Electronically Delivered

November 27, 2024

Licensee
Synergy Home Care Northeast Metro
9298 Central Ave Northeast, Suite 202
Blaine, MN 55434

RE: Project Number(s) SL29621008

Dear Licensee:

On November 26, 2024, the Minnesota Department of Health completed a follow-up survey of your agency to determine if orders from the June 26, 2024, survey and September 16, 2024, follow-up 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,

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Electronically Delivered

October 18, 2024

Licensee
SYNERGY HomeCare Northeast Metro
9298 Central Avenue Northeast, Suite 202
Blaine, MN 55434

RE: Project Number(s) SL29621008

Dear Licensee:

On September 16, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your agency to determine correction of orders found on the survey completed on June 26, 2024. The follow-up survey determined your agency had not corrected all of the state licensing orders issued pursuant to the June 26, 2024, survey.

In accordance with Minn. Stat. § 144A.474, Subd. 11, state licensing orders issued pursuant to the last survey, completed on June 26, 2024, found not corrected at the time of the September 16, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0715-Employees, Contractors, And Volunteers-144a.476, Subd. 2 - $3,000.00

The details of the violations noted at the time of this follow-up survey completed on September 16, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on September 16, 2024, we identified the following violation(s):

0560-Correction Orders-144a.474, Subd. 8 - $3,000.00

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these licensing orders. It is not necessary to develop a plan of correction.

The total amount you are assessed is $6,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES:

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.

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 business days of the correction order receipt date.

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

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 MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **https://forms.web.health.state.mn.us/form/HRDAppealsForm**.

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

We urge you to review these orders carefully. If you have questions, please contact Jessie Chenze at 218-332-5175.

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

Sincerely,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H29621	A. BUILDING: _____ B. WING _____	R 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYNERGY HOME CARE NORTHEAST METRO	9298 CENTRAL AVE NE, STE 202 BLAINE, MN 55434

(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, these correction order(s) have 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#29621008-1 On September 16, 2024, the Minnesota Department of Health conducted a follow-up survey pursuant to a survey completed on June 26, 2024. At the time of the follow-up, there were 115 clients receiving services under the provider's Comprehensive license. As a result of the follow-up survey, the following correction orders are reissued/issued.	{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).	
{0 265} SS=F	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice	{0 265}		

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{0 265}	Continued From page 1 receive care and services according to a suitable 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: No further action required.	{0 265}		
0 560 SS=I	144A.474, Subd. 8 Correction Orders (a) A correction order may be issued whenever the commissioner finds upon survey or during a complaint investigation that a home care provider, a managerial official, or an employee of the provider is not in compliance with sections 144A.43 to 144A.482. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction. (b) The commissioner shall mail copies of any correction order to the last known address of the home care provider, or electronically scan the correction order and email it to the last known home care provider email address, within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the home care provider, and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically. (c) By the correction order date, the home care provider must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction order in future	0 560		

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0 560	Continued From page 2 surveys, upon a complaint investigation, and as otherwise needed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have sufficient documentation with actions taken to comply with the immediate correction order for the initial survey completed on June 26, 2024. This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: During the entrance conference on September 16, 2024, at 9:20 a.m. until 9:27 a.m., the surveyor requested the licensee's plan of correction regarding background studies from owner (O)-F. O-F stated the licensee completed a full audit of employees and made sure all active employees had cleared background studies through the Minnesota Department of Human Services (DHS). On September 16, 2023, at 3:01 p.m., the surveyor received the licensee's background studies plan of correction, which indicated no employee will be permitted to work without an "eligible" [sic] DHS background study in NETStudy 2.0.	0 560		

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0 560	Continued From page 3 During the follow up survey on September 16, 2024, a review of the licensee's employee records, background study policy, and interview with O-F lacked evidence to indicate the licensee had corrected the background study order issued on June 26, 2024. As a result of this survey, the following order was re-issued 0715. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 560		
{0 715} SS=I	144A.476, Subd. 2 Employees, Contractors, and Volunteers (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 interview and record review, the licensee failed to ensure current employee records contained all the required content to include a background study clearance letter prior to providing services for one of four employees	{0 715}		

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{0 715}	Continued From page 4 (unlicensed personnel (ULP)-L). This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: ULP-L was hired March 27, 2024, to provide direct home care services to clients. ULP-L's employee record contained a cleared background study dated June 24, 2023, from ULP-L's previous employment with the licensee. On September 16, 2024, from 3:22 p.m. until 3:26 p.m., the surveyor reviewed the licensee's NETStudy 2.0 Roster issued by the Minnesota Department of Human Services (DHS) with owner (O)-F. O-F stated ULP-L was not listed on the NETStudy 2.0 Roster, however, O-F thought ULP-L had a name change and it was possible ULP-L was on maternity leave. On September 16, 2024, at 4:02 p.m., O-F stated ULP-L was separated from the licensee's NETStudy 2.0 Roster in September 2023, when ULP-L ended employment with the licensee. O-F stated ULP-L was rehired in March 2024, however, the licensee did not conduct a new background study through DHS. O-F further stated ULP-L was an active part-time employee, not on maternity leave, and ULP-L was working unsupervised with clients. O-F stated the licensee	{0 715}		

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{0 715}	Continued From page 5 would not be notified if ULP-L was ineligible to work due to not having a current background study through DHS. The licensee's Plan of Correction dated June 25, 2024, indicated no employee will be permitted to work without an "eligible" [sic] DHS background study in NETStudy 2.0. The licensee's Policy for Background Study Requirements dated May 31, 2024, indicated all employees of the licensee shall complete a Minnesota Background Study and documentation will remain in the employee records. Continuous Direct Supervision defined in NETStudy 2.0 System User Manual updated November 30, 2022, page 7: Continuous, Direct Supervision - An individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program. Direct Contact Services - Providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the entity. Supervision defined in NETStudy 2.0 System User Manual updated November 30, 2022, page 55: Supervision Status Study subjects must be under continuous, direct supervision until the study subject is determined eligible of until the entity is notified by DHS that the study subject may provide unsupervised services while the background study is being completed. The supervision status is shown in the "Supervision Required" column for convenience. However, programs are instructed to rely on background study notices for supervision status and other	{0 715}		

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{0 715}	Continued From page 6 background study determination information. No further information was provided.	{0 715}		
{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 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: No further action required.	{0 860}		
{0 925} SS=F	144A.4792, Subd. 6 Administration of Medication Medications may be administered by a nurse, physician, or other licensed health practitioner authorized to administer medications or by	{0 925}		

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{0 925}	Continued From page 7 unlicensed personnel who have been delegated medication administration tasks by a registered nurse. This MN Requirement is not met as evidenced by: No further action required.	{0 925}		
{01030} SS=F	144A.4793, Subd. 2 Policies and Procedures (a) A comprehensive home care provider who provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines. (b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, monitoring and evaluating the treatment and therapy, and communicating with the prescriber. This MN Requirement is not met as evidenced by: No further action required.	{01030}		
{01035} SS=F	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan For each client receiving management of ordered or prescribed treatments or therapy services, the	{01035}		

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{01035}	Continued From page 8 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: No further action required.	{01035}		
{01050} SS=F	144A.4793, Subd. 6 Treatment and Therapy Orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The	{01050}		

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{01050}	Continued From page 9 order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: No further action required.	{01050}		
{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 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: No further action required.	{01245}		
{01252} SS=F	144A.4798, Subd. 3 Infection Control Program A home care provider must establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control.	{01252}		

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{01252}	Continued From page 10 This MN Requirement is not met as evidenced by: No further action required.	{01252}		
{0 000}	Integrated License (HCBS) Initial Comments On September 16, 2024, a surveyor of this Department's staff, visited the above provider. The survey did not include Home and Community Based integrated licensure due to no citations issued on the survey completed June 26, 2024.	{0 000}		

AMENDED

Electronically Delivered

July 29, 2024

Licensee
Synergy Home Care Northeast Metro
9298 Central Avenue Northeast, Suite 202
Blaine, MN 55434

RE: Project Number(s) SL29621008

Dear Licensee:

Please note: This Enforcement Letter amends the previous Enforcement Letter dated July 29, 2024. Specifically, this letter correctly refers to Minnesota Statutes Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E. No other changes have been made.

The Minnesota Department of Health (MDH) completed a survey on June 26, 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.

In addition, on June 26, 2024, evaluators of this Department's staff visited the above home and community based services (HCBS) provider and there were no correction orders issued. At the time of the evaluation, there were two active clients receiving services under the HCBS license.

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 . . ."

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 may be 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), MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment.
MDH may impose 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. MDH 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 agency 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, the following fines are assessed pursuant to this survey:

St - 0 - 0715 - 144a.476, Subd. 2 - Employees, Contractors, And Volunteers - $3,000.00
St - 0 - 1252 - 144a.4798, Subd. 3 - Infection Control Program - $500.00

The total amount you are assessed is $3,500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

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 MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **https://forms.web.health.state.mn.us/form/HRDAppealsForm**.

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

Electronically Delivered

July 29, 2024

Licensee
Synergy Home Care Northeast Metro
9298 Central Avenue Northeast, Suite 202
Blaine, MN 55434

RE: Project Number(s) SL29621008

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 26, 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 Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

In addition, on June 26, 2024, evaluators of this Department's staff visited the above home and community based services (HCBS) provider and there were no correction orders issued. At the time of the evaluation, there were two active clients receiving services under the HCBS license.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. 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. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be 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 § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5), MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. MDH may impose a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH 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. § 144G.31, Subd. 4(b), 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. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0715 - 144a.476, Subd. 2 - Employees, Contractors, And Volunteers - $3,000.00
St - 0 - 1252 - 144a.4798, Subd. 3 - Infection Control Program - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(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 resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(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. § 144G.32, Subd. 2, 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 calendar days of the correction order receipt date.

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living 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. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H29621	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYNERGY HOME CARE NORTHEAST METRO	9298 CENTRAL AVE NE, STE 202 BLAINE, MN 55434

(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: SL29621008 On June 24, 2024, through June 26, 2024, a surveyor of this Department's staff conducted a full survey at the above Comprehensive home care provider, and the following correction orders are issued. At the time of the survey, there were 110 clients receiving services under the provider's Comprehensive license. An immediate correction order was identified on June 24, 2024, issued for SL29621008, tag identification 0715, and immediacy was removed as confirmed by supervisor review on June 26, 2024, however, noncompliance remains at a scope and level of three, widespread (I).	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).	
0 265 SS=F	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice	0 265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 265	Continued From page 1 receive care and services according to a suitable 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 observation, interview, and record review, the licensee failed to ensure care and services were provided according to acceptable health care and medical, or nursing standards for one of one client (C2) with hospital style bed rails. 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: C2 was admitted for services on October 1, 2021, with diagnoses including cerebellum ataxia (inability to control voluntary muscle movements). C2's Client Plan of Care, dated February 27, 2024, indicated C2 received assistance with morning wake up, medication reminders, meal preparation, bathing, dressing, toileting, hygiene, transferring, range of motion exercises, feeding assistance, managing condom catheter, housekeeping and laundry. On June 25, 2024, at 11:15 a.m., the surveyor observed a hospital bed with linens removed,	0 265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H29621	A. BUILDING: _____ B. WING _____	06/26/2024

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0 265	Continued From page 2 against the wall in C2's bedroom, with a bed rail positioned in the middle area on the outer side of the hospital bed. Unlicensed personnel (ULP)-H was providing personal cares to C2 in the bathroom. During a telephone with video interview on June 26, 2024, at 11:38 a.m., ULP-J stated the bed rail on the left side of C2's hospital bed was always in the raised position, especially when C2 was in bed, but stated C2 didn't use the bed rail for repositioning or getting in or out of bed. ULP-J stated C2 used the metal grab bars attached to the wall on the right side of the bed and at the foot of the bed. ULP-J showed C2 in the bed, with head of the bed elevated. The bed rail was in the raised position, had horizontal bars, and covered the middle portion of the bed. C2's Client Phone Evaluation and Assessments, dated May 20, 2024, identified as 90 day assessment, indicated C2 required hands-on assistance with mobility, used a wheelchair, was alert and oriented, required fall precautions, and used a hospital bed with bed rails. C2's record lacked: -a comprehensive assessment on the use of bed rails; -bed rail measurements; and -evidence of an individualized risk and benefit discussion with the client or the client's representative. On June 26, 2024, at 3:00 p.m., clinical nurse supervisor (CNS)-A stated she did not complete bed rail assessments, nor obtain measurements of the bed rails. CNS-A stated she was not aware of the requirements.	0 265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 265	Continued From page 3 The FDA guideline titled Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, dated March 2006, identified key body parts at risk for life-threatening entrapment of the head, neck, and chest in the seven zones of a hospital bed system, focusing on the most common zones for risk of entrapment - zones 1-4. The document indicated the guidance recommendations for dimensional limits to reduce entrapment as follows: Zone 1 (within the rail) less than 4 ¾ inches, Zone 2 (under the rail, between rail supports or next to a single rail support) less than 4 ¾ inches, Zone 3 (between rail and mattress) less than 4 ¾ inches, and Zone 4 (under the rail, and the ends of the rail) less than 2 3/8 inches and greater than a 60 degree angle. The FDA "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings", dated April 2003 indicated, "Decisions to use or to discontinue the use of a bed rail should be made in the context of an individualized patient assessment using an interdisciplinary team with input from the patient and family or the patient's legal guardian" and "Documentation of the risk-benefit assessment should be in the patient's medical chart." The FDA "A Guide to Bed Safety", dated April 2010, indicated health care providers should base the use of bed rails on individual assessments to ensure the individual is an appropriate candidate to reduce the risk of entrapment. 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	0 265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 265	Continued From page 4 them from harm, such as falling. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 265		
0 715 SS=I	144A.476, Subd. 2 Employees, Contractors, and Volunteers (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 interview and record review, the licensee failed to ensure one of one employee (unlicensed personal (ULP)-E) was removed from working with clients when they were determined to be no longer eligible to provide services. In addition, the licensee failed to ensure two of two employees (ULP-C, ULP-D) had a fully compliant background study by December 31, 2022, after having an emergency background study issued in response to the COVID-19 pandemic. This practice resulted in a level three violation (a violation that harmed a client's health or safety,	0 715		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 715	Continued From page 5 not including serious injury, impairment, or death, or a violation that has the potential to lead to 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). This resulted in an immediate order for correction issued on June 24, 2024, at approximately 4:30 p.m. The findings include: On June 24, 2024, at 1:10 p.m., the surveyor requested the licensee's Sensitive Information Person (SIP) provide a NETStudy 2 (web-based system to ensure eligibility of staff performing services) roster, of the current employees. At 2:05 p.m., owner (O)-F provided the requested roster and stated he didn't know why it showed some current employees were not listed as "eligible," but they were "looking into it." Review of the NETStudy 2 roster provided, printed June 24, 2024, included ULP-E, and indicated "Remove" under Supervision Required, and indicated "Eligible - No longer Valid" under Determination. Also noted, ULP-C and ULP-D were listed as "Eligible - COVID-19 Study - Expired," with an expiration date of December 31, 2022. ULP-E had a hire date of July 21, 2023, and had a Background Study Clearance letter, dated August 23, 2023. ULP-C had a hire date of January 19, 2022, and had a Background Study Clearance letter, dated January 19, 2022.	0 715		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 715	Continued From page 6 ULP-D had a hire date of February 9, 2022, and had a Background Study Clearance letter, dated February 8, 2022. On June 24, 2024, at 2:10 p.m., O-F stated he wasn't aware that emergency background study modifications completed during the COVID-19 pandemic, ended as of January 1, 2023, and that those background studies were no longer valid. O-F stated, "That got missed." When questioned about ULP-E, O-F and director of operations (DO)-G stated they could see "in the system" that ULP-E had been disqualified in April 2024, but denied being aware of this. O-F and DO-G stated they called ULP-E on the phone, and stated they "discontinued her." DO-G began to share the reason for this; however, O-F stopped her. O-F and DO-G verified ULP-C and ULP-D were currently working. DO-G further stated ULP-E worked "last night." On June 24, 2024, at 4:30 p.m., O-F stated ULP-C, ULP-D, and ULP-E all worked independently while providing services to the clients. The licensee's Policy for Background Study Requirements dated May 31, 2024, indicated all employees of the licensee shall complete a Minnesota Background Study and documentation will remain in the employee records. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE Immediacy was removed as confirmed by supervisor review on June 26, 2024, however, noncompliance remains at a scope and level of	0 715		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H29621	A. BUILDING: _____ B. WING _____	06/26/2024

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0 715	Continued From page 7 three, widespread (I).	0 715		
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 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 observation, interview, and record review, the licensee failed to ensure timely completion of required assessments by the registered nurse (RN) for on-going assessments not to exceed 90 days, for one of three clients (C2) receiving comprehensive services. This practice resulted in a level two violation (a violation that did not harm a client's health or	0 860		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SYNERGY HOME CARE NORTHEAST METRO	9298 CENTRAL AVE NE, STE 202 BLAINE, MN 55434

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0 860	Continued From page 8 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: During the entrance conference on June 24, 2024, at 10:40 a.m., registered nurse (RN)-A stated she completed the initial assessment on the day of the client's admission and stated subsequent assessments for the clients were completed within 14 days, and then every 90 days. C2 was admitted for services on October 1, 2021, with diagnoses including cerebellum ataxia (inability to control voluntary muscle movements). C2's Client Plan of Care, dated February 27, 2024, indicated C2 received assistance with morning wake up, medication reminders, meal preparation, bathing, dressing, toileting, hygiene, transferring, range of motion exercises, feeding assistance, managing condom catheter, housekeeping and laundry. During a home visit on June 25, 2024, at 11:15 a.m., the surveyor observed while unlicensed personnel (ULP)-H provided personal cares to C2 in the bathroom. C2's record included Client Evaluation and Assessment and Client Phone Evaluation and Assessments, identified as 90 day assessments, as follows: - October 23, 2023;	0 860		

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	H29621	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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0 860	Continued From page 9 - February 14, 2024 (114 days since last assessment); and - May 20, 2024 (96 days since last assessment). During a telephone interview on June 24, 2024, at 3:12 p.m., RN-A stated C2's assessments were not completed timely and exceeded 90 days from the last review. The licensee's Policy for Client Evaluation and Assessment, dated May 13, 2024, indicated ongoing reviews would be conducted for all clients at a maximum of 90 days between assessments. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
0 925 SS=F	144A.4792, Subd. 6 Administration of Medication Medications may be administered by a nurse, physician, or other licensed health practitioner authorized to administer medications or by unlicensed personnel who have been delegated medication administration tasks by a registered nurse. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medication administration was authorized by a registered nurse (RN) for three of three employees (unlicensed personnel (ULP)-H, ULP-J, ULP-K). This practice resulted in a level two violation (a violation that did not harm a client's health or	0 925		

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0 925	Continued From page 10 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: During the entrance conference on June 24, 2024, at 10:54 a.m., RN-A stated the licensee did not provide medication management to their clients, only medication reminders, if requested. During a home visit on June 25, 2024, at 11:15 a.m., the surveyor observed while unlicensed personnel (ULP)-H provided personal cares to C2 while in the bathroom. ULP-H stated she had worked with C2 for a couple of months while the ULP assigned to C2 was on a leave. ULP-H stated she was orientated to C2 by that ULP and stated she provided services including total assistance with eating, toileting, dressing, grooming, brushing teeth, housekeeping and laundry. ULP-H stated she also had to "give [C2] his afternoon pill," and described the process of taking a pill from a pill organizer sitting on a small table at the head of C2's bed, putting the pill on a spoon, bringing the spoon to C2's mouth to deliver the pill, and then giving C2 water to assist with swallowing the pill. ULP-H stated C2's family member set up the medication into the pill organizer and directed the staff to give the medication at 12:30 p.m. each day. ULP-H stated C2's family member was sometimes home while staff were in the home, but not always. ULP-H stated she didn't know what the medication was that they gave C2 but stated C2 could also ask staff for baclofen (relieves muscle spasms) if	0 925		

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0 925	Continued From page 11 needed, and they would give it to him. ULP-H was hired May 2, 2023, to provide direct care services and medication reminders to comprehensive home care clients. On June 25, 2024, at 1:10 p.m., RN-A stated she was not aware staff were administering a medication to C2, and did not know what the medication was because she did not have prescriber orders. RN-A stated she wasn't aware that C2 was no longer able to self administer medications. RN-A stated staff were not supposed to be giving medications and stated, "That is not our policy." During a telephone interview on June 26, 2024, at 11:38 a.m., ULP-J stated she gave C2 a pill while in the home, and stated, "We have to put the med [medication] in his mouth," and added C2 was not capable of doing this himself. ULP-J stated she didn't know what the medication was or what it was for. ULP-J was hired April 23, 2024, to provide direct care services and medication reminders to comprehensive home care clients. During a telephone interview on June 26, 2024, at 3:00 p.m., RN-A stated she had not trained or delegated ULPs to administer medications and planned to discuss this with staff as soon as possible. During record review for C8 on June 27, 2024, at 11:50 a.m., the surveyor noted the following in care notes: - June 21, 2024, ULP-K "administered [C8's] "two white pills" that [family member] had prepared...;" - June 24, 2024, ULP-K "Administered [C8's] "two	0 925		

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0 925	Continued From page 12 white pills" through her g-tube [gastrostomy tube] [tube placed directly into the stomach to provide supplemental feeding], and flushed with water." Also, "After lunch I [ULP-K] administered mucanex [sic] [treats persistent cough] and flushed her g-tube with water;" and - June 25, 2024, "I [ULP-K] administered [C8's] medication, followed by a flush of 60 cc [cubic centimeters] 94 water and her breakfast..." The licensee's Medication, Exercise, Treatment Reminders policy, dated May 13, 2024, indicated the licensee staff could provide prescription medication reminders to clients; however, were not permitted to dispense, set-up, or perform medication management services per franchise requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 925		
01030 SS=F	144A.4793, Subd. 2 Policies and Procedures (a) A comprehensive home care provider who provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines. (b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting	01030		

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01030	Continued From page 13 of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, monitoring and evaluating the treatment and therapy, and communicating with the prescriber. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop, implement and maintain up-to-date written treatment or therapy management policies and procedures as required. 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: During the entrance conference on June 24, 2024, at 10:40 a.m., registered nurse (RN)-A stated the licensee provided treatment and therapy management services to their clients, including compression stockings, ace wraps, modified diets, CPAP (continuous positive airway pressure) (mild airway pressure to keep breathing airways open while you sleep)/BiPAP (bilevel positive airway pressure) (mechanical breathing device), tube feedings, orthotic braces, simple wound care, and catheter maintenance. On June 24, 2024, at 12:15 p.m., the licensee's policies and procedures were requested from	01030		

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01030	Continued From page 14 RN-A. The policies and procedures provided did not include treatment and therapy policies to address the following: - requesting and receiving orders or prescriptions for treatments or therapies; - providing the treatment or therapy; - documenting of treatment or therapy activities; - educating and communicating with clients about treatments or therapy they are receiving; - monitoring and evaluating the treatment and therapy; and - communicating with the prescriber. On June 26, 2024, at 3:05 p.m., RN-A stated the licensee considered compression stockings, ace wraps, modified diets, CPAP/BiPAP, orthotic braces, wound care, tube feedings, and catheter maintenance, "nursing orders," not "treatments," therefore, they did not require prescriber orders, and confirmed the licensee did not have a policy and procedure for treatment and therapy management services that addressed the above required content. On June 27, 2024, at 11:59 a.m., via email, RN-A provided written procedures for each individual treatment being provided to clients; however, did not include the required information noted above. Per Minnesota Statutes 2024, Chapter 144A.43, Subdivision 35. defines "treatment" or "therapy" to mean the provision of care, other than medications, ordered or prescribed by a licensed health professional provided to a client to cure, rehabilitate, or ease symptoms. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01030		

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01035 SS=F	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt 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: (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 ensure an individualized treatment or therapy management plan was developed to include the required content for one	01035		

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01035	Continued From page 16 of one client (C8), reviewed with treatment and therapy management. In addition, the licensee failed to include a written statement in the service plan of the treatment or therapy service being provided. 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: During the entrance conference on June 24, 2024, at 10:40 a.m., registered nurse (RN)-A stated the licensee provided treatment and therapy management services to their clients, including compression stockings, ace wraps, modified diets, CPAP (continuous positive airway pressure) (mild airway pressure to keep breathing airways open while you sleep)/BiPAP (bilevel positive airway pressure) (mechanical breathing device), orthotic braces, simple wound care, and catheter maintenance. C8's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons). C8's Client Plan of Care, dated December 19, 2023, noted services included medication reminders, preparing meals/snacks, encouraging fluids, help with reading, playing games, bathing, dressing, toileting, hands-on pivot transfers using gait belt, housekeeping, and feeding assistance	01035		

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01035	Continued From page 17 with feeding tube. C8's care notes, including documentation of services provided, dated February 5, 2024, through June 26, 2024, included the following: - February 7, 2024, unlicensed personnel (ULP) assisted with G-tube (gastrostomy tube) (tube placed directly into the stomach to provide supplemental feeding) feeding at 12:50 p.m. and did leg exercises; - February 19, 2024, ULP "hooked up client to her Trilogy machine [same as BiPAP]"; - February 26, 2024, ULP set up client on her "foot motion machine." - March 8, 2024, ULP helped client with Trilogy machine and did leg exercise machine for 10 minutes; - March 11, 2024, family member showed ULP how to use new automatic pump for C8's tube feedings; - March 20, 2024, ULP provided hand therapy for 10 minutes each hand, ULP helped C8 with her oxygen mask; - March 22, 2024, ULP helped C8 with her Trilogy machine and put her oxygen mask on; - March 29, 2024, ULP helped C8 do her leg exercise machine and hand therapy machine for 10 minutes; - May 22, 2024, ULP "put [C8] on trilogy machine and leg exercise. Took off trilogy and helped her stretch her legs...helped [C8] find stretch exercises online - use long elastic bad! [sic]." ULP went to the basement to look for elastic bands with no luck; - May 29, 2024, new ULP received training from another ULP, including the Trilogy machine and leg exercises; - June 13, 2024, ULP emptied C8's suprapubic catheter bag (catheter inserted directly into the bladder through a small incision in the abdomen)	01035		

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01035	Continued From page 18 and "did her G-tube breakfast feeding;" and - June 17, 2024, ULP set up C8's tube feeding. When finished, ULP gave 60 cubic centimeter (cc) apple juice followed by a flush. C8's record lacked evidence of an individualized treatment and therapy management plan to include the following required content: - a statement of the type of services that will be provided; - documentation of specific client instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and -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. On June 26, 2024, at 3:05 p.m., RN-A stated the licensee considered compression stockings, ace wraps, modified diets, CPAP/BiPAP, orthotic braces, wound care, tube feedings, range of motion exercises, and catheter maintenance, "nursing orders," not "treatments or therapy," therefore, they did not require prescriber orders or individualized treatment and therapy management plans that addressed the above required content. In addition, C8's record lacked a written statement in the service plan of the	01035		

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01035	Continued From page 19 treatment or therapy service being provided, as required. Per Minnesota Statutes 2024, Chapter 144A.43, Subdivision 35. defines "treatment" or "therapy" to mean the provision of care, other than medications, ordered or prescribed by a licensed health professional provided to a client to cure, rehabilitate, or ease symptoms. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01050 SS=F	144A.4793, Subd. 6 Treatment and Therapy Orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an up-to-date written or electronically recorded order or prescription for all treatments and therapies was completed with all the required content for one of one client (C8), reviewed for treatment and therapy management. This practice resulted in a level two violation (a violation that did not harm a client's health or	01050		

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01050	Continued From page 20 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: During the entrance conference on June 24, 2024, at 10:40 a.m., registered nurse (RN)-A stated the licensee provided treatment and therapy management services to their clients, including compression stockings, ace wraps, modified diets, CPAP (continuous positive airway pressure) (mild airway pressure to keep breathing airways open while you sleep)/BiPAP (bilevel positive airway pressure) (mechanical breathing device), orthotic braces, simple wound care, and catheter maintenance. C8's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons). C8's Client Plan of Care, dated December 19, 2023, noted services included medication reminders, preparing meals/snacks, encouraging fluids, help with reading, playing games, bathing, dressing, toileting, hands-on pivot transfers using gait belt, housekeeping, and feeding assistance with feeding tube. C8's care notes, including documentation of services provided, dated February 5, 2024, through June 26, 2024, included the following: - February 7, 2024, unlicensed personnel (ULP) assisted with G-tube (gastrostomy tube) (tube placed directly into the stomach to provide	01050		

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01050	Continued From page 21 supplemental feeding) feeding at 12:50 p.m. and did leg exercises; - February 19, 2024, ULP "hooked up client to her Trilogy machine [same as BiPAP]"; - February 26, 2024, ULP set up client on her "foot motion machine." - March 8, 2024, ULP helped client with Trilogy machine and did leg exercise machine for 10 minutes; - March 11, 2024, family member showed ULP how to use new automatic pump for C8's tube feedings; - March 20, 2024, ULP provided hand therapy for 10 minutes each hand, ULP helped C8 with her oxygen mask; - March 22, 2024, ULP helped C8 with her Trilogy machine and put her oxygen mask on; - March 29, 2024, ULP helped C8 do her leg exercise machine and hand therapy machine for 10 minutes; - May 22, 2024, ULP "put [C8] on trilogy machine and leg exercise. Took off trilogy and helped her stretch her legs...helped [C8] find stretch exercises online - use long elastic bad! [sic]." ULP went to the basement to look for elastic bands with no luck; - May 29, 2024, new ULP received training from another ULP, including the Trilogy machine and leg exercises; - June 13, 2024, ULP emptied C8's suprapubic catheter bag (catheter inserted directly into the bladder through a small incision in the abdomen) and "did her G-tube breakfast feeding;" and - June 17, 2024, ULP set up C8's tube feeding. When finished, ULP gave 60 cubic centimeter (cc) apple juice followed by a flush. C8's record lacked evidence of prescriber orders for the above treatments or therapies provided to C8.	01050		

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	H29621	A. BUILDING: _____ B. WING _____	06/26/2024

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01050	Continued From page 22 On June 26, 2024, at 3:05 p.m., RN-A stated the licensee considered compression stockings, ace wraps, modified diets, CPAP/BiPAP, orthotic braces, wound care, tube feedings, and catheter maintenance, "nursing orders," not "treatments," therefore, they did not require prescriber orders. Per Minnesota Statutes 2024, Chapter 144A.43, Subdivision 35. defines "treatment" or "therapy" to mean the provision of care, other than medications, ordered or prescribed by a licensed health professional provided to a client to cure, rehabilitate, or ease symptoms. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01050		
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 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	01245		

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01245	Continued From page 23 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 completion of a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test for one of three employees (unlicensed personnel (ULP)-H). 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: During the entrance conference on June 24, 2024, at 10:40 a.m., owner (O)-F and registered nurse (RN)-A provided a Facility TB Risk Assessment, dated October 5, 2023, which indicated the TB risk level of the facility's current physical address/community was "low." ULP-H had a hire date of May 2, 2023. On June 25, 2024, at 11:15 a.m., the surveyor observed while ULP-H provided personal cares for C2 in his home. ULP-H stated she had worked for the licensee for just over a year and had provided services for several of the licensee's clients. ULP-H's record included an Annual Tuberculosis	01245		

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01245	Continued From page 24 Questionnaire, dated May 2, 2023, however, lacked evidence of TB screening such as two-step TST or blood test, as required. On June 26, 2024, at 12:40 p.m., O-F stated ULP-H reported to office staff that her TB test results were "negative" and that a copy would be provided. ULP-H was permitted to start working with clients; however, a copy of the TB results was never received. The licensee's Infection Control Program policy, dated 2024, directed all health care workers may begin working with clients after negative TB symptoms questionnaire screen and presenting a negative blood test or TST within 90 days prior to hire. The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicate an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the health care worker (HCW) starts working with patients. Baseline TB screening should be documented in the employee's record." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		

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01252	Continued From page 25	01252		
01252 SS=F	144A.4798, Subd. 3 Infection Control Program A home care provider must establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program to comply with accepted health care, medical and nursing standards for infection control for one of two employees (unlicensed personnel (ULP)-H) observed to provide personal cares. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 the residents). The findings include: On June 25, 2024, at 11:26 a.m., the surveyor observed ULP-H while providing personal cares for C2. ULP-H stated she had worked for the licensee for about a year, with various clients, and had worked specifically with C2 for 2-1/2 months, replacing a ULP that was on leave. C2 was sitting on the toilet, and gestured to ULP-H that he was finished and ready to be assisted off of the toilet. ULP-H donned (put on) gloves, and assisted C2 to stand. ULP-H used a disposable wipe to clean C2's bottom, and stated C2 had a bowel movement. ULP-H placed the obviously stool	01252		

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01252	Continued From page 26 soiled disposable wipe on the vanity, and pulled up C2's brief and pants. ULP-H transferred C2 into the motorized wheelchair, and without removing the soiled gloves, ULP-H used the joystick on the motorized wheelchair to back C2 out of the bathroom and adjusted the angle of the seat. ULP-H went back into the bathroom, picked up the stool soiled disposable wipe and tossed it into the small garbage can on the vanity. Still without removing the soiled gloves, ULP-H picked up the package of disposable wipes and moved them to a different area on the vanity, touched the armrests on C2's wheelchair, and left the bathroom and bedroom. ULP-H returned with paper towels in her soiled gloved hands, picked up a spray bottle, sprayed the vanity where she had laid the soiled disposable wipe, and used the paper towel to wipe it. Still without removing the soiled gloves, ULP-H went into the hallway, opened a door by touching the doorknob, and gathered plastic bags. ULP-H returned to C2's bedroom and bathroom, replaced garbage bags in two garbage cans with the plastic bags, and then removed her gloves. Without performing hand hygiene, ULP-H went into the kitchen and stated she needed to prepare lunch for C2. During an interview on June 25, 2024, at 11:38 a.m., ULP-H stated she had training when she was hired to remove gloves and perform hand hygiene after performing personal cares, and stated she didn't realize that she had not done that today. On June 25, 2024, at 1:10 p.m., registered nurse (RN)-A stated gloves should have been removed after wiping soiled areas of the body and hand hygiene should have been performed immediately after removing the gloves.	01252		

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01252	Continued From page 27 The licensee's Policy for Infection Control, dated May 13, 2024, indicated all staff shall successfully complete a yearly infection control and personal protective equipment (PPE) training on the training portal, and all caregivers would be trained and review proper PPE equipment and procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01252		
0 000	Integrated License (HCBS) Initial Comments On June 24, 2024, through June 26, 2024, a surveyor of this Department's staff, visited the above provider. At the time of the survey, there were two clients that were receiving services under the Home and Community Based integrated licensure. As a result of the survey, no orders were issued.	0 000		