Electronically Delivered

April 24, 2024

Licensee
Dignified Choice Care
2004 River Hills Drive
Burnsville, MN 55337

RE: Project Number(s) SL32399006

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 10, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state 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 . . ."

In accordance with Minn. Stat. § 144A.474 Subd. 11, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey at your agency**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted 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 MDH within 15 business days of the correction order receipt date.

A state correction 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.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H32399	A. BUILDING: _____ B. WING _____	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNIFIED CHOICE CARE	2004 RIVER HILLS DRIVE BURNSVILLE, MN 55337

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are 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. INITIAL COMMENTS: SL# SL32399006-0 On April 8, 2024, through April 10, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 36 clients receiving services under the provider's comprehensive license.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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).	
0 715 SS=D	144A.476, Subd. 2 Employees, Contractors, and Volunteers	0 715		

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0 715	Continued From page 1 (a) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information. (b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure background studies were conducted and affiliated prior to staff providing services for two of two employees (unlicensed personnel (ULP)-E, ULP-F). 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). The findings include: ULP-E ULP-E was hired March 7, 2016, to provide direct care and services to the licensee's clients. On April 9, 2024, at 10:35 a.m. ULP-E was observed verbally interacting with C1.	0 715		

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0 715	Continued From page 2 ULP-E's employee record contained a background study dated February 29, 2016, for a separate health facility identification (HFID) number no longer operated by the licensee's owner. ULP-E's employee record lacked evidence the licensee affiliated a background study for this license. ULP-F ULP-F was hired on January 9, 2020, to provide direct care and services to the licensee's clients. On April 9, 2024, at 11:40 a.m. ULP-F was observed to interact and work on a jigsaw puzzle with C3. ULP-F's employee record contained a Final Registry Results Form dated January 9, 2020, from the Minnesota Department of Human Services (DHS). ULP-F was listed on the licensee's DHS NETStudy 2.0 dated April 9, 2024, for a separate HFID number no longer operated by the licensee's owner. ULP-F's employee record lacked evidence the licensee affiliated a background study for this license. On April 10, 2024, at 4:04 p.m. unlicensed personnel/operations (ULP/O)-A stated he had been confused with the background studies and NETStudy 2.0. ULP/O-A indicated a drop-down box defaulted to the HFID number no longer operated by the licensee's owner, so he had to be careful to ensure he was affiliating and getting the correct HIFD number attached to the employees. ULP/O-A stated ULP-E and ULP-F's background studies had not been affiliated with the licensee's current HFID number.	0 715		

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0 715	Continued From page 3 DHS Background Studies Overview dated September 2023, (identified as the licensee's Background Study policy) noted: People who have direct contact or access to vulnerable adults and children in their role volunteers, employees, or caretakers must have a DHS background study that complies with state and federal requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days.	0 715		
0 865 SS=D	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions (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. (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. (c) The home care provider must implement and provide all services required by the current service plan. (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	0 865		

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0 865	Continued From page 4 applicable. (e) Staff providing home care services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan was revised with changes in services for one of three clients (C3). 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). The findings include: C3's diagnoses included arrhythmia (irregular heartbeat), hypotension (low blood pressure), and arthritis (joint pain and stiffness). C3's Service Plan dated March 16, 2023, indicated C3 received unlicensed personnel (ULP) three hours per day, one day per week. C3's undated, Scheduled Tasks (identified as the care plan) indicated C3 received services including dressing assistance as needed, standby assist for transfers/mobility, shower assistance, grooming assist, light housekeeping, errands as needed, meal preparation, blood pressure check, encourage to drink fluids throughout the shift, offer to go on a walk, med reminders, as needed eye drop administration/ follow up of efficacy, and	0 865		

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0 865	Continued From page 5 companionship. On April 9, 2024, at 11:40 a.m. ULP-F was observed to interact and work on a jigsaw puzzle with C3. ULP-F stated she worked with C3 2-3 times weekly and thought she received cares everyday Monday through Friday. A review of C3's Completed Tasks dated April 1, 2024, through April 8, 2024, identified C3 had received cares daily on Monday April 1, 2024, through Friday April 5, 2024, and Monday April 8, 2024. C3's 90-day assessment dated March 18, 2024, identified caregivers visit 4-5 times per week to assist with activities of daily living (ADL's)/instrumental activities of daily living (IADLs) and companionship. C3's assessment further noted: Increased services to more days/week to check in on client and encourage fluids. On April 10, 2024, at 4:09 p.m., unlicensed personnel/operations (ULP/O)-A stated C3's service plan did not match the service frequency and would need to revise it. The licensee's Service Plan policy dated July 25, 2021, indicated the service plan must be revised, if needed, based on client review or reassessment. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days.	0 865		