Electronically Delivered

January 10, 2025

Licensee
Jemcare LLC
13915 146th Avenue North
Dayton, MN 55327

RE: Project Number(s) SL40308016

Dear Licensee:

On December 13, 2024, the Minnesota Department of Health completed a follow-up survey of your agency to determine if orders from the September 12, 2024, survey were corrected. This follow-up survey verified that the agency is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Renee L. Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: renee.anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

JMD

Electronically Delivered

October 23, 2024

Licensee
Jemcare LLC
13915 146th Avenue North
Dayton, MN 55327

RE: Project Number SL40308016

Dear Licensee:

This is your **official notice** that you have been **granted your comprehensive home care license.** Your license effective and expiration dates remain the same as on your temporary license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 45 days prior to your expiration date, please contact us at (651) 201-5273 or by email at: health.homecare@state.mn.us.

The Minnesota Department of Health (MDH) completed an initial survey on September 12, 2024, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

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
Per 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 clients/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(s) 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.

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.

Sincerely,

Renee L. Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: renee.anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40308	A. BUILDING: _____ B. WING _____	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEMCARE LLC	13915 146TH AVENUE NORTH DAYTON, MN 55327

(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 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. INITIAL COMMENTS: #SL40308016-0 On September 9, 2024, through September 12, 2024, a surveyor of this Department's staff, visited the above Temporary Comprehensive home care licensed provider, completed an initial survey, and the following correction orders are issued. At the time of the survey, there was one (1) client receiving services under the Temporary Comprehensive home care license. On September 9, 2024, at 2:30 p.m., an immediate correction order was issued for SL40308016-0 order number 0265.	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 surveyor's 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 subd. 11 (b) (1) (2)	
0 265 SS=F	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice receive care and services according to a suitable	0 265		

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0 265	Continued From page 1 and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for one of one client (C1) who utilized hospital bed rails. This resulted in issuance of an immediate correction order on September 9, 2024, at 2:30 p.m. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1's diagnoses included: cerebral palsy, chronic renal failure, and dysphagia. C1's service plan dated January 12, 2024, indicated services provided included medication management services, treatment services, comprehensive assessments, and reassessment-monitoring. C1's abuse prevention plan dated January 12, 2024, indicated C1 had sensory deficits and functional limitations that affected his safety and was dependent on a caregiver 24-hours per day.	0 265		

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0 265	Continued From page 2 On September 9, 2024, at 10:48 a.m., during the entrance conference, administrator and owner (O)-A stated the registered nurse (RN) was responsible for completing comprehensive assessments. On September 9, 2024, at 11:40 a.m., O-A stated C1 had been utilizing bilateral half bed rails attached to his hospital bed. On September 9, 2024, at 1:05 p.m., O-A provided surveyor a photo of C1's hospital bed, taken by the RN on-site at the client's home. At the time of the photo, C1 was not present in his hospital bed. C1's bed had bilateral rails in the upright position, at the upper portion of the hospital bed. C1's record lacked documentation of a bed rail assessment, entrapment zone measurements, and education provided to the resident or their representative on the risks of bed rails. On September 9, 2024, at 1:17 p.m., O-A stated C1 had not been assessed for use of bed rails, bed rails had not been assessed for proper installation and safety with U.S. Food and Drug Administration (FDA)-identified entrapment zone measurements, nor was the education provided to the client/client's representative on the risks associated with bed rail use. O-A further stated he was not aware of the requirement pertaining to bed rail assessments and entrapment zone measurements. O-A stated C1 had 24 hour care, and added C1 was not able to independently move in the bed, but had previously been more mobile, requiring the bed rails. The FDA "A Guide to Bed Safety" revised April	0 265		

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0 265	Continued From page 3 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's [client's] physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The licensee's Use of Side Rails in the Home policy dated August 1, 2021, indicated side rails would not be used in the home setting except in situations where an assessment determines they would be necessary for the safety of the client. Furthermore, if the client or client's representative wanted side rails on the bed, licensee's RN would educate the client/representative about the risks related to side rails and would assess whether the side rails met FDA standards. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 265		
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes	0 790		

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0 790	Continued From page 4 in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the home care provides. 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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: On September 9, 2024, at approximately 11:00 a.m., during the entrance conference with administrator and owner (O)-A and director/registered nurse supervisor (RN)-B, a request was made to review documentation of the licensee's quality management activities. O-A stated they had not conducted any formal quality management meetings. O-A further stated management had been meeting, however, was unsure why licensee had not documented any meeting minutes.	0 790		

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0 790	Continued From page 5 The licensee's undated Quality Management Program policy indicated licensee would develop a continuous quality management program which would maintain the agency's quality efforts and provide quality services to their clients. Furthermore, information that would be evaluated by the quality team would include: - compliant investigations and resolutions; - vulnerable adult reports to the Common Entry Point; - audits of client records; - audits of personnel files; - survey results of Minnesota Department of Health (MDH) surveys; - falls with injuries, and -medication management issues. Moreover, retention of reports and findings of the Quality Team would be retained in the licensee's files for two (2) years, available to MDH, and would include a summary of council meetings, projects, and data collection findings. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 835 SS=C	144A.4791, Subd. 3 Statement of Home Care Services Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written	0 835		

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0 835	Continued From page 6 acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a Statement of Home Care Services to one of one client (C1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1's Service Plan dated January 12, 2024, indicated services to be provided would include: registered nurse (RN) services, gastrostomy tube feedings, jejunostomy tube feedings, oxygen therapy, ventilator, tracheostomy care, tracheal suctioning, medication administration, and medication management. C1's record lacked evidence to indicate the client and/or the client's representative were provided with a written statement that identified the licensee as a Comprehensive Home Care provider, and the services provided under their license. On September 9, 2024, at 2:25 p.m., administrator and owner (O)-A stated he provided C1's responsible person with a copy of the	0 835		

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0 835	Continued From page 7 Statement of Home Care Services but failed to obtain written acknowledgment from the client's representative that the provider had provided the statement. O-A further stated he was unsure of why he failed to obtain written documentation of receipt of the Statement of Home Care Services. The licensee's Admission Criteria policy dated June 1, 2023, indicated upon service initiation, the program would provide each person or each person's legal representative with a written notice that identifies the service recipient rights under 245D.04 and an explanation of those rights within five working days of service initiation and annually thereafter. Furthermore, the program would maintain documentation of the person's or person's legal representative's receipt of a copy and an explanation of the rights. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 835		
0 860 SS=D	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14	0 860		

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0 860	Continued From page 8 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure timely completion of required assessments by the registered nurse (RN) for one of one client (C1). 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: C1 was admitted for services on January 12, 2024. C1's Service Plan dated January 12, 2024, indicated services to be provided would include: registered nurse (RN) services, gastrostomy tube feedings, jejunostomy tube feedings, oxygen therapy, ventilator, tracheostomy care, tracheal suctioning, medication administration, and medication management.	0 860		

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0 860	Continued From page 9 C1's medical record included an initial assessment dated January 12, 2024, a 14-day reassessment dated January 26, 2024, and a 90-day reassessment dated April 12, 2024. No further 90-day assessments had been completed, as required. On September 9, 2024, at 12:06 p.m., administrator and owner (O)-A stated C1's record lacked assessments after April 12, 2024. O-A stated he was responsible to ensure assessments were completed on time, but it had escaped his mind to ensure they had been done. O-A further stated they had not put a process in place for tracking when ongoing client assessments would be required to be completed, however, moving forward licensee would put a tracking system in place. The licensee's undated Comprehensive Client Assessment policy indicated client monitoring and reassessment would be conducted in the client's home, no more than 14-days after initiation of services, as needed based on the changes in the needs of the client and would not exceed 90 days from the last date of the previous assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 860		
01245 SS=F	144A.4798, Subd. 1 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	01245		

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01245	Continued From page 10 the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the 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) to include procedures for handling persons with active TB disease, documentation of initial and ongoing TB-related training and education for all health care workers, and employee screening with a two-step tuberculin skin test (TST) or single TB blood test for two of two employees (director/registered nurse (D/RN)-B, RN-C). 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: On September 9, 2024, at approximately 11:00 a.m., during the entrance conference,	01245		

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01245	Continued From page 11 administrator and owner (O)-A stated licensee lacked a TB Prevention and Control Program and had not completed a facility TB risk assessment. O-A further stated he was aware of the requirements, however, had not put a program in place. D/RN-B was hired January 12, 2024, and provided direct cares and services for the clients. D/RN-B's employee record included a TB history and symptom screening form completed February 2, 2024, and a negative chest x-ray dated October 26, 2004; however, lacked documentation of TB skin test or TB blood test. RN-C was hired January 23, 2024, and provided direct care and services for the clients. RN-C's employee record included a TB history and symptom screening form completed upon hire on January 23, 2024, and a negative TB QuantiFERON Gold Plus blood test dated June 7, 2022, which was greater than 90 days prior to hire date. On September 9, 2024, at 11:35 a.m., a request was made to review documentation of licensee's Facility TB risk Assessment and TB prevention plan. O-A stated licensee lacked a Facility TB Risk Assessment and evidence of a TB prevention and control program. O-A further stated licensee was unaware a Facility TB Risk Assessment and a TB prevention and control program were required. The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013 noted training was required at the time of hire and included: pathogenesis, signs symptoms, and the	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEMCARE LLC	13915 146TH AVENUE NORTH DAYTON, MN 55327

(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
01245	Continued From page 12 licensee's infection control plan. In addition, baseline screening for all health care workers (HCW) included a history and symptom screen and testing for the presence of TB infection. The regulations noted a test should include the date of the test. According to the regulations, if a HCW had documentation for latent TB that documentation could be substituted for documentation of a previous positive TST or IGRA (blood test). The licensee's undated Tuberculosis Screening policy indicated each employee or volunteer having direct contact with clients would have documentation of baseline health screening prior to providing care to clients, via the Mantoux (skin test) method or blood test. Furthermore, the policy indicated screening would be conducted as follows: 1. Staff would be screened for active signs of TB using the Baseline TB Screening Tool for HCWs. 2. Saff would have an IGRA blood test or a two-step Mantoux conducted with results documented on the Baseline TB Screening Tool for HCWs. 3. No staff would be permitted to begin work where the work involves sharing the air space with residents until the negative results of the first Mantoux was read and documented or a negative IGRA blood test result was received and documented. 4. Staff TB screening results would be kept in each employee medical file. 5. Staff TB training would be conducted annually in medium risk settings, and low risk settings would annually evaluate the need for TB training, and conduct training as needed. No further information was provided.	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01245	Continued From page 13 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		