

October 1, 2025

See Yang, Authorized Agent
Hue Home Care 245D Services
5901 Brooklyn Boulevard Suite 103
Brooklyn Center, Minnesota 55429

License Number: 1101974 (245D – HCBS)

CORRECTION ORDER

Dear See Yang:

On July 8, 2025, a licensing review of Hue Home Care 245D Services, located at 5901 Brooklyn Boulevard, Suite 103, 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.65, subdivision 2, paragraph (b).

Violation: For five of five persons whose records were reviewed (P1-P5), the license holder did not develop an individual abuse prevention plan (IAPP) 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.

- a. The license holder developed an IAPP for P1 on March 5, 2024, and reviewed P1’s IAPP on October 11, 2024. The license holder did not provide P1’s case manager an opportunity to participate in the review of P1’s IAPP annually. The license holder provided P1’s case manager an opportunity to review P1’s IAPP on July 7, 2025.
- b. The license holder did not develop an IAPP for P1 and P4 that included an individualized assessment of:

- the person's susceptibility to abuse by other individuals, including other vulnerable adults;
- the person's risk of abusing other vulnerable adults; and
- statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.

P1 and P4's support plans developed by their case managers identified numerous areas of vulnerabilities to abuse that were not included in the IAPPs developed by the license holder for P1 and P4.

- c. The license holder developed IAPPs for P2, P3, and P5 that indicated they were susceptible to self-abuse. The license holder did not document the specific actions the program would take to minimize the risk of abuse to P2, P3 and P5 in their IAPPs.

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

- revise P1's and P4's IAPP to include an individualized assessment of P1's and P4's susceptibility to abuse, including self-abuse;
- revise P1's -P5's IAPPs to include the specific measures that the program will take to minimize the risk of abuse to P1-P5;
- provide P1's-P5's case managers and members of the person's interdisciplinary team an opportunity to participate in the review of the person's IAPP and maintain documentation of this review in the person's support plan addendum; and
- ensure all staff persons providing direct support services to P1 -P5 receive an orientation to P1's-P5's revised IAPPs. Maintain documentation of this orientation in the staff person's personnel record.

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

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

Violation: For four persons whose records were reviewed (P1 - P4), the license holder did not provide service recipient rights as required.

- a) The license holder most recently provided P1 with a written notice that identified the service recipient rights and an explanation of those rights on March 5, 2024. The license holder did not provide P1 with the service recipient rights annually in 2025.
- b) The license holder initiated P2's services on June 10, 2020, and only provided P2 with a written notice that identified the service recipient rights and an explanation of those rights on February 28, 2025. The license holder did not provide P2 with a written notice within five working days of service initiation and annually thereafter.
- c) The license holder initiated P3's services on August 4, 2024, and provided P3 with a written notice that identified the service recipient rights and an explanation of those rights on March 27, 2025. The license holder did not provide P3 with a written notice within five working days of service initiation.

- d) The license holder provided P4 with a written notice that identified the service recipient rights and an explanation of those rights most recently on February 1, 2024. The license holder did not provide P4 with the service recipient rights annually in 2025.

Corrective Action Ordered: Within 30 days of receiving this order, you must provide P1 and P4 with a written notice that identifies the service recipient rights and an explanation of those rights. You must maintain documentation that this was provided to P1 and P4 in P1's and P4's service recipient 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.

3. Citation: Minnesota Statutes, section 245D.05 subdivision 1 paragraph (b).

Violation: For one person whose record was reviewed (P2), the license holder did not document how health needs would be met as required.

The license holder was assigned responsibility for meeting P2's health needs in the support plan. The license holder failed to maintain documentation on how the person's health needs would be met, including a description of the procedures the license holder would follow in order to:

- provide medication setup, assistance, or administration according to this chapter; and
- assist with or coordinate medical, dental, or other health service appointments.

Corrective Action Ordered: Within 30 days of receiving this order, you must document in P2's service recipient record a description of the procedures you will follow in order to meet the person's health needs identified above. Within 60 days of receiving this order, you must:

- audit all service recipient records to identify if you are assigned responsibility for meeting the person's health needs in the support plan;
- review and revise the support plan addendum for any service recipient you are assigned responsibility for meeting health needs to ensure a description of how the person's health needs will be met is documented; and
- maintain documentation of the audit results at your program for review by DHS licensors.

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.07, subdivision 1.

Violation: For one person whose record was reviewed (P1), the license holder did not ensure provision of services as required.

- a. The license holder did not provide services as assigned in P1's support plan. The license holder was assigned to provide multiple services to P1. The license holder did not include a description in P1's support plan addendum of how each service would be provided to ensure the responsibilities assigned to the license holder were met.
- b. According to the community-based services manual (CBSM) page titled "Paying Relatives and Legally Responsible Individuals," spouses cannot be paid to provide waived services. The

license holder did not comply with the requirements of federal waiver plan when the license holder hired and paid the spouse of P1 to provide direct support services to P1.

Corrective Action Ordered: Immediately upon receiving this order, you must comply with the federal waiver plan by ensuring P1's spouse is not paid to provide direct support services to P1. Within 30 days of receiving this order, you must:

- revise P1's support plan addendum to include a description and staff instruction on how you will provide each service to P1 according to the responsibilities assigned in P1's support plan; and
- provide training on P1's revised support plan addendum to any staff persons who provide direct support services to P1. You must maintain documentation of this training in the staff persons personnel records.

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

5. Citation: Minnesota Statutes, section 245D.07, subdivision 2.

Violation: For one person whose record was reviewed (P1), the license holder did not meet the requirements of initial service planning for a basic service as required.

The license holder did not review, and revise, as needed, P1's preliminary support plan addendum within 60 calendar days of service initiation to document the services that will be provided including how, when, and by whom services will be provided, and the person responsible for overseeing the delivery and coordination of services.

Corrective Action Ordered: Within 30 days of receiving this order, you must review and revise P1's support plan addendum to document the above mentioned information. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance throughout your program, as required in this subdivision.

6. Citation: Minnesota Statutes, section 245D.095, subdivision 1.

Violation: For one person whose record was reviewed (P1), the license holder did not maintain records as required.

The license holder did not ensure that the content of service recipient records was legible. The license holder maintained numerous documents in P1's service recipient record that were handwritten. The handwritten documents were difficult to read, and some were not legible to DHS licensors. When DHS licensors requested assistance from the license holder in reading the documents in P1's service recipient record, the license holder was also unable to decipher the content in the documents.

Corrective Action Ordered: Within 30 days of receiving this order, you must ensure that the content and format of service recipient, personnel, and program records are uniform and legible. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance throughout your program, as required in this subdivision.

7. Citation: Minnesota Statutes, section 245D.095, subdivision 3.

Violation: For five persons whose records were reviewed (P1-P5), the license holder did not maintain service recipient records as required.

The license holder did not maintain progress or daily log notes recorded by the program for P1, P2, P3, P4 and P5.

Corrective Action Ordered: Within 30 days of receiving this order, you must begin maintaining daily log notes recorded by the program for each person to whom you are providing direct support services. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance throughout your program, as required in this subdivision.

8. Citation: Minnesota Statutes, section 245D.095, subdivision 4.

Violation: For five persons whose record were reviewed (P1-P5), the license holder did not ensure access to records as required.

The license holder did not ensure that staff responsible for providing direct support services to P1 through P5 had access to the information in the persons' service recipient records relevant to carrying out the responsibilities assigned in the support plan or support plan addendum. The license holder maintained service recipient records for P1 through P5 in the license holder's office. When asked if staff have access to the service recipient records, the license holder stated that they did not and that they were only provided access to the service recipient records upon initial hire during training.

Corrective Action Ordered: Within 30 days of receiving this order, you must ensure that all staff persons providing direct support services have access to the information in the service recipient records, relevant to carrying out the assigned responsibilities. Compliance with this order will be reviewed at an upcoming compliance monitoring visit. On an ongoing basis, you must maintain compliance throughout your program, as required in this subdivision.

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

Violation: For five persons whose records were reviewed (P1 -P5), the license holder did not provide policies and procedures as required.

The license holder did not provide copies of the policies and procedures that affect a person's rights to P1's – P5's case managers within five working days of service initiation:

- The license holder initiated P1's services on March 18, 2024, and provided P1's case manager with the policies and procedures on July 7, 2025.
- The license holder initiated P2's services on June 10, 2020, and provided P2's case manager with the policies and procedures on July 7, 2025.
- The license holder initiated P3's services on September 18, 2024, and provided P3's case manager with the policies and procedures on July 6, 2025.

- The license holder initiated P4's services on February 1, 2024, and provided P4's case manager with the policies on July 6, 2024.
- The license holder initiated P5's services on July 22, 2024, and provided P5's case manager with the policies copies on July 7, 2025.

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.

10. Citation: Minnesota Rule 9544.0030, subpart 1.

Violation: For four persons whose records were reviewed (P1 – P4), the license holder did not develop and evaluate positive support strategies as required.

The license holder did not incorporate positive support strategies in writing to an existing service plan for P1 – P4.

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

- assess P1's-P4's strengths, needs, and preferences to identify and create positive support strategies for each person; and
- incorporate the positive support strategies into P1's- P4's existing treatment, service, or other individual plans.

Additionally, at least every six months, you must evaluate with the person whether the identified positive support strategies currently meet the standards in subpart 2. 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 throughout your program, as required in this subdivision.

11. Citation: Minnesota Statutes, section 245D.081, subdivisions 2 and 3.

Violation: The license holder did not meet the requirements for program coordination, management and oversight.

- a. The license holder did not ensure the designated coordinator's, SP1, SP7, SP8, SP9 and SP10 fulfilled the duties of providing coordination of service delivery and evaluation for persons served by the program. Citations 1 through 14 are evidence of the license holder's lack of program coordination and oversight of the services provided including:
 - oversight of the license holder's responsibilities assigned in the person's support plan and the 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. The designated coordinator may delegate the direct observation and competency assessment of the service delivery activities of direct support staff to an

- individual whom the designated coordinator has previously deemed competent in those activities; 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 outcome has been achieved according to the requirements in section 245D.07.
- b. The license holder did not ensure that the designated manager (SP2) provided program management and oversight of the services provided. See citations 1 through 14 for the designated manager's failure to:
- maintain 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);
 - ensure the duties of the designated coordinator are fulfilled according to the requirements in subdivision 2;
 - evaluation of satisfaction of persons served by the program, the person's legal representative, if any, and the case manager, with the service delivery and progress towards accomplishing outcomes identified in sections 245D.07 and 245D.071, and ensuring and protecting each person's rights as identified in section 245D.04;
 - ensuring staff competency requirements are met according to the requirements in section 245D.09, subdivision 3, and ensuring staff orientation and training is provided according to the requirements in section 245D.09, subdivisions 4, 4a, and 5;
 - ensuring corrective action is taken when ordered by the commissioner and that the terms and conditions of the license and any variances are met; and
 - evaluating the information identified in clauses (1) to (6) to develop, document, and implement ongoing program improvements.

Corrective Action Ordered: Within 300 days of receiving this order, you must:

- maintain a document signed by the designated coordinators and designated managers that they have reviewed and acknowledged their responsibilities as required in Minnesota Statutes, section 245D.081, subdivisions 2 and 3 in your program's records;
- develop and document a written plan of how you will come into compliance in all areas listed in this correction order, including how your designated coordinators and designated managers will provide program coordination and oversight of the services provided. You must submit this plan to your licensor.

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.09, subdivision 4.

Violation: For two of ten staff persons whose records were reviewed (SP2 and SP3), the license holder did not provide orientation training as required.

The license holder did not provide and ensure completion of orientation sufficient to create staff competency for SP2 and SP3 in the following areas:

- 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 and as required in section 245D.06 subdivision 2;
- 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's 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 and 626.557 governing maltreatment reporting and service planning for vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment;
- 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; and
- basic first aid.

Additionally, the license holder did not provide SP2 with an orientation on strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities.

Corrective Action Ordered: Within 30 days of receiving this order, you must provide SP2 and SP3 with the above-mentioned required training. 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.09, subdivision 5.

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

The license holder did not provide SP2 and SP4 with the following annual trainings in 2021, 2022, 2023, and 2024:

- data privacy requirements according to Minnesota Statutes, 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 Minnesota Statutes, section 245D.04;
- the principles of person-centered service planning and delivery as identified in Minnesota Statutes, section 245D.07, subdivision 1a, and how they applied 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 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, 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.

Corrective Action Ordered: Within 30 days of receiving this order, you must provide SP2 and SP4 with annual training on the topics detailed above. You must document SP2's and SP4's training according to Minnesota Statutes, section 245D.095, subdivision 5. On an ongoing basis, you must maintain compliance as required in this subdivision.

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

Violation: For four staff persons whose records were reviewed (SP2, SP4, SP5, and SP6), the license holder did not maintain personnel records as required.

- a. The license holder did not maintain a personnel record for SP2, SP4, and SP5 that documented their training including the number of hours per subject area and the name of the trainer or instructor.
- b. The license holder did not maintain a personnel record for SP6 that documented the name of the trainer or instructor that provided SP6 with annual training in 2022, 2023, and 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 throughout your program, as required in this subdivision.

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:

1. By secure email at amanda.spartz@state.mn.us; or
2. 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: Amanda Spartz
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.

Amanda Spartz, HCBS Licensor
Licensing Division
Office of Inspector General
651-431-6092