



Protecting, Maintaining and Improving the Health of All Minnesotans

March 29, 2023

Licensee
Centric Healthcare LLC
3261 19th St Northwest
Rochester, MN 55901

RE: Project Number(s) SL32659005

Dear Licensee:

On March 3, 2023, the Minnesota Department of Health completed a follow-up evaluation of your agency to determine if orders from the April 27, 2022, evaluation were corrected. This follow-up evaluation verified that the agency is back in compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your agency's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Casey DeVries'.

Casey DeVries, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-281-9796

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 23, 2022

Administrator
Centric Healthcare LLC
3261 19th Street Northwest
Rochester, MN 55901

RE: Project Number(s) SL32659005

Dear Administrator:

The Minnesota Department of Health completed an evaluation on April 27, 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, no immediate fines are assessed.

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

Centric Healthcare, LLC

May 23, 2022

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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 stylized, flowing script.

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: H32659	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2022
NAME OF PROVIDER OR SUPPLIER CENTRIC HEALTHCARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NW ROCHESTER, MN 55901		
(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, 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#32659005</p> <p>On April 25 through April 27, 2022, the Minnesota Department of Health visited the above provider and the following correction orders are issued. At the time of the survey, there were seven clients that were receiving services under the comprehensive license.</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>	
0 815 SS=D	<p>144A.479, Subd. 7 Employee Records</p> <p>Subd. 7. Employee records. The home care</p>	0 815		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 815	<p>Continued From page 1</p> <p>provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff providing supervision;</p> <p>(4) documentation of annual performance reviews which identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained</p>	0 815		

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0 815	<p>Continued From page 2</p> <p>for three years.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records contained all the required content including annual performance evaluation for one of one licensed practical nurse (LPN-C) 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>LPN-C was hired on March 1, 2020, to provide direct care services and oversight of the staff. LPN-C's personnel file lacked an annual performance review.</p> <p>On April 26, 2022, at approximately 1:30 p.m. director of operations (DO)-A and chief executive officer (CEO)-B confirmed LPN-C's personnel file lacked an annual performance review.</p> <p>The licensee's "Performance Appraisals/Evaluations" policy revised March 2018, indicated all employees will have a performance appraisal/evaluation based upon their job description at least every three years, except Home Health Aides who must have performance appraisal/evaluation every 12</p>	0 815		

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0 815	Continued From page 3 months. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
0 825 SS=A	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." 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	0 825		

Minnesota Department of Health

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0 825	<p>Continued From page 4</p> <p>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 license failed to provide one of two clients (C1) with the current home care Bill of Rights 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 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>C1 had an admission date of January 12, 2018, and received services in a comprehensive home care setting. C1's record included written acknowledgement undated, of the client's "Patient's Bill of Rights/Responsibilities and</p>	0 825		

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0 825	Continued From page 5 Transfer/discharge Criteria." C1's record did not include the required November 2019, "Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers." On April 26, 2022, at approximately 1:40 p.m. director of operations (DO)-A and chief executive officer (CEO)-B verified C1's record lacked evidence the client had received the current Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers, revised November 2019. The licensee's Patient Bill of Rights and Responsibilities policy revised February 2021, indicated the agency will provide each client with a written notice of the client's right in advance of furnishings care to the client or during the initial evaluation visit before the initiation of treatment. Clients will be informed of their rights on an ongoing basis as indicated. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 825		
0 870 SS=E	144A.4791, Subd. 9(f) Content of Service Plan (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;	0 870		

Minnesota Department of Health

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0 870	<p>Continued From page 6</p> <p>(3) the schedule and methods of monitoring reviews or assessments of the client;</p> <p>(4) the schedule and methods of monitoring staff providing home care services; and</p> <p>(5) a contingency plan that includes:</p> <p>(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;</p> <p>(ii) information and a method for a client or client's representative to contact the home care provider;</p> <p>(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</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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, record reviewed, the licensed failed to ensure the service plan included all required content for two of two clients (C1, C2) with records received.</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</p>	0 870			

Minnesota Department of Health

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0 870	<p>Continued From page 7</p> <p>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 diagnoses included Tay Sachs disease with developmental disabilities (a rare genetic disorder passed from parents to child.)</p> <p>On April 26, 2022, at approximately 8:18 a.m. licensed practical nurse (LPN)-C was observed to provide medication administration for C1.</p> <p>C1's service plan authenticated and dated April 2, 2018, lacked the following content:</p> <ul style="list-style-type: none"> - 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; - the identification of the staff or categories of staff who will provide the services; - the schedule and methods of monitoring reviews or assessments of the client; - the schedule and methods of monitoring staff providing home care services; and - a contingency plan that includes: <ul style="list-style-type: none"> - 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; - information and a method for a client or client's representative to contact the home care provider; - 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 	0 870		

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0 870	<p>Continued From page 8</p> <ul style="list-style-type: none"> - 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. <p>C2's C2's diagnoses included atrial fibrillation (irregular, often rapid heart rate that commonly causes poor blood flow) and chronic obstructive pulmonary disease (a condition involving constriction of the airways and difficulty or discomfort in breathing.)</p> <p>C2's service plan, unauthenticated and dated April 2, 2018, lacked the following content:</p> <ul style="list-style-type: none"> - 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; - the identification of the staff or categories of staff who will provide the services; - the schedule and methods of monitoring reviews or assessments of the client; - the schedule and methods of monitoring staff providing home care services; and - a contingency plan that includes: <ul style="list-style-type: none"> - 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; - information and a method for a client or client's representative to contact the home care provider; - 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 - 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 9</p> <ul style="list-style-type: none"> - the identification of the staff or categories of staff who will provide the services; and - the methods of monitoring staff providing home care services <p>On April 26, 2022, at approximately 1:50 p.m. director of operations (DO)-A and chief executive officer (CEO)-B confirmed C1 and C2's service plans were incomplete and did not include the above noted required content.</p> <p>The licensee's Service Plan policy dated September 2020, indicated the service plan would include signatures of client or client's representative and the licensee's administrator documenting and agreeing to the services that will be provided. In addition, would include:</p> <ul style="list-style-type: none"> -Description of service provided; -Fee for services; -Frequency of visits as appropriate to the client's need and/or assessment; -Identification of staff and service category that provide services; -Schedule and methods of monitoring and reviewing of client's status quo; -Frequency of supervision of staff session, name of professional category of the personnel who will be supervising unlicensed staff; -Contents in contingency plan described in Service Plan: <ul style="list-style-type: none"> -an agreement signed by both parties, the licensee and client's representative, if scheduled service cannot be provided. The agency will rectify the situation and provide the soonest services; -Action will also be taken if the licensee doesn't provide a specific service; -Contact information and methods to reach the licensee call in an event of an 	0 870		

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0 870	Continued From page 10 emergency regarding the client's health. It will also include identification and information of an individual granted the authority to make decisions for clients; -The circumstances identified by client or client's representative in which emergency medical services are not to be summoned are consistent with chapters 145B (living will) and 145C (health care directives), and declarations made by the client under those chapters. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	0 870		
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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NAME OF PROVIDER OR SUPPLIER CENTRIC HEALTHCARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NW ROCHESTER, MN 55901		
(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	<p>Continued From page 11</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 prepare and include in the service plan a written statement of the medication management services being provided to the client and failed to develop a current</p>	0 920		

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0 920	<p>Continued From page 12</p> <p>individualized medication management plan to include all the required content for one of one client (C1) 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>The licensee failed to ensure C1 had a medication management plan to include: -a statement describing the medication management services that will be provided; and -a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions.</p> <p>C1's Service Agreement dated April 2, 2018, lacked a written statement of the medication management services that will be provided to the client; however, on April 25, 2022, at approximately 1:22 p.m. director of operations (DO)-A verified C1 received medication administration service from the licensee's nurses.</p> <p>C1's diagnoses included Tay Sachs disease with developmental disabilities (a rare genetic disorder passed from parents to child.)</p> <p>C1's Medication Administration History dated for the month of April 2022, showed the licensee's nurses were documenting their initials for status</p>	0 920		

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0 920	<p>Continued From page 13</p> <p>of each C1's completed medication administration from April 1, 2022, through April 26, 2022.</p> <p>On April 26, 2022, at approximately 8:18 a.m. during a home visit, C1 was observed laying in a hospital bed. Licensed practical nurse (LPN)-C was observed to administer nasal spray medication. At 8:34 a.m., LPN-C administered eye ointment to C1's right eye.</p> <p>On April 26, 2022, at approximately 1:30 p.m. DO-A and Chief Executive Officer (CEO)-B confirmed C1's service plan lacked a written statement of the medication management services that will be provided to the client and a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions.</p> <p>The licensee's Medication Management Procedure dated September 2020, indicated the Individualized Medication Management Plan for Each Client would include: -prepare and include in the service plan a written statement of the medication management services that will be provided to the client; and -a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 920			

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01035	Continued From page 14	01035			
01035 SS=D	<p>144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan</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>	01035			

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01035	<p>Continued From page 15</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to include in the service plan a written statement of the treatment or therapy services that will be provided to the client for one of one client (C1) 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). The findings include:</p> <p>C1's record lacked a service plan to include a written statement of the treatment or therapy services that would be provided to the client.</p> <p>C1's Service Agreement dated April 2, 2018, lacked a written statement of the treatment or therapy services that will be provided to the client; however, on April 25, 2022, at approximately 1:22 p.m. director of operations (DO)-A verified C1 received treatment and therapy services from the licensee's nurses.</p> <p>C1's diagnoses included Tay Sachs disease with developmental disabilities (a rare genetic disorder passed from parents to child.)</p> <p>C1's physician orders dated March 24, 2022, included applying hand splints bilateral; on for two hours and off for one hour all day.</p>	01035		

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01035	Continued From page 16 C1's Intervention and Administration History dated April 2022, included nurse documentation of completing the task of applying hand splints, bilaterally, between April 1, 2022 through April 25, 2022. On April 26, 2022, at approximately 8:00 a.m. C1 was observed in a hospital bed in her room. Licensed practical nurse (LPN)-C applied hand splints, bilaterally. On April 26, 2022, at approximately 1:57 p.m. DO-A and chief executive officer (CEO)-B confirmed that the treatment and therapy service, listed above, was not on the service plan. The licensee's Service Plan policy dated September 2020, indicated the service plan would include signatures of client or client's representative and the licensee's administrator documenting and agreeing to the services that will be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01190 SS=D	144A.4796, Subd. 6 Required Annual Training Subd. 6.Required annual training. (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include:	01190		

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01190	<p>Continued From page 17</p> <p>(1) training on reporting of maltreatment of minors under section 626.556 and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided;</p> <p>(2) review of the home care bill of rights in section 144A.44;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and</p> <p>(4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>(b) In addition to the topics listed in paragraph (a), annual training 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:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) health impacts related to untreated</p>	01190			

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01190	<p>Continued From page 18</p> <p>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 one licensed practical nurse (LPN)-C received a minimum of eight hours of training to include the required topics for each twelve months of employment as required 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). The findings include:</p> <p>LPN-C was hired on March 1, 2020, to provide direct care services and oversight of the staff.</p> <p>On April 26, 2022, at approximately 8:18 a.m. LPN-C was observed to provide medication administration for C1.</p>	01190		

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01190	<p>Continued From page 19</p> <p>LPN-C's employee record lacked evidence to indicate the employee had completed the required eight (8) hours of annual training to include the required topics in the following areas for 2021:</p> <ul style="list-style-type: none"> - training on reporting of maltreatment of vulnerable adults under section 626.557; - review of the home care bill of rights in section 144A.44; - a review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and - a review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. <p>On April 26, 2022, at approximately 1:58 p.m. director of operations (DO)-A and chief executive officer (CEO)-B verified LPN-C had not completed eight hours of annual training to include the above noted topics required for 2021.</p> <p>The licensee's Mandatory Annual Training policy dated September 2020, noted annual training for all staff would include the required content noted above.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01190		

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01245	Continued From page 20	01245		
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 establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) for TB infection control program to include: a completed facility TB risk assessment; evidence of a two-step tuberculin skin tests (TST) or a single Interferon Gamma Release Assay (IGRA-blood test) for one of one licensed practical nurse (LPN-C); and completion of initial and annual TB related staff training and education for one of one employee (LPN-C) 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>	01245		

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01245	<p>Continued From page 21</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 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). The findings include:</p> <p>On April 26, 2022, at approximately 1:58 p.m. director of operations (DO)-A and chief executive officer (CEO)-B, confirmed the licensee had not completed a facility TB risk assessment.</p> <p>LPN-C was hired on March 1, 2020, to provide oversight of the staff and provide direct care services for the licensee's clients.</p> <p>LPN-C's employee record lacked a two-step tuberculin (TST) skin test or the blood work test (TB Gold, QuantiFERON test [a blood test used for diagnosing Mycobacterium tuberculosis infection])). A single step TST was documented in the employee's record on March 23, 2020; however, documentation of "TST administered by" was left blank.</p> <p>LPN-C's employee record lacked a completed two-step TST or blood work test to rule out active or latent TB.</p> <p>LPN-C's employee record lacked evidence of required TB training at the time of hire and annually to include content on basic information:</p> <ul style="list-style-type: none"> * TB pathogenesis and transmission, * Signs and symptoms of active TB disease, and * The licensee's infection control plan (how to implement the licensee's early recognition, isolation, and referral procedures) and especially any sections that employees were responsible for 	01245		

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01245	<p>Continued From page 22</p> <p>implementing.</p> <p>On April 26, 2022, at approximately 1:58 p.m. DO-A and CEO-B confirmed all of the above.</p> <p>The licensee's Tuberculosis Prevention: Control Plan and Risk Assessment policy dated September 2020, indicated the licensee will conduct TB education and risk assessment annually at the annual training on subjects of TB infection-control plan. All screenings, documentation's, and completed TB knowledge quizzes will be kept in the employee's file.</p> <p>The MDH guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated an employee may begin working with clients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (blood test, interferon gamma release assay) or TST (first step) dated within 90 days before hire. Baseline TB screening should be documented in the employee's record.</p> <p>No further information was provided.</p> <p>Time period for correction: Twenty-one (21) days.</p>	01245		