PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically Delivered

April 22, 2021

Administrator
Sacred Heart Care Center Inc
1200 12th Street Southwest
Austin, MN 55912

RE: Project Number SL35712001

Dear Administrator:

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.

The Minnesota Department of Health completed an initial survey on April 14, 2021, for the purpose of assessing compliance with state licensing statutes. At the time of the survey the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

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 . . ."

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. A copy of the provider's records documenting those actions may be requested for follow-up surveys. 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 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 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.

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 Paula at: **paula.bastian@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Paula Bastian, Health Program Rep. Sr.
Home Care Assisted Living Program
Minnesota Department of Health
P.O. Box 3879
85 East Seventh Place
St. Paul, MN 55101

Free from Maltreatment reconsideration requests should addressed to:
Lindsey Krueger, Director
Office of Health Facility Complaints
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

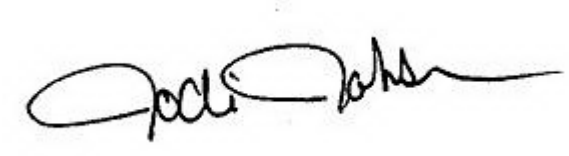
REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144A.474, subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and subd. 7, a request for a hearing must be in writing and received by the Department of Health within 15 calendar days. Requests for hearing may be emailed to Paula Bastian at the address noted above.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

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,



Jodi Johnson, Supervisor
Home Care and Assisted Living Program
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 507-696-2437 Fax: 651-215-9697
HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35712	A. BUILDING: _____ B. WING _____	04/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SACRED HEART CARE CENTER INC	1200 12TH STREET SOUTHWEST AUSTIN, MN 55912

(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: SL#35712001 On April 13, through April 14, 2021, surveyors of this Department's staff, visited the above provider and the following correction orders are issued. At the time of the survey, there was 17 clients that were receiving services under the temporary 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).	
0 870 SS=A	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include:	0 870		

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0 870	Continued From page 1 (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; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (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; (ii) information and a method for a client or client's representative to contact the home care provider; (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 (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. This MN Requirement is not met as evidenced by:	0 870		

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0 870	Continued From page 2 Based on interview and record review, the licensee failed to ensure the service plan included all the required content for one of one client (#1) with record reviewed. 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). The findings include: Client #2's service plan, dated March 1, 2021, lacked the frequency of each service listed. "Shower" was checked and "eve" was written; however, there was no frequency noted. On April 13, 2021, at 3:52 p.m. employee A (registered nurse/RN) verified the frequency for client #2's showers was not listed on the service plan, or the "Home Health Aide Care Plan" The licensee's "Contents of Service Plan" policy, undated, noted the service plan would include the frequency of each service, according to the residents current assessment and preferences. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	0 870		
01035 SS=D	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan Subd. 3.Individualized treatment or therapy management plan. For each client receiving	01035		

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01035	Continued From page 3 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: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to prepare and include in the service plan a written statement of the treatment	01035		

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01035	Continued From page 4	01035		

or therapy services that would be provided to the client, and develop and maintain a current individualized treatment and therapy management record for one of one client (#1) with record reviewed.

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:

Client #1 lacked a treatment or therapy plan for a mechanical soft diet with nectar thick liquids.

Client #1's "Physicians Plan of Care," dated July 22, 2020, identified the client's diet as "Regular, mechanical soft. Nectar thick liquids"

Client #1's record lacked an individualized treatment management plan for a mechanical soft diet with nectar thickened liquids.

On April 13, 2021, at 3:55 p.m. employee A (registered nurse/RN) verified altered texture or thickened liquid diets were not included in their treatment plans.

The facilities, undated, "Development of the Individualized Treatment and Therapy (ITTP) and Individualized Treatment Administration Record (TAR) identified the RN was to develop an individualized treatment plan for the resident receiving treatment or therapy services for prescribed therapies.

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01035	Continued From page 5 No further information was provided. Time period for correction: Seven (7) days.	01035		
03800 SS=C	144.6502, Subd. 8 Notice to Visitors Subd. 8.Notice to visitors. (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a required notice, related to use of electronic monitoring devices, was posted at the visitor entrance as required, which had the potential to affect the clients, staff and visitors. 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: On April 13, 2021, at 11:45 a.m. the required sign that read: "Electronic monitoring devices, including security cameras and audio devices,	03800		

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03800	Continued From page 6 may be present to record persons and activities" was not observed at any of the entrances accessible to visitors. On April 13, 2021, at approximately 12:18 p.m. employee A (registered nurse/RN) and employee C (Community Health Services Coordinator) verified the electronic monitoring sign noted above was not posted at, or inside the entrance doors of the housing with services establishment. Employees A and C indicated being unaware of the requirement. A request was made for the licensee's electric monitoring policy, but was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03800		