Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

August 31, 2022

Administrator
AVEANNA HOME HEALTH
5900 GREEN OAK DRIVE SUITE 200
MINNETONKA, MN 55343

Re: Event ID:4F430-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on August 22, 2022, 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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247250	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVEANNA HOME HEALTH	**5900 GREEN OAK DRIVE SUITE 200 , MINNETONKA, Minnesota, 55343**

(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 8/22/22, a complaint survey was conducted. This resulted in a standard survey at Aveanna Home Health . The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies. H72503994C/71513 was substantiated, and related deficiencies were issued at G422 & G468 as a result of the complaint investigation.	G0000		
G0442	Written notice for non-covered care CFR(s): 484.50(c)(8) Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating on-going care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204. This ELEMENT is NOT MET as evidenced by: Based on interview and document review, the agency failed to provide advanced proper written notice, prior to terminating services for 1 of 2 patients (P2) reviewed for discharge. P2's diagnoses included Alzheimer's disease with late onset, dementia, anxiety, osteoarthritis, and history of falling obtained from the plan of care (POC) for certification perions 4/14/22, through 6/12/22. The POC indicated P2 received physical therapy (PT) effective 4/17/22, 2 times weekly for 3 weeks then one time weekly for five weeks and occupational therapy (OT) one time weekly for 1 week, then twice weekly for two weeks and once weekly for 4 weeks. P2's medical record revealed P1 payee source for the skilled services was through managed Medicare as the primary insurance in P2 home care episode.	G0442	Action Taken: Reeducation will be provided to clinical staff on when and how to distribute NOMNC to patients/ patient responsible party who require a notice of non-coverage for Medicare. Reeducation will be provided to any staff that schedule NOMNC to patient's charts and how to proceed if a NOMNC is needed at a visit but not on the schedule. A sign in sheet along with an acknowledgment form will be completed once education has been provided. Date the corrective action will be implemented: The corrective action will be implemented by 10-6-22 by Clinical Manager and Executive Director. Monitoring Process: Effective compliance with this standard is evidenced by a compliance threshold of 100%. Methodology: 100% of all active records to ensure that the NOMNC is being provided to the patient and caregiver(s) will be reviewed on recert/decision workflow task on a weekly basis X 2 to ensure compliance and on a monthly basis X 4 to ensure compliance. Then 10% on a quarterly basis as part of the ongoing QAPI process If at any point compliance falls below the threshold then all appropriate administrative staff will be reeducated to ensure there is not acknowledge deficit and they understand the policy and standard. In addition, the frequency of audits will be increased as above until compliance is sustained	10/6/2022

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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AVEANNA HOME HEALTH	**5900 GREEN OAK DRIVE SUITE 200 , MINNETONKA, Minnesota, 55343**

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G0442	Continued from page 1 During review of the patient Visit Note Report dated 5/25/22, it was revealed P2 was discharged from OT. During review of the Client Coordination Note Report dated 6/6/22, it was revealed P2 was also being discharged from PT and the reason was "Lack of progress. Patient demonstrates no functional progress, was unable to meaningfully participate in therapy due to severe cognitive impairment and remains at max assist level for all transfers and unable to ambulate." During further review of the medical record, it was revealed P2 of responsible family member was not provided appropriate Medicare notices prior terminating services. During interview on 8/22/22, at 3:27 p.m. the assistant vice president of operations reviewed P2's medical record and verified no Notice of Medicare Non-Coverage (NOMNC) had been provided to the patient or the responsible patient party.	G0442	Action Taken: Reeducation will be provided to clinical staff on when and how to identify in the medical record changes to treatments to ensure that the updated instructions are provided to the patient. Reeducation will be provided to any staff that are discharging patients for cause a list of other agencies in area that they can contact for services. Reeducate that the clinical record when discharging a patient for cause should reflect: Identification of the problems encountered; Assessment of the situation; Communication among HHA management, patient caregiver/ or if applicable legal representative and the physician responsible for the plan of care; A plan to resolve the issues; and Results of the plan implementation. A sign in sheet along with an acknowledgment form will be completed once education has been provided.	10/6/2022
G0468	Provide contact info other services CFR(s): 484.50(d)(5)(iii) (iii) Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care; and This ELEMENT is NOT MET as evidenced by: Based on interview, and document review, the agency failed to provide 1 of 3 patients (P5) with information required related to other available Home Care providers, at the time of a agency-initiated discharge. P1's plan of care for certification period 6/17/22 through 8/15/22, identified diagnosis of removal of non-surgical wound dressing, type 2 diabetes and on-pressure chronic ulcer other part left foot. The POC also indicated P1 received skilled visits 3 times a week for 8 weeks. Skilled nursing was to provide wound care, monitor for risk of infections, and overall status. During review of the discharge Report dated 8/22/22, revealed P1 was discharged on 8/12/22	G0468	Date the corrective action will be implemented: This plan on correction will be initiated by 10/6/22 by the Executive Director. Monitoring Process: Effective compliance with this standard is evidenced by a compliance threshold of 100%. Methodology: 100% of all discharge records all discharged patients will be reviewed for 1 month to ensure compliance, All treatment order changes will be reviewed that the medical record was updated to allow distribution of any changes in treatments to the patients for 100% of orders changes X 2 weeks to ensure compliance. Then 10% on a quarterly basis as part of the monitoring process. If at any point compliance falls below the threshold then all appropriate staff will be reeducated to ensure there is not acknowledge deficit and they understand the policy and standard. In addition, the frequency of audits will be increased as above until compliance is sustained.	

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G0468	Continued from page 2 related to non-compliance with plan of treatment. During review of the Notice Of Medicare Non-Coverage (NOMNC) revealed P1 was given a notice on 8/10/22, for services ending 8/12/22, which was the same date P1 was discharged. During review of P1's medical record, it was revealed, the record lacked documentation of P1 and the family caregivers being provided discharge instructions and information on other available home care providers who cold provide services. During interview on 8/22/22, 3:32 p.m. the assistant vice president (AVP) of operations reviewed P1's medical record and verified according to the medical record, the last time instructions were documented as provided was on 6/21/22. The AVP of operations then stated, "In all fairness if the orders were made on 8/8/22, the office would not have had time to send the instructions to the patient because he was discharged on 8/12/22." The AVP of operations then verified the medical record lacked documentation of P1 being provided contact information of other available home care providers, who could provide services after the agency-initiated discharge. During interview on 8/22/22, at 4:13 p.m. registered nurse (RN)-A stated "It was not my decision to discharge I was following instructions from my supervisor. We found out he was not taking his insulin, was not following weight restrictions and he was also keeping up with his scheduled vascular wound clinic appointments." RN-A stated because P1's primary care provider (PCP) was aware of the agency plan to discharge P1 related to non-compliance and Medicare would not pay for the services. RN-A stated she had informed P1 the agency was going to discharge him and at the time of the last visit she had gone over the discharge instructions with P1 however RN-A acknowledged she did not have it documented and she had not provided a copy of the instructions. RN-A stated P1 was provided the NOMNC which was given 48 hours before being discharged. RN-A stated she did not participate in providing P1 a notice nor the list of other providers who could provide care and directed the surveyor to her supervisor or the office. The agency Transfer, Discharge & Oasis policy	G0468		

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G0468	Continued from page 3 dated 12/2/2019, directed the staff at the time of discharge "4. Additionally, the HHA would be required to provide the patient and representative (if any), with contact information for other agencies or providers who were potentially able to provide care following the discharge..."	G0468		

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August 31, 2022

Administrator
AVEANNA HOME HEALTH
5900 GREEN OAK DRIVE SUITE 200
MINNETONKA, MN 55343

Re: Event ID: 4F430-H1

Dear Administrator:

An abbreviated survey was completed at your agency on August 22, 2022, 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.

Ordinarily, a provider or supplier will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview. If possible, please type your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original to the following address within ten calendar days of your receipt of this notice:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220

P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota State Department of Health

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00000	Initial Comments On 8/22/22, an abbreviated complaint was conducted. Your facility was found to be in compliance with the MN State Licensure.	00000		

Office of Primary Care and Health Systems Management

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