

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

July 20, 2022

Administrator
ACCORD
1515 ENERGY PARK DRIVE
SAINT PAUL, MN 55108

Re: Event ID: 4EEED-H1

Dear Administrator:

A partial extended survey abbreviated survey was completed at your agency on July 1, 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

Sincerely,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271				A. BUILDING		X3) DATE SURVEY COMPLETED 07/01/2022	
NAME	OF PROVIDER OR SUPPLIER		700 A	REET ADDRESS, CITY, STATE, ZIP COI		nesota, 55108	
(X4) ID PREFIX TAG	SUMMARY STATEMENT C (EACH DEFICIENCY MUST BE I REGULATORY OR LSC IDENTII	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
E0000	Initial Comments On 6/30/22 through 7/1/22, a survith Appendix Z, Emergency Prency Requirements, §483.73(b)(6) was during a complaint survey. The compliance. The facility's plan of will serve as your allegation of on the Department's acceptance. Be enrolled in ePOC, your signature the bottom of the first page of the Upon receipt of an acceptable enrolled substantial compliance has been attained.	eparedness as conducted facility was NOT in f correction (POC) compliance upon ecause you are e is not required at e CMS-2567 form. lectronic POC, an be conducted to		E0024 A Home Health Contingency Staffing Plan was developed and implemented on July 22, 2022 by the Clinical Manager and Consultant. The plan addresses the use of volunteers and staffing in an emergency, established agreements with other agencies to address surge needs during an emergency. The plan also addresses	the	luly 22, 2022	
E0024	Policies/Procedures-Volunteers at CFR(s): 484.102(b)(5) §403.748(b)(6), §416.54(b)(5), §4 §441.184(b)(6), §460.84(b)(7), §4 §483.73(b)(6), §483.475(b)(6), §485.68(b)(4), §485.625(b)(6), §485.920(b)(5), §491.12(b)(4), §4	418.113(b)(4), 482.15(b)(6), 484.102(b)(5), 485.727(b)(4),	E0024	use of State and Federally designate health care professionals to address surge needs during an emergency. A Contingency Staffing Policy and Procedure was established on July 2 2022 and will be reviewed at least extwo years. The person responsible frassuring the review is the Home Health Administrator or designee.	2, very		
	[(b) Policies and procedures. The must develop and implement empolicies and procedures, based or plan set forth in paragraph (a) of risk assessment at paragraph (a) section, and the communication (c) of this section. The policies at must be reviewed and updated a years [annually for LTC facilities] the policies and procedures must following:]	ergency preparedness on the emergency this section, (1) of this plan at paragraph and procedures t least every 2 . At a minimum,		 The policy and procedure include: Critical Functions Delegation of Authority and Order of Succession Staffing Contingency Plan Use of Volunteers Response: Conventional, Contingency and Crisis Use of State and Federal designated Health Care Professionals 			
	(6) [or (4), (5), or (7) as noted about of volunteers in an emergency or staffing strategies, including the profession of State and Foundation of Stat	other emergency process and ederally nals to address		 Additional Resources Communication Alternate Locations Supply/Equipment Contingency Plan 1135 Waiver 			

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 7/29/2022

PRINTED: 07/20/2022 CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** COMPLETED 07/01/2022 AND PLAN OF CORRECTIONS **BUILDING** 247271 В. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ACCORD** 1515 ENERGY PARK DRIVE, SAINT PAUL, Minnesota, 55108 (X4) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE ID **TAG** CROSS-REFERENCED TO THE PREF REGULATORY OR LSC IDENTIFYING INFORMATION) DATE APPROPRIATE DEFICIENCY) Χ E002 Continued from page 1 E0024 Accord home health staff will be instructed August 15, 2022 regarding the updated Emergency Preparedness *[For RNHCIs at §403.748(b):] Policies and Plan by the Interim Director for Home Health on procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies August 15, 2022. to address surge needs during an emergency. Education is provided to all staff on Emergency Preparedness annually by the Clinical Manager *[For Hospice at §418.113(b):] Policies and or designee. procedures. (4) The use of hospice employees in August 15, 2022 an emergency and other emergency staffing If a need to activate the contingency staffing strategies, including the process and role for integration of State and Federally designated plan is identified, the CEO/Home Health health care professionals to address surge needs Administrator will report the situation and plan during an emergency. to the governing body and provide regular updates regarding the results of the This STANDARD is NOT MET as evidenced by: implementation. This will be documented in

Based on interview and document review, the agency failed to ensure it developed policies and procedure on staffing strategies and surge planning surrounding natural disasters and failed to develop a policy on the use of volunteers in an emergency and other emergency staffing strategies to address surge needs. This had the potential to affect all current 79 patients who were receiving services from the agency.

A review of the agency Emergency Preparedness Policy and Procedure revised 2/16/22, revealed the written plan for emergency lacked policies and procedures to facilitate volunteer support for individuals with varying levels of skills and training, the use of volunteers and other staffing strategies and surge planning surrounding natural disasters in its emergency plan. During an interview on 6/30/22, at 12:15 p.m. with the consultant RN and the agency chief executive officer (CEO), the consultant RN stated when asked about other emergency staffing strategies the agency had in plan to address staffing problems during a pandemic, and post pandemic, the consultant stated there was no requirement for home health care agencies to have this in place as this was a only long term care facility requirement. Surveyor reviewed the Home Health Agency Requirements Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Final Rule updated March 26, 2021.

INITIAL COMMENTS

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On 6/30/22 through 7/1/22, a complaint survey was conducted. This resulted in a partial extended survey at Accord. The agency was found to have not

governing body minutes. governing body approval of the plan of corrections for E0024 will be obtained by the CEO by August 15, 2022.

On July 22, 2022, a "Staffing Shortage" Performance Improvement Project (PIP) under the agency's QAPI program was initiated. The PIP will be submitted to the Governing Body for approval by the CEO/administrator on August 15, 2022. It will be implemented under the direction of the Interim Clinical Manager/Director Home Health as approved. Per the PIP, the Human Capital Department will assist with implementing and coordinating with outside vendors listed in the plan.

August 15, 2022

July 22, 2022

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ACCC			1515 ENERGY PARK DRIVE , SAINT PAUL, Minnesota, 55108				
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G0000	Continued from page 2 met the requirements at 42 CFR. Home Health Agencies. H727128 substantiated, and related deficie at G458, G464, & G962 as a resinvestigation.	897C/71006 was encies were issued ult of the complaint	G0000	G0458			
G0458	Outcomes/goals have been achied CFR(s): 484.50(d)(3) The transfer or discharge is apprete physician or allowed practition responsible for the home health puthe HHA agree that the measural goals set forth in the plan of care with §484.60(a)(2)(xiv) have been the HHA and the physician or allowho is responsible for the home care agree that the patient no long HHA's services;	opriate because ner, who is plan of care and ble outcomes and in accordance in achieved, and owed practitioner, health plan of	G0458	The Discharge Policy was updated implemented on July 13, 2022 base Conditions of Participation and the requirements of the MN Bill of Rig. On July 13 and 20, the home health were educated by the Interim Direct Home Health/Clinical Manager on Discharge Policy and documentation coordination including consultation health care professional regarding a discharge or transfer.	d on the hts. staff tor of the n of care with the	July 13, 2022 July 13 & 20, 2022	
	Based on interview and documer home health agency (HHA) failed discharges were appropriate and practitioner/physician who was rehome health plan of care for 3 of P5, P8). In addition, failed to ensiphysician/practitioner agreed that outcomes and goals set forth in the accordance had been achieved the longer needed the HHA's service potential to affect all 79 patients or receiving services from the agency who were abruptly discharged from P1's plan of care (POC) for certification period 5/18/22 to 7/16/22, identification depressive disorder, recurring type, post-traumatic struction t	at review, the distored to ensure allowed by the esponsible for the 3 patients (P1, ure the tithe measurable he plan of care in that the patient notes. This had the who currently by and 31 patients of the agency. Idication ded diagnoses of the rent severe nervosa, the agency of the severe nervosa, the sex disorder, and patient's all treatment and the formulation of the sex of the s		Continued one-to-one coaching will completed by the Interim Director of Health and Clinical Manager to assigning compliance. 100% of all discharges will be audit Interim Director of Home Health or for three (3) months to assure regulate compliance, physician/practitioner awith the discharge, and patient safet transitions until 100% compliance is achieved by all clinicians. Thereaft (but not less than quarterly) audits we completed. A new packet of information and to conducting a discharge will be distradministrative and clinical staff by 30, 2022 by the Interim Director Health. The packet will include the policy and procedure and the discharchecklist. The packet will be included of orientation for all new staff. The Interim Director of Home Heal review the Termination of Services with staff on August 3, 2022.	of Home are on- ted by the designee atory agreement by during ser, regular will be ols for ibuted to August ome discharge ed as part	August 30, 2022 August 3, 2022	

	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271	Α	A. B	LTIPLE CONSTRUCTION UILDING /ING	CTION (X3) DATE SURVEY COMPLETED 07/01/202	
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G04 58	Continued from page 3 providers appointments as needed obtaining community supports to independent living as client acce psychoeducation focused on discommedication compliance, stress as solving abilities, identification of decompensation symptoms, and needed. In addition, the POC identification impairment (right side bline nutrition impairment (right side bline nutrition impairment (anorexia), has taking meds correctly, history/possicidal behaviors, potential for sinjuries, potential for psychotic become inpulse control and nurse woulnerabilities at each nursing vis and report to providers as neede 6/27/22, indicated the agency has care services for in home mental monitoring and administration with to patients and other providers/caresponsible parties. The report in utilizing services due to suicidal patients and scheduled to have pill providers as needed to have pill providers as needed to have pill providers and scheduled to have pill providers and scheduled to have pill providers as needed to have pill providers and scheduled to have pill providers and scheduled to have pill providers and scheduled to have pill providers as provided to have providers as provided to have provided the last SNV would be 6/21/22 in reported feeling anxious and over the visit due to the news of being SNV note also indicated the nurse P1 that she will be discharged due to the last SNV would be 6/21/22 and monthly injections at the pharma would be mailed to P1 in multi-dopacks rather in bottles one week Patient Communication dated 6/2 physician indicated "Patient is dishome care services due to inade 10-day notice and list of other hopoviders was provided to patient Washington county case managed 6/21/22 which was 3 days after Fnotified of the discharge indicate reported feeling overwhelmed and was nervous about being discharch had provided reflective listening about the feelings and concerns.	maintain pts; provide ease process, voidance, problem crisis management as entified P1 had dness), had difficulty tential for self-inflicted ehaviors and vas to monitor for sit, educate, d. A report dated dd dropped home health medication th little notice are team hadicated P1 was plans to take ln addition, the tions for the last backs mailed P1 to have full which P1 had attempts to ar indicated due rices P1 was not sition/discharge aw of the medical d:-Skilled nursing dicated P1 had rewhelmed during g discharged. The se had explained to use to staffing and nd P1 would receive cy and medications ose medication at a timeA 18/22, sent to the scharged from quate staff. A ome care t and the er." -SNV note dated P1's physician was d P1 had nd anxious as she rged and the nurse as P1 spoke	G0458				
	//S-2567 (02/99) Previous Version	- Ole a state	ID: 4FF	<u> </u>	Facility ID: H02783	If a souther	uation sheet Page

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G04 58	Continued from page 4 documented one week of dispills to P1 at a time as P1 felt unsafe than one week supply of medicar of the visit the nurse had reminded Hydroxyzine is as needed for an stated to the nurse "Can I take at once if I feel like I need to forget sometimes I just want to sleep at day when I have a lot of anxiety overwhelmed." The nurse had the Hydroxyzine was used to help of tension caused by nervous and conditions and P1 was to medicine by your doctor. At the end of the removed the locked box from P1 contained several bottles of laxaft to let nurse remove with medicate manager was aware of the lock the out of the homeDischarge Sum 6/25/22, indicated P1 was discharged and a 10-day notice with list of or providers was provided to the patient/caregiver. During further medical record, it was revealed to lacked documentation of the provinces and signed orders about discharged. In addition, the medical documentation of the facility coordischarged. In addition, the medical caregiver, provider/physic care team members to discuss septon to include other services align to ensure a smooth transition. P5's POC for certification period identified diagnoses of Major depanciety, insomnia, diabetes melling hypertension. P5's POC included some the services align to ensure a smooth transition. P5's POC for certification period identified diagnoses of Major depanciety, insomnia, diabetes melling hypertension. P5's POC included some the season than the medical record the following some seases medication compliance, seases medication compliance, seases medical record the following some seases was anxious related from agency and was unable to follow the sease on the sease	with having more tions. At the time ed P1 to take xiety and P1 had il 4 capsules at about the day, and forget about the and feeling en explained ontrol anxiety and emotional ane only as directed visit the nurse had is home which tive that P1 agreed ions from her P1's case box being taken arged from the quate nursing staff ther homecare review of the he medical record vider/physician ut P1 being cal record lacked redinating with the cian, and other afe discharge for and for the patient ending 6/6/22, pressive disorder, tus and d orders for weekly r, deliver, and set- very other week; efficacy and side aded; assess g and observe for s. During review of was revealed:- in had reported to ad to discharge find housing "[P5] th medication andicated the it had been noted a left breast which	G045	8			

	TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		TE SURVEY ETED 07/01/2022
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GC 45 8	Continued from page 5 dated 5/31/22, indicated P5 had anxious due to changes going or discharge from this agency and or falling asleep and this was the la nurse from the agency due to lace available to provide services. The indicated, the locked box for med with key was given to P5's rooms would keep it secure and P5's room to give key to P5 "This nurse with manager [CM] to report that [room key." -Patient Communication not indicated a voice message was lease manager to inform her that discharged from agency on 6/2 conursing staff10 Day Discharge 5/19/22, the agency no longer we provide staff to fulfill your home help and of care effective date of disc 6/2/2022. The notice indicated Pordered home care services had will be able to provide a referral to provider that can meet the patier notice further indicated the agency been in contact with the case materials in the referral process. -Patient Communication note dated indicated a phone call was made case manager to inform her that had key to locked box and the carequested current medication list to her. The medical record lacked of the agency coordinating with the providers/physician responsible care and other care team memb county case managers being involved in the pate of the providers of anxiety, and Attenthyperactivity disorder, predomin type. The POC identified P8 for status he had demonstrated/exp depressed mood, poor Coping S forgetful. In addition, the POC in received SNV twice monthly from 5/31/22 for one month then once 6/7/22, through 6/9/22. The POC a decline in mental, emotional, ostatus in the past 3 months and collaboration with (case manage support people) to provide accur needed and the nurse was to as health	n-finding housing, was having trouble st visit by the sk of nursing staff e note further dication storage mate who stated commate agreed to Il call case mmate] has ste dated 5/19/22, set for the county P5 will be lue to lack of Notice dated could be able to nealth nursing charge will be 5's physician that been notified and so another st needs. The cy had been in snager to further sted 6/2/22, se to the county P5's roommate ase manager st, to be e-mailed d documentation she for the patients ers including the solved in the was safe and satient. P8's POC 6/22, identified ion-deficit antly hyperactive Psychosocial ressed anxiety, skills and was dicated P8 sol/5/22 through e monthly from c indicated P8 had or behavioral nurses were to do or, providers, rete information as	G0458			

	TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE	SURVEY ED 07/01/2022
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G0 45 8	Continued from page 6 status, medication side effects a efficacy, monitor medication con maintenance of adequate medic refills, deliver and set up medica minder or machine. During a rev record the following was reveale 5/18/22, indicated P8 reported to anxious, mostly due to being dis agency and felt down because of diagnosed with skin cancer. The lacked documentation of the age communication and coordination providers/physician responsible the discharge planning to ensure avoid stress for the patient. In an record lacked documentation the provided a notice for being dischagency as resident was informed on 5/18/22, visit and was dischabasically because we don't have required to send a 10-day notice mailed to [P1] and was about a RN stated licensed practical numet with P1 and discussed the stated usually when discharging agency nurses/staff would look and diagnoses and would not dischard we have been dealing we for a long time and the nurses a don't have a choice and she prohave a nurse but, in her case, we case manager and the physician ago." RN-A then stated after the who was assigned to P1, she have a nurse but, in her case, we case manager and the physician ago." RN-A then stated after the who was assigned to P1, she have a nurse but, in her case, we case manager and the physician ago." RN-A then stated after the who was assigned to P1, she have a nurse but, in her case, we case manager and the physician ago." RN-B then stated after the who was assigned to P1, she have a nurse but, in her case, we case manager and the physician ago." RN-B then stated after the who was assigned to P1, she have a nurse but, in her case, we case manager and the physician ago." RN-B then stated after the who was assigned to P1, she have a nurse but, in her case, we case manager and the physician ago." RN-B then stated after the who was assigned to P1, she have a nurse but, in her case, we case manager and the physician ago." RN-B then stated after the who was assigned to P1, she have a nurse but, in her case, we can be a stated	ation supply order ations in med ations in med ation of the medical and: -SNV dated to the nurse he felt acharged from the affecting at medical record ancy in with the for the patients in a ti was smooth to addition, the medical apatient had been arraged from the addition, the medical apatient had been arraged from the addition, the action of the discharge arged the next day. 12:00 p.m. "basically we don't charge people as the staff. We are as and that was acouple weeks ago." are (LPN)-A had astaffing issue. RN-A as a patient, the at the individual ascharge a patient as scharge a patient as so. RN-A then with staffing issues are stressed. We abably needed to be contacted the ana couple of weeks a previous RN quit and been assigned to be a previous RN quit and the pr	G0458			

1	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271 (X2) MULTIPLE CONSTRUCT A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/01/2022			
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	Continued from page 7 had discharged patients from Ithis were patients who had me B stated she did not have to gi patients the 10-day notices an who were managing them all a been able to review the patien discharged them appropriately their goals and each time she discharge a patient she always physician ahead of time, got a discharging the patient from the During an interview on 6/30/22, a the consultant RN and the agency officer (CEO), the consultant stal large patient number discharges not working for the agency. She case manager with the agency a was doing clinical management with people on evaluating the ca the medical necessities. The cor who was involved and notified w be documented in the patient me CEO stated there had been a lot May and a lot of calls had been a consultant RN stated it was the r agency to ensure it was commun physician/providers of the patien was the goal of the agency to en discharges were safe. The CEO acknowledged the patients' med have had documentation of the of which was completed with the pur The consultant RN stated her un the discharged patient cases we medical necessity and if they we She then stated most of the disc had mental health diagnoses, ha load for a long time which made what services the nurse was do ithus they were discharged becau mental health resources it was th discharge them. During interview on 7/1/22, at 1:5 physician stated she was not aw discharged from the HHA until Pi appointment on 6/14/22 and had provider she thought the nurse w intervals and was not going to be discharged from the staff had not receiv the agency regarding discontinui P1's physician stated P1 would be	at their goals. RN- ive any of the d felt the nurses along should have its and would have if they had met was going to supdated the n order prior to le agency. at 12:15 p.m. with ey chief executive ted at the time the began, she was then stated the RN dministrator who duties was working se load looking into isultant RN stated as all supposed to edical record. The esponsibility of the incated to the t discharges in made. The esponsibility of the incated to the t discharges and it isure the and the consultant ical records should communication roviders/physician iderstanding was all re reviewed for re on Medicare. harged patients id been on case it hard to determine ing in the home and use they had other hought to be safe to if p.m. P1's are P1 was being I had come for an indicated to the reas coming on some e completely MD stated the red anything from ing P1's services.	G048	58			

PRINTED: 07/20/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271			(X2) A. B.	MULTIPLE CONSTRUCTION BUILDING WING	(X3) DATE S	URVEY COMPLETED			
NAM ACC	E OF PROVIDER OR SUPPLIER ORD				ADDRESS, CITY, STATE, ZIP (55108		
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G0458	Continued from page 8 with homecare services as P1 h would overdose with managing P1's physician also stated P1 ne of oversight on medications as F access to medications more than related to suicidal ideation and cand verbalizations "She needs cas she would take more than sh hurt herself." The agency Discharge policy up indicated the following: "3. The p involved in the discharge plan at ongoing care needs will be identaddressed as part of the plan. 4 discharge will be reviewed with the home care team to assure of continuity with the client and family/caregivers" Advise the patient of discharge for CFR(s): 484.50(d)(5)(i) (i) Advise the patient, representative physician(s) or allowed practissuing orders for the home head and the patient's primary care prother health care professional w responsible for providing care and patient after discharge from the adischarge for cause is being of This ELEMENT is NOT MET as Based on interview and docume home health agency (HHA) faile identified other health care professional wresponsible for providing care and patient after discharge from the adischarge for cause is being of This ELEMENT is NOT MET as Based on interview and docume home health agency (HHA) faile identified other health care professional wresponsible for providing care and patients who currently receive the agency and 31 patients who discharge from the agency about the agency and 31 patients who discharged from the agency about P1's plan of care (POC) for certification personality disorder and anoncompliance with other medicates the profession of the provided or degree of the provided or degre	ner medications. seded some sought 21 should not have n a week at a time everdose history versight on meds e needs and try to dated 5/28/21, hysician will be nd specific ified and The impending other members of cordination and or cause attive (if any), itioner(s), th plan of care, ractitioner or ho will be nd services to the HHA (if any) that considered; evidenced by: ent review, the ed to notify essionals who care when or 3 of 3 patients intial to affect all ve services from or were ruptly. fication fied diagnoses of frent severe a nervosa, tress disorder, ind patient's al treatment and	G0458	Go4 The and 1 2022 Horr Disc Parti On J were documents considered the and of		ation document or to July 1, m Director of ecurrent enditions of ed. The health staff and the Interime charge Policy, on and all professional er. Director of wing 100% of en Case are compliance en coaching fill be provided the entitle e			

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTIONS	I IDENTIFICATION NUMBER:							
	ME OF PROVIDER OR SUPPLIER CORD	₹	STREET ADDRESS, CITY, STATE, ZIP CODE 1515 ENERGY PARK DRIVE , SAINT PAUL, Minnesota, 55108						
(X4) ID PREFI X		PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO APPROPRIATE DEFICIENT	HOULD BE	(X5) COMPLETION DATE		
	Continued from page 9 per week for 8 weeks and the nut deliver, and set-up medications it every other week; administer injective yery month; assess medication efficacy and side effects; assess needed; assess mental status, leand observe for early decompen Also, the nurse was to facilitate reproviders appointments as needed obtaining community supports to independent living as client accepsychoeducation focused on discepsychoeducation focused on discepsychoeducation focused on discepsychoeducation symptoms, and needed. In addition, the POC identification of decompensation symptoms, and needed. In addition, the POC identification impairment (right side blimutrition impairment (anorexia), having meds correctly, history/posuicidal behaviors, potential for sinjuries, potential for psychotic begoor impulse control and nurse wulnerabilities at each nursing vis and report to providers as needed 6/27/22, indicated the agency has care services for in home mental monitoring and administration wito patients and other providers/cresponsible parties. The report in utilizing services due to suicidal all the medications to overdose, agency nurse had set up medicatime and scheduled to have pill promitive to P1 which would allow possession of medication bottles verbalized urges to take them in commit suicide. The report further to the short notice of ending services well prepared for successful transwhich put P1 at risk. During reviered the following was revealed visit (SNV) note dated 6/14/22 in reported feeling anxious and over the visit due to the news of being SNV note also indicated the nurse P1 that she will be discharged due to the last SNV would be 6/21/22 at monthly injections at the pharma would be mailed to P1 in multi-depack rather in bottles one week a Patient Communication dated 6/14/22 in the care services due to inade 10-day notice and list of other hours.	n med-minder ectable medication compliance, vital signs as evel of functioning sation symptoms. medical/psych ed; assist in maintain pts; provide ease process, voidance, problem crisis management as entified P1 had dness), and difficulty tential for self-inflicted ehaviors and vas to monitor for sit, educate, d. A report dated d dropped home I health medication th little notice are team indicated P1 was plans to take In addition, the tions for the last backs mailed P1 to have full which P1 had attempts to are indicated due rices P1 was not sition/discharge ew of the medical di-Skilled nursing dicated P1 had enwhelmed during g discharged. The se had explained to use to staffing and and P1 would receive cy and medications ose medication at a timeA 18/22, sent to the scharged from quate staff. A	G046	Effectivity Direction (3) phydisc the Production qua By disc con bus of c doc clie ther Acc	be approved and then audited lector of Home Health or design months to assure regulatory consician/practitioner agreement we harge, documentation of the sur Discharge Summary to the Prinvider and patient safety during to 1 100% compliance is achieved icians. Thereafter, regular (but reterly) audits will be completed August 30, 2022 a follow-up can charged client or transfer agency ducted by the RN Case Manage iness days of discharge to assur are. This follow-up communical umented in a survey template fint record. This activity will content is evidence of satisfaction repeated of the survey of the production of the survey discharge and transfer productions.	by the Interime e for three inpliance, with the bimission of nary Care transitions by all not less than will be it within 5 e continuity tion will be led in the tinue until orted about	July 20, 2022		

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		Α	(X: A. B.	2) MULTIPLE CONSTRUCTION BUILDING WING	(X3) DATE	SURVEY ED 07/01/2022
	ME OF PROVIDER OR SUPPLIER	₹		STREET ADDRESS, CITY, STATE, ZIP CODE 1515 ENERGY PARK DRIVE, SAINT PAUL, Minnesota, 55108			, 55108
(X4) ID PREFI X	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PROPERTY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO TARRECTIVE APPROPRIATE DEFICIENCY	OULD BE HE	(X5) COMPLETION DATE
	Continued from page 10 providers was provided to patien Washington county case managed dated 6/21/22 which was 3 days physician was notified of the disc P1 had reported feeling overwhere as she was nervous about being the nurse had provided reflective spoke about the feelings and condocumented one week of dispills to P1 at a time as P1 felt unsafe than one week supply of medica of the visit the nurse had remind Hydroxyzine is as needed for an stated to the nurse "Can I take a once if I feel like I need to forget sometimes I just want to sleep a day when I have a lot of anxiety overwhelmed." The nurse had the Hydroxyzine was used to help conditions and P1 was to medicily your doctor. At the end of the removed the locked box from P1 contained several bottles of laxa agreed to let nurse remove with her home. The note further indic manager was aware of the lock I out of the homeDischarge Sun 6/25/22, indicated P1 was dischargency on 6/24/22, due to inade and a 10-day notice with list of o providers was provided to the patient/caregiver. During further medical record, it was revealed to lacked documentation of the age care team members to discuss s P1 to ensure other services were patient to ensure a smooth transicertification period ending 6/6/22 diagnoses of Major depressive dinsomnia, diabetes mellitus and I POC included orders for weekly nurse was to order, deliver, and sin med-minder every other week; medication compliance, efficacy assess vital signs as needed; as status, level of functioning and of decompensation symptoms. Durimedical record the following was dated 5/23/22, indicated P5 had nurse she was anxious related to agency and was unable to find he not have family to assist with me management." The note further in management." The note further in the management." The note further in the management." The note further in the age care team members to discust with memanagement." The note further in the age care team was an any to a sist with memanagement." The note further in the age care team and the t	er." -SNV note after P1's charge indicated elmed and anxious discharged and elistening as P1 neems. The nurse swould be mailed with having more tions. At the time ed P1 to take xiety and P1 had ill 4 capsules at about the day, nd forget about the and feeling en explained control anxiety and emotional ne only as directed visit the nurse had 's home which tive that P1 medications from ated P1's case box being taken many dated arged from the quate nursing staff ther homecare review of the he medical record ncy notifying other afe discharge for a aligned for the etion. P5's POC for , identified isorder, anxiety, nypertension. P5's SNV, and the set-up medications assess and side effects; sess mental oserve for early ing review of the revealed:-SNV reported to the o discharge from ousing "[P5] does dication	G046	34			

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		A. I	JLTIPLE CONSTRUCTION BUILDING WING	(X3) DATE	SURVEY ED 07/01/2022
	IAME OF PROVIDER OR SUPPLI	ER			DRESS, CITY, STATE, ZIP CO		, 55108
(X4) ID PR EFI	ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRINCE REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		ROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO T APPROPRIATE DEFICIENC	OULD BE	(X5) COMPLETION DATE
G0 46 4	Continued from page 11 discharge date was 5/31/22, and P5 had picked on the scab on the she picked due to increased and 5/31/22, indicated P5 had report due to changes going on-finding discharge from this agency and falling asleep and this was the lanurse from the agency due to la available to provide services. The indicated, the locked box for me with key was given to P5's room would keep it secure and P5's room would keep it secure and P5's root give key to P5 "This nurse wown manager [CM] to report that [root Patient Communication note data indicated a voice message was case manager to inform her that discharged from agency on 6/2 nursing staff10 Day Discharge 5/19/22, the agency no longer wore provide staff to fulfill your home plan of care effective date of dis 6/2/2022. The notice indicated Fordered home care services had will be able to provide a referral provider that can meet the patie notice further indicated the ager been in contact with the case massist in the referral processP Communication note dated 6/2/2 phone call was made to the cout to inform her that P5's roommaticked box and the case manage current medication list, to be entered by a communication period identified diagnoses of anxiety, and Attention-deficit hyperactivity predominantly hyperactive type. P8 for Psychosocial status he had demonstrated/expressed anxiety, and Attention-deficit hyperactivity predominantly from 6/7/22, through 6/9/indicated P8 had a decline in mer behavioral status in the past 3 mower to do collaboration with (case providers, support people) to provinformation as needed and the numental health status, medication medication efficacy, monitor medication compliance, maintenamedication efficacy, monitor medication compliance, maintenamedication supply order refills, definition of the patient of the patient provider refills, definition and patient provider refills, definition and providers with the past 3 movers to do collaboration with (case providers) and provider refills, definition and providers with the pat	the left breast which dietySNV dated died feeling anxious in housing, was having trouble diet of nursing staff die note further dication storage dimate who stated dommate agreed to dill call case dimmate] has key." - died 5/19/22, left for the county of P5 will be die to lack of die Notice dated dould be able to the lath nursing charge will be diet of another died and to another died and died died died died died died died di	G0464				

Al	ATEMENT OF DEFICIENCIES ND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		В	. WING		SURVEY ED 07/01/2022
	ME OF PROVIDER OR SUPPLIE	-K			ET ADDRESS, CITY, STATE, ZIP CO		, 55108
(X4) ID PRE FIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G04 64	Continued from page 12 up medications in med minder or a review of the medical record the revealed: -SNV dated 5/18/22, in reported to the nurse he felt anxie being discharged from the agency because of getting diagnosed with The medical record lacked docur agency notifying timely other care including the county case managinvolved in the discharge plannin safe and smooth to avoid stress of the consultant RN and the agency officer (CEO), the consultant RN agency had challenges with staff and there was instability in staffin staff clinicians and management. Stated at the time the large patier discharges began, she was not wagency. She then stated the RN the agency administrator who was management duties was working evaluating the case load looking necessities. She then also stated having conversations with pharmacies to medications were being delivered other providers involved in the canotified within 10 days of the disc were called which was on an indiconsultant RN stated who was in was all supposed to be documen medical record. The CEO stated lot of discharges in May and a lot been made. The consultant RN stated who was in was all supposed to be documen medical record. The CEO stated lot of discharges in May and a lot been made. The consultant RN stated who was in was all supposed to be documen medical record. The CEO stated lot of discharges in May and a lot been made. The consultant RN stated who was in was all supposed to be documen medical record. The CEO stated lot of discharges in May and a lot been made. The consultant RN stated who was in was all supposed to be documen medical record. The CEO stated lot of discharges in May and a lot been made. The consultant RN stated who was in was all supposed to be documen medical records the discharge plan ar including the list of providers who services (services that help peop disabilities live in the community an institution) "That is what is in tit's not required the agency problem not request for the discharges. The consultant acknowledged the pat records shoul	e following was dicated P8 ous, mostly due to by and felt down th skin cancer. mentation of the te team members ters being g to ensure it was for the patient. at 12:15 p.m. with by chief executive acknowledged the ting post pandemic to g of the field The consultant that number working for the case manager with tis doing clinical with people on into the medical the staff was unty case managers to make sure the diff, families and these were tharges or they vidual case. The volved and notified ted in the patient there had been a to f calls had thated patients had did resources to provided the responsibility tesist the patients d not the agency Waiver program the with rather than in the policy and coordination." tency had not made any ter agencies as as patients did the CEO and the tients' medical tentation of the	G046	64			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		,	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	, ,	SURVEY ED 07/01/2022
	NAME OF PROVIDER OR SUPPLIER ACCORD			EET ADDRESS, CITY, STATE, ZIP CO		ı, 55108
(X4) ID PRE FIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL RE REGULATORY OR LSC IDENTIFYING INFORMATION) TAIL IX			PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO T APPROPRIATE DEFICIENCE	OULD BE THE	(X5) COMPLETION DATE
G04 64	team for the discharged patients county case managers. The conher understanding was all the dicases were reviewed for medicathey were on Medicare. She the discharged patients had mental had been on case load for a long hard to determine what services doing in the home and thus they because they had other mental was thought to be safe to dischastated she knew the nurses and manager/administrator had met patients however, there was no meetings, and the clinical manage working at the agency. The conswould have expected the staff were sident as an individual when deprocess. During interview on 7/8 county case manager (CCM) stapatients who were under the fundamented by the county and conagency had been discharged abagency without appropriate time lack of coordination/communicated the patients. The CCM stated Provided ideation and having accamounts of medications was not agency had been discharged abagency without appropriate time lack of coordination/communicated the patients. The CCM stated Provided ideation and having accamounts of medications was not appropriate time lack of coordination and having accamounts of medications was not appropriate time lack of coordination and having accamounts of medications was not appropriate to the patients. The CCM stated Provided Provid	sincluding the sultant RN stated scharged patient all necessity and if in stated most of the health diagnoses, gitime which made it the nurse was were discharged health resources it arge them. The CEO the clinical to discuss the documentation of ger was no longer sultant stated she are reviewing each loing the discharge wide, at 9:19 a.m. the atted P1 and other 11 ded program tracted to the ruptly from the ly discharge and tion which affected a was at risk for less to large appropriate for P1. The agency had a dindicated to the lem the agency was ants from the agency was ants from the agency manager a great liniating the latth beginning of it larged but then this less later and had less for services. The larged but then this less later and had less for services. The larged but the larged but then this less later and had less for services. The larged but the larged	G0464			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED 07/01/20 B. WING					
	NAME OF PROVIDER OR SUPPLIER ACCORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1515 ENERGY PARK DRIVE , SAINT PAUL, Minnesota, 55108					
(X4) ID PRE FIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	'	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
G04 64	Continued from page 14 to do with the laxatives and all of which belonged to P1 that could home due to P1's misuse. The Cagency had e-mailed her superv on vacation for 2 weeks and had bounced back e-mail that she wadid not act on communicating withe county to discuss about the costated she had been P1's case in two years and the agency was a communicate with her about any the home care services for P1. The when the agency was discharging agency the RN-A had indicated the medications for one week to only packs due to P1's history of over ideation but instead this never had to address the issue with the week. The CCM stated other path discharged from the agency asking a lived in a shared home who continued in the discharged medications. The CCM stated the count in the agency was struggling with shared in a continued in the discharge policy upon indicated the following: Tanaster CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	not be stored in the CCM stated the isor who had been as on vacation but th someone else at discharge. The CCM manager for over ware to rechanges regarding the CCM stated ig P1 from the they had ordered who be and suicidal appened, and she is pharmacy last itents who were propriately had nother patient who inued to receive esponsible for the ng stress on the patient to take their e arrangement the njections from the and nothing was wed the re she remained inty was not aware staffing since would have not by to avoid mass that health issues d continued dated 5/28/21, hysician will be dispectific fied and The impending ther members of payer source for nmet needs and neet those needs, that appropriate ten) and	G046	34					

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		4	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING (X3) DATE SURVEY COMPLETED 07/01/20				
	ME OF PROVIDER OR SUPPLIER	₹		STREET ADDRESS, CITY, STATE, ZIP CODE 1515 ENERGY PARK DRIVE , SAINT PAUL, Minnesota, 55108				
(X4) ID PREFI X	SUMMARY STATEMENT C (EACH DEFICIENCY MUST BE I REGULATORY OR LSC IDENTII	PRECEDED BY FULL	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE		
	Continued from page 15 the decision will be made with the well as the client and their represence to be kept in the client file. A dischawill be sent to the physician. Coordinate patient care CFR(s): 484.105(c)(2) Coordinating patient care, This ELEMENT is NOT MET as a Based on interview and documer home health agency (HHA) gove to ensure patient discharges were other health care professionals winvolved in the patient's care whe discharges become imminent. The potential to affect all 79 patients or receive services from the agency who were discharged from the last time have pill packs mailed directly fallow P1 to have full possession bottles which P1 had verbalized them in attempts to commit suic further indicated due to the shore services P1 was not well preparatransition/discharge which put freview of the medical record the revealed: -A Patient Communic 6/18/22, sent to the physician in discharged from home care serinadequate staff. A 10-day notion to the patient/caregiver. During the medical record, it was revealed to the patient/caregiver. During the medical record, it was revealed to the medical record, it was reveal	evidenced by: Introview, the ming body failed e coordinated with who currently and 31 patients pency abruptly. It e agency had in home mental diadministration ther e parties. The greyices due to edications to cy nurse had set and scheduled to co P1 which would in of medication di urges to take cide. The report introvices due to edication di urges to take cide. The report introvice of ending red for successful P1 at risk. During e following was atton dated indicated "Patient is vices due to ce and list of other ded to patient and anager." – 5/22, indicated P1 by on 6/24/22, due a 10-day notice viders was provided further review of	G046	G0962 2 The Care Coordination Policy has be updated to include the process for coof services at discharge or transfer of and the documentation of the command coordination. This was comple Interim Director of Home Health and Consultant on 7/24/22. Staff will be oriented to the Care Corpolicy and their responsibilities for coordinating care, including during and/or discharges and for document communication and coordination by Director Home Health by August 10 Beginning with discharges after July 100% of the discharged records will monthly for 3 months to assure that coordination is completed and document the policy. By August 30, 2022 this incorporated into a Performance Improject under the agency's QAPI prapproved by the Governing Body of and implemented by the Interim Dir Health.	oordination of patients unication ted by the d oordination transfers ing all the Interim 0, 2022. y 1, 2022, l be audited mented per will be provement ogram as a August 15	August 30, 2022 August 15, 2022		

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		\	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED 07/01/2 B. WING			
	NAME OF PROVIDER OR SUPPLIER ACCORD				RESS, CITY, STATE, ZIP Y PARK DRIVE , SAINT P		ta, 55108
(X4) ID PRE FIX	SUMMARY STATEMENT C (EACH DEFICIENCY MUST BE F REGULATORY OR LSC IDENTIF	PRECEDED BY FULL	ID PREFI TAG	X (EACH	OVIDER'S PLAN OF CORI I CORRECTIVE ACTION S CROSS-REFERENCED TO APPROPRIATE DEFICIE	SHOULD BE O THE	(X5) COMPLETION DATE
G09 62	Continued from page 16 record lacked documentation of coordinating with the patient/car provider/physician, and other cat to discuss safe discharge for P1 services were aligned for the pasmooth transition. P5's POC for period ending 6/6/22, identified Major depressive disorder, anxiediabetes mellitus and hypertensincluded orders for weekly SNV, was to order, deliver, and set-up med-minder every other week; a compliance, efficacy and side ef signs as needed; assess mental functioning and observe for early decompensation symptoms. Dur medical record the following was dated 5/23/22, indicated P5 had nurse she was anxious related to agency and was unable to find h not have family to assist with me management." The note further it discharge date was 5/31/22, and P5 had picked on the scab on the she picked due to increased anx 5/31/22, indicated P5 had reported to changes going on-finding from this agency and was having asleep and this was the last visit the agency due to lack of nursing provide services. The note further locked box for medication storage given to P5's roommate who states secure and P5's roommate who states secure and P5's roommate agree to P5 "This nurse will call case more port that [roommate] has key." Communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication note dated 5/19/voice message was left for the communication not	regiver, are team members to ensure other tient to ensure a certification diagnoses of ety, insomnia, ion. P5's POC and the nurse of medications in assess medication assess wital a status, level of by ing review of the arevealed:-SNV areported to the adischarge from ausing "[P5] does adication andicated the at thad been noted as left breast which asteric synv dated and feeling anxious andousing, discharge astrouble falling by the nurse from astrouble falling by the nurse astrouble falling by the nurse astrouble falling by the nu	G096				
		o Obsalata Event			Facility ID: U02702	If contin	

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		١	(X2) A. B.	MULTIPLE CONSTRUCTION BUILDING WING	(X3) DATE	SURVEY ED 07/01/2022
	NAME OF PROVIDER OR SUPPLIER ACCORD				ADDRESS, CITY, STATE, ZIP CO		, 55108
(X4) ID PRE FIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL RE REGULATORY OR LSC IDENTIFYING INFORMATION) T				PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO T APPROPRIATE DEFICIENC	OULD BE HE	(X5) COMPLETION DATE
G09 62	Continued from page 17 the case manager requested cur list, to be e-mailed to her. The melacked documentation of the age with the providers/physician resp patients care and other care tear including the county case managinvolved in the discharge plannin safe and smooth to avoid stress. P8's POC for certification period identified diagnoses of anxiety, and Attention-deficit hyperactivity predominantly hyperactive type. TP8 for Psychosocial status he had demonstrated/expressed anxiety, poor Coping Skills and was forget POC indicated P8 received SNV to 5/5/22 through 5/31/22 for one momonthly from 6/7/22, through 6/9/2 indicated P8 had a decline in men behavioral status in the past 3 mowere to do collaboration with (cast providers, support people) to provinformation as needed and the numental health status, medications medication efficacy, monitor medication compliance, maintenamedication supply order refills, domedications in med minder or mareview of the medical record the revealed: -SNV dated 5/18/22, into the nurse he felt anxious, most discharged from the agency and of getting diagnosed with skin carecord lacked documentation of tocommunication and coordination team members including the count the discharge planning to ensuravoid stress for the patients. During interview on 6/30/22, at 3 nurse (RN)-B stated in the last more positions or cutting back to partitle agency had to discharge a lot of staff repositions or cutting back to partitle agency had to discharge a lot of staff repositions or cutting back to partitle agency had to discharge a lot of staff repositions or cutting back to partitle agency had to discharge a lot of staff repositions or cutting back to partitle agency had to discharge a patient she always uphysician ahead of time, got an discharging the patient from the case managers involved. During an interview on 6/30/22, at 3 discharging and interview on 6/30/22, at 3 discharging and interview on 6/30/22, at 3 discharging and a result a lot of staff repositions or cutting back to partitle adme	edical record ncy coordinating onsible for the n members lers being g to ensure it was for the patient. ending 6/9/22, disorder, he POC identified depressed mood, ful. In addition, the wice monthly from onth then once 22. The POC tatal, emotional, or inths and nurses e manager, ide accurate rse was to assess side effects and ance of adequate eliver and set up achine. During a following was dicated P8 reported tly due to being felt down because ncer. The medical he agency with other care nty case managers are it was smooth to s:24 p.m. registered nonths since I struggled with esigning from their time. RN-B stated of the patients elp "the population we are short of e she was going to updated the order prior to agency and the	G09	62			

ERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		IA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVI A. BUILDING COMPLETED 07. B. WING						
	NAME OF PROVIDER OR SUPPLIER ACCORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1515 ENERGY PARK DRIVE , SAINT PAUL, Minnesota, 55108					
(X4) ID PRE FIX	SUMMARY STATEMENT OF STATEMENT	PRECEDED BY FULL	ID PREF TAC	FIX (EACH	OVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO T APPROPRIATE DEFICIENC	OULD BE	(X5) COMPLETION DATE		
	Continued from page 18 the consultant RN and the ager officer (CEO), the consultant R the agency had challenges with pandemic and there was instable the field staff clinicians and ma consultant stated the clinical m resigned in December and ano in January and then that one resigned in December and ano in January and then that one resigned the beginning of the year including the administrative state quality assurance duties, intake had also resigned, then 2 full to between April and May 2022, at the part-time. The CEO then state since December 2021, to now to been doing recruitment efforts agency had four nurses (two wone part-time RN and one full tourrent 79 patients the agency census. The CEO stated it had with recruiting and this continue the agency was making through focus being on getting RN's an stated the agency had used on direct hire agencies, handshak mouth resources which had not CEO and the consultant RN bo they were aware of supplement agencies (SNSA-pool agency) an area they had not considere could get nurses due to the cost thought most are being used by consultant stated at the time the number discharges began, she for the agency. She then stated manager with the agency adminding clinical management duting the staff was having conversations as make sure the medical necessities. Sithe staff was having conversations and the patient and other providers in were notified within 10 days of they were called which was on The consultant RN stated who notified was all supposed to be patient medical record. The CE been a lot of discharges in May had been made. The consultant patients had been given the discressources including the list of patients and been given the discressources including the list of patients.	N acknowledged in staffing post staffing post staffing post staffing post staffing of nagement. The anager had ther one was hired esigned early May ed in the time frame other staff off who completed e and direct care me nurses quit and one went down ted all along there the agency had and currently the ere full time RN's, ime LPN) for the provided in current been a struggle ed to be an effort in time with the dLPN's. She then line resources, e and word of the brought staff. The thacknowledged tal nursing services however, this was ed to see if they st implication and by hospitals. The elarge patient was not working the then also stated ons with the county ges. The CEO then is with pharmacies to be being delivered, wolved in the cases the discharges or an individual case. was involved and documented in the co stated there had and a lot of calls at RN stated scharge plan and	G09	062					
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SIATEMENT OF DEFICIENCIES ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271				E SURVEY TED 07/01/2022			
	NAME OF PROVIDER OR SUPPLIER ACCORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1515 ENERGY PARK DRIVE , SAINT PAUL, Minnesota, 55108					
(X4) ID PRE FIX	SUMMARY STATEMENT C (EACH DEFICIENCY MUST BE I REGULATORY OR LSC IDENTII	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO T APPROPRIATE DEFICIENC	OULD BE	(X5) COMPLETION DATE			
TAC	Continued from page 19 services and she thought it was to of the county case manager to as with coordinating the services and responsibility as the patients had services (services that help people disabilities live in the communinstitution) "That is what is in trequired the agency to do coordon acknowledged the agency had efforts to transfer patients to ostaffing was the agency problem to request for the discharges consultant acknowledged the precords should have had docu communication which was comproviders/physician and the cardischarged patients including managers. The consultant RN understanding was all the discharged patients had mental had been on case load for a long hard to determine what services doing in the home and thus they because they had other mental has thought to be safe to discharged patients however, there was no meetings, and the clinical manager/administrator had met apatients however, there was no meetings, and the clinical manage working at the agency. The consult have expected the staff were sident as an individual when deprocess. During interview on 7/8 county case manager (CCM) stapatients who were under the fundanged by the county and confidency had been discharged abagency without appropriate time lack of coordination/communicate the patients. The CCM stated on had a meeting with the county and the case managers and informed was going to discharge several pagency but did not give the county and the case managers and informed was going to discharge several pagency but did not give the county and the case managers and informed was going to discharge several pagency but did not give the county and the case managers and informed was going to discharge several pagency but did not give the county and confidency belonged to P1 that could home due to P1's misuse. The CCM stated the agency was aware to communicate to communicate the patients are manager for over agency was aware to communicate the patients.	ssist the patients of not the agency with with agency and it's not redination." They both not made any other agencies as an as patients did. The CEO and the patients' medical mentation of the age team for the the county case stated her arged patient cases as were discharged nealth resources it arge them. The CEO the clinical to discuss the documentation of ger was no longer sultant stated she as reviewing each oing the discharge and ion which affected to the ruptly from the ly discharge and ion which affected to the medical to discuss from the sty case manager a te terminating the gency never P1 where and what ther medications not be stored in the CCM stated she had ar two years and the	G0962						
	1S-2567 (02/99) Previous Version	a Olas alata — — — — — — — — — — — — — — — — — —		-D_H1 Facility ID: H02783	If and the	uation sheet Page 2			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		Α	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING (X3) DATE SURVEY COMPLETED 07/01/20		
	NAME OF PROVIDER OR SUPPLIER ACCORD			STREET ADDRESS, CITY, STATE, ZIP COD		, 55108
(X4) ID PRE FIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL RE REGULATORY OR LSC IDENTIFYING INFORMATION) TO SELECT THE RESERVE OF THE RESERVE		ID PREF TAG	`	ULD BE IE	(X5) COMPLETION DATE
		PI Meeting Agenda meeting dates /24/22, it was uss anything om the agency as	G096			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

July 20, 2022

Administrator
ACCORD
1515 ENERGY PARK DRIVE
SAINT PAUL, MN 55108

Re: Event ID:4EEED-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on July 1, 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

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

(X6) DATE

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247271		A (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING B. WING (X3) DATE SURVEY		Y COMPLETED					
ACCO	OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD					
(X4) ID PREFIX TAG		PRECEDED BY FULL	ID PREF TAG	`	SHOULD BE TO THE	(X5) COMPLETION DATE			
00000	Initial Comments On 6/30/22 through 7/1/22, an abcomplaint was conducted. No lice issued during this survey.	breviated	00000						
Office of	Office of Primary Care and Health Systems Management								

STATE FORM Event ID: 4EEED-H1 Facility ID: H02783 If continuation sheet Page 1 of 1

TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE