 as susceptible to physical and sexual abuse, however; the license holder did not include statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.
- d. The license holder did not develop an IAPP for P4 as part of the initial individual program plan or service plan. P4's service initiation date was September 15, 2023. P4's IAPP was developed on May 19, 2025.

Corrective Action Ordered: Within 30 days of upon receiving this order, you must:

- provide P1 with orientation to the program abuse prevention plan;

- revise P3's IAPP to include statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults;
- review the IAPP with P3 and P3's case manager; and
- provide orientation on the updates to P3's IAPP to all staff that provide direct support to P3.

Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

4. Citation: Minnesota Statutes, section 245D.04, subdivision 1.

Violation: For three persons whose records were reviewed (P1, P3, P4), the license holder did not provide a written notice that identified the service recipient rights as required.

The license holder did not provide P1, P3, and P4 with a written notice that identified the service recipient rights and an explanation of those rights within five working days of service initiation.

Corrective Action Ordered: Within 30 days of receiving this order, you must provide P1, P3, and P4 with a written notice that identifies the service recipient rights and an explanation of those rights as required. Additionally, you must maintain documentation of P1's, P3's and P4's receipt of a copy and an explanation of the rights in each person's service recipient record. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

5. Citation: Minnesota Statutes, section 245D.04, subdivision 3.

Violation: For two persons whose records were reviewed (P2, P3), the license holder did not ensure the exercise and protection of service recipient rights as required.

- a. The license holder did not ensure the exercise and protection of P2's right to personal privacy. The license holder entered P2's apartment on a daily basis, including when P2 was sleeping. This information was confirmed in daily log notes and during an interview with the license holder.
- b. The license holder did not ensure the exercise and protection of P3's right to personal privacy. The license holder entered P3's apartment on a daily basis, including when P3 was sleeping. This information was confirmed in daily log notes, and during an interview with the license holder. Additionally, the license holder did not ensure the protection of P3's right to choose their visitors. The license holder maintained daily log notes that documented staff providing P3 with reminders about the house rules regarding the limit on the number of people coming in and out of P3's apartment.

Corrective Action Ordered: Within 30 days of upon receiving this order, you must:

- fully restore and ensure the exercise and protection of P2's and P3's service recipient rights;
- re-train all staff on the rights of persons served; and
- maintain documentation of this training in staff records.

Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

6. Citation: Minnesota Statutes, section 245D.05, subdivision 2, paragraph (b), clause (2) and (3).

Violation: For two persons whose records were reviewed (P1, P4), the license holder did not obtain written authorization to administer medication or treatment as required.

- a. The license holder did not obtain written authorization from P1 to administer medication or treatment before administering medication or treatment. P1's service initiation was on September 15, 2023. The license holder maintained documentation which indicates that P1 was administered medications or treatment since the date of service initiation. Written authorization was not obtained until February 15, 2024.
- b. The license holder did not obtain written authorization from P4 to administer medication or treatment. P4's service initiation was on September 15, 2023. Written authorization was not obtained until February 9, 2024.

Corrective Action Ordered:

Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

7. Citation: Minnesota Statutes, section 245D.05, subdivision 4.

Violation: For two persons whose records were reviewed (P1, P4), the license holder did not regularly review and report medication and treatment issues as required.

- a. The license holder did not conduct and document a review of P1's and P4's medication administration record (MAR) to identify medication administration errors at least every three months as required.
- b. P1's MAR documented over 500 medication refusals by P1 from November 1, 2024, through May 31, 2025. The license holder did not report P1's refusal or failure to take or receive medication or treatment as prescribed to P1's case manager as they occurred.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- audit records of all current persons served for whom the license holder is assigned the responsibility of psychotropic medication administration to identify medication administration errors and ensure that the records are current and accurate; and
- maintain documentation of the audit results.

Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

8. Citation: Minnesota Statutes, section 245D.051, subdivision 1.

Violation: For two persons whose records were reviewed (P1, P4), the license holder did not maintain documentation regarding psychotropic medications as required.

The license holder was assigned the responsibility for medication administration for P1 and P4. The license holder did not document a description of the target symptoms that each of P1's and P4's psychotropic medications were to alleviate.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- review and revise P1's and P4's support plan or support plan addendum to document a description of the target symptoms that each of P1's and P4's psychotropic medications were to alleviate;
- audit records of all current persons served for whom the license holder is assigned the responsibility of psychotropic medication administration to and ensure that the records are current and accurate; and
- develop, implement and maintain the following documentation in each person's support plan addendum according to the requirements in section 245D.07 and 245D.071:
 - a description of the target symptoms that the psychotropic medication was to alleviate; and
 - documentation methods the license holder will use to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medication if required by the prescriber. The license holder must collect and report on medication and symptom-related data as instructed by the prescriber. The license holder must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.

Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

9. Citation: Minnesota Statutes, section 245D.07, subdivision 1.

Violation: For two persons whose records were reviewed (P1, P4), the license holder did not comply with the requirements of the federal waiver plan.

The license holder maintained multiple video monitoring cameras throughout the community residential setting (CRS) where P1 and P4 resided and received services. The license holder stated that these were used to monitor persons served and staff for incidents. The license holder did not receive approval for the use of monitoring technology from the lead agency.

Corrective Action Ordered: Within 30 days of receiving this order, you must either remove or receive consent for all monitoring technology being used at the program site. If you choose to receive consent and continue the use of monitoring technology (video cameras), use of the cameras must meet the requirements of the federal waiver plan. The lead agency approves and oversees the use of all monitoring technology so you must consult with the case managers for P1 and P4. Additionally, the same consultation must occur for all service recipients receiving services where monitoring technology is being utilized. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

10. Citation: Minnesota Statutes, section 245D.11, subdivision 2.

Violation: For one person whose record was reviewed (P4), the license holder did not implement the program's safe medication assistance and administration policy as required.

The license holder's policy and procedure on safe medication assistance and administration established that the license holder would document the discontinuation of a medication by writing "D/C" or "Discontinued," the date, the prescriber's name, and the initials of the person making the entry on the line just below the arrow. P4's MAR for May 2025 documented 29 instances of P4 not receiving medication as prescribed. When asked, the license holder stated that the medication had been discontinued months earlier. The license holder failed to implement the programs safe medication assistance and administration policy.

Corrective Action Ordered: Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

11. Citation: Minnesota Statutes, section 245D.11, subdivision 3.

Violation: For one person whose record was reviewed (P1), the license holder did not enforce established policies and procedures that promote service recipient rights by ensuring data privacy as required.

The license holder maintained documentation in P1's support plan addendum titled "Pre-Meeting Overview Packet," dated June 6, 2024, which names a different service recipient in the description of Services and Supports of chronic medical conditions. The license holder did not promote service recipient rights by ensuring data privacy according to the requirements of this subdivision.

Corrective Action Ordered: Within 30 days of receiving this order, you must complete P1's support plan addendum to reflect the principles of data privacy according to this subdivision. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

12. Citation: Minnesota Statutes, section 245D.071, subdivision 3, paragraph (b).

Violation: For three persons whose records were reviewed (P1, P3, P4), the license holder did not complete assessments as required.

- The license holder did not complete assessments which were consistent with information found elsewhere in P1's record in the following areas:
 - the person's ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, including, self-administration of medication or treatment orders, preventative screening;
 - the person's ability to self-manage symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), or other symptoms or behaviors that may jeopardize the health and welfare of the person or others; and
 - the assessments must produce information about the person that describes the person's overall strengths, functional skills and abilities, and behaviors or symptoms.

- The license holder did not complete assessments in the following areas before providing 45 days of service to P3:
 - the person's ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, including, when applicable, allergies, seizures, choking, special dietary needs, chronic medical conditions, self-administration of medication or treatment orders, preventative screening, and medical and dental appointments;
 - the person's ability to self-manage personal safety to avoid injury or accident in the service setting, including, when applicable, risk of falling, mobility, regulating water temperature, community survival skills, water safety skills, and sensory disabilities;
 - the person's ability to self-manage symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and welfare of the person or others; and
 - the assessments must produce information about the person that describes the person's overall strengths, functional skills and abilities, and behaviors or symptoms.

Licensors were unable to determine the date(s) in which P3's assessments were completed due to the date of assessment completion being omitted from the document by the license holder. There were no signatures on the assessments to assist licensors with verifying the completion dates. Additionally, the license holder did not accurately assess P3 in the specified domains of the assessment.

- The license holder did not complete assessments in the following areas before providing 45 days of service to P4:
 - the person's ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, including, when applicable, allergies, seizures, choking, special dietary needs, chronic medical conditions, self-administration of medication or treatment orders, preventative screening, and medical and dental appointments;
 - the person's ability to self-manage personal safety to avoid injury or accident in the service setting, including, when applicable, risk of falling, mobility, regulating water temperature, community survival skills, water safety skills, and sensory disabilities; and
 - the person's ability to self-manage symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and welfare of the person or others, and
 - the assessments must produce information about the person that describes the person's overall strengths, functional skills and abilities, and behaviors or symptoms.

P4's service initiation date was September 15, 2023. These were completed on May 28, 2025.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- complete P1's support plan addendum to include assessment in the following areas:
 - the person's ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, including, self-administration of medication or treatment orders, preventative screening;
 - the person's ability to self-manage symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), or other

- symptoms or behaviors that may jeopardize the health and welfare of the person or others; and
- the assessments must produce information about the person that describes the person's overall strengths, functional skills and abilities, and behaviors or symptoms.
- complete P3's support plan addendum to include information about P3 that describes P3's overall strengths, functional skills and abilities and behaviors or symptoms.

Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

13. Citation: Minnesota Statutes, section 245D.071, subdivision 3, paragraphs (c) and (d).

Violation: For three persons whose records were reviewed (P1, P3, P4), the license holder did not complete initial service planning as required.

- a. The license holder did not hold an initial planning meeting with P1, P1's case manager and other members of the support team or expanded support team before providing 45 days of service. P1's service initiation date was September 15, 2023. The license holder developed a document in P1's record titled, "45 Day Meeting Summary," which indicated that the initial planning meeting occurred on April 23, 2024; however, licensors were unable to determine that this meeting had occurred as no signatures were located on the document.
- b. The license holder did not hold an initial planning meeting with P4, P4's case manager, and other members of the support team or expanded support team before providing 45 days of service. P4's service initiation date was September 15, 2023. The license holder documented that the initial planning meeting occurred on March 28, 2024.
- c. The license holder did not hold an initial planning meeting with P3, P3's case manager and other members of the support team or expanded support team before providing 45 days of service to determine the following:
 - the scope of the services to be provided to support the person's daily needs and activities;
 - the person's desired outcomes and the supports necessary to accomplish the person's desired outcomes;
 - the person's preferences for how services and supports are provided, including how the provider will support the person to have control of the person's schedule;
 - whether the current service setting is the most integrated setting available and appropriate for the person;
 - opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences;
 - opportunities for community access, participation, and inclusion in preferred community activities;
 - opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community;
 - opportunities to seek competitive employment and work at competitively paying jobs in the community;

- how services must be coordinated across other providers licensed under this chapter serving the person and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person; and
- how technology might be used to meet the person's desired outcomes.

Corrective Action Ordered: Within 30 days of receiving this order, you must complete P3's support plan addendum to include:

- the scope of the services to be provided to support the person's daily needs and activities;
- opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences;
- opportunities for community access, participation, and inclusion in preferred community activities; and
- a discussion of how technology might be used to meet the person's desired outcomes. The coordinated service and support plan or support plan addendum must include a summary of this discussion. The summary must include:
 - a statement regarding any decision that is made regarding the use of technology; and
 - a description of any further research that needs to be completed before a decision regarding the use of technology can be made.

On an ongoing basis, you must maintain compliance as required in this subdivision.

14. Citation: Minnesota Statutes, section 245D.071, subdivision 4.

Violation: For three persons whose records were reviewed (P1, P3, P4), the license holder did not develop a service plan that documented service outcomes and supports as required.

- a. The license holder did not develop a service plan that documented service outcomes and supports for P1 within 10 working days of the required timeline for the initial planning meeting. The license holder maintained documentation of service provision to P1 since September 15, 2023, and documented that the initial planning meeting occurred April 23, 2024. The license holder developed an outcome for P1 on June 6, 2024; however, the developed outcome did not document the supports and methods to be implemented to support and accomplish outcomes related to acquiring, retaining, or improving skills and physical, mental and emotional health and well-being, including:
 - the methods or actions that will be used to support the person and to accomplish the service outcomes, including information about:
 - any changes or modifications to the physical and social environments necessary when the service supports are provided;
 - any equipment and materials required; and
 - techniques that are consistent with the person's communication mode and learning style;
 - the measurable and observable criteria for identifying when the desired outcome has been achieved and how data will be collected;
 - the projected starting date for implementing the supports and methods and the date by which progress towards accomplishing the outcomes will be reviewed and evaluated; and

- the names of the staff or position responsible for implementing the supports and methods.
- b. The license holder did not develop a service plan that documented service outcomes and supports for P3 within 10 working days of the required timeline for the initial planning meeting. At the time of the licensing review these had not been developed.
- c. The license holder did not develop a service plan that documented service outcomes and supports for P4 within 10 working days of the required timeline for the initial planning meeting. This was completed May 19, 2025; however the license holder did not document the supports and methods to be implemented to support and accomplish outcomes related to acquiring, retaining, or improving skills and physical, mental and emotional health and well-being including:
- the methods or actions that will be used to support the person and to accomplish the service outcomes, including information about:
 - any changes or modifications to the physical and social environments necessary when the service supports are provided;
 - any equipment and materials required; and
 - techniques that are consistent with the person's communication mode and learning style;
 - the measurable and observable criteria for identifying when the desired outcome has been achieved and how data will be collected;
 - the projected starting date for implementing the supports and methods and the date by which progress towards accomplishing the outcomes will be reviewed and evaluated; and
 - the names of the staff or position responsible for implementing the supports and methods.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- document the areas listed above for P1;
- develop a service plan for P3 that documents service outcomes and supports;
- document the areas listed above for P4;
- audit the records of all current persons served to ensure compliance with the requirements of this subdivision;
- maintain documentation of the audit results;
- ensure that all staff persons providing direct support services are provided orientation to the updated service plans; and
- maintain documentation of the orientation in each staff person's record.

Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

15. Citation: Minnesota Statutes, section 245D.071, subdivision 5.

Violation: For one person whose record was reviewed (P4), the license holder did not complete service plan review and evaluation as required.

Minnesota Statutes, section 245A.02, subdivision 2b defines "annual" or "annually" to mean prior to or within the same month of the subsequent calendar year.

The license holder did not meet with P4, P4's case manager and other people as identified by the person annually in 2024 to determine the following:

- a discussion of how technology might be used to meet the person's desired outcomes. The coordinated service and support plan or support plan addendum must include a summary of this discussion. The summary must include:
 - a statement regarding any decision that is made regarding the use of technology; and
 - a description of any further research that needs to be completed before a decision regarding the use of technology can be made;
- options for transitioning out of a community setting controlled by a provider and into a setting not controlled by a provider; and
- options for transition to an employment services described in section 245D.03, subdivision 1, paragraph (3), clauses (5) to (7).

Corrective Action Ordered: Within 30 days of receiving this order, you must meet with P4, P4's case manager and other people as identified by P4 to determine the above-noted criteria. You must maintain documentation of this meeting in P4's record. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

16. Citation: Minnesota Statutes, section 245D.10, subdivision 3a.

Violation: For one person whose record was reviewed (P3), the license holder did not enforce policies and procedures related to service termination as required.

The license holder did not document the following actions prior to giving notice of service termination to P3 on October 30, 2023:

- consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the termination notice; and
- a request to the case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to notices of service termination issued under paragraph (b), clauses (4) and (7).

Additionally, the license holder did not include the following in the notice of termination:

- a summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension as required under paragraph (c), and why these measures did not prevent the termination or suspension;
- the person's right to appeal the termination of services under section 256.045, subdivision 3, paragraph (a); and
- the person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

Corrective Action Ordered: Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

17. Citation: Minnesota Statutes, section 245D.10, subdivision 4, paragraph (b).

Violation: For two persons whose records were reviewed (P1, P4), the license holder did not inform and provide policies and procedures as required.

- a. The license holder did not inform P1 and P1's case manager of the policies and procedures affecting a person's rights and provide copies of those policies and procedures within five working days of service initiation. P1's service initiation date was September 15, 2023. At the time of this review, these had not been provided.
- b. The license holder did not inform P4 of the policies and procedures affecting a person's rights and provide copies of those policies and procedures within five working days of service initiation. P4's service initiation date was September 15, 2023. These were provided on February 9, 2024.

Corrective Action Ordered: Within 30 days of receiving this order, you must inform P1 and P1's case manager of the policies and procedures affecting persons rights and provide copies of those policies and procedures. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

18. Citation: Minnesota Rules, 9544.0030 subpart 1.

Violation: For two persons whose records were reviewed (P3, P4), the license holder did not incorporate and evaluate positive support strategies as required.

- a. The license holder did not incorporate positive support strategies into writing to an existing treatment, service, or other individual plan for P3.
- b. The license holder did not evaluate positive support strategies with P4 at least every six months.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- incorporate positive support strategies into P3's record;
- evaluate the identified positive support strategies with P3 and P4 at least every six months; and
- based upon the results of the evaluation, you must determine whether changes are needed in the positive support strategies used, and, if so, make appropriate changes.

Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subpart.

19. Citation: Minnesota Rules, 9544.0080, subpart 1.

Violation: For two persons whose records were reviewed (P1, P4), the license holder did not provide notice of the license holder's policy on the use of manual restraints as required.

- a. The license holder did not obtain a written acknowledgement from P1 at the time of service initiation that they had been notified of the license holder's emergency use of manual restraints policy and their rights under this chapter and Minnesota Statutes, section 245D.04. At the time of this review, this had not been completed.
- b. The license holder did not obtain a written acknowledgement from P4 at the time of service initiation that they had been notified of the license holder's emergency use of manual restraints policy and their rights under this chapter and Minnesota Statutes, section 245D.04. This was completed on February 9, 2024.

Corrective Action Ordered: Within 30 days of receiving this order, you must obtain a written acknowledgement from P1 that they have been provided notice of the license holder's emergency use of manual restraints policy and their rights under this chapter and Minnesota Statutes, section 245D.04. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

20. Citation: Minnesota Statutes, section 245A.65, subdivision 3.

Violation: For four staff persons whose records were reviewed (SP1-SP4), the license holder did not provide orientation as required.

- a. The license holder did not provide SP1 with an orientation to the license holder's program abuse prevention plan within 72 hours of first providing direct contact services as defined in section 245C.02, subdivision 11, to a vulnerable adult as required. The license holder did not maintain sufficient documentation for licensors to verify that this orientation had occurred.
- b. The license holder did not provide SP2 with an orientation to the license holder's program abuse prevention plan within 72 hours of first providing direct contact services as defined in section 245C.02, subdivision 11, to a vulnerable adult as required. The license holder did not maintain sufficient documentation for licensors to verify that this orientation had occurred.
- c. The license holder maintained documentation that indicates SP3 was employed by the license holder on September 15, 2023. The license holder did not provide SP3 with an orientation to the license holder's program abuse prevention plan within 72 hours of first providing direct contact services as defined in section 245C.02, subdivision 11, to a vulnerable adult as required. The license holder did not maintain sufficient documentation for licensors to verify that this orientation had occurred.
- d. The license holder did not provide SP4 with an orientation to the license holder's program abuse prevention plan within 72 hours of first providing direct contact services as defined in section 245C.02, subdivision 11, to a vulnerable adult as required. The license holder did not maintain sufficient documentation for licensors to verify that this orientation had occurred.

Corrective Action Ordered: Within 30 days of receiving this order, you must provide orientation to the license holder's program abuse prevention plan to SP1-SP4. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

21. Citation: Minnesota Statutes, section 245D.09, subdivision 4.

Violation: For two staff persons whose records were reviewed (SP3, SP4), the license holder did not provide and ensure completion of orientation training as required.

- a. The license holder did not provide SP3 with orientation and instruction in the following areas within 60 days of hire:
 - the job description and how to complete specific job functions, including:
 - responding to and reporting incidents as required under section 245D.06, subdivision 1; and
 - following safety practices established by the license holder as required in section 245D.06, subdivision 2; and
 - the license holder's current policies and procedures required under this chapter, including their location and access, and staff responsibilities related to implementation of those policies and procedures;
 - data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff responsibilities related to complying with data privacy practices;
 - the service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights according to the requirements in section 245D.04;
 - sections 245A.65, 245A.66, and 626.557 and chapter 260E governing maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment. This orientation must be provided within 72 hours of first providing direct contact services and annually thereafter according to section 245A.65, subdivision 3;
 - the principles of person-centered service planning and delivery as identified in section 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff person;
 - the safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 or successor provisions, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint;
 - staff responsibilities related to prohibited procedures under section 245D.06, subdivision 5, or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe;
 - basic first aid; and
 - strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities.
- b. SP4 was hired on April 29, 2024. The license holder did not provide SP4 with orientation and instruction in the following areas within 60 days of hire:
 - the job description and how to complete specific job functions, including:
 - responding to and reporting incidents as required under section 245D.06, subdivision 1; and

- following safety practices established by the license holder as required in section 245D.06, subdivision 2; and
- the license holder's current policies and procedures required under this chapter, including their location and access, and staff responsibilities related to implementation of those policies and procedures.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- provide and ensure the completion of the following training for SP3:
 - The job description and how to complete specific job functions;
 - the license holder's current policies and procedures required under this chapter, including their location and access, and staff responsibilities related to implementation of those policies and procedures;
 - sections 245A.65, 245A.66, and 626.557 and chapter 260E governing maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment. This orientation must be provided within 72 hours of first providing direct contact services and annually thereafter according to section 245A.65, subdivision 3;
 - the safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 or successor provisions, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint; and
 - staff responsibilities related to prohibited procedures under section 245D.06, subdivision 5, or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe;
- provide and ensure the completion of the following training for SP4:
 - The job description and how to complete specific job functions; and
 - the license holder's current policies and procedures required under this chapter, including their location and access, and staff responsibilities related to implementation of those policies and procedures. At the time of the licensing review this had not been completed;
- audit all staff person records to ensure that orientation training has been provided according to the requirements of this subdivision;
- maintain documentation of the results of the audit;
- provide orientation to all staff persons whose orientation training did not meet the compliance requirements of this subdivision; and
- maintain documentation of all orientation training in staff person records.

On an ongoing basis, you must maintain compliance as required in this subdivision.

22. Citation: Minnesota Statutes, section 245D.09, subdivision 4a.

Violation: For three staff persons whose records were reviewed (SP1, SP3, SP4), the license holder did not provide orientation to individual service recipient needs as required.

The license holder failed to provide the following orientation to SP1, SP3 and SP4 before having unsupervised direct contact with a person served by the program:

- the person's support plan or support plan addendum as it related to the responsibilities assigned to the license holder; and
- the person's individual abuse prevention plan, to achieve and demonstrate an understanding of the person as a unique individual, and how to implement those plans.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- provide SP1, SP3 and SP4 with orientation to the support plan or support plan addendum for all persons they have direct contact with; and
- provide orientation to SP1, SP3 and SP4 on each person's individual abuse prevention plan and how to implement those plans.

Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

23. Citation: Minnesota Statutes, section 245D.09, subdivision 5.

Violation: For three staff persons whose records were reviewed (SP2, SP3, SP4), the license holder did not provide annual training as required.

- a. The license holder did not provide SP2 with the following training annually in 2025:
 - data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff responsibilities related to complying with data privacy practices. The license holder most recently provided this to SP2 on April 23, 2024;
 - the service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights according to the requirements in section 245D.04. The license holder most recently provided this to SP2 on April 22, 2024;
 - sections 245A.65, 245A.66, and 626.557 and chapter 260E governing maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment. This orientation must be provided within 72 hours of first providing direct contact services and annually thereafter according to section 245A.65, subdivision 3. The license holder most recently provided this to SP2 on April 23, 2024;
 - the principles of person-centered service planning and delivery as identified in section 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff person. The license holder most recently provided this to SP2 on April 22, 2024;
 - the safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 or successor provisions, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint. The license holder most recently provided this to SP2 on April 21, 2024;
 - staff responsibilities related to prohibited procedures under section 245D.06, subdivision 5, or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe. The license holder most recently provided this to SP2 on April 21, 2024;
 - basic first aid. The license holder most recently provided this to SP2 on April 21, 2024; and

- strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities. The license holder most recently provided this to SP2 on April 22, 2024.
- b. The license holder did not provide SP3 with the following training annually in 2025:
- the principles of person-centered service planning and delivery as identified in section 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff person. The license holder most recently provided this to SP3 on January 19, 2024; and
 - basic first aid. The license holder most recently provided this to SP3 on April 17, 2024.
- c. The license holder did not provide SP4 with following training annually in 2025:
- data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff responsibilities related to complying with data privacy practices. The license holder most recently provided this to SP4 on May 14, 2024;
 - the service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights according to the requirements in section 245D.04. The license holder most recently provided this to SP4 on May 16, 2024;
 - the safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 or successor provisions, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint. The license holder most recently provided this to SP4 on May 14, 2024;
 - staff responsibilities related to prohibited procedures under section 245D.06, subdivision 5, or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe. The license holder most recently provided this to SP4 on May 14, 2024;
 - basic first aid. The license holder most recently provided this to SP4 on May 14, 2024; and
 - strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities. The license holder most recently provided this to SP4 on May 17, 2024.

Corrective Action Ordered: Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

24. Citation: Minnesota Statutes, section 245D.095, subdivision 5.

Violation: For two staff persons whose records were reviewed (SP1, SP3), the license holder did not maintain personnel records as required.

The license holder did not maintain documentation sufficient to determine the date of SP1's and SP3's first supervised and unsupervised dates of direct contact with persons served by the program.

Corrective Action Ordered: Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance as required in this subdivision.

25. Citation: Minnesota Statutes, section 245D.081, subdivision 3.

Violation: The license holder did not ensure the designated coordinator (SP3) and the designated manager (SP1) provided program management and oversight of the services provided by the license holder as required.

- a. The license holder did not ensure that the staff person the license holder identified as the designated coordinator (SP3) provided supervision, support, and evaluation of activities that included:
 - oversight of the license holder's responsibilities assigned in the person's support plan and support plan addendum;
 - taking the action necessary to facilitate the accomplishment of the outcomes according to the requirements in section 245D.07;
 - instruction and assistance to direct support staff implementing the support plan and the service outcomes, including direct observation of service delivery sufficient to assess staff competency; and
 - evaluation of the effectiveness of service delivery, methodologies, and progress on the person's outcomes based on the measurable and observable criteria for identifying when the desired outcomes have been achieved according to the requirements in section 245D.07.

- b. The license holder did not ensure that the staff person the license holder identified as the designated manager (SP1) performed the required program management and oversight of the services provided by the license holder that included:
 - maintaining a current understanding of the licensing requirements sufficient to ensure compliance throughout the program as identified in section 245A.04, subdivision 1, paragraph (e), and when applicable, as identified in section 256B.04, subdivision 21, paragraph (b);
 - ensuring the duties of the designated coordinator are fulfilled according to the requirements in subdivision 2; and
 - evaluating the information identified in clauses (1) to (6) to develop, document, and implement ongoing program improvements.

Citations 1 through 24 are evidence of the license holder's lack of program coordination, program management, and oversight of the services provided.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- submit a designated manager and designated coordinator verification form for the individuals holding these positions;
- ensure the staff persons(s) identified as designated coordinator and designated manager for the program understands and has acknowledged their responsibilities as required in Minnesota Statutes, section 245D.081, subdivision 2 and 3; and
- maintain a signed document that the designated coordinator(s) and designated manager(s) have acknowledged their responsibilities as required in Minnesota Statutes, section 245D.081, subdivisions 2 and 3 in your program.

Additionally, within 60 days, you must submit a written plan to your licensor detailing how compliance will be maintained in each of the following areas:

- staff orientation training as defined in Minnesota Statutes, section 245D.09;
- staff annual training as defined in Minnesota Statutes, section 245D.09;
- implementation of health services for persons served as assigned as defined in Minnesota Statutes, section 245D.05;
- person-centered practices and ensured rights of all persons served as defined in Minnesota Statutes, section 245D.07; and
- designated coordinator and designated manager oversight and adherence to statutory requirements as defined in Minnesota Statutes, section 245D.081.

If you fail to correct the violations specified in the Correction Order within the prescribed time lines the Commissioner may issue an Order of Conditional License or may impose a fine and order other licensing sanctions pursuant to Minnesota Statutes, sections 245A.06 and 245A.07.

Submissions required as part of a corrective action ordered must be sent to your Licensor at:

2. By secure email at Dylan.Sobota@state.mn.us; or
3. If you are unable to submit corrective action ordered securely through email, you can mail or fax using the information below:

Commissioner, Department of Human Services
ATTN: Dylan Sobota
Licensing Division
PO Box 64242
St. Paul, MN 55164-0242

B. Right to Request Reconsideration

If you believe any of the citations are in error, you have the right to request that the Commissioner of Human Services reconsider the parts of the Correction Order that you believe to be in error. The request for reconsideration must be in writing and received by the Commissioner within 20 calendar days after receipt of this report. Your request for reconsideration must be sent to:

Commissioner, Department of Human Services
Office of Inspector General
Legal Counsel's Office
Attention: Licensing Legal Unit
PO Box 64953
St. Paul, MN 55164-0953

Please note that a request for reconsideration does not stay any provisions or requirements of the Correction Order. The Commissioner's disposition of a request for reconsideration is final and not subject to appeal under Minnesota Statutes, chapter 14.

If you have any questions regarding this Correction Order, please contact me as soon as possible.

Dylan Sobota, HCBS Licensor

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July 21, 2025

Licensing Division

Office of Inspector General

651-431-2690