Electronically Delivered

October 14, 2024

Licensee
Seniors Helping Seniors
16430 45th Avenue North
Plymouth, MN 55446

RE: Project Number SL40293016

Dear Licensee:

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

The Minnesota Department of Health (MDH) completed an initial survey on September 11, 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.

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

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

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

Sincerely,

Renee L. Anderson

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40293	A. BUILDING: _____ B. WING _____	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIORS HELPING SENIORS	16430 45TH AVENUE NORTH PLYMOUTH, MN 55446

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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: #SL40293016-0 On September 10, 2024, through September 11, 2024, a surveyor of this Department's staff, visited the above Temporary Basic licensed home care provider, completed an initial survey, and the following correction orders are issued. At the time of the survey, there were three (3) clients receiving services under the Temporary Basic home care 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 surveyor's findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER ' S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144A.474 subd. 11 (b) (1) (2)	
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include:	0 870		

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0 870	Continued From page 1 (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. This MN Requirement is not met as evidenced by: 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 2 all the required content for two of two clients (C1, C2). 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, 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 residents). The findings include: C1's service plan dated June 14, 2024, indicated client was receiving services to include: assistance with personal cares, meals, and companionship/respite care. C2's service plan dated May 13, 2024, indicated client was receiving services to include: assistance with personal cares, meals, light housekeeping, and supervision. C1's and C2's service plans lacked the following required content: - the identification of the staff or categories of staff who will provide the services; - the schedule and methods of monitoring reviews or assessments of the client; and - the schedule and methods of monitoring staff providing home care services. On September 10, 2024, at 11:50 a.m., C1 and C2's service plans were reviewed with president (P)-A. P-A stated both lacked the required content listed above. P-A further stated she had recently updated licensee's service plans and thought all the required content was included.	0 870		

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0 870	Continued From page 3 The licensee's undated Service Plan policy indicated home care services would be provided according to a suitable and current written service plan and would include the identification of the staff or categories of staff who will provide the services, the schedule and methods of monitoring reviews or assessments of the client, and the schedule and methods of monitoring staff providing home care services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
01080 SS=F	144A.4794, Subd. 3 Contents of Client Record Subd. 3.Contents of client record. Contents of a client record include the following for each client: (1) identifying information, including the client's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified; (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;	01080		

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01080	Continued From page 4 (5) client's advance directives, if any; (6) the home care provider's current and previous assessments and service plans; (7) all records of communications pertinent to the client's home care services; (8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (10) documentation that services have been provided as identified in the service plan; (11) documentation that the client has received and reviewed the home care bill of rights; (12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3; (13) documentation of complaints received and resolution; (14) discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the client's services or	01080		

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01080	Continued From page 5 status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the client record included the required content for one of one discharged client (C2). 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 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: C2 was admitted for basic home care services on May 22, 2024, with a diagnosis of a brain tumor. C2's service plan dated May 13, 2024, indicated C2 received services including assistance with personal cares, light housekeeping, meals, and supervision. C2 was discharged from the home care provider on July 12, 2024. C2's record lacked a discharge summary. On September 10, 2024, at 11:22 a.m., president (P)-A stated licensee lacked a discharge summary for all discharged clients because there was nowhere to capture notes in their "Wellsky" electronic documentation system. P-A further stated she was not aware a dischage	01080		

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01080	Continued From page 6 summary was required to be completed for each discharged client. The licensee's undated Discharge Summary policy effective August 24, 2019, indicated a Discharge Summary would be completed for all clients discharged from home care. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01080		
01245 SS=D	144A.4798, Subd. 1 TB Infection Control Subdivision 1.Tuberculosis (TB) infection control. (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers	01245		

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01245	Continued From page 7 for Disease Control and Prevention (CDC) which included documentation of a completed health history and symptom screening, including completion of a two-step tuberculin skin test (TST) or other evidence of TB screening, such as a blood test for one of two employees (unlicensed personnel (ULP)-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 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: The facility TB risk assessment dated January 10, 2024, indicated the facility was a low risk setting for TB transmission. ULP-C was hired January 2, 2024, and provided direct cares for basic home care clients. ULP-C's employee record lacked documentation of a TB history and symptom screening form. ULP-C's record included a negative QUANTIFERON-TB GOLD PLUS blood test dated March 7, 2024, which was completed sixty-five days after hire date. On September 11, 2024, at 12:10 p.m., president (P)-A stated TB symptom screening was not completed for ULP-C. P-A further stated she was under the understanding that licensee only had to complete either the blood test or the TST, and licensee could accept a blood test result	01245		

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01245	Continued From page 8 completed a few months after start of employment. The licensee's undated Tuberculosis Screening policy indicated all employees or contracted personnel providing direct client care would have evidence of baseline TB screening consisting of an assessment for current symptoms of active TB disease and testing for the presence of infection with Mycobacterium tuberculosis by administering either a TST or a single blood test. 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 HCW starts working with patients. Baseline TB screening should be documented in the employee's record." Also included, "TB training is required at time of hire for all HCWs [health care workers]," and "Low-risk settings should annually evaluate the need for TB training, and conduct training as needed." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		