Protecting, Maintaining and Improving the Health of All Minnesotans

Delivered Via Email

February 19, 2025

Administrator
TRINITI HOME HEALTH AND HOSPICE
403 MAIN STREET NW
ELK RIVER, MN 55330

Re: Enclosed State Licensing Orders
Event ID: 65150-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on February 13, 2025, 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 February 13, 2025, 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:

Nikki Harvey, Regional Operations Supervisor
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: nikki.harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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
625 Robert St. N
St. Paul, MN 55164-0975
Telephone 651-201-4200
Health.CM-Cert@state.mn.us

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
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247263	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITI HOME HEALTH AND HOSPICE	403 MAIN STREET NW , ELK RIVER, Minnesota, 55330

(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 A survey for compliance with CMS Appendix Z Emergency Preparedness Requirements, was conducted on 2-11-25 to 2-13-25 during a recertiûcation survey. The facility is in compliance with the Appendix Z Emergency Preparedness Requirements.	E0000		
G0000	INITIAL COMMENTS On 2-11-25 to 2-13-25 a recertiûcation survey was conducted. This resulted in a partial extended survey at Triniti Home Health and Hospice. The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies. The cumulative eûects of these ûndings resulted in the Home Health Agency's inability to ensure provision of quality of care. Unduplicated census previous 12 months: 1198 Total home visits conducted: 7 Parent Location: Triniti Home Health & Hospice 403 Main Street Elk River, MN 55330 All other branch oûces for this agency. 1) Buffalo 1111 Highway 25 Buffalo, MN 55313 2) Cambridge - Visited 2-12-25 237 SW 2nd Avenue, Suite 224	G0000		

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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G0000	Continued from page 1 Cambridge, MN 55008 3) Metro - Visited 2-12-25 7171 Ohms Lane Edina, MN 55349 List Hours of Operation: 8 a.m. - 4:30 p.m. List total number of records reviewed: 17	G0000		
G0372	Encoding and transmitting OASIS CFR(s): 484.45(a) Standard: An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary. This STANDARD is NOT MET as evidenced by: Based on documentation and interview, the facility failed to report all OASIS data collected in accordance with federal regulations. Total number of records submitted beyond the 30 days was nine, which equaled 0.31% of the submissions submitted. On the HHA Error Summary by Agency report period of 1/1/24 - 12/31/2024, the agency had an error code 0f -3330: record submitted late. The description included the submission was more than 30 days after completion on the new record. During an interview on 2/12/25 at 1:07 p.m., clinical manager (CM)-A confirmed the agency staff had problems completing and submitting four of the nine assessments on time. CM-A stated the clinicians completing the assessment did not always complete them in a timely manner or there was miscommunication regarding the readiness for transmission of those four completed assessments. CM-A also confirmed the other five of the nine late Oasis submissions were related to coding errors requiring corrections and resubmissions. The agency policy Encoding and reporting OASIS Data dated February 2010, identified the facility will electronically report all OASIS data collected in accordance with federal regulations including encoding	G0372		

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G0372	Continued from page 2 individual client assessment within thirty days of completing the assessment and transmitted within thirty days of the Oasis completion.	G0372		
G0580	Only as ordered by a physician CFR(s): 484.60(b)(1) Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner. This ELEMENT is NOT MET as evidenced by: Based on observation, interview and record review the agency failed to ensure provider orders were followed or revised for 1 of 2 patients (P7) reviewed for wound care. Findings include: P7's plan of care (POC) for certification period 1/23/25-3/23/25, indicated P7 was cognitively intact and had diagnoses of bladder dysfunction and post-polio syndrome. P7's required skilled nursing (SN) to perform pressure ulcer care to bilateral heels, cleanse with wound cleanser, apply skin prep to area, apply xeroform dressing to wound bed, cover with ABD and secure with roll gauze twice weekly. P7's SN visit note dated 1/28/25, indicated P7's wounds on bilateral heels were healed, and no wound care was provided. The note lacked indication P7's provider was notified, and wound care orders or interventions were updated. P7's SN visit note dated 1/31/25, indicated P7's wounds on bilateral heels were healed. P7's note further indicated the skin was still very fragile and required close monitoring and protective dressings. P7's heels were cleansed with wound cleanser, patted dry and skin prep was applied to full heel with ABD dressing and gauze. The note lacked indication P7's provider was notified, and wound care orders or interventions were updated. P7's SN visit note dated 2/7/25, indicated P7's skin was intact and bilateral heel wounds had healed and lacked indication wound care was provided. P7's note lacked indication P7's provider was notified, and wound care orders or interventions were updated. P7's electronic medical record lacked indication P7's provider had been updated or new orders requested.	G0580		

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G0580	Continued from page 3 An observation on 2/11/25 at 12:30 p.m., home health aide (HHA)-A assisted P7 with bathing. P7 was in bed with their head of bed elevate. P7's had no socks on, heels were not wrapped and had no protective dressings in place. When HHA-A washed P7's feet, P7 stated nursing had only been cleaning the heels. When interviewed on 2/11/25 at 1:10 p.m., HHA-A stated P7's heels were much better, and it had been a "few weeks" since P7's heels had dressings or wraps in place. When interviewed on 2/13/25 at 10:20 a.m., the Director of Home Health (DHH) verified P7 had no provider notifications to obtain new orders for P7's heels. DHH expected staff to update the provider and obtain new orders when wounds have a change or had healed. A facility policy titled Physician Orders revised 8/2023, directed staff to ensure all treatments provided to patients must be ordered by a physician. The policy further directed the staff to review orders for appropriateness and obtain modification of orders when necessary.	G0580		
G0590	Promptly alert relevant physician of changes CFR(s): 484.60(c)(1) The HHA must promptly alert the relevant physician(s) or allowed practitioner(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered. This ELEMENT is NOT MET as evidenced by: Based on interview and record review the agency failed to ensure the provider was notified of a change in condition for 1 of 1 patients (P15) discharged patients reviewed who required hospitalization. Findings include: P15's plan of care (POC) for certification period 11/13/24-1/11/25, indicated P15 was cognitively intact and had diagnoses of gastrointestinal bleed, cancer, heart failure and lung disease. Furthermore, P15's POC indicated P15 required skilled nursing (SN) visits weekly to assess and evaluate P17's diagnoses to identify changes and to intervene to minimize complications. P15's SN visit note dated 12/16/24, indicated P15 had	G0590		

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G0590	Continued from page 4 diminished lung sounds throughout the left and right lung and severe breathlessness. P15 had a cough with clear/yellow sputum and was short of breath while talking. P15 had reported weakness and fatigue and needed to lean forward to support breathing. P15 declined an ER visit. Furthermore, P15's note lacked indication P15's provider was notified. P15's electronic medical record lacked indication staff had notified P15's provider of the increased weakness, fatigue and severe breathlessness. When interviewed on 2/13/25 at 10:20 a.m., the Director of Home Health expected staff to notify providers when patient had a change in condition. The director further stated if a patient had a change from baseline, their provider should be notified, and a coordination of care note should be placed detailing the communication. The director verified P15's, medical record had not indicated P15's provider was notified of the increased SOB and weakness after the SN visit on 12/16/24. An agency policy titled Medical Supervision revised 8/2023, directed agency staff to promptly report to providers a change in client condition. An agency policy titled Coordination of Client Services revised 8/2023, directed staff to provide the attending provider with an ongoing assessment of the client and identify responses to the client's services and any care coordination will be documented in the client's medical record.	G0590		

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February 19, 2025

Administrator
TRINITI HOME HEALTH AND HOSPICE
403 MAIN STREET NW
ELK RIVER, MN 55330

Re: Event ID: 65150-H1

Dear Administrator:

A partial extended survey was completed at your agency on February 13, 2025, 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.

A provider or supplier is 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:

Nikki Harvey, Regional Operations Supervisor
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: nikki.harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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. Additionally, your continued certification is contingent upon corrective action.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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00000	Initial Comments On 2-11-25 to 2-13-25 a recertiûcation was conducted. The following licensing orders are being issued as a result of the survey. *****ATTENTION***** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. 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.	00000		
01050	Treatment and Therapy Orders CFR(s): 144A.4793, Subd. 6 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review, the licensee failed to ensure treatment orders were updated and prescribed for 1 of 2 clients reviewed for wound cares. S/S-D This practice resulted in a level two violation (a violation that did not harm a client's health or safety	01050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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01050	Continued from page 1 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). Findings include: P7's plan of care (POC) for certification period 1/23/25-3/23/25, indicated P7 was cognitively intact and had diagnoses of bladder dysfunction and post-polio syndrome. P7 required skilled nursing (SN) to perform pressure ulcer care to bilateral heels, cleanse with wound cleanser, apply skin prep to area, apply xeroform dressing to wound bed, cover with ABD and secure with roll gauze twice weekly. P7's SN visit note dated 1/28/25, indicated P7's wounds on bilateral heels were healed, and no wound care was provided. The note lacked indication P7's provider was notified, and wound care orders or interventions were updated. P7's SN visit note dated 1/31/25, indicated P7's wounds on bilateral heels were healed. P7's note further indicated the skin was still very fragile and required close monitoring and protective dressings. P7's heels were cleansed with wound cleanser, patted dry and skin prep was applied to full heel with ABD dressing and gauze. The note lacked indication P7's provider was notified, and wound care orders or interventions were updated. P7's SN visit note dated 2/7/25, indicated P7's skin was intact and bilateral heel wounds had healed and lacked indication wound care was provided. P7's note lacked indication P7's provider was notified, and wound care orders or interventions were updated. P7's electronic medical record lacked indication P7's provider had been updated or new orders requested. An observation on 2/11/25 at 12:30 p.m., home health aide (HHA)-A assisted P7 with bathing. P7 was in bed with their head of bed elevate. P7's had no socks on, heels were not wrapped and had no protective dressings in place. When HHA-A washed P7's feet, P7 stated nursing had only been cleaning the heels. When interviewed on 2/11/25 at 1:10 p.m., HHA-A stated P7's heels were much better, and it had been a "few weeks" since P7's heels had dressings or wraps in place.	01050		

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01050	Continued from page 2 When interviewed on 2/13/25 at 10:20 a.m., the Director of Home Health (DHH) verified P7 had no provider notifications to obtain new orders for P7's heels. DHH expected staff to update the provider and obtain new orders when wounds have a change or had healed. A facility policy titled Physician Orders revised 8/2023, directed staff to ensure all treatments provided to patients must be ordered by a physician. The policy further directed the staff to review orders for appropriateness and obtain modification of orders when necessary. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01050		