DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 29, 2023

Licensee
Ally Healthcare, LLC
3261 19th Street Northwest, Suite 203
Rochester, MN 55901

RE: Project Number SL38535016

Dear Licensee:

This is your **official notice** that you have been **granted your comprehensive home care license.** Your license effective and expiration dates remain the same as on your temporary license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 45 days prior to your expiration date, please contact us at (651) 201-5273.

The Minnesota Department of Health (MDH) completed an initial survey on June 16, 2023, for the purpose of assessing compliance with state licensing statutes. At the time of the survey the MDH noted no violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

The enclosed State Form documents no violations. The MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

Sincerely,

Paul T. Spencer

Paul Spencer, Supervisor
State Rapid Response Team
Email: paul.spencer@state.mn.us
Telephone: 651-201-4222 Fax: 651-215-6894

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H38535	A. BUILDING: _____ B. WING _____	06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLY HEALTHCARE LLC	3261 19TH STREET NW #203 ROCHESTER, MN 55901

(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: #SL38535016 On June 15, 2023, the Minnesota Department of Health initiated a comprehensive home care survey for #SL38535016. At the time of the survey, there was one client receiving services under the Temporary Comprehensive license. No correction orders were issued.	0 000		