



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

September 22, 2022

Administrator

ABLE CARE CONNECT HOME HEALTH
3701 CHANDLER DRIVE STE 526
ST ANTHONY, MN 55421

Re: Event ID: 4F4D1-H1

Dear Administrator:

A partial extended survey abbreviated survey was completed at your agency on September 9, 2022, for the purpose of assessing compliance with Federal certification. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division, noted one or more deficiencies. Electronically attached is a copy of the Statement of Deficiencies (CMS-2567).

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

Ordinarily, a provider or supplier will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview. If possible, please type your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original to the following address within ten calendar days of your receipt of this notice:

Karen Aldinger, Unit Supervisor

St. Cloud A District Office

Licensing and Certification Program

Health Regulation Division

Minnesota Department of Health

3333 Division Street, Suite 212

Saint Cloud, Minnesota 56301-4557

Email: karen.aldinger@state.mn.us

Office: (651) 201-3794 Mobile: (320) 249-2805

Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days may result in decertification and a loss of Federal reimbursement.

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248123		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/09/2022	
NAME OF PROVIDER OR SUPPLIER ABLE CARE CONNECT HOME HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 3701 CHANDLER DRIVE STE 526 , ST ANTHONY, Minnesota, 55421			
(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) COMPLETION DATE
E0000	Initial Comments			E0000			
	A survey for compliance with CMS Appendix Z Emergency Preparedness Requirements, was conducted on 9/7/22 to 9/9/22 during a recertification survey. The facility is in compliance with the Appendix Z Emergency Preparedness Requirements.						
G0000	INITIAL COMMENTS			G0000			
	On 9/7/22 to 9/9/22 a recertification survey was conducted. This resulted in a partial extended survey at Able Care Connect Home Health. The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies.						
	The cumulative effects of these findings resulted in the Home Health Agency's inability to ensure provision of quality of care.						
	Unduplicated census previous 12 months: 109						
	Total home visits conducted: 3						
	List Hours of Operation: 8:30am to 5:30 p.m.						
	List total number of records reviewed: 7						
G0574	Plan of care must include the following			G0574			
	CFR(s): 484.60(a)(2)(i-xvi)						
	The individualized plan of care must include the following:						
	(i) All pertinent diagnoses;						
	(ii) The patient's mental, psychosocial, and cognitive status;						
	(iii) The types of services, supplies, and equipment required;						

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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G0574	<p>Continued from page 1</p> <p>(iv) The frequency and duration of visits to be made;</p> <p>(v) Prognosis;</p> <p>(vi) Rehabilitation potential;</p> <p>(vii) Functional limitations;</p> <p>(viii) Activities permitted;</p> <p>(ix) Nutritional requirements;</p> <p>(x) All medications and treatments;</p> <p>(xi) Safety measures to protect against injury;</p> <p>(xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.</p> <p>(xiii) Patient and caregiver education and training to facilitate timely discharge;</p> <p>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p> <p>(xv) Information related to any advanced directives; and</p> <p>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the agency failed to ensure the plan of care (POC) included a description of the risk for emergency department visits and hospital re-admission, including necessary interventions to address underlying risk factors as required so the physician is aware of the risk, interventions and orders for 5 of 7 patients (P1, P2,P3, P4, and P5) whose records were reviewed.</p> <p>P1's start of care (SOC) was 6/7/22. P1's POC for certification period 8/6/22 to 10/4/22, included diagnoses of metabolic encephalopathy (problem in the brain caused by a chemical imbalance), mild cognitive impairment, and hypertension. The POC indicated P1 received services from physical</p>	G0574		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

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G0574	<p>Continued from page 2 therapy (PT) two times each week for strengthening, from occupational therapy (OT) two times each week and from a unlicensed personal (ULP) one time each week for assistance with a shower.</p> <p>P2's SOC was 2/4/22. P1's POC for certification period 8/3/22 to 10/1/22, included diagnoses congestive heart failure, chronic obstruction pulmonary disease, atrial fib and hypertension. The POC indicated P2 received services from PT one time each week for balance training, from OT one time each to provide teaching to prevent falls and injury and from a ULP one time each for assistance with a shower.</p> <p>P3's SOC was 8/19/22. P3's POC for certification period 8/19/22 to 10/17/22, included diagnoses dementia, weakness, difficulty walking and history of falling. The POC indicated P3 received services from a registered nurse each week for assessment and teaching and from a ULP one time each week for assistance with a shower.</p> <p>P4's SOC was 7/28/22. P4's POC for certification period 7/28/22 to 9/25/22, included diagnoses dementia, depression, muscle weakness, repeated falls, pain and hypertension. The POC indicated P4 received services from a registered nurse three times each week for wound care to her left leg, PT two visits each week to improve safety and function, and OT one visit each week to improve safety in the home.</p> <p>P5's SOC was 2/28/22. P5's POC for certification period 8/27/22 to 10/25/22, included diagnoses heart failure, abnormal gait and mobility, hypertension, postural kyphosis (hunching of the back), diabetes mellitus and depression. The POC indicated P5 received services from a registered nurse three times each week for wound care to her back, PT one time each week for transfers and strengthening and ULP two times each week for assistance with a shower.</p> <p>On 9/9/22, at 11:40 a.m. director of nursing (DON) confirmed P1-P5's POC did not include a description of the risk for emergency department visits and hospital readmission. DON stated the</p>	G0574			

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G0574	Continued from page 3 risk of re-hospitalization and emergency room visits was identified at the start of care, but with the change in their record system, it was not putt directly onto the POC. DON stated she was aware this information was required to be on the POC and expected it to be on the POC.			G0574			



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Administrator

ABLE CARE CONNECT HOME HEALTH
3701 CHANDLER DRIVE STE 526
ST ANTHONY, MN 55421

Re: Enclosed State Licensing Orders
Event ID: 4F4D1-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on September 9, 2022, for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these regulations that are issued in accordance with Minnesota Statutes, sections 144A.43 to 144A.482.

In accordance with Minnesota Statute section 144A.477, for home care providers that are licensed to provide home care services and are also certified for participation in Medicare as a home health agency under Code of Federal Regulations, title 42, part 484, with survey and enforcement by the Minnesota Department of Health as an agent for the United States Department of Health and Human Services, the requirements under Minnesota Statute section 144A.477 subd. 2 (1) to (16) are considered equivalent to the federal requirements. Because your facility is a certified home health agency, violations of the requirements under Minnesota Statute section 144A.477 subd. 2 (1) to (16) may lead to enforcement actions under Minnesota Statute section 144A.474. If your facility fails to comply with all the federal deficiencies issued as a result of this Department's survey completed on September 9, 2022, the findings supporting the federal violations shall be considered violations of the applicable licensure requirements. The notice of termination from the Medicare program by the Centers for Medicare and Medicaid Services (CMS) or the failure to attain compliance with the federal regulations within the time periods approved by CMS may constitute grounds for the revocation, suspension or nonrenewal of the license.

State licensing orders are delineated on the attached Minnesota Department of Health order form. The 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 that are in violation of the state statute after the statement, "This MN requirement is not met as evidenced by."

We urge you to review these orders carefully. If you have questions, please contact the supervisor listed below. When all orders are corrected, the order form should be signed and returned to this office at:

Karen Aldinger, Unit Supervisor

St. Cloud A District Office

Licensing and Certification Program

Health Regulation Division

Minnesota Department of Health

3333 Division Street, Suite 212

Saint Cloud, Minnesota 56301-4557

Email: karen.aldinger@state.mn.us

Office: (651) 201-3794 Mobile: (320) 249-2805

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minnesota Statutes, section 144A.474, subd. 8 (c), by the correction order date, the home care provider 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 surveys, upon a complaint investigation, and as otherwise needed.

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(s) assessed.

The written request for reconsideration and all supporting documents must be received by the Commissioner within 15 calendar days of the correction order receipt date.

The Commissioner shall respond in writing to the request within 60 days of the date the provider requests a reconsideration. Any documentation received after the 15 calendar days will not be

considered. You are required to send your written request and all supporting documents to Health.Homecare@state.mn.us; or, if you prefer you can mail it to:

Home Care Correction Order Reconsideration Process

Minnesota Department of Health/Health Regulation Division
P.O. Box 3879
85 East 7th Place, Suite 220
St. Paul, Minnesota 55101

Failure to correct state licensing correction orders may result in enforcement actions in accordance with the provisions of Minnesota Statutes, sections 144A.43 to 144A.482.

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

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00000	<p>Initial Comments</p> <p>On 9/7/22 to 9/9/22 a recertification was conducted. Your facility was found to be out of compliance with the MN State Licensure.</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>		00000				
01245	<p>TB Infection Control</p> <p>CFR(s): 144A.4798, Subd. 1</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>		01245				

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

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01245	<p>Continued from page 1</p> <p>(b) The home care provider must maintain written evidence of compliance with this subdivision.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the licensee failed to ensure tuberculosis (TB) baseline screening was completed prior to hire which included TB history and symptoms as well as testing for possible exposure to TB for two of three employees: registered nurse (RN)-A, unlicensed personnel (ULP)-A who records were 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 or staff are involved).</p> <p>RN-A started employment with the licensee on 2/28/20.</p> <p>RN-A's employee record lacked evidence RN-A had completed a TB history and symptom screen. RN-A had an initial tuberculin skin test (TST) on 1/7/20, the results were read on 1/9/20 with a result of zero-millimeter (mm) induration. RN-A's record lacked a second step TST completed within one to three weeks of the first test.</p> <p>ULP-A started employment with the licensee on 7/30/19.</p> <p>ULP-A's employee record lacked evidence ULP-A had a TB history and symptom screen. ULP-A's record indicated she received an Interferon-Gamma Release Assays (IGRA) (a blood test to check for TB infection) on 8/17/18.</p> <p>On 9/5/22, at 11:05 a.m. ULP-A stated she did not remember if she did a TB history and symptom screen when hired. She did not complete the TST because she received a blood test on 8/17/18.</p>			01245			

Minnesota State Department of Health

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01245	<p>Continued from page 2</p> <p>On 9/6/22, at 2:00 p.m. Executive Director (ED) stated TB history and symptom screening is expected to be completed at time of hire. New employees were expected to have the results of the first TST prior to working with patients, then to have the second TST within one to three weeks of the first test.</p> <p>Licensee policy, TB Screening for Healthcare Workers effective 6/5/16, noted all new staff shall received two Mantoux TB skin tests one to three weeks apart.</p> <p>Licensee policy, Tuberculosis Prevention, Control Plan and Risk Assessment effective 4/10/14, instructed new staff shall be screened for active signs of TB. This policy noted the IGRA test was an acceptable substitute for the TST but did not indicate the time frame in needed to be completed prior to working with patients.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01245			