



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 6, 2023

Licensee
Advent Home Care, LLC
15197 Snowy Owl Street Northwest
Ramsey, MN 55303

RE: Project Number SL39029016

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 May 18, 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.

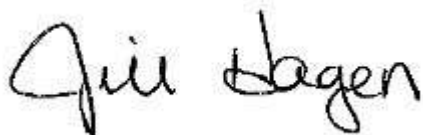
The enclosed State Form documents no violations. The MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

Performance Incentive. In accordance with Minn. Stat. 144A.474, Subd. (10) a licensee is eligible for a performance incentive if there are no violations identified in a core or full survey. The performance incentive is a ten percent discount on the licensee's next home care renewal license fee. You have received the performance incentive discount.

When you submit your renewal fee for your license renewal, please deduct 10 percent from the renewal fee and note that you received a 10 percent performance incentive. If you have questions regarding the incentive, please contact health.homecare.surveys@state.mn.us.

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,

A handwritten signature in black ink that reads "Jill Hagen". The signature is written in a cursive, flowing style.

Jill Hagen, Supervisor
State Rapid Response Team
Email: jill.hagen@state.mn.us
Telephone: 218-770-8646 Fax: 651-215-6894

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H39029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2023
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NAME OF PROVIDER OR SUPPLIER ADVENT HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 15197 SNOWY OWL STREET NW RAMSEY, MN 55303
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(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	<p>Initial Comments</p> <p>#SL39029016</p> <p>On May 16, 2023, through May 18, 2023, the Minnesota Department of Health visited the above Temporary Comprehensive Home Care licensed provider.</p> <p>At the time of the survey there was one client receiving services under the Temporary Comprehensive license. As a result of the survey, the licensee was found to be in compliance with the home care statutes at 144A.43 to 144A.482.</p>	0 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____