



*Protecting, Maintaining and Improving the Health of All Minnesotans*

## **NOTICE OF REMOVAL OF CONDITIONAL LICENSE**

Electronic Delivery

November 29, 2022

Administrator  
Global Home Health Care, Inc.  
1032 15th Avenue Southeast  
Rochester, MN 55904

**RE: Conditional License Number 404883  
Health Facility Identification Number (HFID) 21537  
Project Number SL21537016**

Dear Administrator:

On November 3, 2022, The Minnesota Department of Health (MDH) completed a follow-up evaluation of your agency to determine correction of orders found on the licensing evaluation completed April 29, 2022. The follow-up evaluation found the agency to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective November 29, 2022.

Furthermore, The follow-up evaluation determined your agency had not corrected all of the state licensing orders issued pursuant to the April 29, 2022 initial evaluation.

The details of the violations noted at the time of this follow-up evaluation completed on November 3, 2022 are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, no immediate fines are assessed.

### **DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144A.474, subd. 8(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction orders in future evaluations, upon a complaint evaluations, and as otherwise needed. The licensee is not required to submit a plan of correction for approval.

### **IMPOSITION OF FINES:**

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144A.475 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism

authorized in § 144A.475.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475.

### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144A.474, subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:

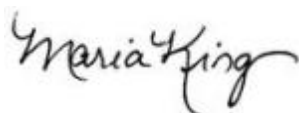
Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact Jodi Johnson, Supervisor, at 507-344-2730.

Sincerely,



Maria King, RN  
**Division Director**

**Minnesota Department of Health  
Health Regulation Division**

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H21537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
(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>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) have been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL# 21537016-2</p> <p>On October 31, 2022, through November 3, 2022, the Minnesota Department of Health conducted a follow-up survey pursuant to a survey completed on April 29, 2022, and August 12, 2022. At the time of the follow-up, there were 168 clients receiving services under the provider's Comprehensive license. As a result of the follow-up survey, the following correction order(s) are reissued/issued.</p>	{0 000}	<p>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.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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).</p>	
{01035} SS=D	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan	{01035}		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{01035}	<p>Continued From page 1</p> <p>Subd. 3. Individualized treatment or therapy management plan. For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific client instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	{01035}		

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{01035}	<p>Continued From page 2</p> <p>licensee failed to ensure an individualized treatment or therapy management plan was developed to include the required content for one of six clients (C3) receiving treatment or therapy management.</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C3's records lacked an individualized treatment or therapy management plan to include the following:</p> <ul style="list-style-type: none"> <li>- a statement of the type of services that will be provided;</li> <li>- documentation of specific client instructions relating to the treatments or therapy administration;</li> <li>- identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</li> <li>- procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</li> <li>- any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</li> </ul> <p>On October 31, 2022, at 11:00 a.m. during the</p>	{01035}		

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{01035}	<p>Continued From page 3</p> <p>entrance conference, director of operations (DO)-Q stated the licensee provided treatment management services.</p> <p>C3's RN (registered nurse) Baseline Assessment Form dated September 13, 2022, identified C3 used a BiPap (bilevel positive airway pressure-type of ventilator to help with breathing)/O2 (oxygen)/ two liters per nasal cannula at night.</p> <p>C3's Service Plan: Part 2 dated September 13, 2022, indicated the client received unlicensed personnel (ULP) services per attached care plan up to 84 hours 7 (seven) days per week.</p> <p>C3's Service Plan: Part 5 - Care Plan dated September 13, 2022, indicated services provided included dressing, positioning, grooming, toileting, bathing, meal prep/set-up/supervision, transfers, light housekeeping, mobility, laundry, BiPap assist with placement at night, suprapubic catheter bag empty as needed, and bilateral leg wraps once daily or as needed.</p> <p>C3's Service Plan: Part 3 - Treatment Plan dated September 13, 2022, included Hoyer (mechanical) lift, leg wraps, and catheter bag emptying, however; C3's treatment plan lacked the BiPap/O2 treatment.</p> <p>C3 lacked prescriber orders for BiPap/O2, catheter bag emptying, and leg wraps.</p> <p>On November 2, 2022, at 11:30 a.m. DO-Q stated unlicensed staff documented the BiPap/O2 as "health related" on the timesheet/activity document. DO-Q there was no order or treatment plan for C3's BiPap and oxygen and indicated there should be. DO-Q further stated they were still auditing files to ensure all pieces</p>	{01035}		

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{01035}	Continued From page 4  were in place and this one had been missed.  The licensee's Content of Client's Treatment and Therapy Records policy dated May 10, 2022, indicated the client's record "must contain the following information about the client's treatment and therapies that our agency is managing: A nursing assessment of the need for treatment and therapy management services and all re-assessments of the client's treatment and therapy management services and, if applicable, documentation regarding the client's refusal of this assessment, an individualized treatment and therapy management plan for the client that has been developed by the RN, and written or electronic prescriptions that are complete and current for any treatment and therapy the agency is managing for the client.  No further information was provided.	{01035}			
{01040} SS=E	144A.4793, Subd. 4 Administration of Treatments/Therapy  Subd. 4. Administration of treatments and therapy. Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the home care provider must ensure that the registered nurse or authorized licensed health professional has:  (1) instructed the unlicensed personnel in the	{01040}			

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{01040}	<p>Continued From page 5</p> <p>proper methods with respect to each client and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each client and documented those instructions in the client's record; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the client.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) had specified, in writing, specific instructions for each client and documented those instructions in the client's records and communicated with the unlicensed personnel (ULP) about the individual needs of the client for four of six clients (C1, C2, C3, C11) who were receiving treatment or therapy management; and had instructed the ULP in the proper methods to administer the treatment or therapy management, and eight of eight ULP (ULP-E, ULP-F, ULP-V, ULP-G, ULP-H, ULP-S, ULP-T, ULP-U) had demonstrated the ability to competently follow the procedures.</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p>	{01040}		



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{01040}	Continued From page 6  C1 C1's RN Baseline Assessment Form dated September 11, 2022, identified C1 used compression stockings to bilateral lower legs for edema (swelling).  C1's Service Plan: Part 2 dated September 11, 2022, indicated the client received ULP services per attached care plan up to five hours per day seven days per week.  C1's Service Plan: Part 5 - Care Plan dated September 11, 2022, indicated services provided included compression socks apply up to seven days or as needed. The document further identified C1's caregiver was ULP-E.  C1's Service Plan: Part 3 - Treatment Plan dated September 11, 2022, included compression stocking up to seven days per week or as needed by ULP.  C1 had an order dated October 17, 2022, sent to prescriber for signature, for caregiver to assist with compression socks daily as needed.  C2 C2's RN Baseline Assessment Form dated September 14, 2022, identified C2 used a CPAP (continuous positive airway pressure-keeps airway open by providing air through a mask you wear while you sleep) at night.  C2's Service Plan: Part 2 dated September 14, 2022, indicated the client received ULP services per attached care plan up to 66.5 hours seven days per week.	{01040}			

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{01040}	<p>Continued From page 7</p> <p>C2's Service Plan: Part 5 - Care Plan dated September 14, 2022, indicated services provided included CPAP assist with placement as needed at night. The document further identified C2's caregivers were ULP-F and ULP-V.</p> <p>C2's Service Plan: Part 3 - Treatment Plan dated September 14, 2022, included CPAP at night or as needed.</p> <p>C2's prescriber order dated October 17, 2022, included: Caregiver to assist with placing and cleaning CPAP as needed.</p> <p>C3 C3's RN Baseline Assessment Form dated September 13, 2022, identified C3 used BiPap (bilevel positive airway pressure- type of ventilator to help with breathing)/oxygen 2 liter per nasal cannula at night.</p> <p>C3's Service Plan: Part 2 dated September 13, 2022, indicated the client received ULP services per attached care plan up to 84 hours seven days per week.</p> <p>C3's Service Plan: Part 5 - Care Plan dated September 13, 2022, indicated services provided included BiPap assist with placement at night, suprapubic catheter bag empty as needed, and bilateral leg wraps once daily or as needed. The document further identified C3's caregivers were ULP-G and ULP-H.</p> <p>C3's Service Plan: Part 3 - Treatment Plan dated September 13, 2022, included Hoyer (mechanical) lift, leg wraps, and catheter bag emptying, however; C3's treatment plan lacked the BiPap/O2 treatment.</p>	{01040}		

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{01040}	<p>Continued From page 8</p> <p>C3 lacked prescriber orders for BiPap/O2, catheter bag emptying, and leg wraps.</p> <p>C11 C11's RN Baseline Assessment Form dated September 16, 2022, identified C11 used Oxygen 2 (two) liters (L) during the day and CPAP at night.</p> <p>C11's Service Plan: Part 2 dated September 16, 2022, indicated the client received ULP services per attached care plan up to 66.5 hours seven days per week.</p> <p>C11's Service Plan: Part 5 - Care Plan dated September 16, 2022, indicated services provided included hoyer lift, Oxygen, nebulizer, and CPAP. The document further identified C11's caregivers were ULP-S, ULP-T, and ULP-U.</p> <p>C11's Service Plan: Part 3 - Treatment Plan dated September 16, 2022, included C11 managed oxygen/CPAP and nebulizer independently; however, the treatment plan identified ULP completed daily bilateral leg wraps and Hoyer lift as needed.</p> <p>C11's prescriber order dated October 18, 2022, included: Caregiver to provide transfer by Hoyer lift, application of bilateral leg wraps, assist with nebulizer as needed, assist with CPAP and cleaning as needed.</p> <p>C1, C2, C3, and C11's records lacked specific written instructions for the administration of the treatment or therapy management services and documentation of the instructions in the client records.</p> <p>ULP Training/Competency</p>	{01040}			

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{01040}	<p>Continued From page 9</p> <p>ULP-E had a hire date of November 3, 2021, and provided direct care services to C1. ULP-F had a hire date of September 8, 2011, and provided direct care services to C2. ULP-V had a hire date of August 27, 2020, and provided direct care services to C2. ULP-G had a hire date of June 16, 2017, and provided direct care and services to C3. ULP-H had a hire date of October 27, 2010, and provided direct care and services to C3. ULP-S had a hire date of May 13, 2019, and provided direct care and services to C11. ULP-T had a hire date of March 3, 2021, and provided direct care and services to C11. ULP-U had a hire date of February 24, 2020, and provided direct care and services to C11.</p> <p>ULP-E, ULP-F, ULP-V, ULP-G, ULP-H, ULP-S, ULP-T, and ULP-U's records lacked evidence of documented training in the proper methods to administer the treatment or therapy management services listed above and had demonstrated competency.</p> <p>On November 3, 2022, at 10:15 a.m. administrator (A)-A and director of operations (DO)-Q stated there was no documented competency for the ULP as listed above. A-A indicated the treatments might be done as live-in family members rather than employees, but indicated the paperwork and orders did not reflect that. A-A further stated the nurse should instruct and competency test the ULP prior to providing the service as an employee.</p> <p>The licensee's Administration of Treatment or Therapy by Unlicensed Personnel policy dated May 10, 2022, indicated "ordered or prescribed treatments or therapies must be administered by a nurse, physician or other licensed health</p>	{01040}		

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{01040}	Continued From page 10  professional authorized to perform the treatment or therapy or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. Unlicensed personnel that satisfy the training requirements, have been determined competent to follow the procedures and have been delegated the responsibility by the RN, may administer the treatment or therapy by following the RN's written instructions for administering the treatment or therapy to the client.  No further information was provided.	{01040}		
{01045} SS=D	144A.4793, Subd. 5 Documentation of Treatment/Therapy  Subd. 5. Documentation of administration of treatments and therapies. Each treatment or therapy administered by a comprehensive home care provider must be documented in the client's record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs.  This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure each treatment or therapy administered by the comprehensive home care provider staff was documented in the	{01045}		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
(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
{01045}	<p>Continued From page 11</p> <p>client's record for two of four clients (C2, C11) who were receiving treatment or therapy management.</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C2 and C11's records lacked documentation of the administration of treatment or therapies being provided.</p> <p>C2 C2's RN (registered nurse) Baseline Assessment Form dated September 14, 2022, identified C2 used a CPAP (continuous positive airway pressure-keeps airway open by providing air through a mask you wear while you sleep) at night.</p> <p>C2's Service Plan: Part 2 dated September 14, 2022, indicated the client received unlicensed personnel (ULP) services per attached care plan up to 66.5 hours seven days per week.</p> <p>C2's Service Plan: Part 5 - Care Plan dated September 14, 2022, indicated services provided included CPAP assist with placement as needed at night.</p> <p>C2's Service Plan: Part 3 - Treatment Plan dated September 14, 2022, included CPAP at night or</p>	{01045}		

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{01045}	<p>Continued From page 12</p> <p>as needed.</p> <p>C2's prescriber order dated October 17, 2022, included: Caregiver to assist with placing and cleaning CPAP as needed.</p> <p>C2's record lacked documentation of the administration of treatment being provided.</p> <p>C11 C11's RN Baseline Assessment Form dated September 16, 2022, identified C11 used two liters (L) of oxygen during the day and a CPAP at night. The assessment did not include leg wraps.</p> <p>C11's Service Plan: Part 2 dated September 16, 2022, indicated the client received ULP services per attached care plan up to 66.5 hours seven days per week.</p> <p>C11's Service Plan: Part 5 - Care Plan dated September 16, 2022, indicated services provided included Hoyer (mechanical) lift, oxygen, nebulizer, and CPAP.</p> <p>C11's Service Plan: Part 3 - Treatment Plan dated September 16, 2022, included daily bilateral leg wraps by ULP and Hoyer lift as needed by ULP. The treatment plan identified C11 managed oxygen/CPAP and nebulizer independently.</p> <p>C11's prescriber order dated October 23, 2022, included: Caregiver to provide transfer by Hoyer lift, application of bilateral leg wraps, assist with nebulizer as needed, assist with CPAP and cleaning as needed.</p> <p>C11's record lacked documentation of the administration of treatment being provided.</p>	{01045}			

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{01045}	Continued From page 13  On November 2, 2022, at 9:39 a.m. director of operations (DO)-Q and administrator (A)-A stated documentation of the treatment services is noted under "health related" and verified C2 and C11's record lacked documentation of treatments or documentation of why it was not administered.  On November 3, 2022, at 10:15 a.m. A-A indicated the treatments might be done as live-in family members rather than employees, but indicated the paperwork and orders did not reflect that.  The licensee's Documentation of Treatment and Therapy Management Services in the Client Record policy dated May 10, 2022, noted staff would document each treatment and therapy management task immediately after the task has been performed.  No further information was provided.	{01045}		
{01050} SS=D	144A.4793, Subd. 6 Treatment and Therapy Orders  Subd. 6.Treatment and therapy orders. There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.  This MN Requirement is not met as evidenced by:	{01050}		



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{01050}	<p>Continued From page 14</p> <p>Based on interview and record review, the licensee failed to ensure an up-to-date written or electronically recorded order or prescription was obtained with the required content for all treatment or therapy provided for one of five clients (C3).</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C3's RN (registered nurse) Baseline Assessment Form dated September 13, 2022, identified C3 used BiPap (bilevel positive airway pressure- type of ventilator to help with breathing)/oxygen 2 liter per nasal cannula at night. The assessment further identified C3 required assistance with a suprapubic catheter.</p> <p>C3's Service Plan: Part 2 dated September 13, 2022, indicated the client received ULP services per attached care plan up to 84 hours seven days per week.</p> <p>C3's Service Plan: Part 5 - Care Plan dated September 13, 2022, indicated services provided included dressing, positioning, grooming, toileting, bathing, meal prep/set-up/supervision, transfers, light housekeeping, mobility, laundry, BiPap assist with placement at night, suprapubic catheter bag empty as needed, and bilateral leg wraps once daily or as needed.</p>	{01050}		

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{01050}	Continued From page 15  C3's Service Plan: Part 3 - Treatment Plan dated September 13, 2022, included Hoyer (mechanical) lift, leg wraps, and catheter bag emptying; however, C3's treatment plan lacked the BiPap/O2 treatment.  C3's record lacked written or electronically recorded prescriptions for the above administered treatment or therapies.  On November 2, at 11:30 a.m. director of operations (DO)-Q stated unlicensed staff documented the BiPap/O2 as "health related" on the timesheet/activity document. DO-Q stated there were no orders for C3's treatments and indicated there should be. DO-Q further stated they were still auditing files to ensure all pieces were in place.  On November 3, 2022, at 10:15 a.m. administrator (A)-A indicated the treatments might be done as live in family members rather than employees but indicated the paperwork did not reflect that.  The licensee's Content of Client's Treatment and Therapy Records dated May 10, 2022, indicated the "client's record must contain the following information about the client's treatment and therapies that our agency is managing: Written or electronic prescriptions that are complete and current for any treatment and therapy our agency is managing for the client."  No further information was provided.	{01050}		
{01080} SS=E	144A.4794, Subd. 3 Contents of Client Record	{01080}		

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{01080}	Continued From page 16  Subd. 3.Contents of client record. Contents of a client record include the following for each client:  (1) identifying information, including the client's name, date of birth, address, and telephone number;  (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified;  (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known;  (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;  (5) client's advance directives, if any;  (6) the home care provider's current and previous assessments and service plans;  (7) all records of communications pertinent to the client's home care services;  (8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;  (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;	{01080}		

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{01080}	<p>Continued From page 17</p> <p>(10) documentation that services have been provided as identified in the service plan;</p> <p>(11) documentation that the client has received and reviewed the home care bill of rights;</p> <p>(12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3;</p> <p>(13) documentation of complaints received and resolution;</p> <p>(14) discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the client's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure documentation for services as identified in the service plan for two of five clients (C2, C11).</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p>	{01080}			

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{01080}	<p>Continued From page 18</p> <p>The findings include:</p> <p>On October 31, 2022, at 11:00 a.m. during the entrance conference, director of operations (DO)-Q stated unlicensed personnel documented treatments on the time and activity sheet under "health related," unless otherwise directed per care plan.</p> <p>C2 C2's Service Plan: Part 5 - Care Plan dated September 14, 2022, indicated services provided included dressing, positioning, grooming, toileting, bathing, mobility, transfers, light housekeeping, laundry, and CPAP (continuous positive airway pressure-keeps airway open by providing air through a mask you wear while you sleep) assist with placement as needed at night.</p> <p>C2's Service Plan: Part 3 - Treatment Plan dated September 14, 2022, included CPAP at night or as needed by ULP.</p> <p>C2's Time and Activity Documentation sheet dated October 17, 2022, through October 23, 2022, lacked documentation of "health related" activities to show assistance was provided with C2's CPAP at night.</p> <p>C11 C11's Service Plan: Part 5 - Care Plan dated September 16, 2022, indicated services provided included dressing, grooming, toileting, bathing, light housekeeping, mobility, laundry, Hoyer lift, oxygen, nebulizer, and CPAP. The care plan did not include bilateral leg wraps.</p> <p>C11's Service Plan: Part 3 - Treatment Plan dated September 16, 2022, included daily bilateral leg wraps by ULP and Hoyer lift as needed by ULP.</p>	{01080}		

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{01080}	Continued From page 19  The treatment plan identified C11 managed oxygen/CPAP and nebulizer independently.  C11's Time and Activity Documentation sheet dated October 17, 2022, through October 23, 2022, lacked documentation of dressing assistance or "health related" activities to show assistance had been provided with C11's leg wraps.  On November 2, 2022, at 9:39 a.m. director of operations (DO)-Q and administrator (A)-A stated documentation of the treatment services is noted under "health related" and verified C2 and C11's record lacked documentation of treatments or documentation of why it was not administered.  On November 3, 2022, at 10:15 a.m. A-A indicated the treatments might be done as live-in family members rather than employees, but indicated the paperwork and orders did not reflect that.  No further information was provided.	{01080}			
{01150} SS=D	144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff  (c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include:  (1) observation, reporting, and documenting of client status;  (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to	{01150}			

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{01150}	<p>Continued From page 20</p> <p>appropriate personnel;</p> <p>(3) reading and recording temperature, pulse, and respirations of the client;</p> <p>(4) recognizing physical, emotional, cognitive, and developmental needs of the client;</p> <p>(5) safe transfer techniques and ambulation;</p> <p>(6) range of motioning and positioning; and</p> <p>(7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations as required prior to providing direct care for one of seven unlicensed personnel (ULP-P).</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-P had a hire date of January 6, 2020, and provided direct care and services to C16.</p> <p>ULP-P's record lacked evidence of documented training for the following topics:</p>	{01150}		

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{01150}	Continued From page 21  -reading and recording temperature, pulse, and respirations of the client;  ULP-P's record lacked evidence of documented competency evaluation for the following topics: -reading and recording temperature, pulse, and respirations of the client.  On November 3, 2022, at 3:00 p.m. director of operations (DO)-Q stated she did not know why ULP-P's supervision form dated September 21, 2022, was lacking the documented training and competency.  No further information was provided.	{01150}		
{01245} SS=D	144A.4798, Subd. 1 TB Infection Control  Subdivision 1.Tuberculosis (TB) infection control. (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.  (b) The home care provider must maintain written evidence of compliance with this subdivision.  This MN Requirement is not met as evidenced by: Based on interview and record review, the	{01245}		



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{01245}	<p>Continued From page 22</p> <p>licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included required information for TB testing for one of four unlicensed personnel (ULP-P).</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's TB facility risk assessments for the licensee's Rochester office and Winona branch office completed May 23, 2022, indicated the licensee was a low risk.</p> <p>ULP-P had a hire date of January 6, 2020, and provided direct care and services to C16.</p> <p>ULP-P's record included the following:</p> <ul style="list-style-type: none"> <li>-Yearly Tuberculosis Screening Questionnaire dated September 19, 2022.</li> <li>-TB Annual Symptom Review (for those positive on PPD TB skin test) dated April 26, 2022.</li> <li>-QuantiFERON dated March 23, 2017, "negative".</li> </ul> <p>The review indicated "negative chest X-ray" (CXR) dated March 6, 2017, "no symptoms."</p> <ul style="list-style-type: none"> <li>-Exam chest "TB" clinic dated March 6, 2017, "Impression: low lung volumes. Probable atelectasis [partial or complete collapse of the lung] left base. Chest otherwise: negative."</li> </ul>	{01245}		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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{01245}	<p>Continued From page 23</p> <p>On November 3, 2022, at 1:17 p.m. administrator (A)-A stated he misunderstood the original deficiency. A-A indicated he was aware employees need a negative tuberculin skin test (TST) or equivalent dated within 90 days from hire. A-A stated ULP-P had been originally hired in 2017, but had a new hire date to follow department of human services (DHS) UMPI (unique Minnesota provider identifier) number requirements following a period of inactivity with ULP-P. A-A stated with new hire dates or re-hires, new paperwork needed to be completed.</p> <p>The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicate an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the employee's record."</p> <p>The licensee's TB Prevention and Control policy dated May 10, 2022, indicated prior to contact with clients, each staff person will be screened for TB. A two-step skin test or single interferon gamma release assay (IGRA) for M. tuberculosis (e.g., QuantiFERON® TB Gold or TB Gold-InTube, TSPOT TB) will be administered unless the person's past medical history indicates that a TB skin test is contraindicated. The RN will follow the MDH guidance in 06-009 regarding</p>	{01245}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H21537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 11/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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{01245}	Continued From page 24  how to screen employees with a previous or current positive TST or TB blood test or with a documented history of previous treatment for latent TB infection (LTBI) or active TB disease. For any questions the RN will contact the MDH TB staff.  No further information was provided.	{01245}		



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

May 17, 2022

Administrator  
Global Home Health Care, Inc.  
1032 15th Avenue Southeast  
Rochester, MN 55904

**RE: Project Number(s) SL21537016 - Informal Conference Requested**

Dear Administrator:

The Minnesota Department of Health completed an evaluation on April 29, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

**IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144A.475 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144A.475.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subd. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(6), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, the following fines are assessed pursuant to this evaluation:

**St - 0 - 0265 - 144a.44, Subd. 1(a)(2) - Up-To-Date Plan/accepted Standards Practice = \$3,000**

**St - 0 - 1252 - 144a.4798, Subd. 3 - Infection Control Program = \$500.00**

**The total amount you are assessed is \$3,500.** You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

#### **DOCUMENTATION OF ACTION TO COMPLY**

Per Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's client(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order date.

A state licensing order under Minn. Stat. § 144A.44 Subd. 1(14), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process

under Minn. Stat. § 626.557. Please email general reconsideration requests to:  
**Health.HRD.Appeals@state.mn.us.**

Please address your cover letter for general  
reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration  
requests should be addressed to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

### **REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144A.474, subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and subd. 7, a request for a hearing must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date. Requests for hearing may be emailed to

**Health.HRD.Appeals@state.mn.us.**

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

### **INFORMAL CONFERENCE REQUESTED**

At any time, the Commissioner of Health is authorized by Minn. Stat. 144A.475, subd. 8 to hold an informal conference to exchange information, clarify issues, or resolve issues. The Department wants to schedule an informal conference with you. Please contact Jodi Johnson, Supervisor, at 507-344-2730 or [jodi.johnson@state.mn.us](mailto:jodi.johnson@state.mn.us) within five (5) days of your receipt of this letter to schedule an informal conference to discuss the noncompliance and action(s) as authorized by law.

Please be prepared to let us know who at your agency we need to include in the informal conference and provide their contact information. We anticipate your cooperation as we work through this critical time.

Global Home Health Care, Inc.

May 17, 2022

Page 4

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor  
Health Regulation Division  
State Evaluation Team  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Telephone: 507-344-2730 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H21537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL# 21537016</p> <p>On April 26, 2022, through April 29, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 147 clients receiving services under the comprehensive license.</p> <p>On May 4, 2022, at 9:02 a.m. immediacy of correction order 0265 had been removed; however, non-compliance remains at a scope and level of I (level 3, widespread).</p>	0 000	<p>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.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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).</p>	
0 265 SS=I	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice	0 265		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Minnesota Department of Health

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0 265	<p>Continued From page 1</p> <p>Subdivision 1.Statement of rights. (a) A client who receives home care services in the community or in an assisted living facility licensed under chapter 144G has these rights:</p> <p>(2) receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure care and services were provided according to acceptable health care and medical, or nursing standards for two of two clients (C2, C3) with bedrails, with records reviewed. This resulted in an immediate correction order on April 28, 2022, at 9:48 a.m.</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).</p> <p>The findings include:</p> <p>C2 C2 began receiving services on August 1, 2017, with diagnoses including spinal stenosis and deafness.</p>	0 265		

Minnesota Department of Health

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0 265	<p>Continued From page 2</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed and unlicensed personnel (ULP)-F was present. C2's bed had one-half side rail in the upright position on the upper left and right sides of the bed. The side rails were securely attached to the bed. C2 stated the side rails "help me to roll over in bed and help me to get up out of bed." ULP-F stated he assisted C2 with dressing, showers, reminders to take medications, transfers, toileting and peri cares, which was verified by C2.</p> <p>C2's record lacked evidence of a side rail assessment including side rail measurements, and documentation of education to the client and/or representative on the risks and benefits to side rail use.</p> <p>C3 C3 began receiving services on January 1, 2015, with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with ULP-G present. C3's bed had full length side rails in the upright position on the left and right sides of the bed. The side rails were securely attached to the bed. C3 stated the side rails "help me to roll over in bed and so I don't roll out of bed, because when I roll my legs go over the side." ULP-G stated he assisted C3 with dressing, showers, transfers C3 utilizing ceiling lifts (mechanical) and Hoyer lift (mechanical), toileting, peri cares, grooming, catheter cares and repositioning in bed, which was verified by C3.</p> <p>C3's record lacked evidence of a side rail assessment including side rail measurements, and documentation of education to the client and/or representative on the risks and benefits to</p>	0 265		

Minnesota Department of Health

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0 265	<p>Continued From page 3</p> <p>side rail use.</p> <p>On April 28, 2022, at 9:18 a.m. registered nurse (RN)-B stated "No" in regards side rail assessments including side rail measurements, documentation of education on the risk and benefits regarding side rails use were completed for C2 and C3. RN-B stated the case managers for C2 and C3 would do what was required for side rails. RN-B further stated, "We don't have anything to do with side rails."</p> <p>On April 28, 2022, at 10:45 a.m. administrator (A)-A stated the licensee did not have a side rail policy.</p> <p>The Food and Drug Administration (FDA) guidelines titled Recommendations for Health Care Providers about Bed Rails, dated July 9, 2018, indicated health care providers should base the use of bed rails on individual resident assessments to ensure the individual is an appropriate candidate to reduce the risk of entrapment. Recommendations made for health care providers to evaluate the individual's need, to use the guidance documented "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment" to have knowledge that not all bed rails, mattresses, and bed frames are interchangeable; check the manufacturer's instructions, health care providers are to avoid the routine use of adult bed rails without first conducting an individual patient or resident assessment, and restrict the use of physical restraints including restrictive use of bed rails, or chest, abdominal, wrist, or ankle restraints of any kind on individuals in bed. When installing and using bedrails, select the appropriate bed rail, follow the health care provider's procedures, or manufacturer's recommendations, inspect,</p>	0 265			

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0 265	<p>Continued From page 4</p> <p>evaluate, and regularly check bedrails are appropriately matched to equipment and patient needs considering all relevant risk factors, to identify and remove potential fall and entrapment hazards. Be aware that gaps can be created by movement or compression of the mattress, which may be caused by patient weight, movement, bed position, or by using a specialty mattress.</p> <p>The FDA identifies vulnerable patients as those "who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement or who get out of bed and walk unsafely without assistance." These patients most often have been frail, elderly, or confused. FDA guidelines titled Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, dated 2006, identified key body parts at risk for life-threatening entrapment of the head, neck, and chest in the seven zones of a hospital bed system, focusing on the most common zones for risk of entrapment - zones 1-4.</p> <p>Zone 1 - within the rail is any open space with the perimeter of the rail. Recommended space be less than 4 ¾ inches representing head breadth.</p> <p>Zone 2 - under the rail, between the rail supports or next to a single rail support. This space is the gap under the rail between a mattress compressed by the weight of a patient's head and the bottom edge of the rail at the location between the rail supports or next to a single rail support. Recommended space limit for entrapment in this space is less than 4 ¾ inches.</p> <p>Zone 3 - between the rail and the mattress. The space between the inside surface of the rail and the mattress compressed by the weight of a patient's head. The space should be small enough to prevent head entrapment.</p> <p>Recommended space between the area between the inside surface of the rail and compressed</p>	0 265		

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0 265	Continued From page 5  mattress should be of less than 4 ¾ inches. Zone 4 - under the rail at the ends of the rail. This space poses a risk for entrapment of a patient's neck. In this space, a gap forms between the mattress compressed by the patient, and the lowermost portion of the rail, at the end of the rail. Recommended dimension for this zone measure both less than 60 mm in size and greater than 60 degrees in angle. Zone 5, 6, and 7 are identified as potential for entrapment with the least reporting. Zone 5 is the area between the split of bedrails, zone 6 is the between the end of rail and the side edge of the head or footboard, and zone 7 is between the head of footboard at the end of the mattress.  No further information was provided.  TIME PERIOD FOR CORRECTION: IMMEDIATE  On May 4, 2022, at 9:02 a.m. immediacy was removed as confirmed by email correspondence with evaluation supervisor, but non-compliance remains.  TIME PERIOD FOR CORRECTION: Two (2) days	0 265		
0 475 SS=F	144A.472, Subd. 3 License Renewal  Subd. 3. License renewal. (a) Except as provided in section 144A.475, a license may be renewed for a period of one year if the licensee satisfies the following:  (1) submits an application for renewal in the format provided by the commissioner at least 30 days before expiration of the license;	0 475		

Minnesota Department of Health

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0 475	<p>Continued From page 6</p> <p>(2) submits the renewal fee in the amount specified in subdivision 7;</p> <p>(3) has provided home care services within the past 12 months;</p> <p>(4) complies with sections 144A.43 to 144A.4798;</p> <p>(5) provides information sufficient to show that the applicant meets the requirements of licensure, including items required under subdivision 1;</p> <p>(6) provides verification that all policies under subdivision 1 are current; and</p> <p>(7) provides any other information deemed necessary by the commissioner.</p> <p>(b) A renewal applicant who holds a comprehensive home care license must also provide verification that policies listed under subdivision 2 are current.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the management officials who were in charge of the day-to-day operations; and responsible for the clients' home care services, understood all of the home care provider regulations; and the licensee failed to ensure policies and procedures were developed and/or implemented as required.</p> <p>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</p>	0 475		

Minnesota Department of Health

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0 475	<p>Continued From page 7</p> <p>is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>During the entrance conference on April 26, 2022, at 2:11 p.m. administrator (A)-A stated he was familiar with current home care laws and regulations.</p> <p>The licensee failed to ensure the following policies and procedures were developed and/or implemented:</p> <ul style="list-style-type: none"> <li>- requirements in section 626.557, reporting of maltreatment of vulnerable adults;</li> <li>- orientation, training, and competency evaluations of staff;</li> <li>- conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate;</li> <li>- orientation to and implementation of the assisted living bill of rights;</li> <li>- infection control practices;</li> <li>- conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards;</li> <li>- medication and treatment management;</li> <li>- delegation of tasks by registered nurses or licensed health professionals; and</li> <li>- supervision of unlicensed personnel performing delegated tasks.</li> </ul> <p>As a result of this survey, the following orders were issued 0265, 0805, 0810, 0825, 0855, 0860,</p>	0 475		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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0 475	Continued From page 8  0900, 0905, 0920, 0930, 0935, 0965, 1015, 1030, 1035, 1040, 1045, 1050, 1145, 1150, 1155, 1170, 1185, 1225, 1245, 1252, 2015, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, sections 144A.43 to 144A.4798.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 475		
0 805 SS=D	144A.479, Subd. 6(a) Reporting Maltreatment of Vulnerable Adults/Minors  Subd. 6. Reporting maltreatment of vulnerable adults and minors. (a) All home care providers must comply with requirements for the reporting of maltreatment of minors in section 626.556 and the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. Each home care provider must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to immediately report to the Minnesota Adult Abuse Reporting Center (MAARC) suspected maltreatment of financial exploitation for one of one client (C9) with record reviewed.  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	0 805		



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0 805	<p>Continued From page 9</p> <p>client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C9's record included documented notes from an incident dated February 16, 2022. The notes indicated C9's family member (FM)-F had "came into the office with a complaint" about an employee (unlicensed personnel (ULP)-G). FM-F had security cameras installed and reported review of the cameras identified ULP-G "took money out of her drawer." FM-F "estimated that \$800 in total has been stolen from their home."</p> <p>The MAARC Form indicated "video recordings displays perpetrator [ULP-G] removing money from VA's [vulnerable adult] personal bag and putting the money in their front shirt pocket." The form further identified the incident was "submitted" to MAARC on February 21, 2022, five days later, instead of immediately as required.</p> <p>On April 28, 2022, at 12:20 p.m. billing representative/coordinator (BRC)-J confirmed the licensee became aware of the incident on February 16, 2022. BRC-J stated human resources (HR)-K had reported the incident to MAARC on February 21, 2022. BRC-J stated, "I can submit to MAARC and have prior." BRC-J stated she knew the incident needed to be reported to MAARC, but "I don't know time frame" of reporting.</p> <p>On April 29, 2022, at 12:24 p.m. administrator (A)-A confirmed the incident had not been</p>	0 805		

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0 805	Continued From page 10  reported to MAARC immediately as required.  The licensee's Vulnerable Client policy undated, indicated a mandated reporter who had reason to believe that a vulnerable adult was being or had been maltreated, or who had knowledge that a vulnerable adult had sustained a physical injury which was not reasonably explained "shall immediately report the information to the CEP [common entry point]."  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 805		
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan  (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure individual abuse prevention plans addressed the person's	0 810		

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0 810	<p>Continued From page 11</p> <p>susceptibility to abuse by another individual, including other vulnerable adults and statements of the specific measures to be taken to minimize the risk of abuse for identified vulnerabilities for six of six clients (C1, C2, C3, C4, C5, C6) with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>C1's Vulnerable Adult Risk Assessment dated October 27, 2021, lacked evidence of an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults. In addition, the assessment lacked a statement of the specific measures to be taken to minimize the risk of abuse to C1 for the identified vulnerability of "Physical Health and ADL's [activities of daily living]."</p> <p>C2's Vulnerable Adult Risk Assessment dated August 4, 2021, lacked evidence of an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults. In addition, the assessment lacked a statement of the specific measures to be taken to minimize the risk of abuse to C2 for the identified vulnerability of "Physical Health and ADL's."</p>	0 810		

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0 810	<p>Continued From page 12</p> <p>C3's Vulnerable Adult Risk Assessment dated April 7, 2022, lacked evidence of an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults.</p> <p>C4's Vulnerable Adult Risk Assessment dated November 19, 2019, lacked evidence of an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults. In addition, the assessment lacked a statement of the specific measures to be taken to minimize the risk of abuse to C4 for the identified vulnerability of "Physical Health and ADL's."</p> <p>C5's start of care date was January 21, 2021. C5's record lacked evidence of an individual abuse prevention plan.</p> <p>C6's Vulnerable Adult Risk Assessment dated January 28, 2021, lacked evidence of an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults. In addition, the assessment lacked a statement of the specific measures to be taken to minimize the risk of abuse to C6 for the identified vulnerability of "Physical Health and ADL's."</p> <p>On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B verified the above and all of the licensee's clients' Vulnerable Adult Risk Assessment would lack an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults.</p> <p>The licensee's Vulnerable Client policy undated, indicated the licensee would develop an individual</p>	0 810		

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0 810	Continued From page 13  abuse prevention plan for each vulnerable client receiving services. The plan would contain an individualized assessment of the person's susceptibility to abuse (including self abuse), and a statement of the specific measures to be taken to minimize the risk of abuse to that person.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
0 825 SS=C	144A.4791, Subd. 1 HBOR Notification to Client  Subdivision 1.Home care bill of rights; notification to client. (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.  (b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices.  "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."	0 825			

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0 825	<p>Continued From page 14</p> <p>The statement should include the telephone number, website address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, e-mail, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint.</p> <p>(c) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide one of six clients (C2) with the current bill of rights (November 2019); failed to ensure written acknowledgment for receipt of the home care bill of rights for one of six clients (C3) and failed to ensure the home care bill of rights included all required content for six of six clients (C1, C2, C3, C4, C5, C6) with records reviewed.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent</p>	0 825		

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0 825	<p>Continued From page 15</p> <p>a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>Findings include:</p> <p>C2's start of care date was August 1, 2017. C2's record lacked evidence the current bill of rights (November 2019) was provided to C2.</p> <p>C3's written acknowledgment for receipt of the home care bill was dated April 13, 2021, and was unsigned by C3. The acknowledgement indicated on the signature line "compromised by COVID-19." C3's record lacked documentation of why written acknowledgment could not be obtained or the acknowledgement was mailed to obtain signature.</p> <p>C1's written acknowledgment for receipt of the home care bill of rights was signed October 27, 2021.</p> <p>C4's written acknowledgment for receipt of the home care bill of rights was signed July 7, 2021.</p> <p>C5's written acknowledgment for receipt of the home care bill of rights was signed January 21, 2021.</p> <p>C6's written acknowledgment for receipt of the home care bill of rights was signed January 28, 2021.</p> <p>The MN Home Care Bill of Rights for Clients of Licensed Only Home Care providers provided to C1, C2, C3 C4, C5 and C6 lacked the required statement of "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of</p>	0 825		

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0 825	Continued From page 16  Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."  On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B verified the above and the bill of rights provided to all of the licensee's clients would lack the above required statement.  No further information provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 825		
0 830 SS=C	144A.4791, Subd. 2 Notice of Services for Dementia/Alzheimer's  Subd. 2. Notice of services for dementia, Alzheimer's disease, or related disorders. The home care provider that provides services to clients with dementia shall provide in written or electronic form, to clients and families or other persons who request it, a description of the training program and related training it provides, including the categories of employees trained, the frequency of training, and the basic topics covered. This information satisfies the disclosure requirements in section 325F.72, subdivision 2, clause (4).  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide in written or electronic form, to clients and families or other persons who	0 830		



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0 830	<p>Continued From page 17</p> <p>requested it, a description of the dementia training program and related training it provides, including the categories of employees trained, the frequency of training and the basic topics covered.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), 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).</p> <p>The findings include:</p> <p>On April 26, 2022, at 2:11 p.m. administrator (A)-A stated the licensee provided services to clients with dementia.</p> <p>On April 27, 2022, at 2:47 p.m. A-A stated, "I'm not sure we have it. I will have to ask [supervisor (S)-C]. We do extensive training." when asked if the licensee had a written or electronic form including training on services for dementia, Alzheimer's disease, or related disorders in written or electronic form as required.</p> <p>On April 29, 2022, at 12:24 p.m. A-A confirmed the licensee did not have a notice of services for dementia, Alzheimer's disease, or related disorders in written or electronic form as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 830		

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0 835	Continued From page 18	0 835		
0 835 SS=C	<p>144A.4791, Subd. 3 Statement of Home Care Services</p> <p>Subd. 3. Statement of home care services. Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the written statement of home care services identified all services provided under the licensee's comprehensive license for six of six clients (C1, C2, C3, C4, C5, C6); in addition the licensee failed to provide the written statement of home care services to one of six clients (C2) with records reviewed.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), 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).</p> <p>The findings include:</p>	0 835		

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0 835	<p>Continued From page 19</p> <p>C1 C1's Statement of Home Care Services: Comprehensive Home Care Provider was signed October 27, 2021.</p> <p>On April 27, 2022, at 11:45 a.m. unlicensed personnel (ULP)-E stated C1 was receiving physical therapy (PT) two times a week and C1 had exercises to complete per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises so he does not fall and assisted C1 with walking exercise.</p> <p>C2 C2's record lacked documented evidence the licensee provided the client or the client's representative a written statement which identified the provider had a comprehensive home care license, the services the provider was authorized to provide, and which services the provider could not provide under the scope of the provider's license prior to the date that services were first provided to the client.</p> <p>On April 27, 2022, at 12:45 a.m. ULP-F stated he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad," which were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal).</p> <p>C3 C3's Statement of Home Care Services: Comprehensive Home Care Provider was signed April 7, 2022.</p> <p>C3's Client Care Plan dated April 13, 2022, included emptying a catheter bag and cleaned daily. When removing the overnight bag to the leg</p>	0 835		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
(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
0 835	<p>Continued From page 20</p> <p>bag, clean the ends with alcohol wipe. Put vinegar water solution in the overnight bag and let soak for about 10 minutes and then empty. C3 was on a bowel program of every other day.</p> <p>On April 27, 2022, at 3:30 p.m. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement, assisted C3 with transfers using Hoyer or ceiling lift, changing dressing around suprapubic catheter site and changing catheter bag weekly.</p> <p>C4 C4's Statement of Home Care Services: Comprehensive Home Care Provider was signed March 4, 2019.</p> <p>C4's Client Care Plan dated September 27, 2021, indicated "has instructions available to do exercises and stretches; provide assistance as needed," "TED" hose (compression stocking), "brace on left foot," "assist with brace to R [right] knee when goes out of the house" and urinary catheter "provide assistance as needed with changing from bed bag to leg bag and ensuring bags are cleaned on a regular basis."</p> <p>On April 28, 2022, at 7:30 a.m. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), application and removal of brace on left leg and changing Foley catheter bag to a leg bag.</p> <p>C5 C5's Statement of Home Care Services: Comprehensive Home Care Provider was signed January 21, 2021.</p> <p>C6</p>	0 835		

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0 835	Continued From page 21  C6's Statement of Home Care Services: Comprehensive Home Care Provider was signed January 28, 2021.  C6's Client Care Plan dated June 3, 2021, indicated "provide assistance with exercises and stretches."  The licensee's Statement of Home Care Services: Comprehensive Home Care Provider provided to C1, C2, C3, C4, C5 and C6 lacked a check in the box next to the service to indicate the licensee offered the following services: medication management services and treatment and therapies.  On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B verified the Statement of Home Care Services: Comprehensive Home Care Provider, which was provided to all the licensee's clients, failed to indicate the licensee was providing medication management services and treatment and therapies. In addition, C2's record lacked documented evidence the licensee provided the client or the client's representative the Statement of Home Care Services.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 835		
0 855 SS=D	144A.4791, Subd. 7 Basic Individualized Cleint Review/Monitoring  Subd. 7.Basic individualized client review and monitoring. (a) When services being provided are basic home care services, an individualized initial	0 855		

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0 855	<p>Continued From page 22</p> <p>review of the client's needs and preferences must be conducted at the client's residence with the client or client's representative. This initial review must be completed within 30 days after the date that home care services are first provided.</p> <p>(b) Client monitoring and review must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the date of the last review. The monitoring and review may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure client monitoring reviews were conducted not to exceed 90 days from the last review for one of six clients (C5) with records reviewed.</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C5's record lacked monitoring and review not to exceed 90 days from the last review as required.</p> <p>C5's Service Agreement Plan dated January 21, 2021, indicated services to be provided were</p>	0 855		

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0 855	Continued From page 23  grooming, light housekeeping, laundry and "refer to client care plan;" however, no care plan was provided within the same date range.  C5's Care Plan dated June 15, 2021, indicated C5 required assistance with grooming: applying lotions and creams to areas not able to reach and bathing: limited assistance with bathing, needs help washing back, legs, feet-especially ankles, laundry and housekeeping.  C5's record included the following monitoring reviews: - January 21, 2021, Initial Client Assessment; - June 3, 2021, "RNQP" (registered nurse/qualified professional) Client Visits (133 days from the last review on January 21, 2021); - July 27, 2021, Client Visits; - September 7, 2021, Client Visits; - September 29, 2021, Client Visits; - October 26, 2021, Client Visits; and - November 30, 2021, Client Visits There have been no further assessments or monitoring reviews after November 30, 2021.  On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B verified C5's record lacked monitoring reviews every 90 days as required. RN-B stated she saw C5 "yesterday" (149 days after the last review on November 30, 2021).  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 855		
0 860 SS=E	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring	0 860		

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0 860	<p>Continued From page 24</p> <p>Subd. 8. Comprehensive assessment, monitoring, and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided.</p> <p>(b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided.</p> <p>(c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) had completed a comprehensive assessments for initial, 14 day, 90 day, and change in condition for five of five clients (C1, C2, C3, C4, C6) receiving comprehensive home care services with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or</p>	0 860		



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0 860	<p>Continued From page 25</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>The licensee failed to ensure assessments were completed in person and within the time frames as required.</p> <p>C1 C1's start of care date was October 27, 2021.</p> <p>C1's Service Agreement dated October 27, 2021, indicated provided services included dressing, positioning, grooming, transfers, bathing, mobility, light housekeeping, laundry and "refer to client care plan." C1's Client Care Plan dated October 27, 2021, indicated the same.</p> <p>On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair and unlicensed personnel (ULP)-E was present. ULP-E stated C1 received physical therapy (PT) two times a week and C1 had exercises to complete per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises so he did not fall, and assisted C1 with walking exercises. ULP-E further stated she assisted C1 with showering, toileting, dressing, transfers, housekeeping, meals and laundry.</p> <p>C1's record included the following assessments: - October 27, 2021, Initial Client Assessment</p>	0 860		

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0 860	<p>Continued From page 26</p> <p>(lacked evidence whether completed in person); - November 19, 2021, "RNQP" (registered nurse/qualified professional) Client Visits (by phone) (23 days after the date home care services were first provided); and - March 18, 2022, RNQP Client Visits (face to face) (119 days from the last date of the assessment on November 19, 2021).</p> <p>C1's record lacked evidence if the initial assessment was conducted in person by the RN, lacked assessment to be conducted in the client's home within 14 days after the date home care services were first provided, and lacked monitoring and reassessment not to exceed 90 days from the last date of the assessment. In addition, the assessment lacked a comprehensive individualized review of C1 to include a physical assessment.</p> <p>C2 C2's start of care date was August 1, 2017.</p> <p>C2's record lacked evidence of a service plan.</p> <p>C2's Client Care Plan dated August 4, 2021, indicated services provided included dressing, behavior, positioning, grooming, transfers, bathing, mobility, toileting, medication reminders, light housekeeping and laundry.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed and ULP-F was present. ULP-F stated he assisted C2 with dressing, showers, reminders to take medications, transfers, toileting, peri cares, housekeeping, meals and laundry which was verified by C2. ULP-F further stated he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad," which</p>	0 860		

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0 860	<p>Continued From page 27</p> <p>were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2. C2 stated the ULP also reminded her to check her blood sugar four times a day. C2 stated the last time a nurse came to her home in person was back in 2019.</p> <p>C2's record included the following for assessments: - August 4, 2021, Client Assessment for PCA (personal care attendant) and Homemaking Services</p> <p>C2's record lacked evidence of monitoring and reassessment not to exceed 90 days from the last date of the assessment on August 4, 2021. In addition, the assessment lacked a comprehensive individualized review of C2 to include a physical assessment.</p> <p>C3 C3's start of care date was January 1, 2015.</p> <p>C3's Service Agreement dated April 13, 2022, indicated services provided included dressing, toileting, eating/meal prep, positioning, bathing, mobility, grooming, health related, transfers, light housekeeping, laundry and "refer to client care plan."</p> <p>C3's Client Care Plan dated April 13, 2022, included empty catheter bag and clean daily. When removing the overnight bag to the leg bag, need to clean the ends with alcohol wipe. Put vinegar water solution in the overnight bag and let soak for about 10 minutes and then empty. C3 is on a bowel program every other day. The care plan further indicated C3 needed complete assistance with dressing and undressing, bathing, total assist with transfers using a Hoyer</p>	0 860		

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0 860	<p>Continued From page 28</p> <p>(mechanical lift) or a lift system (ceiling), repositioned every two hours as unable to do on his own, assist to propel the wheelchair, assistance with grooming, eating/meal prep, housekeeping and laundry.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one times a week or every other week to C3 to encourage bowel movement, assisted C3 with dressing, transfers using Hoyer or ceiling lift, grooming, showers, cleaning living space, laundry, repositioning, cooking meals and cutting up food, changing dressing around suprapubic catheter site and changing catheter bag weekly, which was all verified by C3. C3 stated he had been hospitalized in March 2022, for suprapubic catheter placement and the nurse had visited after being hospitalized.</p> <p>C3's record included the following for assessments:</p> <ul style="list-style-type: none"> <li>- December 6, 2021, RNQP Client Visits (by phone, hospital follow up) indicated was hospitalized from November 25, 2021, through December 1, 2021, for another "UTI" (urinary tract infection).</li> <li>- February 10, 2022, RNQP Client Visits (by phone, hospital follow up) indicated was hospitalized from January 27, 2022, through February 9, 2022. Admitted for respiratory failure and heart failure. C3 was in "ICU" (intensive care unit) and "they removed 15 liters of fluid."</li> <li>- March 4, 2022, RNQP Client Visits (by phone, hospital follow up) indicated discharged from hospital on March 2, 2022. Admitted for bladder infection, removed indwelling catheter and</li> </ul>	0 860		

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0 860	<p>Continued From page 29</p> <p>replaced with suprapubic catheter.</p> <ul style="list-style-type: none"> <li>- April 7, 2022, Initial Client Assessment; and</li> <li>- April 13, 2022, Initial Client Assessment (lacked a nurse signature).</li> </ul> <p>The assessments failed to be conducted in person by the RN following a change in condition requiring hospitalization and lacked the signature of the nurse who completed the assessment for April 13, 2022. In addition, the assessment lacked a comprehensive individualized review of C3 to include a physical assessment.</p> <p>C4 C4's start of care date was October 9, 2017.</p> <p>C4's Service Agreement dated July 7, 2021, indicated services provided included dressing, grooming, transfers, bathing, mobility, eating/meal prep, toileting, light housekeeping, laundry, other (doctor visit) and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C4's Client Care Plan dated September 27, 2021, indicated "has instructions available to do exercises and stretches; provide assistance as needed;" dressing requires assistance and indicated "TED" hose (compression stocking), "brace on left foot," "assist with brace to R [right] knee when goes out of the house;" assist with grooming, bathing, eating/meal prep, transfers; toileting has a urinary catheter "provide assistance as needed with changing from bed bag to leg bag and ensuring bags are cleaned on a regular basis;" assist with housekeeping and laundry.</p> <p>On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a</p>	0 860		

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0 860	<p>Continued From page 30</p> <p>Foley catheter bag hung on the lower bar of a walker and ULP-I was present. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and removal of brace on left leg, changing Foley catheter bag to a leg bag dressing, showers and cooking which was verified by C4. C4 stated she was not using the brace to her right knee anymore. C4 stated it had been awhile since the nurse visited in person, but the nurse had called and asked how things were going.</p> <p>C4's record included the following for assessments:</p> <ul style="list-style-type: none"> <li>- May 5, 2021, RNQP Client Visits (by phone) indicated C4 stated she felt as if she may have another bladder infection. Encouraged to drink fluids, and asked if she incorporated Keifer into diet (discussed last visit). She says she does. C4 has a history of several bladder infections.</li> <li>- September 20, 2021, RNQP Client Visits (by phone) (138 days from the last date of the assessment on May 5, 2021) indicated C4 now has an indwelling catheter and would benefit from assistance with catheter care to keep free from infection. C4 reported she has had the catheter for almost a month.</li> <li>- November 29, 2021, RNQP Client Visits (by phone) indicated C4 has had two hospital stays since last phone visit. She was admitted October 8, 2021, with COVID and was discharged with oxygen on October 26, 2021. She was very weak when arrived home. Staff assisted calling emergency medical services (EMS) and she was readmitted to the hospital. She was admitted to a nursing home for short term stay to regain strength. C4 was discharged home on November 19, not on oxygen.</li> </ul> <p>C4's record lacked evidence of monitoring and</p>	0 860			

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0 860	<p>Continued From page 31</p> <p>reassessment not to exceed 90 days from the last date of the assessment on November 29, 2021, and August 4, 2021. The assessments failed to be conducted in person by the RN following change in condition requiring indwelling Foley catheter and hospitalization. In addition, the assessment lacked a comprehensive individualized review of C4 to include a physical assessment.</p> <p>C6 C6's start of care date was January 28, 2021.</p> <p>C6's Service Agreement dated June 3, 2021, indicated services provided included transfers, mobility, toileting, eating/meal prep, light housekeeping, laundry and "refer to client care plan."</p> <p>C6's Client Care Plan dated June 3, 2021, indicated "provide assistance with exercises and stretches;" dressing-she is unable to tie her shoes; eating/meal prep-provide assistance with meal prep; transfers-requires some assistance getting into wheelchair from bed and needs assistance with getting on and off the toilet as well as on and off the shower chair; mobility-can walk very short distances with crutches and the assistance of another person; toileting- needs assistance to transfer from wheelchair onto the toilet; assistance with housekeeping and laundry.</p> <p>C6's record included the following for assessments:  - January 28, 2021, Initial Client Assessment (lacked evidence whether completed in person);  - August 16, 2021, RNQP Client Visits (by phone) (200 days since initial assessment);  - November 18, 2021, RNQP Client Visits (by phone) (94 days from the last date of the</p>	0 860		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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0 860	Continued From page 32  assessment on August 16, 2021)  C6's record lacked evidence if the initial assessment was conducted in person by the RN, lacked evidence of assessment was conducted in the client's home within 14 days after the date home care services were first provided, and lacked monitoring and reassessment not to exceed 90 days from the last date of the assessment. In addition, the assessment lacked a comprehensive individualized review of C4 to include a physical assessment.  In addition, documentation on assessments for the above clients was "Covid-19 Compromised" for the "client/responsible party signature."  On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B verified C1, C2, C3, C4 and C6's records lacked the above. At approximately 12:24 p.m A-A stated reason for visits not being provided in person were related to COVID-19 and the legislature extended remote delivery for nurse visits. A-A provided a document Home Care and PCA Services; however the document was related to allowing remote delivery of qualified professional (QP) services for all people who receive personal care attendant (PCA) services (On April 27, 2022, at 10:16 a.m. A-A stated the licensee did not have a license for 245D).  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
0 865 SS=E	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions	0 865		



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0 865	<p>Continued From page 33</p> <p>Subd. 9. Service plan, implementation, and revisions to service plan. (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care.</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review failed to ensure finalization of a service plan no later than 14 days after the date that home care services were first provided, revision of the service plan when changes in services occurred and signatures for six of six clients (C1, C2, C3, C4, C5, C6) with records reviewed.</p>	0 865		

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0 865	<p>Continued From page 34</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>C1 C1's Service Agreement dated October 27, 2021, indicated provided services included were dressing, positioning, grooming, transfers, bathing, mobility, light housekeeping, laundry and "refer to client care plan." C1's Client Care Plan dated October 27, 2021, indicated the same.</p> <p>On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair with unlicensed personnel (ULP)-E present. ULP-E stated C1 received physical therapy (PT) two times a week and C1 had exercises to complete per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falling, and assisted C1 with walking exercise. ULP-E further stated she assisted C1 with medication reminders, showering, toileting, dressing, transfers, housekeeping, meals and laundry.</p> <p>C1's Service Agreement lacked revision for changes in services for exercises, toileting and medication reminders.</p>	0 865		

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0 865	<p>Continued From page 35</p> <p>C2 C2's start of care date was August 1, 2017.</p> <p>C2's Client Care Plan dated August 4, 2021, indicated provided services included dressing, behavior, positioning, grooming, transfers, bathing, mobility, toileting, medication reminders, light housekeeping and laundry.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed with ULP-F present. ULP-F stated he assisted C2 with dressing, showers, reminders to take medications, transfers, toileting, peri cares, housekeeping, meals and laundry, which was verified by C2. ULP-F further stated he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad," to include clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2. C2 stated the ULP also reminded her to check her blood sugar four times a day. C2 stated the last time a nurse came to her home in person was in 2019.</p> <p>C2's record lacked evidence of a finalized service plan no later than 14 days after the date services were first provided.</p> <p>C3 C3's Service Agreement dated April 13, 2022, indicated provided services included dressing, toileting, eating/meal prep, positioning, bathing, mobility, grooming, transfers, light housekeeping, laundry and "refer to client care plan." In addition, the area for signature of the client/responsible person had documented "compromised by COVID-19."</p> <p>C3's Client Care Plan dated April 13, 2022,</p>	0 865			

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0 865	<p>Continued From page 36</p> <p>indicated to empty catheter bag and clean daily. When removing the overnight bag to the leg bag, clean the ends with alcohol wipe. Put vinegar water solution in the overnight bag and let soak for about 10 minutes and then empty. C3 was on a bowel program every other day. The care plan further indicated C3 needed complete assistance with dressing and undressing, bathing, total assist with transfers using Hoyer (mechanical lift) or lift system (ceiling), repositioned every two hours as unable to do on his own, needed someone to propel the wheelchair, assistance with grooming, eating/meal prep, housekeeping and laundry.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement, assisted C3 with dressing, transfers using Hoyer or ceiling lift, grooming, showers, cleaning living space, laundry, repositioning, cooking meals and cutting up food, changing dressing around suprapubic catheter site and changing catheter bag weekly which was verified by C3. C3 stated he had been hospitalized in March 2022, for suprapubic catheter placement and the nurse had visited after being hospitalized. C3 stated he no longer used a catheter leg bag.</p> <p>C3's Service Agreement dated April 13, 2022, lacked revision for changes in services for suprapubic catheter site dressing changes, administration of medication (suppository) to encourage bowel movement, changing Foley catheter bag one time a week and lacked signature by C3 or C3's representative documenting agreement on the services to be</p>	0 865		

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0 865	<p>Continued From page 37</p> <p>provided.</p> <p>C4 C4's Service Agreement dated July 7, 2021, indicated provided services included dressing, grooming, transfers, bathing, mobility, eating/meal prep, toileting, light housekeeping, laundry, other (doctor visit) and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C4's Client Care Plan dated September 27, 2021, indicated "has instructions available to do exercises and stretches; provide assistance as needed;" dressing required assistance and indicated "TED" hose (compression stocking), "brace on left foot," "assist with brace to R [right] knee when goes out of the house;" assist with grooming, bathing, eating/meal prep, transfers; toileting has a urinary catheter "provide assistance as needed with changing from bed bag to leg bag and ensuring bags are cleaned on a regular basis;" assist with housekeeping and laundry.</p> <p>On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker and ULP-I was present. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and the removal of brace on the left leg, changing Foley catheter bag to a leg bag dressing, showers and cooking which was verified by C4. C4 stated she was not using the brace to her right knee anymore. C4 stated it had been awhile since the nurse visited in person, but the nurse had called and asked how things were going.</p> <p>C4's Service Agreement lacked revision for</p>	0 865		

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0 865	<p>Continued From page 38</p> <p>changes in services for Tubigrips on both lower extremities and no use of TED hose and brace to right knee.</p> <p>C5 C5's Service Agreement Plan dated January 21, 2021, indicated provided services included grooming, light housekeeping, laundry and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C5's Care Plan dated June 15, 2021, indicated C5 required assistance with grooming: applying lotions and creams to areas not able to reach and bathing: limited assistance with bathing, needed help washing back, legs, feet-especially ankles, laundry and housekeeping.</p> <p>On April 28, 2022, at 4:12 p.m. C5 stated ULP assisted her with applying lotion, shower, laundry and housekeeping weekly.</p> <p>C5's Service Agreement lacked revision for changes in services for bathing.</p> <p>C6 C6's start of care date was January 28, 2021.</p> <p>C6's Service Agreement dated June 3, 2021, indicated provided services included transfers, mobility, toileting, eating/meal prep, light housekeeping, laundry and "refer to client care plan." In addition, the area for signature of the client/responsible person had documented "compromised by COVID-19."</p> <p>C6's Client Care Plan dated June 3, 2021, indicated "provide assistance with exercises and stretches;" dressing-she is unable to tie her shoes; eating/meal prep-provide assistance with</p>	0 865		

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0 865	Continued From page 39  meal prep; transfers-required some assistance getting into wheelchair from bed and needs assistance with getting on and off the toilet as well as on and off the shower chair; mobility- can walk very short distances with crutches and the assistance of another person; toileting- needs assistance to transfer from wheelchair onto the toilet; assistance with housekeeping and laundry.  C6's record lacked evidence of a finalized service plan no later than 14 days after the date services were first provided on January 28, 2021, and lacked signature by C6 or C6's representative documenting agreement on the services to be provided for Service Agreement dated June 3, 2021.  On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B verified C1, C2, C3, C4, C5 and C6's records lacked the information listed above. At approximately 12:24 p.m., A-A stated reason for visits not being provided in person were related to COVID-19 and the legislature extended remote delivery for nurse visits. A-A provided a document Home Care and PCA Services; however the document was related to allowing remote delivery of qualified professional (QP) services for all people who receive personal care attendant (PCA) services (On April 27, 2022, at 10:16 a.m. A-A stated the licensee did not have a license for 245D).  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 865		
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan	0 870		

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0 870	Continued From page 40  (f) The service plan must include:  (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;  (2) the identification of the staff or categories of staff who will provide the services;  (3) the schedule and methods of monitoring reviews or assessments of the client;  (4) the schedule and methods of monitoring staff providing home care services; and  (5) a contingency plan that includes:  (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;  (ii) information and a method for a client or client's representative to contact the home care provider;  (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and  (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.	0 870		



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0 870	<p>Continued From page 41</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review the licensee failed to ensure the service plan included all the required content for six of six clients (C1, C2, C3, C4, C5, C6) with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>C1 C1's Service Agreement dated October 27, 2021, indicated provided services included dressing, positioning, grooming, transfers, bathing, mobility, light housekeeping, laundry and "refer to client care plan." C1's Client Care Plan dated October 27, 2021, indicated the same. C1's Service Agreement lacked provision of services for exercises, toileting and medication reminders.</p> <p>On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair with unlicensed personnel (ULP)-E present. ULP-E stated C1 received physical therapy (PT) two times a week and C1 had exercises to complete per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falling and assisted C1 with walking exercise. ULP-E further stated she assisted C1</p>	0 870		

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0 870	<p>Continued From page 42</p> <p>with medication reminders, showering, toileting, dressing, transfers, housekeeping, meals and laundry.</p> <p>The service agreement/care plan indicated "qualified professional visits are mandatory for all PCAs [personal care attendant] and oversee the plan of care. Private pay clients require a visit no less than every 90 days. Other payer sources require a visit no less than every 60 days. The RNQP visit must be with recipient of the services and the responsible party if one is assigned in order to ensure proper provision of services and to complete the documentation/assessments required by the state of Minnesota." "Contingency Plan: If we are unable to meet your current needs as agreed upon, then [the licensee] will notify the client; arrange for another appointment; provide the client with the names and numbers of alternative home health agencies within the vicinity and make reasonable effort to assist the client in contacting an alternative provider." The service agreement indicated "CPR/attempt resuscitation."</p> <p>C1's Client Emergency Backup Plan dated October 27, 2021, was not referenced on the Service Agreement and indicated "In the situation where an unforeseen event causes the company to be unable to provide adequately trained staff, the plan will be that: a. The company will attempt in every way to secure immediate trained staff. b. If the company is unable to secure immediate replacement staffing and no other trained staff is available the plan is to notify the following backup caregiver(s) who will provide backup care: [person was listed]. c. if the backup caregiver(s) are not available to provide immediate backup care, and the company is unable to locate adequate trained staff the plan is to admit the</p>	0 870		

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0 870	<p>Continued From page 43</p> <p>above client to: hospital [was checked]. Until adequately trained staff is ready to care for the client at home."</p> <p>C1's Service Agreement lacked the following:</p> <ul style="list-style-type: none"> <li>- a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;</li> <li>- the identification of the staff or categories of staff who will provide the services;</li> <li>- the schedule and methods of monitoring reviews or assessments of the client (initial, 14 day, 90 day and change in condition);</li> <li>- the schedule and methods of monitoring staff providing home care services; and</li> <li>- a contingency plan that includes: <ul style="list-style-type: none"> <li>(i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;</li> <li>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters (lacked indication if had living will/health care directive).</li> </ul> </li> </ul> <p>C2 C2's start of care date was August 1, 2017.</p> <p>C2's record lacked evidence of a finalized service plan no later than 14 days after the date services were first provided.</p> <p>C2's Client Care Plan dated August 4, 2021, indicated provided services included dressing, behavior, positioning, grooming, transfers, bathing, mobility, toileting, medication reminders, light housekeeping and laundry.</p>	0 870		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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0 870	<p>Continued From page 44</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed and ULP-F was present. ULP-F stated he assisted C2 with dressing, showers, reminders to take medications, transfers, toileting, peri cares, housekeeping, meals and laundry which was verified by C2. ULP-F further stated he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad," which were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2. C2 stated the ULP also reminded her to check her blood sugar four times a day. C2 stated the last time a nurse came to her home in person was in 2019.</p> <p>C2's lacked a service plan to include the following:</p> <ul style="list-style-type: none"> <li>- a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;</li> <li>- the identification of the staff or categories of staff who will provide the services;</li> <li>- the schedule and methods of monitoring reviews or assessments of the client (initial, 14 day, 90 day and change in condition);</li> <li>- the schedule and methods of monitoring staff providing home care services; and</li> <li>- a contingency plan that includes: <ul style="list-style-type: none"> <li>(i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;</li> <li>(ii) information and a method for a client or client's representative to contact the home care provider;</li> <li>(iii) names and contact information of persons the client wishes to have notified in an emergency or</li> </ul> </li> </ul>	0 870		

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0 870	<p>Continued From page 45</p> <p>if there is a significant adverse change in the client's condition; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters (code status/living will/health care directive).</p> <p>C3 C3's Service Agreement dated April 13, 2022, indicated provided services included dressing, toileting, eating/meal prep, positioning, bathing, mobility, grooming, transfers, light housekeeping, laundry and "refer to client care plan." In addition, the area for signature of the client/responsible person had documented "compromised by COVID-19."</p> <p>C3's Client Care Plan dated April 13, 2022, indicated C3 needed catheter bag emptied and cleaned daily. When removing the overnight bag to the leg bag, clean the ends with alcohol wipe. Put vinegar water solution in the overnight bag and let soak for about 10 minutes and then empty. C3 was on a bowel program every other day. The care plan further indicated C3 needed complete assistance with dressing and undressing, bathing, total assist with transfers using Hoyer (mechanical lift) or lift system (ceiling), repositioned every two hours as unable to do on his own, propel wheelchair, assistance with grooming, eating/meal prep, housekeeping and laundry. C3's Service Agreement lacked provision of services for suprapubic catheter site dressing changes, administration of medication (suppository) to encourage bowel movement and changing Foley catheter bag one time a week.</p> <p>On April 27, 2022, at 3:30 p.m. during a home</p>	0 870		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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0 870	<p>Continued From page 46</p> <p>visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement, assisted C3 with dressing, transferred using Hoyer or ceiling lift, grooming, showers, cleaned living space, laundry, repositioning, cooked meals and cut up food, changed dressing around suprapubic catheter site and changed catheter bag weekly which was verified by C3. C3 stated he had been hospitalized in March 2022, for suprapubic catheter placement and the nurse had visited after being hospitalized. C3 stated he no longer used a catheter leg bag.</p> <p>The service agreement/care plan indicated "qualified professional visits are mandatory for all PCAs and oversee the plan of care. Private pay clients require a visit no less than every 90 days. Other payer sources require a visit no less than every 60 days. The RNQP visit must be with recipient of the services and the responsible party if one is assigned in order to ensure proper provision of services and to complete the documentation/assessments required by the state of Minnesota." "Contingency Plan: If we are unable to meet your current needs as agreed upon, then [the licensee] will notify the client; arrange for another appointment; provide the client with the names and numbers of alternative home health agencies within the vicinity and make reasonable effort to assist the client in contacting an alternative provider." The service agreement indicated "CPR/attempt resuscitation."</p> <p>C3's Client Emergency Backup Plan dated April 7, 2022, was not referenced on the Service Agreement and indicated "In the situation where</p>	0 870		

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0 870	<p>Continued From page 47</p> <p>an unforeseen event causes the company to be unable to provide adequately trained staff, the plan will be that: a. The company will attempt in every way to secure immediate trained staff. b. If the company is unable to secure immediate replacement staffing and no other trained staff is available the plan is to notify the following backup caregiver(s) who will provide backup care: [persons were listed]. c. if the backup caregiver(s) are not available to provide immediate backup care, and the company is unable to locate adequate trained staff the plan is to admit the above client to: hospital [was checked]. Until adequately trained staff is ready to care for the client at home."</p> <p>C3's Service Agreement lacked the following:</p> <ul style="list-style-type: none"> <li>- a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;</li> <li>- the identification of the staff or categories of staff who will provide the services;</li> <li>- the schedule and methods of monitoring reviews or assessments of the client (initial, 14 day, 90 day and change in condition);</li> <li>- the schedule and methods of monitoring staff providing home care services; and</li> <li>- a contingency plan that includes: <ul style="list-style-type: none"> <li>(i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;</li> <li>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters (lacked indication if had living will/health care directive).</li> </ul> </li> </ul>	0 870		

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0 870	<p>Continued From page 48</p> <p>C4 C4's Service Agreement dated July 7, 2021, indicated provided services included dressing, grooming, transfers, bathing, mobility, eating/meal prep, toileting, light housekeeping, laundry, other (doctor visit) and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C4's Client Care Plan dated September 27, 2021, indicated "has instructions available to do exercises and stretches; provide assistance as needed;" dressing requires assistance and indicated "TED" hose (compression stocking), "brace on left foot," "assist with brace to R [right] knee when goes out of the house;" assist with grooming, bathing, eating/meal prep, transfers; toileting has a urinary catheter "provide assistance as needed with changing from bed bag to leg bag and ensuring bags are cleaned on a regular basis;" assist with housekeeping and laundry. C4's Service Agreement lacked provision of services for Tubigrips on both lower extremities.</p> <p>On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker and ULP-I was present. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and removal of brace on left leg, changing Foley catheter bag to a leg bag dressing, showers and cooking which was verified by C4. C4 stated she was not using the brace to her right knee anymore. C4 stated it had been awhile since the nurse visited in person, but the nurse had called and asked how things were going.</p> <p>The service agreement/care plan indicated</p>	0 870		



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0 870	<p>Continued From page 49</p> <p>"qualified professional visits are mandatory for all PCAs and oversee the plan of care. Private pay clients require a visit no less than every 90 days. Other payer sources require a visit no less than every 60 days. The RNQP visit must be with recipient of the services and the responsible party if one is assigned in order to ensure proper provision of services and to complete the documentation/assessments required by the state of Minnesota." "Contingency Plan: If we are unable to meet your current needs as agreed upon, then [the licensee] will notify the client; arrange for another appointment; provide the client with the names and numbers of alternative home health agencies within the vicinity and make reasonable effort to assist the client in contacting an alternative provider." The service agreement indicated "CPR/attempt resuscitation."</p> <p>C4's Client Emergency Backup Plan dated July 7, 2021, was not referenced on the Service Agreement and indicated "In the situation where an unforeseen event causes the company to be unable to provide adequately trained staff, the plan will be that: a. The company will attempt in every way to secure immediate trained staff. b. If the company is unable to secure immediate replacement staffing and no other trained staff is available the plan is to notify the following backup caregiver(s) who will provide backup care: (no person(s) were listed). c. if the backup caregiver(s) are not available to provide immediate backup care, and the company is unable to locate adequate trained staff the plan is to admit the above client to: (no listed place or circled) hospital/nursing home/skilled nursing facility (circle one). Until adequately trained staff is ready to care for the client at home."</p> <p>C4's Service Agreement lacked the following:</p>	0 870		

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0 870	<p>Continued From page 50</p> <ul style="list-style-type: none"> <li>- a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;</li> <li>- the identification of the staff or categories of staff who will provide the services;</li> <li>- the schedule and methods of monitoring reviews or assessments of the client (initial, 14 day, 90 day and change in condition);</li> <li>- the schedule and methods of monitoring staff providing home care services; and</li> <li>- a contingency plan that includes: <ul style="list-style-type: none"> <li>(i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;</li> <li>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters (lacked indication if had living will/health care directive).</li> </ul> </li> </ul> <p>C5 C5's Service Agreement Plan dated January 21, 2021, indicated provided services included grooming, light housekeeping, laundry and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C5's Care Plan dated June 15, 2021, indicated needed assistance with grooming: applying lotions and creams to areas not able to reach and bathing: limited assistance with bathing, needed help washing back, legs, feet-especially ankles, laundry and housekeeping. C5's Service Agreement lacked provision of service for bathing.</p> <p>On April 28, 2022, at 4:12 p.m. C5 stated the ULP</p>	0 870		

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0 870	<p>Continued From page 51</p> <p>assisted her with applying lotion, shower, laundry and housekeeping weekly.</p> <p>The service agreement/care plan indicated "qualified professional visits are mandatory for all PCAs and oversee the plan of care. Private pay clients require a visit no less than every 90 days. Other payer sources require a visit no less than every 60 days. The RNQP visit must be with recipient of the services and the responsible party if one is assigned in order to ensure proper provision of services and to complete the documentation/assessments required by the state of Minnesota." "Contingency Plan: If we are unable to meet your current needs as agreed upon, then [the licensee] will notify the client; arrange for another appointment; provide the client with the names and numbers of alternative home health agencies within the vicinity and make reasonable effort to assist the client in contacting an alternative provider." The service agreement indicated "CPR/attempt resuscitation."</p> <p>C5's Service Agreement lacked the following:</p> <ul style="list-style-type: none"> <li>- a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;</li> <li>- the schedule and methods of monitoring reviews or assessments of the client (initial, 14 day, 90 day and change in condition);</li> <li>- the schedule and methods of monitoring staff providing home care services; and</li> <li>- a contingency plan that includes: <ul style="list-style-type: none"> <li>(i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;</li> <li>(iv) the circumstances in which emergency medical services are not to be summoned</li> </ul> </li> </ul>	0 870		

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0 870	<p>Continued From page 52</p> <p>consistent with chapters 145B and 145C, and declarations made by the client under those chapters (lacked indication if had living will/health care directive).</p> <p>C6 C6's Service Agreement dated June 3, 2021, indicated provided services included transfers, mobility, toileting, eating/meal prep, light housekeeping, laundry and "refer to client care plan." In addition, the area for signature of the client/responsible person had documented "compromised by COVID-19." The Service Agreement lacked signature by C6 or C6's representative documenting agreement on the services to be provided.</p> <p>C6's Client Care Plan dated June 3, 2021, indicated "provide assistance with exercises and stretches;" dressing-she is unable to tie her shoes; eating/meal prep-provide assistance with meal prep; transfers-requires some assistance getting into wheelchair from bed and needs assistance with getting on and off the toilet as well as on and off the shower chair; mobility-can walk very short distances with crutches and the assistance of another person; toileting- needs assistance to transfer from wheelchair onto the toilet; assistance with housekeeping and laundry.</p> <p>The service agreement/care plan indicated "qualified professional visits are mandatory for all PCAs and oversee the plan of care. Private pay clients require a visit no less than every 90 days. Other payer sources require a visit no less than every 60 days. The RNQP visit must be with recipient of the services and the responsible party if one is assigned in order to ensure proper provision of services and to complete the documentation/assessments required by the</p>	0 870		

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0 870	<p>Continued From page 53</p> <p>state of Minnesota." "Contingency Plan: If we are unable to meet your current needs as agreed upon, then [the licensee] will notify the client; arrange for another appointment; provide the client with the names and numbers of alternative home health agencies within the vicinity and make reasonable effort to assist the client in contacting an alternative provider." The service agreement indicated "CPR/attempt resuscitation."</p> <p>C6's Service Agreement lacked the following:</p> <ul style="list-style-type: none"> <li>- the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;</li> <li>- the schedule and methods of monitoring reviews or assessments of the client (initial, 14 day, 90 day and change in condition);</li> <li>- the schedule and methods of monitoring staff providing home care services; and</li> <li>- a contingency plan that includes: <ul style="list-style-type: none"> <li>(i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;</li> <li>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters (lacked indication if had living will/health care directive).</li> </ul> </li> </ul> <p>On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B verified C1, C2, C3, C4, C5 and C6's records lacked the information listed above. A-A stated the licensee did not have an agreement with any other provider for provision of services if the licensee was unable to provide the services for the clients. A-A and RN-B verified all client service plans would lack the same for the schedule and</p>	0 870		

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0 870	Continued From page 54  methods of monitoring reviews or assessments of the client and the schedule and methods of monitoring staff providing home care services.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870			
0 880 SS=D	144A.4791, Subd. 11 Client Complaint and Investigative Process  Subd. 11. Client complaint and investigative process. (a) The home care provider must have a written policy and system for receiving, investigating, reporting, and attempting to resolve complaints from its clients or clients' representatives. The policy should clearly identify the process by which clients may file a complaint or concern about home care services and an explicit statement that the home care provider will not discriminate or retaliate against a client for expressing concerns or complaints. A home care provider must have a process in place to conduct investigations of complaints made by the client or the client's representative about the services in the client's plan that are or are not being provided or other items covered in the client's home care bill of rights. This complaint system must provide reasonable accommodations for any special needs of the client or client's representative if requested.  (b) The home care provider must document the complaint, name of the client, investigation, and resolution of each complaint filed. The home care provider must maintain a record of all activities regarding complaints received, including the date the complaint was received, and the home care	0 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H21537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
(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
0 880	<p>Continued From page 55</p> <p>provider's investigation and resolution of the complaint. This complaint record must be kept for each event for at least two years after the date of entry and must be available to the commissioner for review.</p> <p>(c) The required complaint system must provide for written notice to each client or client's representative that includes:</p> <p>(1) the client's right to complain to the home care provider about the services received;</p> <p>(2) the name or title of the person or persons with the home care provider to contact with complaints;</p> <p>(3) the method of submitting a complaint to the home care provider; and</p> <p>(4) a statement that the provider is prohibited against retaliation according to paragraph (d).</p> <p>(d) A home care provider must not take any action that negatively affects a client in retaliation for a complaint made or a concern expressed by the client or the client's representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to give complaint notice to one of six clients (C2) with records reviewed.</p> <p>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 an isolated scope (when one or a</p>	0 880		

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0 880	Continued From page 56  limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).  The findings include:  C2's start of care date was August 1, 2017.  C2's record lacked evidence the licensee had provided written notice to C2 or C2's representative of the licensee's complaint and investigative process.  On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B verified C2's record lacked evidence the licensee had provided written notice to C2 or C2's representative of the licensee's complaint and investigative process.  No further information was provided.  TIME PERIOD TO CORRECT- Twenty-one (21) days	0 880		
0 885 SS=F	144A.4791, Subd. 12 Disaster/Emergency Preparedness Planning  Subd. 12. Disaster planning and emergency preparedness plan. The home care provider must have a written plan of action to facilitate the management of the client's care and services in response to a natural disaster, such as flood and storms, or other emergencies that may disrupt the home care provider's ability to provide care or services. The licensee must provide adequate orientation and training of staff on emergency preparedness.	0 885		



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0 885	<p>Continued From page 57</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the licensee failed to ensure written plan of action for procedures related to natural disaster, such as flood and storms, or other emergencies that may disrupt the home care provider's ability to provide care or services.</p> <p>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).</p> <p>The findings include:</p> <p>On April 26, 2022, at 2:11 p.m. during the entrance conference with administrator (A)-A and registered nurse (RN)-B policy and procedures were requested.</p> <p>On April 27, 2022, at 2:47 p.m. emergency policies were requested from A-A.</p> <p>The licensee's Hazard Vulnerability Analysis undated, indicated for "type of emergency" the "human impact of low, moderate, high" for Community Mass for pandemic was high; Utility Failure for electric, water, sewer, communication, information systems was low; Hazardous Materials for internal and external exposure was low; Security for bomb threat, hostage situation, work place violence was low; Terrorism for explosion, biological, nuclear was low; Other for multiple staff illness, flood internal and external,</p>	0 885		

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0 885	Continued From page 58  sudden loss of leadership, fuel shortage (gas) was moderate; Other for supply shortage was high and Other for transportation failure, fire internal and external was low.  The licensee provided a Interim Policy for Suspect or Confirmed Cases and Exposure to COVID-19, but lacked evidence of any other written plan of action for procedures for the above identified emergencies identified in the licensee's Hazard Vulnerability Analysis as above.  On April 29, 2022, at 12:24 p.m. administrator (A)-A verified the above. A-A stated he would look for policies related to emergencies.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 885		
0 900 SS=F	144A.4792, Subd. 1 Medication Management; Comprehensive  Subdivision 1.Medication management services; comprehensive home care license. (a) This subdivision applies only to home care providers with a comprehensive home care license that provide medication management services to clients. Medication management services may not be provided by a home care provider who has a basic home care license.  (b) A comprehensive home care provider who provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of	0 900		

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0 900	<p>Continued From page 59</p> <p>a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines.</p> <p>(c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and client and client representative, if any; disposing of unused medications; and educating clients and client representatives about medications. When controlled substances are being managed, stored, and secured by the comprehensive home care provider, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 22.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop, implement and maintain up-to-date written medication management policies and procedures as required.</p> <p>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</p>	0 900		

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0 900	<p>Continued From page 60</p> <p>failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C2 On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed and ULP-F was present. ULP-F stated he assisted C2 with reminders to take medications and he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad," which were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2.</p> <p>C3 On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement.</p> <p>The licensee lacked written medication management policies and procedures, which addressed the following:</p> <ul style="list-style-type: none"> <li>- requesting and receiving prescriptions for medications;</li> <li>- controlling and storing medications;</li> <li>- communicating with the prescriber, pharmacist, and client and client representative, if any;</li> <li>- disposing of unused medications; and</li> <li>- educating clients and client representatives about medications</li> </ul> <p>On April 29, 2022, at 9:00 a.m., administrator (A)-A stated he had no further policies than what he had provided.</p>	0 900		

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0 900	Continued From page 61  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	0 900		
0 905 SS=D	144A.4792, Subd. 2 Provision of Medication Mgt Services  Subd. 2.Provision of medication management services. (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.  (b) The assessment must:  (1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and  (2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications.	0 905		

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0 905	<p>Continued From page 62</p> <p>"Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure prior to providing medication management services, the registered nurse (RN) had conducted an assessment, which included all of the required information for two of two clients (C2, C3) receiving medications, with records reviewed.</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C2 C2 had an admission date of August 1, 2017, with diagnoses including spinal stenosis and deafness.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed with ULP-F was present. ULP-F stated he assisted C2 with reminders to take medications and he also "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad," The medications were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2.</p>	0 905		

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0 905	<p>Continued From page 63</p> <p>C3 C3 had an admission date of January 1, 2015, with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement, which was verified by C3.</p> <p>C2 and C3's records lacked a medication assessment by the RN conducted face-to-face with the client, which included identification and review of all medications the client was known to be taking for the following: - identification of indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues; - identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and - provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications.</p> <p>On April 26, 2022, at 2:11 p.m. administrator (A)-A and registered nurse (RN)-B stated the licensee did not provide medication management services; however, they provided the service of medication reminders.</p> <p>On April 29, 2022, at 10:15 a.m. RN-B verified C2 and C3 lacked a medication management assessment. RN-B stated she was not aware the ULP were providing the above medication</p>	0 905		

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0 905	Continued From page 64  administration.  The licensee's Medication Administration policy undated, indicated the comprehensive medication assessment includes a review of all medications the patient is currently using in order to identify any potential adverse effects and drug interactions, ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy and non compliance with drug therapy. The medication review was completed by an RN.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	0 905		
0 920 SS=D	144A.4792, Subd. 5 Individualized Medication Mgt Plan  Subd. 5. Individualized medication management plan. (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following:  (1) a statement describing the medication management services that will be provided;  (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;	0 920		



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0 920	<p>Continued From page 65</p> <p>(3) documentation of specific client instructions relating to the administration of medications;</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a current individualized medication management plan to include all the required content for two of two clients (C2, C3) who received medications, with</p>	0 920		

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0 920	<p>Continued From page 66</p> <p>records reviewed.</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C2 C2 had an admission date of August 1, 2017 with diagnoses including spinal stenosis and deafness.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed and ULP-F was present. ULP-F stated he assisted C2 with reminders to take medications and he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad." The medications were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2.</p> <p>C3 C3 had an admission date of January 1, 2015, with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement, which was verified by C3.</p>	0 920		

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0 920	<p>Continued From page 67</p> <p>C2 and C3's records lacked an individualized medication management plan to include the following:</p> <ul style="list-style-type: none"> <li>- a statement describing the medication management services that will be provided;</li> <li>- a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li> <li>- documentation of specific client instructions relating to the administration of medications;</li> <li>- identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</li> <li>- identification of medication management tasks that may be delegated to unlicensed personnel;</li> <li>- procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li> <li>- any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions</li> </ul> <p>On April 26, 2022, at 2:11 p.m. administrator (A)-A and registered nurse (RN)-B stated the licensee did not provide medication management services, but provided medication reminders.</p> <p>On April 29, 2022, at 10:15 a.m. RN-B verified C2 and C3's records lacked the above. RN-B stated she was not aware the ULP were providing the above medication administration.</p> <p>The licensee's Medication Administration policy undated, indicated the medication review was</p>	0 920		

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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
0 920	Continued From page 68  completed by an RN.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	0 920		
0 930 SS=D	144A.4792, Subd. 7 Delegation of Medication Administration  Subd. 7. Delegation of medication administration. When administration of medications is delegated to unlicensed personnel, the comprehensive home care provider must ensure that the registered nurse has:  (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;  (2) specified, in writing, specific instructions for each client and documented those instructions in the client's records; and  (3) communicated with the unlicensed personnel about the individual needs of the client.  This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) had specified, in writing, specific instructions for each client and documented those instructions in the client's records and communicated with the unlicensed personnel (ULP) about the individual needs of the client for two of two clients (C2, C3) who received medications, and had instructed the ULP in the proper methods to administer the medications,	0 930		

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0 930	<p>Continued From page 69</p> <p>and the ULP had demonstrated the ability to competently follow the procedures for two of four unlicensed personnel (ULP-G and ULP-F) with records reviewed.</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C2 C2 had an admission date of August 1, 2017, with diagnoses including spinal stenosis and deafness.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed with ULP-F present. ULP-F stated he assisted C2 with reminders to take medications and he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad." The medications were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal), which was verified by C2.</p> <p>C3 C3 had an admission date of January 1, 2015, with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a</p>	0 930		

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0 930	<p>Continued From page 70</p> <p>suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement, which was verified by C3.</p> <p>C2 and C3's records lacked specific written instructions for the administration of the medications and documentation of the instructions in the client records.</p> <p>ULP-F had a hire date of September 8, 2011.</p> <p>ULP-G had a hire date of June 16, 2017.</p> <p>ULP-F and ULP-G's records lacked evidence of documented training in the proper methods to administer the medications and demonstrated competency.</p> <p>On April 26, 2022, at 2:11 p.m. administrator (A)-A and registered nurse (RN)-B stated the licensee did not provide medication management services, but provided medication reminders.</p> <p>On April 29, 2022, at 10:15 a.m. RN-B verified C2 and C3's records lacked the above. RN-B stated she was not aware the ULP were providing the above medication administration.</p> <p>The licensee's Medication Administration policy undated, indicated a home health aide may administer medications if prior to administration the person is instructed by a RN in the procedures to administer the medications to the client; a RN specifies in writing and documents in the clients' records the procedures to administer the medications and prior to administration the person demonstrates to a RN the person's ability to completely follow the procedure.</p> <p>No further information was provided.</p>	0 930		

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0 930	Continued From page 71	0 930		
0 935 SS=D	<p>144A.4792, Subd. 8 Documentation of Administration of Medication</p> <p>Subd. 8. Documentation of administration of medications. Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure each medication administered by the comprehensive home care provider staff was documented in the client's record for two of two clients (C2, C3) who were being administered medications, with records reviewed.</p> <p>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</p>	0 935		

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0 935	<p>Continued From page 72</p> <p>was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C2 C2 had an admission date of August 1, 2017 with diagnoses including spinal stenosis and deafness.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed with ULP-F was present. ULP-F stated he assisted C2 with reminders to take medications and he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad." The medications were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2.</p> <p>C3 C3 had an admission date of January 1, 2015, with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement, which was verified by C3.</p> <p>C2 and C3's records lacked documentation of administration of the above medications which included the medication name, dosage, date and time administered, and method and route of administration.</p>	0 935		



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0 935	Continued From page 73  On April 26, 2022, at 2:11 p.m. administrator (A)-A and registered nurse (RN)-B stated the licensee did not provide medication management services, but provided medication reminders.  On April 29, 2022, at 10:15 a.m. RN-B verified C2 and C3's records lacked the above. RN-B stated she was not aware the ULP were providing the above medication administration.  The licensee's Medication Administration policy undated, indicated following administration of a medication the person administering the medication will initial the medication sheet.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	0 935		
0 965 SS=D	144A.4792, Subd. 13 Prescriptions  Subd. 13.Prescriptions. There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the comprehensive home care provider is managing for the client.  This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to ensure prescriptions for administration of medications as required for two of two clients (C2, C3) who received medications, with records reviewed.  This practice resulted in a level two violation (a violation that did not harm a client's health or	0 965		

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0 965	<p>Continued From page 74</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C2 C2 had an admission date of August 1, 2017 with diagnoses including spinal stenosis and deafness.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed with ULP-F present. ULP-F stated he assisted C2 with reminders to take medications and he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad." The medications were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2.</p> <p>C3 C3 had an admission date of January 1, 2015 with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement, which was verified by C3.</p> <p>C2 and C3's records lacked written or electronically recorded prescriptions for the above administered medications.</p>	0 965		

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0 965	Continued From page 75  On April 26, 2022, at 2:11 p.m. administrator (A)-A and registered nurse (RN)-B stated the licensee did not provide medication management services, but provided medication reminders.  On April 29, 2022, at 10:15 a.m. RN-B verified C2 and C3's records lacked the above. RN-B stated she was not aware the ULP were providing the above medication administration.  The licensee's Medication Administration policy undated, indicated all medications must have been prescribed by a physician or dentist.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	0 965		
01015 SS=F	144A.4792, Subd. 23 Loss or Spillage  Subd. 23.Loss or spillage. (a) Comprehensive home care providers providing medication management must develop and implement procedures for loss or spillage of all controlled substances defined in Minnesota Rules, part 6800.4220. These procedures must require that when a spillage of a controlled substance occurs, a notation must be made in the client's record explaining the spillage and the actions taken. The notation must be signed by the person responsible for the spillage and include verification that any contaminated substance was disposed of according to state or federal regulations.  (b) The procedures must require the comprehensive home care provider of medication management to investigate any known loss or	01015		

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01015	<p>Continued From page 76</p> <p>unaccounted for prescription drugs and take appropriate action required under state or federal regulations and document the investigation in required records.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to develop and implement procedures for loss or spillage of all controlled substances as required.</p> <p>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).</p> <p>The findings include:</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed with ULP-F present. ULP-F stated he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad." The medications included clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement.</p>	01015		

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01015	Continued From page 77  The licensee lacked development and implement procedures for loss or spillage of all controlled substances defined in Minnesota Rules, part 6800.4220 due to providing medication management.  On April 29, 2022, at 9:00 a.m. administrator (A)-A stated he had no further policies than what was provided.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	01015		
01030 SS=F	144A.4793, Subd. 2 Policies and Procedures  Subd. 2.Policies and procedures. (a) A comprehensive home care provider who provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines.  (b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, monitoring and evaluating the treatment and therapy, and communicating with the prescriber.  This MN Requirement is not met as evidenced	01030		

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01030	<p>Continued From page 78</p> <p>by: Based on interview and record review, the licensee failed to develop, implement and maintain up-to-date written treatment and therapy management policies and procedures as required.</p> <p>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).</p> <p>The findings include:</p> <p>C1 On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair with unlicensed personnel (ULP)-E present. ULP-E stated C1 received physical therapy (PT) two times a week and C1 completed exercises per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falling, and assisted C1 with walking exercise.</p> <p>C3 On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement (for bowel program), assisted C3 with changing dressing around suprapubic</p>	01030		

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01030	Continued From page 79  catheter site and changing catheter bag weekly which was verified by C3.  C4 On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker and ULP-I was present. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and removal of brace on left leg and changing Foley catheter bag to a leg bag, which was verified by C4.  The licensee lacked written treatment and therapy management policies and procedures which addressed the following: - requesting and receiving orders or prescriptions for treatments or therapies; - providing the treatment or therapy; - documenting of treatment or therapy activities; - educating and communicating with clients about treatments or therapy they are receiving; - monitoring and evaluating the treatment and therapy; and - communicating with the prescriber  On April 29, 2022, at 9:00 a.m., administrator (A)-A stated he had no further policies than what he had provided.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	01030			
01035 SS=E	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan  Subd. 3. Individualized treatment or therapy management plan. For each client receiving	01035			

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01035	<p>Continued From page 80</p> <p>management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific client instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to develop a current individualized treatment or therapy management</p>	01035		



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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
(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
01035	<p>Continued From page 81</p> <p>plan to include all the required content for four of four clients (C1, C3, C4, C6) receiving treatment or therapy management, with records reviewed.</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>C1 C1 had an admission date of September 22, 2021, with diagnoses including stroke.</p> <p>On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair and unlicensed personnel (ULP)-E was present. ULP-E stated C1 received physical therapy (PT) two times a week and C1 had completed exercises per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falling and assisted C1 with walking exercises.</p> <p>C1's Service Agreement dated October 27, 2021, indicated provided services included dressing, positioning, grooming, transfers, bathing, mobility, light housekeeping, laundry and "refer to client care plan." C1's Client Care Plan dated October 27, 2021, indicated the same. C1's Service Agreement lacked provision of services for exercises.</p>	01035		

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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
01035	<p>Continued From page 82</p> <p>C3 C3 had an admission date of January 1, 2015, with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement (for bowel program), assisted C3 with changing dressing around suprapubic catheter site and changing catheter bag weekly, which was verified by C3.</p> <p>C3's Service Agreement dated April 13, 2022, indicated provided services included dressing, toileting, eating/meal prep, positioning, bathing, mobility, grooming, transfers, light housekeeping, laundry and "refer to client care plan."</p> <p>C3's Client Care Plan dated April 13, 2022, indicated catheter bag was to be emptied and cleaned daily. When removing the overnight bag to the leg bag, clean the ends with alcohol wipe. Put vinegar water solution in the overnight bag and let soak for about 10 minutes and then empty. C3 was on a bowel program every other day. C3's Service Agreement lacked provision of services for suprapubic catheter site dressing changes, administration of medication (suppository) to encourage bowel movement and changing Foley catheter bag one time a week.</p> <p>C4 C4 had an admission date of October 9, 2017, with diagnoses including multiple sclerosis.</p> <p>On April 28, 2022, at 7:30 a.m. during a home</p>	01035		

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01035	<p>Continued From page 83</p> <p>visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker and ULP-I was present. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and removal of brace on left leg and changing Foley catheter bag to a leg bag, which was verified by C4.</p> <p>C4's Service Agreement dated July 7, 2021, indicated provided services included dressing, grooming, transfers, bathing, mobility, eating/meal prep, toileting, light housekeeping, laundry, other (doctor visit) and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C4's Client Care Plan dated September 27, 2021, indicated "has instructions available to do exercises and stretches; provide assistance as needed;" dressing-requires assistance and indicated "TED" hose (compression stocking), "brace on left foot," "assist with brace to R [right] knee when goes out of the house," toileting-has a urinary catheter "provide assistance as needed with changing from bed bag to leg bag and ensuring bags are cleaned on a regular basis." C4's Service Agreement lacked provision of services for Tubigrips on both lower extremities.</p> <p>C6 C6's had an admission date of January 28, 2021, with diagnoses including cerebral palsy.</p> <p>C6's Service Agreement dated June 3, 2021, indicated provided services included transfers, mobility, toileting, eating/meal prep, light housekeeping, laundry and "refer to client care plan."</p> <p>C6's Client Care Plan dated June 3, 2021,</p>	01035		

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01035	Continued From page 84  indicated "provide assistance with exercises and stretches."  C1, C3, C4 and C6's records lacked an individualized treatment or therapy management plan to include the following: - a statement of the type of services that will be provided; - documentation of specific client instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions.  On April 29, 2022, at 10:15 a.m. registered nurse (RN)-B verified C1, C3, C4 and C6's records lacked an individualized treatment or therapy management plan. RN-B stated she was not aware the ULP were providing some of the above services.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	01035		
01040 SS=E	144A.4793, Subd. 4 Administration of Treatments/Therapy  Subd. 4. Administration of treatments and therapy.	01040		

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01040	<p>Continued From page 85</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the home care provider must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each client and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each client and documented those instructions in the client's record; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the client.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) had specified, in writing, specific instructions for each client and documented those instructions in the client's records and communicated with the unlicensed personnel (ULP) about the individual needs of the client for four of four clients (C1, C3, C4, C6) who were receiving treatment or therapy management; and had instructed the ULP in the proper methods to administer the treatment or therapy management, and the ULP had demonstrated the ability to competently follow the</p>	01040		

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01040	<p>Continued From page 86</p> <p>procedures for three of four ULP (ULP-E, ULP-G and ULP-I) with records reviewed.</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>C1 C1 had an admission date of September 22, 2021, with diagnoses including stroke.</p> <p>On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair and ULP-E was present. ULP-E stated C1 received physical therapy (PT) two times a week and C1 completed exercises per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falling, and assisted C1 with walking exercises.</p> <p>C1's Service Agreement dated October 27, 2021, indicated provided services included dressing, positioning, grooming, transfers, bathing, mobility, light housekeeping, laundry and "refer to client care plan." C1's Client Care Plan dated October 27, 2021, indicated the same. C1's Service Agreement lacked the provision of services for exercises.</p> <p>C3</p>	01040		

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01040	<p>Continued From page 87</p> <p>C3 had an admission date of January 1, 2015, with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement (for bowel program), assisted C3 with changing dressing around suprapubic catheter site and changing catheter bag weekly, which was verified by C3.</p> <p>C3's Service Agreement dated April 13, 2022, indicated provided services included dressing, toileting, eating/meal prep, positioning, bathing, mobility, grooming, transfers, light housekeeping, laundry and "refer to client care plan."</p> <p>C3's Client Care Plan dated April 13, 2022, included empty catheter bag and clean daily. When removing the overnight bag to the leg bag, clean the ends with alcohol wipe. Put vinegar water solution in the overnight bag and let soak for about 10 minutes and then empty. C3 was on a bowel program of every other day. C3's Service Agreement lacked provision of services for suprapubic catheter site dressing changes, administration of medication (suppository) to encourage bowel movement and changing Foley catheter bag one time a week.</p> <p>C4 C4 had an admission date of October 9, 2017, with diagnoses including multiple sclerosis.</p> <p>On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker. ULP-I stated he assisted C4 with putting</p>	01040		

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01040	<p>Continued From page 88</p> <p>on Tubigrips (compression material), putting on and removal of brace on left leg and changing Foley catheter bag to a leg bag, which was verified by C4.</p> <p>C4's Service Agreement dated July 7, 2021, indicated provided services included dressing, grooming, transfers, bathing, mobility, eating/meal prep, toileting, light housekeeping, laundry, other (doctor visit) and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C4's Client Care Plan dated September 27, 2021, indicated "has instructions available to do exercises and stretches; provide assistance as needed;" dressing-requires assistance and indicated "TED" hose (compression stocking), "brace on left foot," "assist with brace to R [right] knee when goes out of the house," toileting-has a urinary catheter "provide assistance as needed with changing from bed bag to leg bag and ensuring bags are cleaned on a regular basis." C4's Service Agreement lacked provision of services for Tubigrips on both lower extremities.</p> <p>C6 C6's had an admission date of January 28, 2021, with diagnoses including cerebral palsy.</p> <p>C6's Service Agreement dated June 3, 2021, indicated provided services included transfers, mobility, toileting, eating/meal prep, light housekeeping, laundry and "refer to client care plan."</p> <p>C6's Client Care Plan dated June 3, 2021, included "provide assistance with exercises and stretches."</p>	01040		



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01040	Continued From page 89  C1, C3, C4 and C6's records lacked specific written instructions for the administration of the treatment or therapy management services and documentation of the instructions in the client records.  ULP-E had a hire date of November 3, 2021.  ULP-G had a hire date of June 16, 2017.  ULP-I had a hire date of September 10, 2018.  ULP-E, ULP-G and ULP-I's records lacked evidence of documented training in the proper methods to administer the above treatment or therapy management services and demonstrated competency.  On April 29, 2022, at 10:15 a.m. RN-B verified C1, C3, C4 and C6's records lacked the above. RN-B stated she was aware ULP-E monitored C1 during leg exercises so he does not fall and assisted C1 with walking exercise. RN-B stated she was present in C1's home when the PT therapist was there. RN-B also stated she was not aware the ULP were providing some of the above services.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	01040		
01045 SS=E	144A.4793, Subd. 5 Documentation of Treatment/Therapy  Subd. 5. Documentation of administration of treatments and therapies. Each treatment or therapy administered by a comprehensive home care provider must be documented in the client's	01045		

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01045	<p>Continued From page 90</p> <p>record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to ensure each treatment or therapy administered by the comprehensive home care provider staff was documented in the client's record for four of four clients (C1, C3, C4, C6) who were receiving treatment or therapy management, with records reviewed.</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>C1 C1 had an admission date of September 22, 2021, with diagnoses including stroke.</p> <p>On April 27, 2022, at 11:45 a.m. during a home</p>	01045		

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01045	<p>Continued From page 91</p> <p>visit, C1 was observed seated in a wheelchair. Unlicensed personnel (ULP)-E stated C1 received physical therapy (PT) two times a week and C1 completed exercises per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falling, and assisted C1 with walking exercise.</p> <p>C1's Service Agreement dated October 27, 2021, indicated provided services included dressing, positioning, grooming, transfers, bathing, mobility, light housekeeping, laundry and "refer to client care plan." C1's Client Care Plan dated October 27, 2021, indicated the same. C1's Service Agreement lacked provision of services for exercises.</p> <p>C3 C3 had an admission date of January 1, 2015, with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame. ULP-G stated he administered C3 a suppository (laxative medication) one time a week or every other week to encourage bowel movement (for bowel program), assisted C3 with changing dressing around suprapubic catheter site and changing catheter bag weekly, which was verified by C3.</p> <p>C3's Service Agreement dated April 13, 2022, indicated provided services included dressing, toileting, eating/meal prep, positioning, bathing, mobility, grooming, transfers, light housekeeping, laundry and "refer to client care plan."</p> <p>C3's Client Care Plan dated April 13, 2022, indicated C3 needed catheter bag emptied and</p>	01045		

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01045	<p>Continued From page 92</p> <p>cleaned daily. When removing the overnight bag to the leg bag, clean the ends with alcohol wipe. Put vinegar water solution in the overnight bag and let soak for about 10 minutes and then empty. C3 was on a bowel program every other day. C3's Service Agreement lacked suprapubic catheter site dressing changes, administration of medication (suppository) to encourage bowel movement and changing Foley catheter bag one time a week.</p> <p>C4 C4 had an admission date of October 9, 2017, with diagnoses including multiple sclerosis.</p> <p>On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and removal of brace on left leg and changing Foley catheter bag to a leg bag which, was verified by C4.</p> <p>C4's Service Agreement dated July 7, 2021, indicated provided services included dressing, grooming, transfers, bathing, mobility, eating/meal prep, toileting, light housekeeping, laundry, other (doctor visit) and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C4's Client Care Plan dated September 27, 2021, included "has instructions available to do exercises and stretches; provide assistance as needed;" dressing-requires assistance and indicated "TED" hose (compression stocking), "brace on left foot," "assist with brace to R [right] knee when goes out of the house," toileting-has a urinary catheter "provide assistance as needed</p>	01045		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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01045	Continued From page 93  with changing from bed bag to leg bag and ensuring bags are cleaned on a regular basis." C4's Service Agreement lacked provision of services for Tubigrips on both lower extremities.  C6 C6's had an admission date of January 28, 2021, with diagnoses including cerebral palsy.  C6's Service Agreement dated June 3, 2021, indicated provided services included transfers, mobility, toileting, eating/meal prep, light housekeeping, laundry and "refer to client care plan."  C6's Client Care Plan dated June 3, 2021, included "provide assistance with exercises and stretches."  C1, C3, C4 and C6's records lacked documentation of the treatment or therapy management services which included the signature and title of the person who administered the treatment or therapy, and the date and time of administration.  On April 29, 2022, at 10:15 a.m. registered nurse (RN)-B verified C1, C3, C4 and C6's records lacked the above. RN-B stated she was not aware the ULP were providing some of the above services.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	01045		
01050 SS=E	144A.4793, Subd. 6 Treatment and Therapy Orders	01050		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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01050	<p>Continued From page 94</p> <p>Subd. 6. Treatment and therapy orders. There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure prescriptions for administration of treatments or therapy as required for four of four clients (C1, C3, C4, C6) who were receiving treatment or therapy management, with records reviewed.</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>C1 C1 had an admission date of September 22, 2021, with diagnoses including stroke.</p> <p>On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair.</p>	01050		

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01050	<p>Continued From page 95</p> <p>Unlicensed personnel (ULP)-E stated C1 received physical therapy (PT) two times a week and C1 completed exercises per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falls, and assisted C1 with walking exercises.</p> <p>C1's Service Agreement dated October 27, 2021, indicated provided services including dressing, positioning, grooming, transfers, bathing, mobility, light housekeeping, laundry and "refer to client care plan." C1's Client Care Plan dated October 27, 2021, indicated the same. C1's Service Agreement lacked the provision of services for exercises.</p> <p>C3 C3 had an admission date of January 1, 2015, with diagnoses including paraplegia.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage bowel movement (for bowel program), assisted C3 with changing dressing around suprapubic catheter site and changing catheter bag weekly, which was verified by C3.</p> <p>C3's Service Agreement dated April 13, 2022, indicated provided services included dressing, toileting, eating/meal prep, positioning, bathing, mobility, grooming, transfers, light housekeeping, laundry and "refer to client care plan."</p> <p>C3's Client Care Plan dated April 13, 2022, included catheter bag to be emptied and cleaned daily. When removing the overnight bag to the leg</p>	01050		

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01050	<p>Continued From page 96</p> <p>bag, clean the ends with alcohol wipe. Put vinegar water solution in the overnight bag and let soak for about 10 minutes and then empty. Bowel program every other day. C3's Service Agreement lacked provision of services for suprapubic catheter site dressing changes, administration of medication (suppository) to encourage bowel movement and changing Foley catheter bag one time a week.</p> <p>C4 C4 had an admission date of October 9, 2017, with diagnoses including multiple sclerosis.</p> <p>On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and removal of brace on left leg and changing Foley catheter bag to a leg bag, which was verified by C4.</p> <p>C4's Service Agreement dated July 7, 2021, indicated provided services included dressing, grooming, transfers, bathing, mobility, eating/meal prep, toileting, light housekeeping, laundry, other (doctor visit) and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C4's Client Care Plan dated September 27, 2021, included "has instructions available to do exercises and stretches; provide assistance as needed;" dressing-requires assistance and indicated "TED" hose (compression stocking), "brace on left foot" "assist with brace to R [right] knee when goes out of the house," toileting-has a urinary catheter "provide assistance as needed with changing from bed bag to leg bag and</p>	01050		



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01050	Continued From page 97  ensuring bags are cleaned on a regular basis." C4's Service Agreement lacked the provision of services for Tubigrips on both lower extremities.  C6 C6's had an admission date of January 28, 2021, with diagnoses including cerebral palsy.  C6's Service Agreement dated June 3, 2021, indicated provided services included transfers, mobility, toileting, eating/meal prep, light housekeeping, laundry and "refer to client care plan."  C6's Client Care Plan dated June 3, 2021, included "provide assistance with exercises and stretches."  C1, C3, C4 and C6's records lacked written or electronically recorded prescriptions for the above administered treatment or therapies.  On April 29, 2022, at 10:15 a.m. registered nurse (RN)-B verified C1, C3, C4 and C6's records lacked the above. RN-B stated she was not aware the ULP were providing some of the above services.  No further information was provided.  TIME PERIOD TO CORRECT- Seven (7) days.	01050			
01080 SS=E	144A.4794, Subd. 3 Contents of Client Record  Subd. 3.Contents of client record. Contents of a client record include the following for each client:  (1) identifying information, including the client's name, date of birth, address, and telephone	01080			

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01080	Continued From page 98  number;  (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified;  (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known;  (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;  (5) client's advance directives, if any;  (6) the home care provider's current and previous assessments and service plans;  (7) all records of communications pertinent to the client's home care services;  (8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;  (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;  (10) documentation that services have been provided as identified in the service plan;  (11) documentation that the client has received	01080		

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01080	<p>Continued From page 99</p> <p>and reviewed the home care bill of rights;</p> <p>(12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3;</p> <p>(13) documentation of complaints received and resolution;</p> <p>(14) discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the client's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure six of six clients' records (C1, C2, C3, C4, C5 and C6) contained the required content with records reviewed.</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>C1 C1's record lacked documented information for</p>	01080		

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01080	<p>Continued From page 100</p> <p>emergency contact person, family member and documentation services were provided as identified in the service plan.</p> <p>C1's record listed an emergency contact person's name and telephone number and a family member's name and telephone number who would provide backup care, but lacked the address of the contact person and family member.</p> <p>C1's Service Agreement dated October 27, 2021, included provided service "refer to client care plan." C1's Client Care Plan dated October 27, 2021, indicated "has sores on feet that require cream to be applied to daily. Needs to have his feet elevated to keep pressure off of his heels." C1's Service Agreement lacked medication reminders.</p> <p>C1's Time and Activity documentation by the licensee's staff dated March 14, 2022, through April 10, 2022, lacked documentation the services were provided.</p> <p>C2 C2's record lacked documentation services were provided as identified in the service plan.</p> <p>C2's record lacked evidence of a finalized service plan no later than 14 days after the date services were first provided.</p> <p>C2's Client Care Plan dated August 4, 2021, indicated "needs medication reminders."</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed. ULP-F stated he assisted C2 with reminders to take medications, which was verified by C2. C2 stated</p>	01080		

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01080	<p>Continued From page 101</p> <p>the ULP also reminded her to check her blood sugar four times a day.</p> <p>C2's Time and Activity documentation by the licensee's staff dated March 14, 2022, through April 24, 2022, lacked daily documentation the services were provided.</p> <p>C3 C3's record lacked documented information for health and medical service provider.</p> <p>C3's record listed the name and telephone number of physician, but lacked the address.</p> <p>C4 C4's record lacked documented information for emergency contact persons, others as identified, health and medical service provider, and documentation services were provided as identified in the service plan.</p> <p>C4's record listed an emergency contact person's name and telephone numbers, but lacked the address; and listed the names and address of the social worker and the primary physician, but lacked the telephone numbers.</p> <p>C4's Service Agreement dated July 7, 2021, indicated provided services included dressing, grooming, transfers, bathing, mobility, eating/meal prep, toileting, light housekeeping, laundry, other (doctor visit) and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C4's Client Care Plan dated September 27, 2021, indicated assist with dressing, grooming, bathing, eating/meal prep, transfers, toileting, housekeeping and laundry.</p>	01080		

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01080	<p>Continued From page 102</p> <p>C4's Time and Activity documentation by the licensee's staff dated March 29, 2022, through April 24, 2022, lacked evidence of consistent documentation the services were provided.</p> <p>C5 C5's record lacked documented information for emergency contact persons and documentation services were provided as identified in the service plan.</p> <p>C5's record listed an emergency contact person's name and telephone numbers, but lacked the address.</p> <p>C5's Service Agreement Plan dated January 21, 2021, indicated provided services included grooming, light housekeeping, laundry and "refer to client care plan;" however, no care plan was provided within the same date range.</p> <p>C5's Care Plan dated June 15, 2021, indicated needs assistance with grooming: applying lotions and creams to areas not able to reach and bathing: limited assistance with bathing, needs help washing back, legs, feet-especially ankles, laundry and housekeeping. C5's Service Agreement lacked provision of service for bathing.</p> <p>On April 28, 2022, at 4:12 p.m. C5 stated the ULP assisted her with applying lotion, shower, laundry and housekeeping weekly.</p> <p>C5's Timecard Details documentation by the licensee's staff dated April 5, 12, 26, 2022, identified light housekeeping and laundry were being documented only. C5's record lacked evidence of documentation for the services of</p>	01080		

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01080	<p>Continued From page 103</p> <p>assisting with grooming and bathing.</p> <p>C6 C6's record lacked documented information for emergency contact persons, others as identified, health and medical service provider and documentation services were provided as identified in the service plan.</p> <p>C6's record listed an emergency contact person's name and telephone numbers, but lacked the address, and listed the names of the social worker and the primary physician, but lacked the addresses and telephone numbers.</p> <p>C6's Service Agreement dated June 3, 2021, indicated provided services included transfers, mobility, toileting, eating/meal prep, light housekeeping, laundry and "refer to client care plan."</p> <p>C6's Client Care Plan dated June 3, 2021, indicated dressing-she is unable to tie her shoes; eating/meal prep-provide assistance with meal prep; transfers-requires some assistance getting into wheelchair from bed and needs assistance with getting on and off the toilet as well as on and off the shower chair; mobility-can walk very short distances with crutches and the assistance of another person; toileting-needs assistance to transfer from wheelchair onto the toilet; assistance with housekeeping and laundry.</p> <p>C6's Time and Activity documentation by the licensee's staff dated April 4, 2022, through April 24, 2022, identified light housekeeping and laundry were being documented only. C6's record lacked documentation for the services of assisting with dressing, transfers, mobility and eating/meal prep.</p>	01080		

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01080	Continued From page 104  On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B verified C1, C2, C3, C4, C5 and C6's records lacked the above required content.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01080		
01145 SS=F	144A.4795, Subd. 7(b) Training/Competency Evals All Staff  (b) Training and competency evaluations for all unlicensed personnel must include the following:  (1) documentation requirements for all services provided;  (2) reports of changes in the client's condition to the supervisor designated by the home care provider;  (3) basic infection control, including blood-borne pathogens;  (4) maintenance of a clean and safe environment;  (5) appropriate and safe techniques in personal hygiene and grooming, including:  (i) hair care and bathing;  (ii) care of teeth, gums, and oral prosthetic devices;  (iii) care and use of hearing aids; and	01145		



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01145	<p>Continued From page 105</p> <p>(iv) dressing and assisting with toileting;</p> <p>(6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls;</p> <p>(7) standby assistance techniques and how to perform them;</p> <p>(8) medication, exercise, and treatment reminders;</p> <p>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</p> <p>(10) preparation of modified diets as ordered by a licensed health professional;</p> <p>(11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family;</p> <p>(12) awareness of confidentiality and privacy;</p> <p>(13) understanding appropriate boundaries between staff and clients and the client's family;</p> <p>(14) procedures to utilize in handling various emergency situations; and</p> <p>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to ensure training and competency evaluations as required prior to</p>	01145		

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01145	<p>Continued From page 106</p> <p>providing direct care for four of four unlicensed personnel (ULP-E, ULP-F, ULP-G, ULP-I) with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-E ULP-E had a hire date of November 3, 2021.</p> <p>On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair with ULP-E present. ULP-E stated C1 received physical therapy (PT) two times a week and C1 completed exercises per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falling, assisted C1 with walking exercises. ULP-E further stated she assisted C1 with medication reminders, showering, toileting, dressing, transfers, housekeeping, meals and laundry.</p> <p>ULP-E's Competency Test Form indicated "date performed" was November 3, 2021, and "supervising RN [registered nurse]" was signed by RN-B and ULP-E had signed. The form had "skills" listed with minimal steps/information under "comments" for each skill. The "skills" listed included, but not limited to, the following: -handwashing</p>	01145		

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01145	<p>Continued From page 107</p> <ul style="list-style-type: none"> <li>-safety/falls team</li> <li>-medication reminder</li> <li>-skin care</li> <li>-bathing</li> <li>-dressing</li> <li>-grooming</li> <li>-nail/foot cares</li> <li>-oral/denture care</li> <li>-gait belt</li> <li>-toileting</li> <li>-urinal</li> <li>-bed pan</li> <li>-gloving</li> <li>-mobility aids</li> <li>-feeding</li> <li>-homemaking</li> <li>-meal preparation</li> <li>-communication log</li> </ul> <p>However, the checklist lacked evidence of a written procedure and indication of pass or fail for competency evaluations of the above "skills" topics.</p> <p>ULP-E record lacked evidence of documented competency evaluation for the following topics:</p> <ul style="list-style-type: none"> <li>- hair care</li> <li>- care and use of hearing aids</li> <li>- stand by assistance techniques and how to perform them</li> </ul> <p>ULP-F ULP-F had a hire date of September 8, 2011.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed with ULP-F present. ULP-F stated he assisted C2 with dressing, showers, reminders to take medications, transfers, toileting, peri cares, housekeeping, meals and laundry, which was</p>	01145		

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01145	<p>Continued From page 108</p> <p>verified by C2. ULP-F further stated he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad," which were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal), which was verified by C2. C2 stated the ULP also reminded her to check her blood sugar four times a day.</p> <p>ULP-F's Competency Test Form indicated "date performed" was November 5, 2011, and for "supervising RN" there was no signature of an RN. The form was signed by ULP-F. The form had "skills" listed with minimal steps/information under "comments" for each skill. The "skills" listed on the form were the same as mentioned above.</p> <p>However, the checklist lacked evidence of a written procedure and indication of pass or fail for competency evaluations of the above "skills" and signature of an RN.</p> <p>ULP-F-s Annual Education 2021 was dated July 7, 2021, and was signed by RN-B and ULP-F. The subjects listed for training included, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>-infection control techniques</li> <li>-OSHA and infection control</li> <li>-fall prevention</li> <li>-dining, nutrition, and food safety</li> <li>-cultural competency</li> <li>-emergency preparedness</li> <li>-trauma informed care</li> <li>-simply health information and accountability act (HIPAA)</li> <li>-professional boundaries</li> <li>-housekeeping, laundry and bedmaking</li> <li>-mobility-exercise</li> <li>-personal cares</li> <li>-activities for older adults</li> </ul>	01145		

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01145	<p>Continued From page 109</p> <p>ULP-F's record lacked evidence of documented training for the following topics: -documentation requirements for all services provided; -reports of changes in the client's condition to the supervisor designated by the home care provider; -maintenance of a clean and safe environment; -standby assistance techniques and how to perform them; -medication, exercise, and treatment reminders; -preparation of modified diets as ordered by a licensed health professional; -communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, and family; -awareness of commonly used health technology equipment and assistive devices</p> <p>ULP-F's record lacked evidence of documented competency evaluation for the following topics: -appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; -standby assistance techniques and how to perform them</p> <p>ULP-G ULP-G had a hire date of September 16, 2017.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame with ULP-G present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage</p>	01145		

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01145	<p>Continued From page 110</p> <p>bowel movement, assisted C3 with dressing, transfers using Hoyer or ceiling lift, grooming, showers, cleaning living space, laundry, repositioning, cooking meals and cutting up food, changing dressing around suprapubic catheter site and changing catheter bag weekly, which was verified by C3. C3 stated he no longer used a catheter leg bag.</p> <p>ULP-G's Competency Test Form indicated "date performed" was September 28, 2017, and was signed by a previously employed RN and ULP-G. The form had "skills" listed with minimal steps/information under "comments" for each skill. The "skills" listed on the form were the same as mentioned above.</p> <p>However, the checklist lacked evidence of a written procedure and indication of pass or fail for competency evaluations of the above "skills" topics.</p> <p>ULP-G's record lacked evidence of documented competency evaluation for the following topics: -hair care -care and use of hearing aids -stand by assistance techniques and how to perform them</p> <p>ULP-I ULP-I had a hire date of September 10, 2018.</p> <p>On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker with ULP-I present. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and removal of brace on left leg, changing Foley catheter bag to a leg bag dressing, showers and cooking which</p>	01145		

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01145	<p>Continued From page 111</p> <p>was verified by C4. C4 stated she was not using the brace to her right knee anymore.</p> <p>ULP-I's Competency Test Form indicated "date performed" was September 10, 2018, and was signed by a previously employed RN and ULP-G. The form had "skills" listed with minimal steps/information under "comments" for each skill. The "skills" listed on the form were the same as mentioned above.</p> <p>However, the checklist lacked evidence of a written procedure and indication of pass or fail for competency evaluations of the above "skills" topics.</p> <p>ULP-I's record lacked evidence of documented competency evaluation for the following topics: -hair care -care and use of hearing aids -stand by assistance techniques and how to perform them</p> <p>On April 29, 2022, at 10:15 a.m. RN-B verified ULP-E, ULP-F, ULP-G and ULP-I's records lacked the above. RN-B stated she was not completing competency evaluations for any ULP for hair care and care and use of hearing aids. RN-B stated she did complete competency evaluations for the ULP for stand by assistance techniques and how to perform them. RN-B confirmed competency evaluations for stand by assistance techniques and how to perform them was not documented for the ULP.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01145		

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01150	Continued From page 112	01150		
01150 SS=F	<p>144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff</p> <p>(c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include:</p> <p>(1) observation, reporting, and documenting of client status;</p> <p>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</p> <p>(3) reading and recording temperature, pulse, and respirations of the client;</p> <p>(4) recognizing physical, emotional, cognitive, and developmental needs of the client;</p> <p>(5) safe transfer techniques and ambulation;</p> <p>(6) range of motioning and positioning; and</p> <p>(7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency evaluations as required prior to providing direct care for four of four unlicensed personnel (ULP-E, ULP-F, ULP-G, ULP-I) with records reviewed.</p> <p>This practice resulted in a level two violation (a</p>	01150		



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01150	<p>Continued From page 113</p> <p>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).</p> <p>The findings include:</p> <p>ULP-E ULP-E had a hire date of November 3, 2021.</p> <p>On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair with ULP-E present. ULP-E stated C1 received physical therapy (PT) two times a week and C1 completed exercises per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falls and assisted C1 with walking exercises. ULP-E further stated she assisted C1 with medication reminders, showering, toileting, dressing, transfers, housekeeping, meals and laundry.</p> <p>ULP-E's Competency Test Form indicated "date performed" was November 3, 2021, and "supervising RN [registered nurse]" was signed by RN-B and ULP-E. The form had "skills" listed with minimal steps/information under "comments" for each skill. The "skills" listed included the following:</p> <ul style="list-style-type: none"> <li>-medication reminder</li> <li>-range of motion (ROM)</li> <li>-transfers</li> <li>-hoyer lift</li> <li>-gait belt</li> <li>-positioning</li> </ul>	01150		

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01150	<p>Continued From page 114</p> <p>-catheter care -mobility aids</p> <p>However, the checklist lacked evidence of a written procedure and indication of pass or fail for competency evaluations of the above "skills" topics.</p> <p>ULP-E's record lacked evidence of documented competency evaluation for the following topics: -reading and recording temperature, pulse, and respirations of the client; -ambulation</p> <p>ULP-F ULP-F had a hire date of September 8, 2011.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed with ULP-F present. ULP-F stated he assisted C2 with dressing, showers, reminders to take medications, transfers, toileting, peri cares, housekeeping, meals and laundry, which was verified by C2. ULP-F further stated he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad." The medications were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal), which was verified by C2. C2 stated the ULP also reminded her to check her blood sugar four times a day.</p> <p>ULP-F's Competency Test Form indicated "date performed" was November 5, 2011, and for "supervising RN" there was no signature of an RN. The form was signed by ULP-F. The form had "skills" listed with minimal steps/information under "comments" for each skill. The "skills" listed on the form were the same as mentioned above.</p>	01150		

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01150	<p>Continued From page 115</p> <p>However, the checklist lacked evidence of a written procedure and indication of pass or fail for competency evaluations of the above "skills" and signature of an RN.</p> <p>ULP-F-s Annual Education 2021 was dated July 7, 2021, and was signed by RN-B and ULP-F. The subjects listed for training included the following:</p> <ul style="list-style-type: none"> <li>-aging process</li> <li>-documenting, observing and reporting</li> <li>-mobility-exercise and ambulation</li> <li>-mobility-lifting and safe transfers</li> <li>-mobility-range of motion</li> <li>-mobility-positioning</li> </ul> <p>ULP-F's record lacked evidence of documented training for the following topics:</p> <ul style="list-style-type: none"> <li>-reading and recording temperature, pulse, and respirations of the client;</li> <li>-administering medications (all routes)</li> </ul> <p>ULP-F's record lacked evidence of documented competency evaluation for the following topics:</p> <ul style="list-style-type: none"> <li>-reading and recording temperature, pulse, and respirations of the client;</li> <li>-safe transfer techniques and ambulation;</li> <li>-range of motioning and positioning;</li> <li>-administering medications (all routes)</li> </ul> <p>ULP-G ULP-G had a hire date of September 16, 2017.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame with ULP-G present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to C3 to encourage</p>	01150		

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01150	<p>Continued From page 116</p> <p>bowel movement, assisted C3 with dressing, transfers using Hoyer or ceiling lift, grooming, showers, cleaning living space, laundry, repositioning, cooking meals and cutting up food, changing dressing around suprapubic catheter site and changing catheter bag weekly, which was verified by C3. C3 stated he no longer used a catheter leg bag.</p> <p>ULP-G's Competency Test Form indicated "date performed" was September 28, 2017, and was signed by a previously employed RN, and ULP-G. The form had "skills" listed with minimal steps/information under "comments" for each skill. The "skills" listed on the form were the same as mentioned above.</p> <p>However, the checklist lacked evidence of a written procedure and indication of pass or fail for competency evaluations of the above "skills" topics.</p> <p>ULP-G's Annual Education 2021 was dated April 18, 2022, and was signed by supervisor (S)-C and ULP-G. The subjects listed for training included the following:</p> <ul style="list-style-type: none"> <li>-aging process</li> <li>-documenting, observing and reporting</li> <li>-mobility-exercise and ambulation</li> <li>-mobility-lifting and safe transfers</li> <li>-mobility-range of motion</li> <li>-mobility-positioning</li> </ul> <p>ULP-G's record lacked evidence of documented training for the following topics:</p> <ul style="list-style-type: none"> <li>-reading and recording temperature, pulse, and respirations of the client;</li> <li>-administering medications (all routes) or treatments as required</li> </ul>	01150		

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01150	<p>Continued From page 117</p> <p>ULP-G's record lacked evidence of documented competency evaluation for the following topics: -reading and recording temperature, pulse, and respirations of the client; -ambulation -administering medications (all routes)</p> <p>ULP-I ULP-I had a hire date of September 10, 2018.</p> <p>On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker with ULP-I present. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and removal of brace on left leg, changing Foley catheter bag to a leg bag dressing, showers and cooking, which was verified by C4. C4 stated she was not using the brace to her right knee anymore.</p> <p>ULP-I's Competency Test Form indicated "date performed" was September 10, 2018, and was signed by a previously employed RN, and ULP-G. The form had "skills" listed with minimal steps/information under "comments" for each skill. The "skills" listed on the form were the same as mentioned above.</p> <p>However, the checklist lacked evidence of a written procedure and indication of pass or fail for competency evaluations of the above "skills" topics.</p> <p>ULP-I's Annual Education 2021 was dated July 23, 2021, and was signed by a previously employed RN of the licensee and ULP-I. The subjects listed for training included the following: -aging process -documenting, observing and reporting</p>	01150		

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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
01150	<p>Continued From page 118</p> <ul style="list-style-type: none"> <li>-mobility-exercise and ambulation</li> <li>-mobility-lifting and safe transfers</li> <li>-mobility-range of motion</li> <li>-mobility-positioning</li> </ul> <p>ULP-I's record lacked evidence of documented training for the following topics:</p> <ul style="list-style-type: none"> <li>-reading and recording temperature, pulse, and respirations of the client;</li> </ul> <p>ULP-I's record lacked evidence of documented competency evaluation for the following topics:</p> <ul style="list-style-type: none"> <li>-reading and recording temperature, pulse, and respirations of the client;</li> <li>-ambulation</li> </ul> <p>On April 29, 2022, at 10:15 a.m. RN-B verified ULP-E, ULP-F, ULP-G and ULP-I's records lacked the above. RN-B stated she did complete competency evaluations for the ULP for reading and recording temperature, pulse, and respirations of the client, and ambulation. RN-B confirmed competency evaluations for the ULP for stand by assistance techniques and how to perform them was not documented. RN-B stated she completed competency evaluations only for the ULP as mentioned above.</p> <p>The licensee's Medication Administration policy undated, indicated a home health aide may administer medications if prior to administration the person is instructed by a RN in the procedures to administer the medications to the client; a RN specifies in writing and documents in the clients' records the procedures to administer the medications and prior to administration the person demonstrates to a RN the person's ability to completely follow the procedure.</p> <p>No further information was provided.</p>	01150		

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01150	Continued From page 119	01150		
	TIME PERIOD FOR CORRECTION: Twenty-One (21) days			
01155 SS=D	144A.4795, Subd. 7(d) RN/LHP Responsibilities  (d) When the registered nurse or licensed health professional delegates tasks, they must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks. If an unlicensed personnel has not regularly performed the delegated home care task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the client's record.  This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) had documented instructions for a delegated task in the client's record and ensured prior to the delegation one of one unlicensed personnel (ULP-G) was trained in the proper methods and and was able to demonstrate the ability to follow the procedures for one of one resident (C3) with record reviewed.  This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	01155		

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01155	<p>Continued From page 120</p> <p>resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C3's Service Agreement dated April 13, 2022, indicated provided services included dressing, toileting, eating/meal prep, positioning, bathing, mobility, grooming, transfers, light housekeeping, laundry and "refer to client care plan."</p> <p>C3's Client Care Plan dated April 13, 2022, indicated needs total assist with transfers using Hoyer (mechanical lift) or lift system (ceiling).</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed and ULP-G was present. ULP-G stated he transferred C3 utilizing a Hoyer or ceiling lift. A Hoyer lift and ceiling lift system (above C3's bed and tub area) were observed in C3's home.</p> <p>C3's record lacked instructions for the utilization of the Hoyer lift and ceiling lift system, including instructions for use of the sling (assistive device that allows transfers by use of electrical or hydraulic power).</p> <p>ULP-G had a hire date of September 16, 2017.</p> <p>ULP-G's Competency Test Form indicated "date performed" was September 28, 2017, and was signed by a previously employed RN and ULP-G. The form had "skills" listed with minimal steps/information under "comments" for each skill. The "skills" listed on the form included:</p>	01155		



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01155	Continued From page 121  -Hoyer Lift (position client in sling, monitor for safety at all times, do not rush)  However, the checklist lacked evidence of a written procedure and indication of pass or fail for competency evaluation for Hoyer Lift.  ULP-G's record lacked training and skills demonstration for the delegated task of Hoyer lift and ceiling lift system.  On April 29, 2022, at 10:15 a.m. RN-B confirmed C3's record lacked instructions for the utilization of the Hoyer lift and ceiling lift system. RN-B confirmed ULP-G's record lacked evidence of training and competency for utilization of the Hoyer lift and ceiling lift system with C3.  The licensee's Transfer/Lift Assistance policy undated, indicated only employees trained in the mechanical lift transfer will be assigned to clients needing a mechanical lift transfer.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01155		
01170 SS=D	144A.4796, Subd. 2 Content of Orientation  Subd. 2.Content. (a) The orientation must contain the following topics:  (1) an overview of sections 144A.43 to 144A.4798;  (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff	01170		

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01170	Continued From page 122  person;  (3) handling of emergencies and use of emergency services;  (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under sections 626.556 and 626.557;  (5) home care bill of rights under section 144A.44;  (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point;  (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and  (8) review of the types of home care services the employee will be providing and the provider's scope of licensure.  (b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics:  (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and	01170		

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01170	<p>Continued From page 123</p> <p>challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of four unlicensed personnel (ULP-F) received orientation to home care licensing requirements and regulations prior to providing home care services for clients with records reviewed.</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-F was hired on September 8, 2011.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed and ULP-F was present. ULP-F stated he assisted C2 with</p>	01170		

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01170	<p>Continued From page 124</p> <p>dressing, showers, reminders to take medications, transfers, toileting, peri cares, housekeeping, meals and laundry, which was verified by C2. ULP-F further stated he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad." The medications were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal), which was verified by C2. C2 stated the ULP also reminded her to check her blood sugar four times a day. C2 stated the last time a nurse came to her home in person was back in 2019.</p> <p>ULP-F record lacked evidence or training for the following:</p> <ul style="list-style-type: none"> <li>-handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point;</li> <li>-consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and</li> <li>-review of the types of home care services the employee will be providing and the provider's scope of licensure</li> </ul> <p>On April 29, 2022, at 10:15 a.m. RN-B verified ULP-F lacked the above training as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01170		

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01185	Continued From page 125	01185		
01185 SS=E	<p>144A.4796, Subd. 5 Alzheimer's/Dementia Training Required</p> <p>Subd. 5.Training required relating to Alzheimer's disease and related disorders. For home care providers that provide services for persons with Alzheimer's or related disorders, all direct care staff and supervisors working with those clients must receive training that includes a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with a client's challenging behaviors, and how to communicate with clients who have Alzheimer's or related disorders.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure training for training as required for Alzheimer's disease and related disorders for three of four unlicensed personnel (ULP-F, ULP-G, ULP-I) with records reviewed.</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>On April 26, 2022, at 2:11 p.m. administrator (A)-A stated the licensee provided services to</p>	01185		

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01185	<p>Continued From page 126</p> <p>clients with dementia.</p> <p>ULP-F ULP-F had a hire date of September 8, 2011.</p> <p>ULP-F's record lacked documented evidence of training for Alzheimer's disease and related disorders for the following topics:</p> <ul style="list-style-type: none"> <li>- explanation of Alzheimer's disease and related disorders;</li> <li>- assistance with activities of daily living;</li> <li>- problem solving with challenging behaviors; and</li> <li>- communication skills</li> </ul> <p>ULP-G ULP-G had a hire date of June 16, 2017.</p> <p>ULP-G's record lacked documented evidence of training for Alzheimer's disease and related disorders for the following topics:</p> <ul style="list-style-type: none"> <li>- assistance with activities of daily living</li> </ul> <p>ULP-I ULP-I had a hire date of September 10, 2018.</p> <p>ULP-I's record lacked documented evidence of training for Alzheimer's disease and related disorders for the following topics:</p> <ul style="list-style-type: none"> <li>- assistance with activities of daily living</li> </ul> <p>On April 29, 2022, at 10:15 a.m. RN-B verified ULP-F, ULP-G and ULP-I lacked the above training relating to Alzheimer's disease and related disorders.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days</p>	01185		

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01225	Continued From page 127	01225		
01225 SS=E	<p>144A.4797, Subd. 3 Supervision of Staff - Comp</p> <p>Subd. 3. Supervision of staff providing delegated nursing or therapy home care tasks. (a) Staff who perform delegated nursing or therapy home care tasks must be supervised by an appropriate licensed health professional or a registered nurse periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the client.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 days after the date on which the individual begins working for the home care provider and first performs delegated tasks for clients and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure supervision of staff providing delegated nursing tasks was completed by the registered nurse (RN) or appropriate health professional within 30 days after the individual began working and first performs delegated tasks, and included direct observation and interaction with a client for four of four unlicensed personnel (ULP-E, ULP-F,</p>	01225		

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01225	<p>Continued From page 128</p> <p>ULP-G, ULP-I) with records reviewed.</p> <p>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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>ULP-E ULP-E had a hire date of November 3, 2021.</p> <p>On April 27, 2022, at 11:45 a.m. during a home visit, C1 was observed seated in a wheelchair and ULP-E was present. ULP-E stated C1 was received physical therapy (PT) two times a week and completed exercises per the physical therapist. ULP-E stated she placed a gait belt on C1 before C1 started the exercises, monitored C1 during leg exercises to prevent falling and assisted C1 with walking exercises. ULP-E further stated she assisted C1 with transfers.</p> <p>ULP-F ULP-F had a hire date of September 8, 2011.</p> <p>On April 27, 2022, at 12:45 p.m. during a home visit, C2 was observed lying in bed and ULP-F was present. ULP-F stated he assisted C2 with transfers and he "applied prescription creams" to C2's skin folds when needed, as C2's "skin breaks out bad." The medications were clotrimazole 1% cream (antifungal) and Nystop powder (antifungal) which was verified by C2.</p>	01225		



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01225	<p>Continued From page 129</p> <p>ULP-G ULP-G had a hire date of September 16, 2017.</p> <p>On April 27, 2022, at 3:30 p.m. during a home visit, C3 was observed lying in bed with a Foley catheter bag hung on the bed frame and ULP-G was present. ULP-G stated he administered a suppository (laxative medication) one time a week or every other week to encourage bowel movement, assisted C3 with transfers using Hoyer or ceiling lift, changed dressing around suprapubic catheter site and changed catheter bag weekly, which was verified by C3.</p> <p>ULP-I ULP-I had a hire date of September 10, 2018.</p> <p>On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker and ULP-I was present. ULP-I stated he assisted C4 with putting on Tubigrips (compression material), putting on and removal of brace on left leg and changing Foley catheter bag to a leg bag, which was verified by C4.</p> <p>ULP-E, ULP-F, ULP-G and ULP-I's records lacked evidence of documented direct supervision by the RN for performing the delegated tasks of medication and/or treatment administration.</p> <p>On April 29, 2022, at 10:15 a.m. RN-B verified ULP-E, ULP-F, ULP-G and ULP-I's records lacked the above.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	01225		

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01225	Continued From page 130  (21) days	01225		
01245 SS=F	<p>144A.4798, Subd. 1 TB Infection Control</p> <p>Subdivision 1.Tuberculosis (TB) infection control. (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The home care provider must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included required information for TB risk assessment, TB symptom screening for one of four employees (ULP-E), TB testing for one of four employees (ULP-F) with records reviewed and development of a TB plan to include procedures for early recognition, isolation and referral; and therefore education of the licensee employees to the licensee TB plan.</p> <p>This practice resulted in a level two violation (a</p>	01245		

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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>		
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01245	<p>Continued From page 131</p> <p>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).</p> <p>The findings include:</p> <p><b>TB RISK ASSESSMENT</b> The licensee's "Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by MDH" (Minnesota Department of Health), worksheets for the licensee's Rochester office and Winona branch office were both completed July 18, 2021.</p> <p>The worksheets did not list each county the licensee was providing services in to determine county data for cases of active TB and did not address the question for "3. Is an annual symptom screen conducted on all health care personnel with untreated LTBI [latent TB infection] as recommended by CDC."</p> <p><b>TB SCREENING</b> ULP-E had a hire date of November 3, 2021.</p> <p>ULP-E record lacked evidence of TB symptom screening upon hire.</p> <p><b>TB TESTING</b> ULP-F had a hire date of September 8, 2011.</p> <p>ULP-F had a first step tuberculin skin test (TST) on September 12, 2011, with negative results on September 14, 2011. ULP-F lacked a second step TST as required.</p>	01245		

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01245	<p>Continued From page 132</p> <p><b>TB PLAN/EDUCATION</b> The licensee lacked a written TB infection control plan for the procedures to address early recognition, isolation and referral for handling residents with suspected or confirmed active TB; therefore, none of the licensee's employees had received training on their role in the procedure.</p> <p>The Minnesota Department of Health (MDH) guidelines "Regulations for Tuberculosis Control in Minnesota Health Care Settings" dated July 2013, and based on CDC guidelines, indicated a TB risk assessment should be completed initially and then for low-risk settings the risk assessment should be updated every other year; an employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients; each agency should have written TB infection control procedures that address early recognition, isolation and referral; and TB training.</p> <p>The licensee's Tuberculosis Screening of Health Care Worker and Screening Tool undated, indicated all health care settings were required to have TB screening program at a minimum which included baseline screening at the time of hire. All personal care attendants/home health aids should receive symptom screening upon hire and baseline testing upon hire using two step TST or single BAMT (blood assay for M. tuberculosis) to test for infection with M. tuberculosis.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	01245		

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01245	Continued From page 133  days	01245		
01252 SS=F	<p>144A.4798, Subd. 3 Infection Control Program</p> <p>Subd. 3. Infection control program. A home care provider must establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical and nursing standards for infection control related to current recommendations for COVID-19.</p> <p>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).</p> <p>The findings include:</p> <p><b>EMPLOYEE FACIAL MASK</b> On April 28, 2022, at 7:30 a.m. during a home visit, C4 was observed seated in a chair with a Foley catheter bag hung on the lower bar of a walker and unlicensed personnel (ULP)-I was present. ULP-I was not wearing a facial mask.</p>	01252		

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01252	<p>Continued From page 134</p> <p><b>CLIENT/EMPLOYEE SCREENING</b> The licensee failed to screen clients and employees for COVID-19 symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) daily.</p> <p>C1, C2, C3, C4, C5 and C6's records lacked evidence of documented daily screening (or when being provided services) of COVID-19 symptoms and temperature.</p> <p>ULP-E, ULP-F, ULP-G and ULP-I's records lacked evidence of documented daily screening of COVID-19 symptoms and temperature before start of shift.</p> <p>On April 29, 2022, at 10:15 a.m. administrator (A)-A and registered nurse (RN)-B stated ULP-I was supposed to be wearing a facial mask when in C4's home. A-A and RN-B stated, "No" clients were not being screened. A-A stated employees were to call the office if they had symptoms before their shift. A-A stated employees were not documenting for screening of symptoms or temperature before start of shift.</p> <p>The Minnesota Department of Health COVID-19 Personal Protective Equipment (PPE) and Source Control Grids dated April 7, 2022, included a PPE grid for healthcare workers. In communities where transmission levels are low and moderate, facemask were recommended and with substantial and high transmission levels, facemask and eye protection are recommended when working with residents/clients without suspected or confirmed COVID-19.</p>	01252		

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01252	<p>Continued From page 135</p> <p>The Centers for Disease Control and Prevention (CDC) webpage titled "Symptoms of COVID-19" updated February 22, 2021, indicated "People with COVID-19 have had a wide range of symptoms reported ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea, This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness."</p> <p>The Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated September 10, 2021, indicated source control and physical distancing are recommended for everyone in any health care settings, and health care personnel should wear source control in all areas where they could encounter patients. The document also indicates all health care facilities, including home health care, should establish a system to identify anyone entering the facility, regardless of their vaccination status, who has any of the following so that they can be properly managed: 1) a positive viral test for SARS-CoV-2, 2) symptoms of COVID-19, or 3) who meets criteria for quarantine or exclusion from work. This includes health care personnel and visitors.</p>	01252		

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01252	Continued From page 136  The licensee's Interim Policy for Suspect or Confirmed Cases and Exposure to COVID-19 (Coronavirus) undated, indicated the licensee would make exceptional efforts to minimize exposures to respiratory pathogens and promptly identify staff and persons with clinical features and epidemiological risk for the COVID-19 and adhere to Federal and State/local recommendations. All persons, staff and visitors are required to wear face coverings upon entering any offices, buildings and work site locations. All staff are required to wear facemask and/or face covering when providing services or conducting any business related task.  No further information was provided.  TIME PERIOD FOR CORRECTION: Two (2) days	01252		
02015 SS=D	626.557, Subd. 3 Timing of Report  Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:  (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the	02015		



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02015	Continued From page 137  previous facility; or  (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4).  (b) A person not required to report under the provisions of this section may voluntarily report as described above.  (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.  (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.  (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.	02015		

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02015	<p>Continued From page 138</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to immediately report to the Minnesota Adult Abuse Reporting Center (MAARC) suspected maltreatment of financial exploitation for one of one client (C9) with record reviewed.</p> <p>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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C9's record included documented notes from an incident dated February 16, 2022. The notes indicated C9's family member (FM)-F had "came into the office with a complaint" about an employee (unlicensed personnel (ULP)-G). FM-F had security cameras installed and reported review of the cameras identified ULP-G "took money out of her drawer." FM-F "estimated that \$800 in total has been stolen from their home."</p> <p>The MAARC Form indicated "video recordings displays perpetrator [ULP-G] removing money form VA's [vulnerable adult] personal bag and putting the money in their front shirt pocket." The form further identified the incident was "submitted" to MAARC on February 21, 2022, five days later, instead of immediately as required.</p>	02015		

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02015	<p>Continued From page 139</p> <p>On April 28, 2022, at 12:20 p.m. billing representative/coordinator (BRC)-J confirmed the licensee became aware of the incident on February 16, 2022. BRC-J stated human resources (HR)-K had reported the incident to MAARC on February 21, 2022. BRC-J stated, "I can submit to MAARC and have prior." BRC-J stated she knew the incident needed to be reported to MAARC, but "I don't know time frame" of reporting.</p> <p>On April 29, 2022, at 12:24 p.m. administrator (A)-A confirmed the incident had not been reported to MAARC immediately as required.</p> <p>The licensee's Vulnerable Client policy undated, indicated a mandated reporter who had reason to believe that a vulnerable adult was being or had been maltreated, or who had knowledge that a vulnerable adult had sustained a physical injury which was not reasonably explained "shall immediately report the information to the CEP [common entry point]."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02015		