



Protecting, Maintaining and Improving the Health of All Minnesotans

November 20, 2021

Administrator
Apria Healthcare LLC
601 Campus Drive
Saint Paul, MN 55112

RE: Project Number(s) SL03501022

Dear Administrator:

On October 19, 2021, the Minnesota Department of Health completed a follow-up evaluation of your agency to determine if orders from the June 3, 2021, evaluation were corrected. The follow-up evaluation verified that the agency is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your agency's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan Hill'.

Jonathan Hill, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-215-9697

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 27, 2021

Administrator
Apria Healthcare LLC
601 Campus Drive
Saint Paul, MN 55112

RE: Project Number(s) SL03501022

Dear Administrator:

On August 3, 2021, the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders found on the survey completed on June 3, 2021. The follow-up survey determined your agency had not corrected all of the state licensing orders issued pursuant to the June 3, 2021, survey.

In accordance with Minn. Stat. § 144A.474, subd. 11, state licensing orders issued pursuant to the last survey completed on June 3, 2021, found not corrected at the time of the August 3, 2021, revisit and subject to penalty assessment are as follows:

0810-Individual Abuse Prevention Plan-144a.479, Subd. 6(b) - \$500.00
0825-Hbor Notification To Client-144a.4791, Subd. 1
0835-Statement Of Home Care Services-144a.4791, Subd. 3
0865-Service Plan, Implementation & Revisions-144a.4791, Subd. 9(a-E)
1035-Individualized Treatment/therapy Mgt Plan-144a.4793, Subd. 3 - \$500.00
1170-Content Of Orientation-144a.4796, Subd. 2 - \$500.00

The details of the violations noted at the time of this revisit completed on August 3, 2021 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on August 3, 2021, we identified the following violation(s):

0560-Correction Orders-144a.474, Subd. 8 - \$500.00
1080-Contents Of Client Record-144a.4794, Subd. 3

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

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, **the total amount you are assessed is \$2,000.00.** You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144A.474, subd. 8(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction orders in future surveys, upon a complaint investigation, and as otherwise needed.

IMPOSITION OF FINES:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144A.475 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144A.475.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144A.474, subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

Paula Bastian, Health Program Rep. Sr.
Home Care Assisted Living Program
Minnesota Department of Health
P.O. Box 3879
85 East Seventh Place
St. Paul, MN 55101
paula.bastian@state.mn.us

REQUESTING A HEARING

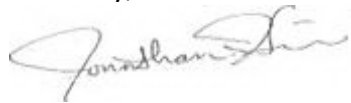
Alternatively, in accordance with Minn. Stat. § 144A.474, subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and subd. 7, a request for a hearing must be in writing and received by the Department of Health within 15 calendar days. Requests for hearing may be emailed to Paula Bastian at the address noted above.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

We urge you to review these orders carefully. If you have questions, please contact Jonathan Hill, Supervisor, at 651-201-3993 .

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your agency's Governing Body.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jonathan Hill", is positioned above the typed name and contact information.

Jonathan Hill, Supervisor
Home Care and Assisted Living Program
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-215-9697

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03501 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 08/03/2021 |
| NAME OF PROVIDER OR SUPPLIER APRIA HEALTHCARE LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 601 CAMPUS DRIVE SAINT PAUL, MN 55112 | | |
| (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} | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: Project # SL 03501022</p> <p>On August 2, through August 3, 2021, a surveyor of this Department's staff conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on June 3, 2021. At the time of the survey, there were 31 active clients receiving services under the comprehensive license. As a result of the revisit, the following orders were reissued.</p> | {0 000} | <p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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).</p> | |
| 0 560 SS=F | <p>144A.474, Subd. 8 Correction Orders</p> <p>Subd. 8. Correction orders. (a) A correction order</p> | 0 560 | | |

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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| 0 560 | <p>Continued From page 1</p> <p>may be issued whenever the commissioner finds upon survey or during a complaint investigation that a home care provider, a managerial official, or an employee of the provider is not in compliance with sections 144A.43 to 144A.482. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction.</p> <p>(b) The commissioner shall mail copies of any correction order to the last known address of the home care provider, or electronically scan the correction order and e-mail it to the last known home care provider e-mail address, within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the home care provider, and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically.</p> <p>(c) By the correction order date, the home care provider must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure complete documentation in the provider's records for actions taken to comply with all correction orders issued from the previous survey on June 3, 2021.</p> | 0 560 | | |

Minnesota Department of Health

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| 0 560 | <p>Continued From page 2</p> <p>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:</p> <p>During the revisit entrance conference on August 2, 2021, at approximately 11:30 a.m., employee B (manager) and employee C (regional compliance officer) reported multiple steps had been taken to correct the orders which had been identified from the previous survey, completed on June 3, 2019. Both employees stated the licensee had a pre-scheduled staff meeting on August 3, 2021, to implement their corrective action plan with the licensee's staff. Employee B confirmed although their policies, procedures and forms had been extensively updated, related to the previous orders issued, implementation had not yet occurred due to their primary responsibilities to their active clients and respiratory service delivery impacted by the pandemic. Employee B stated the implementation of the corrective action plan would be immediate after presentation and training of the licensee's staff, scheduled for August 3, 2021, afternoon.</p> <p>The licensee's written corrective action plan noted multiple revised policies, procedures and forms.</p> <p>During the revisit survey on August 2, 2021, to August 3, 2021, a review of the licensee's policies and procedures, client records, and employee records lacked evidence to indicate the licensee had corrected all of the orders issued on June 3,</p> | 0 560 | | |

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| 0 560 | Continued From page 3 2021. On August 3, 2019, at approximately 11:30 a.m. employee B verified all corrections had not been made for the orders issued on the June 3, 2021, survey. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days | 0 560 | | |
| {0 810} SS=F | 144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the | {0 810} | | |

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| {0 810} | <p>Continued From page 4</p> <p>person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults, for one of one client (#5) with record reviewed.</p> <p>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:</p> <p>Client #5: Client #5's diagnoses included chronic obstructive pulmonary disease (COPD) and obstructive sleep apnea (OSA).</p> <p>Client #5's "Sales, Service and Rental Agreement," dated July 16, 2021, indicated services included a non-invasive ventilator used during sleep hours. Client #5's record lacked evidence of a service plan.</p> <p>Client #5's record lacked evidence of any individual abuse prevention assessment or plan.</p> <p>Client #5's record "Initial Home Setup," dated July 16, 2021, intended as an assessment of the client's respiratory status, signed by employee A (respiratory therapist/RT) noted the client used the non-invasive ventilator for sleep, was on supplemental oxygen, was short of breath four to multiple times weekly with physical activities; and</p> | {0 810} | | |

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| {0 810} | Continued From page 5 was moderately limited with activities due to breathing problems. On August 2, 2021, at approximately 11:30 a.m. interview, employee B (manager) stated client #5 lived in a private home, and an alternate community provider supplied the supplemental oxygen equipment and services. Employee B verified client #5 was a vulnerable adult, and a thorough or complete assessment of client #5's susceptibility to abuse by others, or the person's risk of abusing other vulnerable adults had not been completed, nor had it been completed for any of the licensee's current clients. Employee B verified an individual abuse prevention assessment and plan had not been developed. Employee B stated the license had redesigned their individual abuse prevention assessment and interventions form, and was ready to implement after a staff presentation meeting, already scheduled for August 3, 2021. The licensee's "Respiratory Care/Minnesota Requirements: Licensed Clinician Ventilator Patient Services" policy, dated as revised July 23, 2021, noted the licensee would complete an assessment for potential abuse for every client upon acceptance of ongoing respiratory services. No further information was provided. | {0 810} | | | |
| {0 825} SS=C | 144A.4791, Subd. 1 HBOR Notification to Client Subdivision 1.Home care bill of rights; notification to client. (a) The home care provider shall provide the client or the client's representative a written | {0 825} | | | |

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| {0 825} | <p>Continued From page 6</p> <p>notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.</p> <p>(b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices.</p> <p>"If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>The statement should include the telephone number, website address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, e-mail, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint.</p> <p>(c) The home care provider shall obtain written acknowledgment of the client's receipt of the</p> | {0 825} | | |

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| {0 825} | <p>Continued From page 7</p> <p>home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current written notice of home care bill of rights under section 144A.44 was provided; and a written acknowledgment of receipt of the home care bill of rights was obtained for one of one client (#5) with records reviewed.</p> <p>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).</p> <p>Client #5 was admitted on July 16, 2021, to the licensee's community home care services. The client record indicated a "Minnesota [MN] Home Care Bill of Rights for Licensed Only Home Care Providers," dated as revised October 3, 2011. Client #5's record lacked evidence of an acknowledgment signature receipt by the client or client's representative or date of the home care bill of rights.</p> <p>On August 2, 2021, at 11:45 a.m. employee B (manager) stated he was aware of the correct version of the updated November, 2019, MN</p> | {0 825} | | |

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| {0 825} | Continued From page 8 home care bill of rights for clients; and the licensee had the current MN bill of rights ready to distribute to all active clients. Employee B stated the licensee had a staff meeting planned for August 3, 2021, to inform all staff and begin distribution of the document immediately thereafter. Employee B verified none of the licensee's clients had received the current version of the MN home care bill of rights. On August 3, 2021, at 9:30 a.m. employee B confirmed client #5 had not received the correct version of the home care bill of rights. Employee B further verified client #5's record lacked evidence of signed or acknowledged receipt of the (outdated) MN home care bill of rights; and none of the licensee's client records would have a signed receipt, as the licensee had not initiated the form for this procedure. The licensee's "Respiratory Care/Minnesota Requirements: Licensed Clinician Ventilator Patient Services" policy, dated as revised July 23, 2021, noted the licensee would ensure upon accepting a client into home care services the licensed professional would complete service set-up by providing a the current MN home care bill of rights. No further information was provided. | {0 825} | | |
| {0 835} SS=C | 144A.4791, Subd. 3 Statement of Home Care Services 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 | {0 835} | | |

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| {0 835} | <p>Continued From page 9</p> <p>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 acknowledgment.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the written statement of home care services which identified the licensee had a comprehensive home care license and the services provided under the license, was given at the time of admission, for one of one client (#5) with record reviewed.</p> <p>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). The findings include:</p> <p>Client #5's record lacked evidence the client and/or the client's representative was provided with a written statement that identified the licensee as a comprehensive home care provider and the services provided under their license.</p> <p>On August 2, 2021, at approximately 11:45 a.m. employee B (manager) stated the licensee had</p> | {0 835} | | |

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03501 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 08/03/2021 |
| NAME OF PROVIDER OR SUPPLIER APRIA HEALTHCARE LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 601 CAMPUS DRIVE SAINT PAUL, MN 55112 | | |
| (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 |
| {0 835} | <p>Continued From page 10</p> <p>developed their statement of home care services, had planned to present to their home care service staff on August 3, 2021, with implementation, i.e. provision to each active client, intended for distribution immediately after. Employee B stated the statement of home care services had not been presented to any of the licensee's current clients. Employee B stated the licensee was aware of the requirement of provision of a written statement, which identified the provider as a comprehensive home care license, the services the provider was authorized to provide, and which services the provider could not provide under the scope of the provider's license, to a client at the time of admission. Employee B confirmed none of the licensee's current clients had received the required document at the time of admission.</p> <p>On August 3, 2021, at 9:15 a.m. employee B verified client #5 had not received a statement of home care services that identified the provider as a comprehensive level home care provider, as noted above.</p> <p>The licensee's "Respiratory Care/Minnesota Requirements: Licensed Clinician Ventilator Patient Services" policy, dated as revised July 23, 2021, noted the licensee would ensure upon accepting a client into home care services the licensed professional would complete service set-up by providing a copy of the "Minnesota Comprehensive Home Care Provider State of Home Care Services" document.</p> <p>No further information was provided.</p> | {0 835} | | |

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| {0 865} | Continued From page 11 | {0 865} | | |
| {0 865} SS=C | <p>144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions</p> <p>Subd. 9. Service plan, implementation, and revisions to service plan. (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care.</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure no later than 14 days after initiation of services, the finalized service plan was completed as required, for one of one client (#5) with record reviewed.</p> | {0 865} | | |

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| {0 865} | <p>Continued From page 12</p> <p>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). The findings include:</p> <p>On August 2, 2021, at 11:50 a.m. employee B (manager) stated the licensee had continued to use a standardized template "Sales, Services, and Rental Agreement" individualized for each client as the service plan. Employee B stated the licensee had developed a new form to be used as a service plan document titled, "Apria Service Plan and Contingency Plan" to be completed for each active client after the provider had trained the staff, scheduled for August 3, 2021. In addition, the service plan would have two attachments, titled, "Home Ventilator Orientation Checklist (Invasive and Non-Invasive Ventilation)" and a booklet titled, "Patient/Caregiver Instructions - Home Ventilator: for Invasive and Non-Invasive Use." Employee B stated none of the licensee's active clients had the new service plan document completed, noted above with all components, as the provider was still in the process of implementation.</p> <p>Client #5 Client #5's record lacked evidence of a finalized current written service plan within 14 days after the date that home care services were first provided</p> | {0 865} | | | |

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| {0 865} | <p>Continued From page 13</p> <p>Client #5 had diagnoses included chronic obstructive pulmonary disease (COPD) and obstructive sleep apnea (OSA).</p> <p>Client #5's 11 page "Sales, Service and Rental Agreement," dated July 16, 2021, indicated services included delivery of a non-invasive ventilator (continuous positive airway pressure - CPAP) equipment as a therapy for patients suffering from sleep apnea.) The document noted a detailed list of respiratory equipment supplies and the specific insurances to be billed. In addition, the document noted categories of information related to the client's: "Financial Responsibility, Communications, Recurring Charges, [and] Re-instating Prior Recurring Charges."</p> <p>Client #5's "Initial Home Setup," dated July 16, 2021, intended as an assessment of the client's respiratory status, signed by employee A (respiratory therapist/RT), noted the client was on supplemental oxygen for night time use.</p> <p>On August 2, 2021, at approximately 3:00 p.m. employee B verified client #5 received assistance with respiratory services, as noted on the initial RT home setup assessment form. Employee B stated of the RT's initial client assessments were completed on the licensee's standardized "Initial Home Setup" form, and noted the specific type of respiratory equipment to be used. Employee B confirmed the licensee or RT had not completed a service plan for client #5, or for any of the licensee's clients, as the provider had previously only used the "Sales, Service and Rental Agreement" document as a service plan. Employee B confirmed client #5, and all the</p> | {0 865} | | |

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| {0 865} | Continued From page 14 licensee's clients, lacked a finalized service plan within 14 days of initiating respiratory home care services. The licensee's "Respiratory Care/Minnesota Requirements: Licensed Clinician Ventilator Patient Services" policy, dated as revised July 23, 2021, noted the licensee would ensure upon accepting a client into home care services the licensed professional would complete service set-up by providing a copy of the "Apria Service Plan and Contingency Plan" document. No further information was provided. | {0 865} | | |
| {01035} SS=F | 144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan Subd. 3. Individualized treatment or therapy management 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 | {01035} | | |

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| {01035} | <p>Continued From page 15</p> <p>will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to prepare, develop and maintain current individual treatment or therapy management plans; and include in the service plan a written statement of the treatment or therapy services that would be provided to the client for one of one client (#5) who had a prescribed treatment or therapy.</p> <p>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:</p> | {01035} | | |

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| {01035} | <p>Continued From page 16</p> <p>Client #5 Client #5's record lacked evidence of a written statement on a service plan of the type of respiratory treatment or therapy management services that would be provided .</p> <p>Client #5's prescriber order "Astral Non-Invasive Ventilation Form," dated June 24, 2021, noted a non-invasive (NIV) positive pressure ventilation home device (intended for obstructive sleep apnea) during sleep hours.</p> <p>Client #5's record lacked evidence of a written service plan with all the required content to include client specific written respiratory services provided.</p> <p>On August 3, 2021, at approximately 9:20 a.m. employee B confirmed client #5's record lacked evidence of an individualized service plan with a written statement of the specific treatment or therapy management services, to use of a NIV night time ventilator device. Employee A stated none of the licensee's current client records would have evidence of a written statement on a service plan of the respiratory services provided. Employee B reiterated the licensee had developed a plan to include immediate implementation, after their home care staff had met later that day.</p> <p>The licensee's "Respiratory Care/Minnesota Requirements: Licensed Clinician Ventilator Patient Services" policy, dated as revised July 23, 2021, noted the licensee would ensure upon accepting a client into home care services the licensed professional would complete service set-up by providing a copy of the "Apria Service Plan and Contingency Plan" document. The policy noted the "Individualized Treatment or</p> | {01035} | | |

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| {01035} | Continued From page 17 Therapy Management Plan" would include a statement of the type of service to be provided, specific client instructions, category of staff to provide the ventilator management services, delivery of equipment and supplies. No further information was provided. | {01035} | | |
| 01080 SS=C | 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; (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; | 01080 | | |

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| 01080 | <p>Continued From page 18</p> <p>(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;</p> <p>(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;</p> <p>(10) documentation that services have been provided as identified in the service plan;</p> <p>(11) documentation that the client has received and reviewed the home care bill of rights;</p> <p>(12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3;</p> <p>(13) documentation of complaints received and resolution;</p> <p>(14) discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the client's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the content of the client record contained all the required content in one of two clients (#6) with records reviewed.</p> | 01080 | | |

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| 01080 | <p>Continued From page 19</p> <p>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). The findings include:</p> <p>Client #6's record lacked evidence of an initial and 14 day assessments, and a discharge summary completed.</p> <p>Client #6 was admitted on May 15, 2020, for for respiratory services including equipment setup, respiratory monitoring by a respiratory therapist (RT), and equipment maintenance of a Trilogy non-invasive ventilation (NIV) mechanical device for night time treatment of chronic respiratory failure. Client #4 was discharged on July 22, 2021.</p> <p>On August 3, 2021, at 11:00 a.m. employee B (manager) stated he had contacted employee A (respiratory therapist) and confirmed completion of initial assessment and 14 day assessments. Employee B stated he was also sure they had been completed as it was a standard operating procedure to initiate and ensure compliance with all client respiratory services. Employee B stated employee A most likely misfiled or had not correctly uploaded the assessment information into client #6's electronic record. Employee B also verified client #6's record lacked evidence of a completed a discharge summary. Employee B stated the licensee had an updated standardized discharge summary form scheduled to be presented to their staff later that day; and, he was aware it was a requirement of the client's record.</p> | 01080 | | |

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| 01080 | Continued From page 20 The licensee's "Respiratory Care/Minnesota Requirements: Licensed Clinician Ventilator Patient Services" policy, dated as revised July 23, 2021, noted the licensee would ensure documentation of the initial "Set Up and Follow Up" [assessments] upon accepting a client into home care services. The policy lacked language to indicate the licensee's policy time frame in which to complete an initial and 14 day follow up assessment. The policy also noted the licensed professional would ensure upon discharge or termination of services, a discharge summary would be completed. The policy lacked language to indicate the licensee's policy time frame in which to complete a client's discharge summary. No further information was provided. | 01080 | | |
| {01170} SS=F | 144A.4796, Subd. 2 Content of Orientation Subd. 2.Content. (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under sections 626.556 and 626.557; | {01170} | | |

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| {01170} | Continued From page 21 (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and | {01170} | | |

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| {01170} | <p>Continued From page 22</p> <p>involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one employee (D) received orientation to home care licensing requirements and regulations to include all of the required eight topics.</p> <p>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:</p> <p>Employee D's employee record lacked evidence the employee had received orientation to home care on the following topics of: (1) an overview of sections 144A.43 to 144A.4798; and (2) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services.</p> <p>Employee D (unlicensed personnel/patient</p> | {01170} | | |

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| {01170} | <p>Continued From page 23</p> <p>service technician) had hire date of June 11, 2018, to provide general technical support related to respiratory home care services, for all of the licensee's clients who received respiratory treatments and therapies. The technical support included transportation, set up, and maintenance checks of the equipment in a client's home and reinforcing basic information related to use of the respiratory equipment.</p> <p>On August 3, 2021, at approximately 10:30 a.m. employee B confirmed employee D was one of the licensee's support staff, under the direction of employee A (respiratory therapist), and did not provide any hands on services to the licensee's clients. Employee B verified employee D had been a full-time employee who had provided home care services as noted above, since his hire date.</p> <p>Although employee D's record indicated numerous pages of transcripts for on-line (electronic) multiple training topics dated from the year 2018 through 2021. Employee D's record lacked evidence of orientation and training completed in the two topic areas, as noted above.</p> <p>On August 3, 2021, at approximately 10:45 a.m. employee B (manager) stated he was aware of a required overview of Minnesota (MN) home care statutes and a review of MN consumer advocacy services, inclusive of the Ombudsman, at the time of hire. Employee B stated the licensee had prepared an updated orientation curriculum to include the required topics; and, it was scheduled for presentation to the licensee's staff later that afternoon.</p> <p>Employee B confirmed employee D, nor any of the licensee's staff had not completed all required training and orientation to home care</p> | {01170} | | |

Minnesota Department of Health

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| {01170} | Continued From page 24 requirements, prior to provision of home care services to include the two topics noted above. The licensee's "Respiratory Care/Minnesota Requirements: Licensed Clinician Ventilator Patient Services" policy, dated as revised July 23, 2021, noted the licensee would ensure all employees would "upon hire and prior to seeing patients, all clinical staff employees shall complete the following to include the "Minnesota Orientation to Home Care Training" which referenced the document, "Minnesota Orientation and Annual Training Requirements" that noted the required topics above. No further information was provided. | {01170} | | | |



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 16, 2021

Administrator
Apria Healthcare LLC
601 Campus Drive
Saint Paul, MN 55112

RE: Project Number(s) SL03501022

Dear Administrator:

The Minnesota Department of Health completed a survey on June 3, 2021, for the purpose of assessing compliance with state licensing statutes. At the time of the survey the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572.

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144A.474, subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144A.475 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144A.475.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475.

In accordance with Minn. Stat. § 144A.474, subd. 11(a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, subds. 2,

9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144A.474, subd. 11(a)(6), immediate fine imposition is authorized for both surveys and investigations conducted. When a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144A.474, subd. 8(c), the licensee must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The licensee is not required to submit a plan of correction 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 issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days.

A state licensing 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. Please email general reconsideration requests to Paula at: **paula.bastian@state.mn.us**.

Please address your cover letter for general reconsideration requests to:

Paula Bastian, Health Program Rep. Sr.
Home Care Assisted Living Program
Minnesota Department of Health
P.O. Box 3879
85 East Seventh Place
St. Paul, MN 55101

Free from Maltreatment reconsideration requests should be addressed to:

Lindsey Krueger, Director
Office of Health Facility Complaints
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

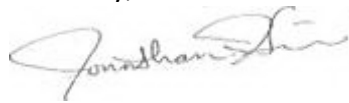
REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144A.474, subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and subd. 7, a request for a hearing must be in writing and received by the Department of Health within 15 calendar days. Requests for hearing may be emailed to Paula Bastian at the address noted above.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jonathan Hill", is written over a light gray circular background.

Jonathan Hill, Supervisor
Home Care and Assisted Living Program
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-215-9697

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Minnesota Department of Health

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| 0 000 | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: Project # SL 03501022</p> <p>On June 2, through June 3, 2021, a surveyor of this Department's staff, visited the above Comprehensive home care licensed provider and the following correction orders are issued. At the time of the survey, there were 35 active clients receiving services under a comprehensive license.</p> | 0 000 | <p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> | |
| 0 810 SS=F | <p>144A.479, Subd. 6(b) Individual Abuse Prevention Plan</p> <p>(b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's</p> | 0 810 | | |

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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| 0 810 | <p>Continued From page 1</p> <p>susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults, for two of two client (#2, #3) with record reviewed.</p> <p>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:</p> <p>Client #2: Client #2's diagnoses included chronic obstructive pulmonary disease (COPD) and chronic respiratory failure (CRF).</p> | 0 810 | | |

Minnesota Department of Health

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| 0 810 | <p>Continued From page 2</p> <p>Client #2's "Sales, Service and Rental Agreement" dated May 7, 2021, indicated services to include supplemental oxygen concentrator used continuously daily. Client #2's record lacked evidence of a service plan.</p> <p>Client #2's one page "Abuse Risk Assessment/Plan - Minnesota" dated April 20, 2021, only noted the client did not "live with other patients receiving medical care", had no potential risk factors related to physical disabilities that would impact on his independence with activities of daily living, and did not have "a sufficient number of caregivers."</p> <p>Client #2's "Initial Home Setup" dated April 20, 2021, intended as an assessment of the client's respiratory status, signed by employee A (respiratory therapist/RT) noted the client was on supplemental oxygen, was short of breath four to many times weekly with physical activities; and was moderate to very limited with activities due to breathing problems. A narrative note indicated employee A gave verbal instructions to client #2 and two caregivers related to setup of his non-invasive "Trilogy" unit (mechanical device to assist with breathing.)</p> <p>Client #2's individual abuse prevention plan lacked development of an assessment of the client's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.</p> | 0 810 | | |

Minnesota Department of Health

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| 0 810 | <p>Continued From page 3</p> <p>Client #3 Client #3's diagnoses included COPD, chronic respirator failure, obstructive sleep apnea, diabetes, gastric-esophageal reflux disorder (GERD) and severe obesity.</p> <p>Client #3's "Sales, Service and Rental Agreement" dated December 29, 2020, indicated services to include supplemental oxygen via a non-invasive Trilogy unit used continuously at night and as needed during the day. Client #3's record lacked evidence of a service plan.</p> <p>Client #3's record lacked evidence of a licensed professional's individual abuse prevention assessment and plan.</p> <p>Client #3's "Initial Home Setup" dated December 29, 2020, intended as an assessment of the client's respiratory status, signed by employee A noted the client was on supplemental oxygen, on a weekly basis was short of breath three or more times while at rest, four to many times weekly with physical activities; and was very limited with activities due to breathing problems.</p> <p>Client #3's "Plan of Care" dated January 29, 2021 indicated the client required an assistive device for ambulation, lived with family as caregiver, and that the client and/or daughter had received extensive instructions and review of the respiratory equipment.</p> <p>On June 2, 2021, at approximately 3:30 p.m. interview, employee A (RT) stated client #2 lived in a group home with other adults; and the alternate community provider's staff delivered all other home care services. Employee A</p> | 0 810 | | |

Minnesota Department of Health

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| 0 810 | Continued From page 4 verified client #2 was a vulnerable adult and a thorough or complete assessment of client #2's susceptibility to abuse by others, or the person's risk of abusing other vulnerable adults had not been completed. Employee A stated none of the licensee's current clients would have had a complete individual abuse prevention assessment and plan developed, as he had not understood it was required, given the licensee's home care service was primarily respiratory support equipment setup and maintenance. The licensee's "Clinical Respiratory Services Requirements" policy dated July 1, 2014, noted the licensee would complete an assessment for potential abuse for every client upon acceptance of ongoing respiratory services. The policy lacked language to indicate the licensee would specifically develop an individual vulnerable adult prevention plan to identify vulnerability risks and develop measures to minimize maltreatment base on identified information. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days | 0 810 | | |
| 0 825 SS=C | 144A.4791, Subd. 1 HBOR Notification to Client Subdivision 1.Home care bill of rights; notification to client. (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client | 0 825 | | |

Minnesota Department of Health

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| 0 825 | <p>Continued From page 5</p> <p>or the client's representative in a language the client or client's representative can understand.</p> <p>(b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices.</p> <p>"If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>The statement should include the telephone number, website address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, e-mail, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint.</p> <p>(c) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of</p> | 0 825 | | |

Minnesota Department of Health

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| 0 825 | <p>Continued From page 6</p> <p>receipt shall be retained in the client's record.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current written notice of home care bill of rights under section 144A.44 was provided; and a written acknowledgment of receipt of the home care bill of rights was obtained for two of two client (#2, #3) with records reviewed.</p> <p>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).</p> <p>Client #2 and client #3 were admitted on April 20, 2021, and December 29, 2020, respectively, to the licensee's community home care services. The client records indicated a "Minnesota [MN] Home Care Bill of Rights for Licensed Only Home Care Providers" dated July, 2007, revised October 3, 2011. Both clients' records lacked evidence of an acknowledgment signature receipt by the client or client's representative or date.</p> <p>On June 2, 2021, at 3:45 p.m., employee A (respiratory therapist) stated he was not aware of the correct version of the updated November, 2019, MN home care bill of rights for clients. Employee A verified client #2 had not received the correct version of the home care bill of rights; nor would any of the licensee's clients received the current version. Employee A verified client #2's</p> | 0 825 | | | |

Minnesota Department of Health

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| 0 825 | Continued From page 7 record lacked evidence of signed or acknowledged receipt of the home care bill of rights; and none of the licensee's client records would have a signed receipt, as the licensee did not have a form for this procedure. The licensee's "Clinical Respiratory Services Requirements" policy dated July 1, 2014, noted all clients would receive th Minnesota homecare bill of rights on admission to home care services. The licensee's policy manual lacked evidence of the current, November, 2019, Minnesota homecare bill of rights. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 825 | | | |
| 0 835 SS=C | 144A.4791, Subd. 3 Statement of Home Care Services 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 acknowledgment. This MN Requirement is not met as evidenced | 0 835 | | | |

Minnesota Department of Health

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| 0 835 | <p>Continued From page 8</p> <p>by: Based on interview and record review, the licensee failed to ensure the written statement of home care services which identified the licensee had a comprehensive home care license and the services provided under the license, was given at the time of admission, for two of two clients (#2, #3) with records reviewed.</p> <p>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). The findings include:</p> <p>Client #2 and client #3's records lacked evidence the client and/or the client's representative was provided with a written statement that identified the licensee as a comprehensive home care provider, and the services provided under their license.</p> <p>On June 2, 2021, at approximately 12:30 p.m. employee B (manager) stated he thought he was somewhat familiar with the current home care rules and regulations.</p> <p>On June 3, 2021, at approximately 12:20 p.m. employee B stated the licensee was aware of the requirement of provision of a written statement which identified if the provider had a basic or comprehensive home care license, the services the provider was authorized to provide, and which services the provider could not provide under the scope of the provider's license, to a client at the time of admission. Employee B had provided a</p> | 0 835 | | |

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| 0 835 | Continued From page 9 template of the licensee's form to be used; however, then verified client #2 and client #3 had not received a statement of home care services. Employee B stated the provider was not aware of the need for a client acknowledgment requirement. The licensee's "Clinical Respiratory Services Requirements" policy dated July 1, 2014, noted all clients would receive the "Minnesota Comprehensive Home Care Provider Statement of Home Care Services" on admission to home care services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 835 | | |
| 0 865 SS=C | 144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions Subd. 9. Service plan, implementation, and revisions to service plan. (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for | 0 865 | | |

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| 0 865 | <p>Continued From page 10</p> <p>services and how to contact the Office of the Ombudsman for Long-Term Care.</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure no later than 14 days after initiation of services, the finalized service plan was completed as required, for two of two clients (#2,#3) with records reviewed.</p> <p>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). The findings include:</p> <p>On June 2, 2021, at 11:25 a.m. employee B (manager) stated the licensee used a standardized template "Sales, Services, and Rental Agreement" individualized for each client as the service plan. Employee B stated the document would include a list of the prescribed</p> | 0 865 | | |

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| 0 865 | <p>Continued From page 11</p> <p>respiratory equipment to be provided to each client; and the document included services of equipment setup, delivery, maintenance of supplies, and 24 hour availability of a licensed respiratory therapist.</p> <p>Client #2 Client #2's record lacked evidence of a finalized current written service plan within 14 days after the date that home care services were first provided</p> <p>Client #2 had diagnoses included chronic obstructive pulmonary disease (COPD) and chronic respiratory failure (CRF).</p> <p>Client #2's six page "Sales, Service and Rental Agreement" dated May 7, 2021, indicated services to include supplemental oxygen concentrator used 24 hours daily. The document noted a detailed list of respiratory equipment supplies and the specific insurances to be billed. In addition, the document noted categories of information related to the client's: "Financial Responsibility, Communications, Recurring Charges, [and] Re-instating Prior Recurring Charges."</p> <p>Client #2's "Initial Home Setup" dated April 20, 2021, intended as an assessment of the client's respiratory status, signed by employee A (respiratory therapist/RT) noted the client was on supplemental oxygen with a "Trilogy" non-invasive ventilator (medical device used to support breathing) for night time.</p> <p>Client #3 Client #3's record lacked evidence of a finalized</p> | 0 865 | | |

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| 0 865 | <p>Continued From page 12</p> <p>current written service plan within 14 days after the date that home care services were first provided</p> <p>Client #3's diagnoses included COPD, chronic respirator failure, obstructive sleep apnea, diabetes, gastric-esophageal reflux disorder (GERD) and severe obesity.</p> <p>Client #3's eight page "Sales, Service and Rental Agreement" dated December 29, 2020, indicated services to include supplemental oxygen via a non-invasive Trilogy unit used continuously at night. The document noted a detailed list of respiratory equipment supplies and the specific insurances to be billed. In addition, the document noted categories of information related to the client's: "Financial Responsibility, Communications, Recurring Charges, [and] Re-instating Prior Recurring Charges."</p> <p>Client #3's "Initial Home Setup" dated December 29, 2020, intended as an assessment of the client's respiratory status, signed by employee A noted the client was on supplemental oxygen via a Trilogy non-invasive ventilator for night time use.</p> <p>During an interview on June 2, 2021, at approximately 3:25 p.m., employee A (respiratory therapist/RT) verified client #2 received assistance with respiratory services as noted on the initial RT home setup assessment form. Employee A stated all his initial client assessments were completed on the licensee's standardized "Initial Home Setup" form and noted the specific type of respiratory equipment to be used. Employee A confirmed he had not completed a service plan for client #2, or for any of the licensee's clients, as the provider only used</p> | 0 865 | | |

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| 0 865 | Continued From page 13 the "Sales, Service and Rental Agreement" document. Employee A confirmed client #2, and all the licensee's clients, lacked a finalized service plan within 14 days of initiating respiratory home care services. The licensee's "Clinical Respiratory Services Requirements" policy dated July 1, 2014, noted all clients would have a form titled "Apria Service Plan and Contingency Plan" completed upon initiation of respiratory home care services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 865 | | |
| 01035 SS=F | 144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan Subd. 3. Individualized treatment or therapy management 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; | 01035 | | |

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| 01035 | <p>Continued From page 14</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to prepare, develop and maintain a current individual service plan with a written statement of the treatment or therapy services that would be provided to the client, for two of two clients (#2, #3) who had a prescribed treatment or therapy.</p> <p>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:</p> | 01035 | | |

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| 01035 | <p>Continued From page 15</p> <p>Client #2 Client #2's record lacked evidence of a written statement on a service plan of the type of respiratory treatment or therapy management services that would be provided .</p> <p>Client #2's prescriber orders "Oxygen Prescription/Letter of Medical Necessity" dated February 9, 2021, noted oxygen at three liters per minute, continuous, via nasal cannula. Client #2's prescriber orders "Trilogy Non-Invasive Ventilation [NIV] Form" dated April 16, 2021, noted a the home ventilator device (intended for obstructive sleep apnea) during sleep and as needed while awake.</p> <p>Client #2's record lacked evidence of a written service plan with all the required content to include client specific written respiratory services provided.</p> <p>Client #3 Client #3's record lacked evidence of a written statement on a service plan of the type of respiratory treatment or therapy management services that would be provided.</p> <p>Client #3's prescriber orders "Portable Oxygen Concentrator Order Form" dated March 12, 2021, noted oxygen at two liters per minute, continuous, via nasal cannula. Client #2's respiratory therapist (RT) "Initial Home Setup" narrative note, dated December 29, 2020, by employee A, indicated a respiratory assessment for a Trilogy non-invasive ventilation [NIV], (a home ventilation device, intended for obstructive sleep apnea and chronic obstructive pulmonary disease) during sleep and as needed while awake.</p> | 01035 | | |

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| 01035 | Continued From page 16 Client #2's record lacked evidence of a written service plan with all the required content to include client specific written respiratory services provided. On June 3, 2021, at approximately 3:10 p.m. employee A (respiratory therapist/RT) confirmed client #2's lacked evidence an individualized service plan with a written statement of the specific treatment or therapy management services, to include continuous oxygen therapy and use of a NIV night time ventilator device. Employee A stated none of the licensee's current client records would have evidence of a written statement on a service plan of the respiratory services provided. The licensee's "Clinical Respiratory Services Requirements" policy dated July 1, 2014, noted all clients would have a form titled "Apria Service Plan and Contingency Plan" completed upon initiation of respiratory home care services and the form would include the frequency of follow-ups. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days | 01035 | | |
| 01080 SS=A | 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; | 01080 | | |

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| 01080 | Continued From page 17 (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; (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; | 01080 | | |

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| 01080 | <p>Continued From page 18</p> <p>(12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3;</p> <p>(13) documentation of complaints received and resolution;</p> <p>(14) discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the client's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure the client record contained a discharge summary, including service termination notice and related documentation for for one of one clients (#4) discharged client with record review.</p> <p>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 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:</p> <p>Client #4's record lacked evidence of a discharge summary completed.</p> <p>Client #4 was admitted on February 2, 2021, for for respiratory services to include equipment</p> | 01080 | | |

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| 01080 | Continued From page 19 setup, respiratory monitoring by a respiratory therapist (RT), and equipment maintenance of a Trilogy non-invasive ventilation (NIV) mechanical device for night time treatment of chronic obstructive pulmonary disease. Client #4 was discharged on February 24, 2021. On June 2, 2021, at 2:50 p.m. employee A (RT) confirmed he had not completed a discharge summary on client #4, as he had forgotten to complete the written statement for the client's record. Employee A stated the licensee had a standardized discharge summary form; and, he was aware it was a requirement of the client's record. The licensee's "Clinical Respiratory Services Requirements" policy dated July 1, 2014, noted all clients would have a discharge summary completed upon discharge or termination from clinical respiratory services. In addition, the completed form would be placed in the client's record. The policy lacked language to indicate the licensee's policy time frame in which to complete a client's discharge summary. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 01080 | | |
| 01170 SS=C | 144A.4796, Subd. 2 Content of Orientation Subd. 2.Content. (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to | 01170 | | |

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| 01170 | Continued From page 20 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under sections 626.556 and 626.557; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may | 01170 | | |

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| 01170 | <p>Continued From page 21</p> <p>include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two employees (B, A) received orientation to home care licensing requirements and regulations to include all of the required eight topics.</p> <p>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:</p> <p>Employee B and employee A's employee records lacked evidence the employees had received</p> | 01170 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03501 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/03/2021 |
| NAME OF PROVIDER OR SUPPLIER APRIA HEALTHCARE LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 601 CAMPUS DRIVE SAINT PAUL, MN 55112 | | |
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| 01170 | <p>Continued From page 22</p> <p>orientation to home care on the following topics of:</p> <p>(1) an overview of sections 144A.43 to 144A.4798; and</p> <p>(2) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services.</p> <p>Employee B Employee B (manager) had hire date of June 29, 2015, to provide general over-sight of the licensee's operational respiratory home care services, for all of the licensee's clients who received respiratory treatments and therapies.</p> <p>On June 2, 2021, at approximately 11:30 a.m., during the entrance conference employee B confirmed he was the licensee's operational manager available to employee A and the licensee's other employees responsible for provision of respiratory therapy and treatment home care services for the metropolitan area clients.</p> <p>Employee B's record indicated numerous pages of transcripts for on-line (electronic) multiple training topics dated from the year 2020 through May, 2021. Employee B's record noted a "December 2020 Bi-Annual Government Compliance Training" completed. Employee B's record lacked evidence of a training or orientation checklist document, intended as verification of training topics completed at hire, 2015. Employee B's record lacked evidence of orientation and</p> | 01170 | | |

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| 01170 | <p>Continued From page 23</p> <p>training completed in the two topic areas, as noted above.</p> <p>Employee A Employee A (respiratory therapist/RT) had hire date of May 5, 2003, to provide respiratory home care services to the licensee's clients.</p> <p>On June 2, 2021, at approximately 2:10 p.m. employee A stated he was the licensee's current RT available for provision of respiratory therapy and treatment home care services for the metropolitan area clients. Employee A confirmed he had provided assistance with respiratory services for client #2 and client #3 in 2021.</p> <p>Employee A's record indicated numerous pages of transcripts for on-line (electronic) multiple training topics dated from the year 2020 through May, 2021. Employee A's record noted a "December 2020 Bi-Annual Government Compliance Training" completed on January 5, 2021. Employee A's record lacked evidence of a training or orientation checklist document, intended as verification of training topics completed at hire, 2003 (18 years past). Employee B's record lacked evidence of orientation and training completed in the two topic areas, as noted above.</p> <p>On June 3, 2021, at approximately 1:00 p.m. employee B (manager) stated he did not remember an overview of Minnesota (MN) home care statutes or a review of MN consumer advocacy services, inclusive of the Ombudsman, to be a component of the on-line "Bi-annual Government Compliance Training" curriculum. Employee B stated the licensee used a nine page document, "MDH [MN Department of Health] - A</p> | 01170 | | |

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| 01170 | Continued From page 24 Guide to Home Care Services" dated November, 2010, that referenced obsolete Home Care statutes of MN Rules 4668.0075, as part of an employee's orientation at time of hire. Employee B stated he was unaware the document was no longer current, i.e. outdated. Employee B confirmed employee A, nor he had not completed all required training and orientation to home care requirements, prior to provision of home care services to include the two topics noted above. The licensee's "Clinical Respiratory Services Requirements" policy dated July 1, 2014, noted all employees would "upon hire and prior to seeing patients, all clinical staff employees shall complete the following," inclusive of the "Minnesota Orientation to Home Care Training" which referenced the document, "MDH - A Guide to Home Care Services" dated November, 2010. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty One (21) days | 01170 | | |
| 01245 SS=F | 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 | 01245 | | |

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| 01245 | <p>Continued From page 25</p> <p>commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The home care provider must maintain written evidence of compliance with this subdivision.</p> <p>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) guidelines. In addition, the licensee failed to ensure a comprehensive tuberculosis (TB) prevention and infection control program was established to include a provider TB facility risk assessment with records reviewed.</p> <p>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:</p> <p>TB INFECTION CONTROL PROGRAM On June 2, 2021, at approximately 2:00 p.m., employee B (manager) a request was made to review the licensee's written TB infection control program that included:</p> <ul style="list-style-type: none"> - documentation of supervisory responsibility for the TB infection control program; - a written TB risk assessment; | 01245 | | |

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| 01245 | <p>Continued From page 26</p> <ul style="list-style-type: none"> - written infection control policies and procedures and education for handling infectious TB clients; and, - the specific content of TB training for healthcare workers including basic information about TB pathogenesis and transmission, handling a potentially infectious TB client, and the employee's role in the TB infection control program. <p>Employee B stated he was unsure of the requirement for a facility risk assessment and was also unsure if the assessment had been completed.</p> <p>On June 3, 2021, at 1:50 p.m. employee B confirmed a TB facility risk assessment had not been completed as required.</p> <p>The licensee's "Tuberculosis Exposure Control Plan" policy dated July 1, 2014, noted "Evaluation, Surveillance, and Monitoring - All Company locations shall follow OSHA regulations, CDC guidelines and state regulations for reporting requirements. For state specific requirements, follow the state specific process."</p> <p>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 the following: a team responsible for TB infection control; a facility TB risk assessment; written TB infection control procedures; and HCW education. 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</p> | 01245 | | |

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| 01245 | Continued From page 27 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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days | 01245 | | |