Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

October 22, 2024

Administrator
CENTERWELL HOME HEALTH
7101 Northland Circle, STE 101
BROOKLYN PARK, MN 55428

Re: Event ID: 646F9-H1

Dear Administrator:

A partial extended survey was completed at your agency on October 16, 2024, for the purpose of assessing compliance with Federal certification. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division, noted one or more deficiencies. Electronically attached is a copy of the Statement of Deficiencies (CMS-2567).

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

The plan of correction should be directed to:

Annette Winters, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N

P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

Please make a copy of your plan of correction for your records.

Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days may result in decertification and a loss of Federal reimbursement. Additionally, your continued certification is contingent upon corrective action.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247145	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTERWELL HOME HEALTH	7101 Northland Circle, STE 101 , BROOKLYN PARK, Minnesota, 55428

(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) COMPLETION DATE
G0000	INITIAL COMMENTS On 10/15/24 to 10/16/24 a complaint survey was conducted. This resulted in a partial extended survey at Centerwell Home Health. The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies. The cumulative eûects of these ûndings resulted in the Home Health Agency's inability to ensure provision of quality of care. The following complaints were reviewed: H71459476C Intake 110281 & H7159477C Intake 109167	G0000		
G0514	RN performs assessment CFR(s): 484.55(a)(1) A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner - ordered start of care date. This ELEMENT is NOT MET as evidenced by: Based on interview and record review the home health agency (HHA) failed to conduct an initial assessment to determine the immediate care and support needs for 2 of 2 patients (P1 & P2) within 48 hours of the patients return to their home. The HHA completed the visits late due to the convenience of the HHA related to lack of staff. Findings include: P1's admission orders dated 9/18/24 indicated P1 required wound care three times weekly. Email correspondence dated 9/18/24 at 1:31 p.m. between	G0514		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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G0514	Continued from page 1 the transitional care unit's (TCU) social worker (SW)-A and the HHA's LPN-A indicated P1 was discharging the transitional care unit on 9/20/24. P1's Home Health Certification and Plan of Care (POC) dated 9/24/24 -11/22/24 indicated P1's pertinent diagnoses were chronic ulcer of the left heel and midfoot with necrotic bone (death of bone tissue related to lack of blood supply). P1 received daily skilled nursing visits to perform wound care and assessment. Upon interview on 10/15/24 at 11:55 a.m. the providers care coordinator stated on 9/23/24 she received a call from the HHA and was asked if the agency could perform their start of care for P1 on 9/24/24 due to not having staff until that time. She reached out to the provider and the orders were obtained to perform the start of care on 9/24/24. The care coordinator stated she was aware that P1 left the TCU on 9/20/24. Upon interview on 10/15/24 at 12:30 p.m. LPN-B stated she received the orders from the HHA's marketing team on 9/19/24. She stated she called the providers care coordinator on 9/23/24 to get a delayed start of care for 9/24/24 due to staffing. LPN-B denied awareness that P1 had wound orders. Upon interview on 10/15/24 LPN-A stated she works as a patient care coordinator for the HHA and supports the HHA's marketing team. She stated she was aware that HHA patient's need to have the start of care performed within 48 hours of discharge. She stated she was aware P1 left the TCU on 9/20/20 and stated he should have been seen on 9/22/24. She recalled receiving the TCU orders on 9/19/24. Upon interview on 10/15/24 at 1:32 p.m. P1's family member (FM)-A stated she picked P1 at the TCU on 9/20/24 at 12:30 p.m. She believed the HHA was going to start cares with P1 on 9/21/24. FM-A called an on-call nurse at the HHA on 9/21/24 asking when a nurse was going to visit P1. She was told not until 9/24/24. FM-A stated she told the on-call staff that she was concerned because P1 did not have a wound vacuum (a treatment used to suction and help heal wounds) on his wound, just a dressing and she was concerned about the dressing not being tended to until 9/24/24. FM-A stated she was told by the on-call nurse that if she had	G0514		

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G0514	Continued from page 2 concerns P1 should go to urgent care of the emergency department. Upon interview on 10/15/24 at 1:49 p.m. P1 stated he really did not understand the process of what was going to be taking place when he went was discharged. He stated FM-A manages his medical needs. He stated he did recall he went home and went for four days without the dressing being changed and then got an infection and was currently in the hospital awaiting a below the knee amputation on 10/16/24. Upon interview on 10/15/24 at 3:19 p.m. P1's medical provider stated she did approve P1's start of care for 9/24/24. She stated she receives multiple requests from HHA's stating they frequently do not have staff until a certain date. She was not aware that P1 had left the TCU on 9/20/24 without a wound vac and had a dressing in place without anyone to change it for 4 days. She was aware that P1 developed an infection and was currently in the hospital. She was unaware that P1 was scheduled for a below the knee amputation. P2's signed POC dated 7/23/24 – 9/20/24 indicated P2's pertinent diagnoses were complications of amputated stump, infection of amputated stump, end stage renal disease and type 2 diabetes. P2 was seen three times a week for skilled nursing for medication management, education, and wound care treatment. P2's POC dated 9/21/24 – 11/20/24 was not signed by the provider at the time of survey, however no changes had been made. P2's orders transmitted from TCU dated 9/12/24 indicated P2 was being discharged on 9/14/24 for wound care. P2's Patient Information Report dated 9/13/24 indicated P2 would be discharging from TCU on 9/14/24 to resume HHA services for disease, medication, and wound management. PT to evaluate and treat. In addition, a verbal order from P2's provider to approve orders for the resumption of care to start on 9/17/24 was received. The note does indicate the reason for the delayed resumption of care.	G0514		

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G0514	Continued from page 3 Upon interview on 10/15/24 at 12:30 p.m. LPN-B stated she did not recall why P2's resumption of care was delayed. She stated she would assume it was due to staffing because staffing is the reason most resumption and start of cares were delayed. Upon interview on 10/16/24 at 9:16 a.m. registered nurse (RN)- A stated the marketers receive the referrals and let the referring entity know when the HHA has staff availability. She stated the office LPN's schedule and if needed reach out to the provider to delay the start of care. Upon chart review she verified P1 and P2 were delayed on their care. RN-A stated she believed the facility was in compliance if they notified the provider of their staff shortage. She stated the HHA always notified the provider of delayed starts. Upon interview on 10/16/24 at 12:41 p.m. the Administrator stated she had been following the survey and realized that the start of cares needed to be within 48 hours and not to accommodate the facility. A policy on Initial Care Planning was not obtained.	G0514		

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October 22, 2024

Administrator
CENTERWELL HOME HEALTH
7101 Northland Circle, STE 101
BROOKLYN PARK, MN 55428

Re: Event ID:646F9-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on October 16, 2024 for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the requirements under Minnesota Statutes Sections 144A.43 to 144A.482.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **10/16/2024**

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00000	Initial Comments On 10/15/24- 10/16/24 an abbreviated complaint was conducted. No licensing orders were issued during this survey.	00000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE