Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 16, 2024

Licensee
Win And Jojo Health Services LLC
6192 Marlowe Avenue Northeast
Albertville, MN 55301

RE: Project Number SL39766016

Dear Licensee:

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

The Minnesota Department of Health (MDH) completed an initial survey on September 10, 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
	H39766	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIN AND JOJO HEALTH SERVICES LLC	6192 MARLOWE AVENUE NORTHEAST ALBERTVILLE, MN 55301

(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 #SL39766016 On September 10, 2024, a surveyor 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 was one client 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).	
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality	0 790		

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0 790	Continued From page 1 management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the home care provides. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: During the entrance conference on September 10, 2024, at 9:35 a.m., with registered nurse/owner (RN/O)-A, a request was made to review documentation of the licensee's quality management activities. RN/O-A stated they met	0 790		

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0 790	Continued From page 2 with C1's son about the cares C1 was receiving but did not document this. Upon review of the regulation, RN/O-A stated they had not engaged in quality management activities. The licensee's Quality Management Program policy, undated, noted quality activities would be developed as appropriate to the size and scope of services. It noted data to be evaluated would include complaints, vulnerable adult reports, record audits, survey results, falls with injury, and medication management issues. In addition, the policy noted the records would be retained for two years. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 790		
0 815 SS=F	144A.479, Subd. 7 Employee Records The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance	0 815		

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0 815	Continued From page 3 reviews which identify areas of improvement needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included the required content for one of one employee (registered nurse/owner (RN/O)-A). 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: RN/O-A had a hire date of July 14, 2023. RN/O-A's record lacked documented evidence of: - tuberculosis (TB) training at the time of hire.	0 815		

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0 815	Continued From page 4 On September 10, 2024, at 11:25 a.m., RN/O-A stated she had completed the TB training but had not documented it in her employee file as required. The licensee's undated Personnel Records policy noted the employee record would include records of orientation to the agency and home care requirements. The licensee's undated Tuberculosis Screening policy noted all employees would receive training at the time of hire and annually to include the signs and symptoms of TB, health screening and therapy, agency specific protocols and use of respiratory protection equipment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 815		
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	0 870		

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0 870	Continued From page 5 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 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 aphasia and dysphagia. C1's Service Plan dated June 27, 2024, noted services including medication setup, blood pressure, glucose, and weight monitoring. It noted an assessment at the start of care, 14 days after the start of care, and every 90 days.	0 870		

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0 870	Continued From page 6 However, it lacked: - schedule of assessment to include a change in condition and the method of assessments; and - schedule and methods of monitoring staff providing home care services. On September 10, 2024, at 11:40 a.m., registered nurse/owner (RN/O)-A stated the service plan utilized for the licensee's one current client lacked the above required content. The licensee's undated Service Plan policy noted the service plan would include 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		
0 905 SS=F	144A.4792, Subd. 2 Provision of Medication Mgt Services (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must	0 905		

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0 905	Continued From page 7 include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must: (1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and (2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications. "Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment which included all 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: During the entrance conference on September 10, 2024, at 9:35 a.m., RN/owner (RN/O)-A stated the licensee provided mediation setup services for their one current client.	0 905		

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0 905	Continued From page 8 C1's diagnoses included aphasia and dysphagia. C1's Service Plan dated June 27, 2024, noted services including medication setup, blood pressure, glucose, and weight monitoring. C1's prescriber orders dated June 30, 2024, included two supplements, two blood thinners, and one antidepressant. C1's record lacked evidence the RN had conducted a face-to-face review of all medications the client was known to be taking including: - contraindications; - allergic or adverse reactions and actions to address these issues; and - interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications. On September 10, 2024, at 11:40 a.m., RN/O-A stated the medication assessment lacked the above required content. The licensee's undated Comprehensive Client Assessment policy noted the assessment would include a review of all medications the client was taking including potential adverse effects and drug reactions, including side effects, significant dreg interactions and duplicate drug therapy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		

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0 920	Continued From page 9	0 920		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes.	0 920		

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0 920	Continued From page 10 (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current and individualized medication management plan was developed and maintained with all 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: During the entrance conference on September 10, 2024, at 9:35 a.m., registered nurse/owner (RN/O)-A stated the licensee provided mediation setup services for their one current client. C1's diagnoses included aphasia and dysphagia. C1's Service Plan dated June 27, 2024, noted services including medication setup, blood pressure, glucose, and weight monitoring. C1's prescriber orders dated June 30, 2024, included two supplements, two blood thinners, and one antidepressant.	0 920		

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0 920	Continued From page 11 C1's record lacked a medication management plan to include: - identification of persons responsible for monitoring medication supplies and ensuring that medication refills were ordered on a timely basis; and - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arose with medication management services. On September 10, 2024, at 11:40 a.m., RN/O-A stated the medication management plan lacked the above required content. The licensee's undated Medication Management: Required Client Information policy noted the assessment would determine who would be responsible for managing and reordering medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 940 SS=F	144A.4792, Subd. 9 Documentation of Medication Setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of	0 940		

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0 940	Continued From page 12 medication setup included all 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: During the entrance conference on September 10, 2024, at 9:35 a.m., registered nurse/owner (RN/O)-A stated the licensee provided medication setup services for their one current client. C1's diagnoses included aphasia and dysphagia. C1's Service Plan dated June 27, 2024, noted services including medication setup, blood pressure, glucose, and weight monitoring. C1's Medication Set-up and Re-Order Record for September 2024, included the medication name, time to be administered, and the initials of RN/O-A. However, it lacked the route of administration. On September 10, 2024, at 11:40 a.m., RN/O-A stated she provided medication setup every week for C1. RN/O-A stated the form lacked the route of administration as required. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	0 940		

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	H39766	A. BUILDING: _____ B. WING _____	09/10/2024

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0 940	Continued From page 13 days	0 940		
0 945 SS=F	144A.4792, Subd. 10(a) Medication Mgt for Clients Away from Home (a) A home care provider who is providing medication management services to the client and controls the client's access to the medications must develop and implement policies and procedures for giving accurate and current medications to clients for planned or unplanned times away from home according to the client's individualized medication management plan. The policy and procedures must state that: (1) for planned time away, the medications must be obtained from the pharmacy or set up by a licensed nurse according to appropriate state and federal laws and nursing standards of practice; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of medications provided for clients having planned time away was completed as required and per the licensee's policy 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:	0 945		

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0 945	Continued From page 14 During the entrance conference on September 10, 2024, at 9:35 a.m. registered nurse/owner (RN/O)-A stated the licensee provided medication management services to their one current client. C1's diagnoses included aphasia and dysphagia. C1's Service Plan dated June 27, 2024, noted services including medication setup, blood pressure, glucose, and weight monitoring. C1's progress notes noted the following: - July 18, 2024, "Weekly medication setup x 4 weeks to cover client while she's away on her vacation with brother", and - August 29, 2024, "Weekly medication setup completed at this time. Client will be out for the weekend, will return on Tuesday. Medications sent with client for family to administer." On September 10, 2024, at 11:40 a.m., RN/O-A stated she had setup medications for C1 to take with for time away from home, but had not included written information on medications including any special instructions for administering or handling the medications and had not provided in writing the name and information on how to contact the provider. In addition, the medications had not been labeled with the client's name and dates and times the medications were scheduled to be administered. RN/O-A stated she was not aware of the requirement to do so. The licensee's undated Medications For A Client Who Will Be Away From Home When Medications Are Scheduled policy noted the medications would be placed in a properly labeled container including the client's name and dates	0 945		

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0 945	Continued From page 15 and times to be administered, written information would be provided including the medication dose, route, rime to be taken, and how to contact the provider with questions. No further information was available. TIME PERIOD FOR CORRECTION: Seven (7) days	0 945		
0 965 SS=F	144A.4792, Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the comprehensive home care provider is managing for the client. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a complete written or electronically recorded prescription was obtained for all medications the provider managed 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: During the entrance conference on September	0 965		

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0 965	Continued From page 16 10, 2024, at 9:35 a.m., registered nurse/owner (RN/O)-A stated the licensee provided medication setup services for their one current client. C1's diagnoses included aphasia and dysphagia. C1's Service Plan dated June 27, 2024, noted services including medication setup, blood pressure, glucose, and weight monitoring. C1's prescriber orders dated June 30, 2024, included the following: - Vazalore (blood thinner) 81 milligrams (mg) by mouth daily. C1's Medication Set-up and Re-Order Record for September 2024, did not include Vazalore. On September 10, 2024, at 11:40 a.m., RN/O-A stated she had spoken to the provider regarding the order, since C1 also received a daily dose of Aspirin 81 mg, and the provider instructed her to discontinue the Vazalore. However, RN/O-A stated she had not documented this verbal order and had no signed order to discontinue the medication. The licensee's undated Medication Management: Required Client Information policy noted orders would be obtained for over-the-counter medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01185 SS=F	144A.4796, Subd. 5 Alzheimer's/Dementia Training Required	01185		

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01185	Continued From page 17 For home care providers that provide services for persons with Alzheimer's or related disorders, all direct care staff and supervisors working with those clients must receive training that includes a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with a client's challenging behaviors, and how to communicate with clients who have Alzheimer's or related disorders. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training of Alzheimer's disease and related disorders was provided for one of two employees (registered nurse/owner (RN/O)-A). 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 licensee held a comprehensive home care license and provided services in the community setting. RN/O-A had a hire date of July 14, 2023. RN/O-A's employee record lacked evidence the employee had completed Alzheimer's disease	01185		

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01185	Continued From page 18 and related disorder training to include a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with clients with challenging behaviors, and how to communicate with clients who had Alzheimer's disease or related disorders. On September 10, 2024, at 11:25 a.m., RN/O-A stated she had completed the training through another employer and would send the documentation. However, no further documentation was provided. The licensee's undated Dementia Training and Disclosure noted the licensee provided the required dementia training to all direct care staff and supervisors including a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem solve when working with a client's challenging behaviors, how to communicate with clients who have Alzheimer's or other dementias, and other topics as needed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01185		
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	01245		

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01245	Continued From page 19 and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), including completion of a TB risk assessment. 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 September 10, 2024, at 9:35 a.m., registered nurse/owner (RN/O)-A, stated a TB risk assessment had not been competed, and she was not aware of the requirement to do so. The Minnesota Department of Health (MDH) "Tuberculosis (TB) Screening & Education Requirements for Assisted Living Facilities and	01245		

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01245	Continued From page 20 Home Care Providers" dated February 3, 2022, noted each facility/provider licensed by MDH is required per statutes to complete a TB Risk Assessment to determine risk level for TB in the setting using the Facility Tuberculosis (TB) Risk Assessment Worksheet and Instructions for Health Care Settings Licensed by the MDH. Completion of this assessment will assist facilities/providers in development of an infection control committee and determining the frequency of screening. Setting should perform a facility risk assessment on an annual basis. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
0 000	Integrated License (HCBS) Initial Comments At the time of the survey, there were zero clients receiving services under the Home and Community Based Services (HCBS) integrated license.	0 000		