Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 1, 2024

Licensee
1st Choice Pediatric Home Care
226 Colfax Avenue North Suite 102
Minneapolis, MN 55405

RE: Project Number(s) SL29156010

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 12, 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.

MDH 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
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

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,

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 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
	H29156	A. BUILDING: _____ B. WING _____	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1ST CHOICE PEDIATRIC HOME CARE	226 COLFAX AVENUE NORTH STE 102 MINNEAPOLIS, MN 55405

(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: SL29156010-0 On April 8, 2024, through April 12, 2024, an evaluator of this Department's staff visited the above comprehensive home care licensed provider and the following correction orders were issued. At the time of the survey, there were 56 active clients receiving services under the 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).	
0 940 SS=F	144A.4792, Subd. 9 Documentation of Medication Setup	0 940		

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0 940	Continued From page 1 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 the registered nurse (RN) documented medication set up to include all required content for two of four clients (C2, C5). 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) 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 clients). The findings include: C2 C2 was admitted to licensee for home care services on April 2, 2021. C2's diagnoses included hypoxic ischemic encephalitis. C2's Plan of Care, dated April 4, 2024, indicated C2 received the following services: medication management, enteral feeding, and 24 hours per day complex home care nursing. C2's record lacked a medication set up record to include: - Documentation of dates of medication setup, name of medication, quantity of dose, times to be	0 940		

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0 940	Continued From page 2 administered, route of administration, and name of person completing medication setup must be done at the time of setup. C5 C5 was admitted to admitted to licensee for home care services on March 17, 2020. C5's diagnoses included reduction deformities of the brain. C5's Plan of Care, dated April 4, 2023, indicated C5 received the following services: medication management, enteral feeding, and 24 hours per day of complex home care nursing. C5's record lacked a medication set up record to include: - 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. On April 9, 2024, at 10:50 a.m., RN-C stated that they will occasionally set up medications for C2's family to administer to make it easier for the family when the RN is not on site. RC-C stated documentation is not completed for this set up of medications. On April 10, 2024, at 1:14 p.m., RN-F stated night shift nurses will prepare labeled syringes containing liquid medication prescribed to C5. The syringes are then sorted into bundles and stored in a medication storage refrigerator. RN-F stated that there was no system in place to document the setup of the medications. On April 11, 2024, at 3:00 p.m., owner (O)-A	0 940		

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0 940	Continued From page 3 stated that they believed that there was a policy that directed the documentation of medication setup, but that they did not believe that they were following it. On April 11, 2023, at approximately 3:05 p.m., clinical nurse supervisor (CNS)-G stated that the setup of medications without documentation was incorrect, and that the licensee would need to resolve the issue going forward. The licensee's undated Medication Set Up policy indicated the agency will set up medications for clients as ordered by the physician/prescriber. Medications will be set up using weekly Medi planner or computerized dispensing systems with verbal reminder capability. The policy lacked verbiage to include the required content. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
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.	01245		

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01245	Continued From page 4 (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 TB (tuberculosis) 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 registered nurses ((RN)-F). 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 January 1, 2024, indicated the licensee was a low risk. RN-F's employee record included a two-step tuberculosis skin test (TST) with an initial administration date of March 13, 2023, and reading date of March 15, 2023, with a negative reading. RN-F's record contained a document indicating a second step administration date of April 11, 2023, with a reading date of April 14, 2023, with a negative reading. The second step administration document indicated that 27 days	01245		

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01245	Continued From page 5 had elapsed since the reading of the first step and administration of the second step. On April 11, 2024, at approximately 12:00 p.m., owner (O)-B stated the expectation of the licensee was to ensure that second step of TST be completed within 21 days. On April 11, 2024, at 3:15 p.m., clinical nurse supervisor (CNS)-G stated that the nurse would need to be reassessed to ensure a negative test. The Minnesota Department of Health's, "Regulations for Tuberculosis Control in Minnesota Health Care Settings" dated July 2013, indicated if an initial TST result was classified as negative, a second step of a two-step TST should be administered 1-3 weeks after the first TST result was read. The licensee's undated Tuberculosis screening policy included a flow sheet that indicated that the second step of the TST was to be administered 1-3 weeks after reading of the initial TST. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
01252 SS=D	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:	01252		

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01252	Continued From page 6 Based on observation and interview, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control related to hand hygiene for one of four staff, (registered nurse (RN)-F). 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) 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: On April 10, 2024, at 1:17 p.m., the surveyor observed RN-F perform tracheal suctioning on C5 utilizing a sleeved suction catheter. RN-F failed to perform hand hygiene or put on clean gloves prior to completing tracheal suctioning. The surveyor did not observe hand hygiene after completion of tracheal suctioning. Immediately after completing cares, RN-F stated that they should have completed hand hygiene and put on clean gloves prior to completing tracheal suctioning. On April 10, 2024, at 1:23 p.m., the surveyor observed RN-F wiping bloody sputum from the mouth of C5 without completing hand hygiene or putting on clean gloves. RN-F again stated that they should have completed hand hygiene and put on clean gloves, stating "oh, I should have put on gloves". On April 11, 2024, at 12:16 p.m., owner (O)-A stated staff should be performing hand hygiene	01252		

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01252	Continued From page 7 and gloving prior to trach cares and then completing hand hygiene afterwards. After any exposure to bodily fluids or tracheal secretions the expectation was to wash hands, glove, and wash hands after disposing of gloves. On April 11, 2024, at 3:11 p.m., clinical nurse supervisor (CNS)-G stated hands should be washed before and after any patient care including medications, suctioning, treatments, and exposure to any bodily fluids. The licensees' undated Standard Precautions for All Health Care Workers policy indicated the following: "GLOVES, such as vinyl or latex medical gloves, must be worn when cleaning reusable equipment; when having direct contact with blood, body fluids, mucous membranes or non-intact skin; when handling items soiled with blood; or when handling equipment contaminated with blood or body fluids." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01252		