Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 12, 2024

Licensee
Miracle Living Homecare LLC
9401 White Oaks Trail
Champlin, MN 55316

RE: Project Number SL40139016

Dear Licensee:

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

The Minnesota Department of Health (MDH) completed an initial survey on June 18, 2024, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

The Department of Health concludes the licensee is in substantial compliance. State law requires the agency must take action to correct the state correction orders and document the actions taken to comply in the agency's records. The Department reserves the right to return to the agency at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's clients/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days of the correction order receipt date.

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

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

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

Sincerely,

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40139	A. BUILDING: _____ B. WING _____	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRACLE LIVING HOMECARE LLC	9401 WHITE OAKS TRAIL CHAMPLIN, MN 55316

(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: Project # SL40139016 On June 17, 2024, through June 18, 2024, an evaluator of this Department's staff, visited the above temporary comprehensive home care licensed provider and the following correction orders were issued. At the time of the evaluation, there were 2 active clients 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).	
0 265 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: Based on interview and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for one of one client (C1) utilizing a hospital bed rail was assessed with all required information. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1's diagnoses included marfan syndrome (an inherited disorder that affects connective tissue), autistic disorder, and anxiety. C1's Service Agreement dated February 28, 2024, noted services including private duty nursing. C1's Evaluation/Baseline Assessment dated December 11, 2023, noted the client wore glasses, was totally dependent with transferring, required assistance with toileting, had pain related to scoliosis, and was alert and oriented to	0 265		

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0 265	Continued From page 2 person, place and time. C1's Side Rail Use Assessment Form dated December 11, 2023, noted the client was non-ambulatory, had a history of falls, displayed poor bed mobility or difficulty moving to a sitting position on the side of the bed, had difficulty with balance or poor trunk control, utilized the rail for positioning or support, and was visually challenged. It noted bilateral rails were placed on the bed to prevent falls and to assist with repositioning in bed and to assist in getting in or out of bed. It noted the risks versus benefits and noted alternatives such as a lowered bed, lipped mattress, and frequent toileting checks during the night. It also noted yes to the following: - zone 1 less than 4 3/4 inches; - zone 2 less than 4 3/4 inches; - zone 3 less than 4 3/4 inches; and - zone 4 less than 2 3/8 inches. C1's record lacked evidence the licensee had completed an individualized bed rail assessment to include actual measurements of the device, and a physical inspection of the bed rail and mattress for areas of entrapment, stability, and correct installation. On June 17, 2024, at 2:45 p.m., registered nurse/owner (RN/O)-A stated the bed rail assessment had been completed and she was not aware of the requirement to include the actual measurements of physical inspection in the assessment. The licensee's Side Rail Use policy dated July 31, 2023, noted before implementing the bed rails, the RN would conduct an assessment to include the level of mobility, level of consciousness, level of cognition, presence of orthostatic hypotension,	0 265		

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0 265	Continued From page 3 vision, and noted the RN was responsible to ensue the bed rails in use were safe and properly maintained. The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently-Asked Questions (FAQs) dated August 7, 2023, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". Additionally, the MDH website indicated for hospital-style bed rails, the licensee must include	0 265		

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0 265	Continued From page 4 in their documentation, the bed rail measurements and that the bed rail has not shifted and is securely attached to the bed frame per manufacturer recommendations. The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 265		
0 835 SS=C	144A.4791, Subd. 3 Statement of Home Care Services Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the	0 835		

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0 835	Continued From page 5 acknowledgment. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a complete Statement of Home Care Services to include the required content for one of one client (C1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). Findings include: C1's diagnoses included marfan syndrome (an inherited disorder that affects connective tissue), autistic disorder, and anxiety. C1's Service Agreement dated February 28, 2024, noted services including private duty nursing. C1's record contained a Statement of Home Care Services dated December 11, 2023, which noted "Each service offered by this provider is indicated by a check in the box next to the service." On June 17, 2024, at 2:45 p.m., registered nurse/owner (RN/O)-A stated she fills out the form including what each client receives, not what is offered by the licensee, and added she did this for both clients. No further information was provided.	0 835		

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0 835	Continued From page 6 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 835		
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (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: Based on interview and record review, the licensee failed to ensure the service plan included	0 870		

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0 870	Continued From page 7 the required content for one of one client (C1). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1's diagnoses included marfan syndrome (an inherited disorder that affects connective tissue), autistic disorder, and anxiety. C1's Service Agreement dated February 28, 2024, noted services including private duty nursing. However, it lacked: - a description of the home care services to be provided and the frequency of each service, according to the client's current review or assessment and client preferences; - the schedule and methods of monitoring reviews or assessments of the client; and - the schedule and methods of monitoring staff providing home care services. On June 17, 2024, at 2:25 p.m., registered nurse/owner (RN/O)-A stated she was transitioning the records over to an electronic system, but had not completed the revised service plan on this system for C1, and the current plan lacked the required content. The licensee's Service Plan policy dated July 31, 2023, noted the service plan must include a description of the home care services to be	0 870		

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0 870	Continued From page 8 provided and the frequency of each service, the schedule and methods of monitoring reviews or assessments of the client, and the frequency of sessions of supervision of staff and type of personnel who would supervise staff. 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 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	01035		

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01035	Continued From page 9 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 of one client (C1). 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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: C1's diagnoses included marfan syndrome (an inherited disorder that affects connective tissue), autistic disorder, and anxiety. C1's Service Agreement dated February 28, 2024, noted services including private duty nursing. On June 17, 2024, at 10:30 a.m., during the entrance conference, registered nurse/owner (RN/O)-A stated the licensee provided treatment	01035		

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01035	Continued From page 10 management services. C1's prescriber orders dated February 7, 2024, included BiPap breathing machine every night, breath stacking to lungs two times daily, and leg extenders to bilateral legs two times daily. C1's Service Agreement dated February 28, 2024, noted services including private duty nursing. However, it lacked identification of the BiPap, breath stacking, and leg extenders. C1's record lacked an individualized treatment and therapy management plan to include the following required content: - a statement of the type of services that would be provided; - documentation of specific client instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that would be delegated to the unlicensed personnel; - procedures for notifying a registered nurse when a problem arose with treatments or therapy services; and - any client-specific requirements related to documentation of treatment or therapy received, verification all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On June 17, 2024, at 2:45 p.m., RN/O-A stated she was transitioning the records over to an electronic system, but had not completed the revised service plan on this system for C1, and the current plan lacked the required content. In addition, RN/O-A noted the record lacked an individualized treatment plan as required.	01035		

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01035	Continued From page 11 The licensee's Treatment and Therapy Management policy dated revised August 26, 2023, noted the RN would prepare an individualized treatment or therapy management plan including the types of service to be provided, procedures for documenting treatments or therapies, procedures for monitoring treatments or therapies, identification of treatment or therapy tasks delegated to unlicensed personnel, and procedures for notifying the RN when a problem arose related to the treatment or therapy service. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01245 SS=D	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: Based on interview and record review, the licensee failed to establish and maintain a	01245		

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01245	Continued From page 12 tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), including a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test for one of two employees (registered nurse/RN-C). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, 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: The licensee's TB Facility Risk Assessment dated September 1, 2023, indicated a low risk level. RN-C had a hire date of March 11, 2024. RN-C's record contained a symptom and history screening dated January 22, 2024. However, it lacked a TST or other evidence of TB screening such as a blood test. On June 18, 2024, at 10:00 a.m., RN/owner-(RN/O)-A stated she thought RN-C had provided the blood test, but was unable to locate it at this time. RN/O-A stated she would contact RN-C to provide evidence of the test. However, no further information was received. The licensee's Tuberculosis Screening/Prevention policy dated June 23, 2023, noted baseline testing at the time of hire including	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40139	A. BUILDING: _____ B. WING _____	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01245	Continued From page 13 either a two-step TST or single TB blood test would be completed. 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 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		