

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

November 4, 2020

Administrator Home Health Care Inc 800 Boone Avenue North Suite 200 Golden Valley, MN 55427-4476

RE: Event ID: B51W12

Dear Administrator:

On October 26, 2020, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our visit, we have determined that your facility has achieved substantial compliance.

Feel free to contact me with any questions related to this letter.

Sincerely,

Douglas Larson, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Towns Stapson

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

October 1, 2020

Administrator Home Health Care Inc 800 Boone Avenue North Suite 200 Golden Valley, MN 55427-4476

RE: Event ID: B51W11

Dear Administrator:

An extended survey was completed at your agency on September 11, 2020 for the purpose of assessing compliance with Federal certification regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division noted one or more deficiencies and found that your agency was not in substantial compliance with the participation requirements. The findings from this survey are documented on the electronically delivered form CMS 2567.

At the time of this survey it was determined that the following Condition(s) of Participation were found not met:

G 700 - Skilled Professional Services

Since these deficiencies limit your capacity to provide adequate care to patients, you must respond within ten calendar (10) days with your plan of correction. The plan must be specific, realistic, include the date certain for correction of each deficiency and be signed and dated by the administrator or other authorized official of the agency. 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;
- What correction action(s) will be accomplished for those patients found to have been affected by the deficient practice;
- How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the

Home Health Care Inc October 1, 2020 Page 2

- 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, i.e., what quality assurance program will be put into place;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

If your agency has failed to achieve compliance by the date certain, sanctions including but not limited to fines of up to \$10,000.00 per day, may be recommended for imposition to the Centers for Medicare and Medicaid Services (CMS) Regional Office. Informal dispute resolution (IDR) for the cited deficiencies will not delay imposition of any recommended enforcement actions. A change in the seriousness of the noncompliance at the time of the revisit may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

The plan of correction should be directed to:

Kathleen Lucas, Unit Supervisor
St. Cloud B Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: kathleen.lucas@state.mn.us

Office: (320) 223-7343 Mobile: (320) 290-1155

Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days of your receipt of this notice may result in imposition of sanctions, decertification and/or a loss of Federal reimbursement. Additionally, your continued certification is contingent upon corrective action. If, upon a revisit within forty five (45) days of the survey exit date, correction is not ascertained, we will have no recourse except to recommend to the Centers for Medicare and Medicaid Services Chicago Region V Office that sanctions be imposed.

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

HOME HEALTH AIDE TRAINING AND/OR COMPETENCY EVALUATION PROHIBITION

Federal Law, as specified in 42 CFR 484.36 (a) (2), prohibits any home health agency from offering and/or conducting a home health aide training and/or competency evaluation program which, within the previous two years, has been found:

Home Health Care Inc October 1, 2020 Page 3

- (A) Out of compliance with requirements of 42 CFR 484.36 (a) or (b);
- (B) To permit an individual that does not meet the definition of "home health aide" as specified in §484.4 to furnish home health aide services (with the exception of licensed health professionals and volunteers);
- (C) Has been subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State);
- (D) Has been assessed a civil monetary penalty of not less than \$5,000 as an intermediate sanction;
- (E) Has been found to have compliance deficiencies that endanger the health and safety of the HHA's patients and has had a temporary management appointed to oversee the management of the HHA;
- (F) Has had all or part of its Medicare payments suspended; or
- (G) Under any Federal or State law within the 2-year period beginning on October 1, 1988--
 - (1) Has had its participation in the Medicare program terminated;
 - (2) Has been assessed a penalty of not less than \$5,000 for deficiencies in Federal or State standards for HHAs;
 - (3) Was subject to a suspension of Medicare payments to which it otherwise would have been entitled;
 - (4) Had operated under a temporary management that was appointed to oversee the operation of the HHA and to ensure the health and safety of the HHA's patients; or
 - (5) Was closed or had its residents transferred by the State.

Therefore, Home Health Care Inc is precluded from conducting a home health aide training and/or competency evaluation program for a period of two years beginning September 11, 2020.

INFORMAL DISPUTE RESOLUTION

In accordance with 42 CFR 488.745, you have one opportunity to dispute condition-level survey findings warranting a sanction through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Home Health Agency Informal Dispute Process

Home Health Care Inc October 1, 2020 Page 4

> Minnesota Department of Health Health Regulation Division P.O. Box 64900 St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting a PoC for the cited deficiencies.

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of sanctions.

If you have any questions on this matter, please do not hesitate to call.

Sincerely,

Your signature block goes here

PRINTED: 11/04/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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		248037	B. WING		10	/26/2020	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
номе н	EALTH CARE INC			800 BOONE AVENUE NORTH SUITE 20 GOLDEN VALLEY, MN 55427)		
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{G 000}	On 10/26/20, a Powas conducted to a Conditions of Particular the complaint surveille Based on the PCR, corrected the COPs deficiencies.	st Certification Revisit (PCR) letermined compliance with cipation (CoPs) cited during at ey exited on 9/11/20. we have found the facility and corresponding in compliance with CFR. Part 484 for Home	{G 00	00}			
LABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE	

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 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.

PRINTED: 10/01/2020 FORM APPROVED OMB NO. 0938-0391

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G 000	INITIAL COMMEN	ΓS						
			G374		Submission of a plan of corre	ction do	es not indic	ate
	An abbreviated sur	rvey was completed at your			agreement			
		/11/20 to conduct complaint			agreement			
		ne Health Care Inc., was found			Person's Responsible			
		liance with requirements at 42			•	of Clinia	aal Camilaaa	
		irements for Home Health			Sharon Panasuk, RN Director			
	Agencies.				Sharlene Walczak, RN Clinica	_		
	The following comm	plaints were found to be			Lauren Gatzke, RN Clinical Su	•		
	UNSUBSTANTIATI				Robin Martinek, RN Clinical S	•		
	H8037020C				Heather Chisholm, RN Clinica	l Superv	visor	
	The following complaint was found to be SUBSTANTIATED: H8037021C with deficiencies issued at G374, G608, G700, G710				Lack of knowledge and supervisory overs the deficient practice. Clinician documen lacked appropriate documentation as it r wound assessment			
	Professional Service	ndition of Participation: Skilled ses §484.75 at G700, was s a result, an extended survey			Policy and processes Comprehensive asses collection reviewed.			ta
		f correction (POC) will serve of compliance upon the ptance.		 Clinicians educated on o required including comp assessment and Oasis da 		mprehe s data co	nsive ollection in	ion
G 374	prohibits any home conduct home heal competency testing years has been subpartially extended seen found to have	ecified in 42 CFR 484.80 (f)(3), health agency to offer and/or the hide training and/or which, within the previous two ejected to an extended or survey as a result of having a furnished substandard care.			regards to Wound as documentation. 3) Survey charts concert clinicians 4) 100% chart Audit for of wound assessment oasis documentation achieved then 10%	ns reviev proper of ts and m	wed with documentat neasuremen	
		oded OASIS data must ne patient's status at the time			Compliance date 10/26/2020	ı		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which he instriction fig.) be excluded from providing 1 is retermined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the indirection 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.

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G 374	Based on interview agency failed to en Outcome and Asse (OASIS) data accurp5) who received the received admitted on 7/11/20 stage 3 (through the fat tissue) pressure included physician three times weekly wound care to the received who received have to the right he the status of the word surrounding tissue, P5's POC for the ceived admitted on 6/11/20 orders for skilled no week (6/11/20-6/14 weekly for 8 weeks PRN (as needed vi	s not met as evidenced by: v and document review, the code the Home Health ssment Information Set rately for 2 of 4 patients (P1, vound care from the agency. POC) for the certification period agh 9/8/20, indicated P1 was 0, with a primary diagnosis of a e second layer of skin into the e ulcer to the right heel, and orders for skilled nurse visits for various assessments and		,			
	P5's OASIS follow 8/7/20, indicated Ps to the left heel, how	up assessure ulcer to left heel. up assessment completed had a stage 2, pressure ulcer vever, did not indicate the bed, drainage, odor,					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ISTRUCTIO		(X3) DATE SURVEY COMPLETED	
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G 374	when interviewed overified the lack of stated, "There are see." DCS indicate improvement or we encoding accurate Review of the agenulcer Dressing Chamagement/Prevelacked direction regwound status when Coordinate care deceds, and involve any), and caregiver coordination of care This ELEMENT is Based on interview agency failed to enwas coordinated with care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of the care and service for 1 of 5 patients (Findings include: P1's POC for the company of 1 of	or the size of the wound. on 9/21/20, at 4:43 p.m. DCS accurate OASIS data and no measurements that I can dit was difficult to show breening of a wound without data. ocy's undated policy, Pressure ange, and ention of Pressure Ulcers, garding encoding accurate a completing OASIS data. Elivery divery to meet the patient's the patient, representative (if r(s), as appropriate, in the exactivities. not met as evidenced by: and document review, the sure the patient's care delivery the caregivers, regarding es identified in the plan of care P1) reviewed. ertification period dated by: and document review, the sure the patient's care delivery the caregivers, regarding es identified in the plan of care P1) reviewed.	G608		Person Sharler Lauren Robin Heather Lack of deficie commu coordin	a's Responsible re	r of Clin al Mana upervise Supervise and ove failed t deliver cument on care cument in relati rocess	ical Services ger or sor rvisor ersight lead to the o coordinate and ry and red related to mentation and coordination, cation delivery, care cation. cons to charts
	(SNV) three times vassessments and v	vound care to the right ankle.			Compli	ance date 10/26/2020)	

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		CONSTRUCTION	COMPLETED		
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G 608	7/15/20, and signed on 7/16/20, include any questions or converse after each with the profile indicated P1 reside. When interviewed of caregiver (CG)-A structure to the right her caregivers were unneeded, a referral wagency. CG-A state three times weekly, get them [the agencour schedule every Friday, to call the a coming." CG-A state say they were coming would not show up all, and would not gher home. CG-A state staff did not measure.	e Coordination Note, dated by registered nurse (RN)-Ad, "Please call [caregiver] for oncerns. Please check in with visit." with a print date of 9/9/20, d in an assisted living facility. on 9/9/20, at 10:39 a.m. P1's cated P1 developed a pressure el, and because P1's able to provide the wound care was made to the home health ed, although SNV were ordered "We made call after call to cy] to come out. We had it on Monday, Wednesday, and gency, to make sure they were ed the agency's staff would ng at a certain time, and then until late in the day or not at ive report to P1's caregivers in ated the home health agency's re the wound, and never had as, so would ask the caregivers		608			
	agency's director of staff should be coo their caregivers, pro to their supervisor v stated she was not regarding the home	on 9/9/20, at 2:10 p.m. the f clinical services (DCS) stated redinating patients' care with oviders, and should reach out with care concerns. DCS aware of any concerns a care services provided to P1. mentation provided by P1's the following:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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G 608	care assessment7/15/20-P1's CG-0 that a nurse come care, because P1 if agency since 7/11/2 wound care, and st visit P1, three times 7/21/20-RN-A saw right heel. 7/28/20-CG-D called (RNS)-B and RN-A schedule, due to la CG-D asked multip was, for the agency not answer request make SNV today, a caregivers. RN-A cand reported she had recall what day, but RN-A stated she had care supplies, so would be back the care. RN-A stated, care would be schewed wednesday, Friday 7/29/20-RN-A provisupply delivery pers 7/31/20-CG-B called care supplies. RN-P1's provider. RN-P1's	C called the agency requesting to see P1 to provide wound had not been seen by the 20. RN-A arrived, provided ated she would continue to sper week. P1 and changed dressing to at registered nurse supervisor to follow up on wound care ck of SNV since 7/21/20. He times what the schedule to provide services. RN-A did to the change of the could follow up with completed SNV later that day, and visited last week, couldn't to P1 was in the beauty shop. And not received any wound would follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on the change of the could follow up on the change of the c	G 60	08		

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G 608	8/1/20-CG-D called 8/3/20. RN-A stated a.m. 8/3/20-RN-A didn't 8/5/20-RN-A provid had not improved, k RN-A stated the wo 8/7/20. 8/7/20-2:03 p.mCo was coming for SN' and CG-D could no 8/7/20-5:03 p.mCo her of P1's appointr she would complete 8/10/20. CG-D asked wound care today, there that afternoor measured and for a stated she did not rowned continued to she continued to she continued to she continued to she continued to no perform the correct supervisor was awa 8/10/20-3:53 p.m. Complete 8/10/20-4:15 p.m. Complete 8/10/20-4:15 p.m. Shortly to complete 8/10/20-4:50 p.m. Complete 8/10/20-4:50 p.m. Complete 8/10/20-4:15 p.m. Complete 8/10/20-10:24 p.m. calls from the agen provide wound care 8/14/20-11:32 a.m.	RN-A regarding SNV on I she would make SNV at 8:00 make SNV until 4:15 p.m. ed SNV, reported the wound out was not getting worse. und would be measured on G-D called RN-A to see if she V. RN-A's voicemail was full t leave a message. G-D called RN-A and notified ment on 8/10/20. RN-A stated e wound care by 11:00 a.m. on ed if she had completed RN-A stated she had been at CG-D asked if wound was an update of the wound. RN-A measure the wound, and the be "static." RN-A reported of have the ordered supplies to wound care. RN-A stated her are of the supply issue. CG-D called RN-A to see if she today per schedule. RN-A had an appointment so she A stated she would be there wound care. RN-A completed wound care. RN-A completed wound care. CG-D called RN-A regarding wound care today. RN-A by off and another nurse was re. RN-A stated she would sor and follow up. CG-B documented no phone cy, and no SNV was made to	G 6	508		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING				DATE SURVEY COMPLETED		
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G 608	stated she would meel. CG-D again a caregivers' office to of the wound. RN-A the agency at 4:00 regarding P1's care RNS-B, whom did message urging he possible to discuss home care manage nurse come to P1's today. CG-C called coming to see P1. If way. RN-A arrived a this time, there were updates or notes reprovided by RN-A. 8/17/20-10:31 a.m. wound care. CG-D and inquired about stated she measure however, on 8/10/2 measured the wour 8/14/20. RN-A state in circumference ar on 8/10/20. RN-A reout of pocket for wo she was almost out had been applying twound and covering or supplies. CG-C concerns above, ar on 8/12/20 to provic P1 was scheduled to Monday, Wednesda RNS-B that RN-A dunless the caregive and request for her	ge 6 easure the wound on the right sked RN-A to stop in the give an update on the status never arrived. CG-C called p.m., reporting concerns c. CG-C was transferred to not answer, and left a reto call back as soon as concerns regarding P1's ment and requesting that a home to provide wound care RN-A to ask if she was RN-A stated she was on her at P1's home at 5:00 p.m. At the no caregivers staffed, so no garding progress were RN-A arrived and provided saw RN-A as she was leaving an update of the wound. RN-A and the wound on 8/10/20, 0 RN-A reported she had not and and would measure it on the dand would measure it on the wound care supplies and that of supplies. RN-A stated she cherapeutic honey to the day, and Friday. CG-C told id not come to P1's home recall on P1's scheduled days to come. Due to these atted the family was actively	G	608		

	IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			COMPLETED			
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G 608	seeking another ag speak directly with she would call CG-8/17/20-1:21 p.m. Ot a care manager admitted to another agency's services wagency's care manashe would notify the perform P1's dischas/19/20-9:56 a.m. Onew home care age the agency and the that P1 was being of 8/19/20-1:33 p.m. F12:43 p.m. and enter 1:00 p.m., reporting	ency. RNS-B stated she would RN-A's direct supervisor and C back. No call was received. CG-C called the agency, spoke and reported P1 was being agency, and that the were being terminated. The ager stated a care team, who would	G 6	608			
	registered nurse (R there as often as I of and my schedule the could not make the would call to let P1' indicated she did not missed, because sistated she should he (RNS)-A when she should have complete provider was away times, it was timing there late in the day arrived, "There was They changed their get in," however, st with attempting to complete the provider was away times, it was timing there late in the day arrived, "There was the changed their get in," however, st with attempting to complete the country of the country	on 9/9/20, at 2:33 p.m. N)-A stated, "I tried to get in could, it depends on location at day," and indicated if she visit when scheduled, she is caregivers know. RN-A of know why the visits were need id not document it, and have called her RN supervisor could not make the visit, and eted a missed visit report so evere. RN-A stated, "A lot of "," and stated she would go "/. RN-A stated, when she is no one to open the door. In buzzer system, and I couldn't ated she did not follow through complete the visits as ordered, her supervisor or P1's					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	` ´coı	(X3) DATE SURVEY COMPLETED C		
		248037	B. WING _			/11/2020		
	PROVIDER OR SUPPLIER EALTH CARE INC			STREET ADDRESS, CITY, STATE, ZIP O 800 BOONE AVENUE NORTH SUIT GOLDEN VALLEY, MN 55427	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE		
G 608	for the wound care care supplies, and doctor's office. RN-supplies and there for the wound care asked P1's caregiv orders, but they wo physician because either. RN-A stated week, I called the cheard back from th plan was to discharget a hold of her phy written orders, and wound care supplie out to RNS-A, RN-stated, "I did a few document my meas about the wound castated, "Those wern had some wound contract and always he should have contact reach out to my sulknew P1's caregive was, and that is who be completed as the training provided to nurse to call the proorders and order for the care in the care and order for the care supplies.	age 8 ated she never received orders and never received wound stated she kept calling the A stated she brought her own were not any specific orders. RN-A stated she repeatedly ers for specific wound care uld direct RN-A to call the they did not have orders, "At least once or twice a dinic," but indicated she never e physician. RN-A stated, the rege P1 because she could not anysician, did not have any did not ever receive the es. When asked if she reached A stated she did not. RN-A measurements." When asked are that was provided, RN-A et the supplies I had on hand. I are honey I purchased myself. If for it." RN-A indicated that wound care honey for another ad it on hand. RN-A stated, "I sted the physicianI did not bervisor." RN-A indicated she ers were frustrated, just as she y she discharged P1. I on 9/11/20, at 8:04 a.m. ersonally have not been RN-A]." RNS-A stated the at the home care visits would ey were set up, and the basic of the staff nurses was for the ovider to get wound care or supplies, and if those successful, they should call the successful, they should call the	G 60	8				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		248037	B. WING				C 11/2020
	PROVIDER OR SUPPLIER			80	REET ADDRESS, CITY, STATE, ZIP CODE 0 BOONE AVENUE NORTH SUITE 200 OLDEN VALLEY, MN 55427	1 001	11/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
G 608	office to any one of stated, "[RN-A] need buring an interview RNS-B indicated Properties of visits and stated three data completed three data completed once sing 7/11/20. RNS-B stated Properties of RN-A planned to vising RN-A planned to vising RN-A planned to vising RN-B stated Properties of a stated properties of the durable medical and stated, "Appared RNS-B stated RN-A" I never had any indissue at all." RNS-B stated RN-A" I never had any indissue at all." RNS-B stated RN-A and stated, "Appared RNS-B stated RN-B stated and stated, and stated, and stated and stated out to not reach out to me calls and/or voice medicals and/or voi	ge 9 the supervisors. RNS-A ded to reach out to us." on 9/11/20, at 10:43 a.m. 1's caregivers called on day, inquiring about the because wound care was to be ys a week, and had only been to the start of care visit on ted she called RN-A, and sit P1 on 7/18/20, however, did not visit P1 until 7/21/20. caregivers called again on out wound care supplies never received. RNS-B asked x the most recent orders to I equipment (DME) company, ently, they never sent them." A never called her and added, dication that there was an B stated on 8/18/20, P1's esking for RN-A's phone atted, "I don't know if [RN-A] be her supervisor, but she did be." RNS-B denied receiving messages on 8/14/20 and taregivers, with concerns the care services and the lack on 9/14/20, at 8:51 p.m. CG-C te agency several times, would RNS-B, however, she never to CG-C stated, when RN-A tot seek out staff to give "come and go." CG-C stated led the agency and spoke to the documentation they had of		608			

		& MEDICAID SERVICES			OMB NO. 0938-0391
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		248037	B. WING		C 00/44/2020
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	09/11/2020
HOME H	HEALTH CARE INC			800 BOONE AVENUE NORTH SUITE	· ·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)			
G 608			G700	Submission of a plan of a	correction does not indicate
×	missed visits, lack of appropriate wound care, lack of wound care supplies, and the lack of reporting of the status of the wound, to		G/00	agreement	correction does not indicate
	caregivers. CG-C si made the comment worse, and said she discharge P1 from he because she never asked RNS-B how s wound care would b RNS-B stated she w supervisor and have stated she asked for number, however, R and stated she would	tated she reported that RN-A that the wound was getting was going to have to nome care services anyway, received any supplies. CG-C she could help so that P1's e provided appropriately, and rould talk to RN-A's e her call CG-C back. CG-C r RN-A's supervisor's phone in the could have RN-A's supervisor call ded she never received a call		the deficiency. Clinician	inical Manager al Supervisor cal Supervisor linical Supervisor sor and Follow up lead to failed to document nd assessment, or provide
G 700	Care, included, "The comprehensive asse provided by the clien members. Planning that addresses the comprehensive addresses and service and professional services. Skilled professional services, physpeech-language particles and phythis chapter, and phythis chapter, and phythis chapter, and phythis chapter.	services ation: Skilled professional services include skilled		provision and ple education relate provision and ple 2) Clinicians educate services and the deficiency 3) Employees coacte sited in the surve 4) 100% chart Audi frequency of vision	ted on providing skilled regulations regarding this hed in relations to charts ey process its for documentation of its and that skilled services ad plan of care, until thieved then 10%

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		NSTRUCTION		E SURVEY PLETED
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#5.000 COSESSO (COSESSO)	PROVIDER OR SUPPLIER EALTH CARE INC			800 BC	T ADDRESS, CITY, STATE, ZIP CODE DONE AVENUE NORTH SUITE 200 DEN VALLEY, MN 55427		
	OU IN AN A DIV CT	ATTACHT OF DEFICIENCIES	ID.	GOLD	PROVIDER'S PLAN OF CORRECTIO	N	(¥5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLETION DATE
G 700	Continued From page 11 chapter. Skilled professionals who provide services to HHA patients directly or under arrangement must participate in the coordination of care. This CONDITION is not met as evidenced by:						
G 710	Based on interview agency was found the Condition of Pa Professional Service ensure skilled nurs effectively and safe physicians' orders reviewed for wound. Findings include: Refer to G710: Bas review, the agency visits (SNV) were pand failed to asses plan of care (POC) goals, for 3 of 4 pa In addition, the age care treatment as a patient (P1), review Provide services in	v and document review, the not to be in compliance with articipation at 484.75, Skilled ces. The agency failed to ing services were provided by in accordance with for 3 of 4 patients (P1, P3, P5) d care. sed on interview and document failed to ensure skilled nursing provided per order frequency is wounds as directed in the interview to show progress towards tients (P1, P3, P5), reviewed. It is to show progress towards the specified in the POC, for 1 of 4 wed.	G710		Submission of a plan of correagreement Person's Responsible Sharon Panasuk, RN Director Sharlene Walczak, RN Clinical Lauren Gatzke, RN Clinical Su Robin Martinek, RN Clinical S Heather Chisholm, RN Clinical Lack of Process, Supervision at the deficiency. Clinicians faile according to the plan of care 1) Policies reviewed reg orders, plan of care a Education created reg orders, plan of care	of Clinic I Manag Ipervisor Supervisor Isupervisor and Follo ed to pro- garding and serving	cal Services ger r or visor ow up lead to ovide care physician vice delivery.
	CFR(s): 484.75(b)(3) Providing services that are ordered by the physician as indicated in the plan of care; This ELEMENT is not met as evidenced by: Based on interview and document review, the agency failed to ensure skilled nursing visits (SNV) were provided per order frequency and failed to assess wounds as directed in the plan of care (POC), to show progress towards goals, for 3 of 4 patients (P1, P3, P5), reviewed. In addition, the agency failed to provide wound care				2) Clinicians educated o documenting interve regarding this 3) 100% chart Audit for interventions provide physician orders and compliance is achiev	n follow ntions a frequer ed in col plan of ed then	ring plan of care, and regulations ancy of visits and amparison to care until

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		248037	B. WING _			/11/ 2020
	PROVIDER OR SUPPLIER EALTH CARE INC			STREET ADDRESS, CITY, STATE, ZIP CC 800 BOONE AVENUE NORTH SUITE GOLDEN VALLEY, MN 55427	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
G 710	patients (P1), revie Findings include: P1's POC for the cr 7/11/20 through 9/8 admitted on 7/11/20 stage 3 (through th fat tissue) pressure included physician three times weekly wound care to the re wound showing prodecrease in signs of drainage, decrease necrotic tissue. In a assess for signs ar appropriate measu to provide wound of normal saline (NS) Nugauze (cotton ga drainage of open a with ABD (abdomin secure with Kerlix (and tape Review of P1's mer following the start of nursing visits only of 7/13/20, once durin during the week of week of 8/3/20, twice and once during the discharge on 8/19/20	ertification period dated 8/20, indicated P1 was 0, with a primary diagnosis of a e second layer of skin into the e ulcer to the right heel, and orders for skilled nurse visits for various assessments and right ankle, with goals of the ogress, as evidenced by of infection, decrease in e in size, and decrease or no addition, P1's POC directed to ad symptoms of infection and res to manage infection, and are by cleaning wound with or wound cleanser, pack with auze packing strips for sterile and/or infected wounds), cover all) pad (high absorbency), and woven gauze bandage roll) dical record indicated, of care visit, P1 had skilled once during the week of 7/20/20, twice 7/27/20, three visits during the ce during the week of 8/10/20, e week of 8/17/20, with 20. There was no	G 71			
	notified or consulte skilled nurse visits.	ndicate the physician was d regarding the decreases in P1's Nursing Visit Record, uded, removed the old				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		248037	B. WING _		09	C / 11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 800 BOONE AVENUE NORTH SUITE : GOLDEN VALLEY, MN 55427	DDE	71172020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
G 710	dressing, cleaned to cleanser, and applice Coban wrap (self and dressing), instead of orders listed on the Record, dated 7/21 provided included, gloves, cleaned with applied therapeutic bandage, wrapped Nursing Visit Note, continued to documincluding applying the instead of following on the POC. Further wound was assessing centimeters (cm) (led commentation of a size of the wound the SNVs to determine P1's Patient Profile indicated P1 resided When interviewed coaregiver (CG)-A side to get them [the agon on our schedule event Friday, to call the acquired the agency of the wound the acquired the agency of the worse. CG-A stated they were coming a wouldn't show up up and wouldn't give resident size of the worse.	he wound with wound ed non adherent gauze and dherent wrap to secure of following the wound care POC. P1's Nursing Visit /20, indicated the wound care cleaned hands, donned h NS or wound cleanser, honey to site, applied with Kerlix and tape. Each until P1 was discharged, nent this same process, herapeutic honey to the site, the wound care orders listed er, upon admission, P1's ed with measurements of 1.1 ength) x 2.3 cm (width) x 0.4 r, the medical record lacked ny further assessment of the if P1's wounds were healing. with a Print date of 9/9/20, d in an assisted living facility. on 9/9/20, at 10:39 a.m. P1's rated, "We made call after call ency] to come out. We had it ery Monday, Wednesday, and gency, to make sure they were cated P1's caregivers were not wound care, therefore, y to provide home care. In the agency's staff would say at a certain time, and then intil late in the day or not at all, eport to P1's caregivers in her the agency's staff didn't				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		248037	B. WING		09	C / 11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 800 BOONE AVENUE NORTH SUITE 200 GOLDEN VALLEY, MN 55427		
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G 710	supplies, so would home, for supplies. During an interview agency's director or missed visits should medical record, and documentation of the indicated each age supply bag of wounget the client througalthough it may take the nurse was having supplies from the Dequipment), she she supplies from the Dequipment), she she supervisor. DCS states that she used there in the order. Further was for the case massure the wound verified no measure P1's wound after the throughout the hom. When interviewed or registered nurse (Registered nurse (Registered she didn't missed because she should have completed.)	d, and never had wound care ask the caregivers in P1's on 9/9/20, at 2:10 p.m. the ficlinical services (DCS) stated dibe documented in the diverified the record lacked ne missed visits. DCS ncy visiting nurse had a stock did care dressings, enough to gh until supplies came in, and the time to get the supplies, if ng difficulty obtaining the oME (durable medical ould have called her atted the nurse documented peutic honey, but that wasn't r, DCS stated the expectation anager to assess and did once a week, however, she ements were completed for e start of care assessment,	G 7	10		
	registered nurse (R there as often as I of and my schedule the couldn't make the would call to let P1' indicated she didn't missed because she stated she should he (RNS)-A when she should have complete provider was away times, it was timing	N)-A stated, "I tried to get in could, it depends on location nat day," and indicated if she risit when scheduled, she s caregivers know. RN-A know why the visits were didn't document it, and nave called her RN supervisor couldn't make the visit, and eted a missed visit report so				

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		248037	B. WING		08	C 9/11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 800 BOONE AVENUE NORTH S GOLDEN VALLEY, MN 5542	ZIP CODE SUITE 200	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
G 710	arrived, "There was They changed their get in," however, st with attempting to cand didn't contact hyphysician. RN-A stafor the wound care care supplies, and doctor's office. RN supplies and there the wound care. RN asked P1's caregivorders, but they wo physician because RN-A stated, "At leacalled the clinic," but back from the physician orders, and didn't esupplies. When ask RNS-A, RN-A stated did a few measurer my measurements. Wound care that was "Those were the susome wound care had used the wolient and always his should have contact reach out to my supplies with first and director of the second visit, if second sist, if second sist, if second visit, if second care in the second visit, if s	ino one to open the door. In buzzer system, and I couldn't ated she didn't follow through complete the visits as ordered, are supervisor or P1's ated she never received orders and never received wound stated she kept calling the -A stated she brought her own weren't any specific orders for N-A stated she repeatedly ers for specific wound care uld direct RN-A to call the they didn't have orders either. ast once or twice a week, I at indicated she never heard ician. RN-A stated, the plan 1 because she couldn't get a an, didn't have any written ver receive the wound care and if she reached out to dishe did not. RN-A stated, "I ments, but I did not document "When asked about the as provided, RN-A stated, applies I had on hand. I had noney I purchased myself. In for it." RN-A indicated that yound care honey for another and it on hand. RN-A stated, "I sted the physicianI did not	G 7	'10		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		248037	B. WING			C / 11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 800 BOONE AVENUE NORTH SUIT GOLDEN VALLEY, MN 55427	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
G 710	a.m. the DME completed them on 7/29/20, 1 to home care, to indicate they newound care supplied would be multiple in checking on the state one called until RN. During a telephone a.m. P1's physician care visits were threat care, and orders for 7/14/20 to the homophysician's RN state requests were recentrial a request was caregivers, to switch when interviewed stated, on 7/29/20, supplies and was usuand stated, "I reme contact [P1's] proving As the home care promise to come, as stated, "We literally system to make su would watch for help to notify us when [Fittime, [RN-A] didn't frequently, chasing the wound "got worm measurements door were 1.5 cm x 1.0 cm would ware 1.5 cm x 1.0 cm would	interview on 9/10/20, at 9:18 pany staff stated RN-A called 1 days after P1 was admitted quire about supplies. DME ver received an order for as for P1, and usually there notes of home care staff atus of the order, however, no -A called on 7/29/20. interview on 9/10/20, at 9:56 at s RN, stated orders for home ee times per week for wound r supplies were faxed on the health agency. P1's ed no other phone calls or sived from the agency or RN-A, received on 7/28/20 from P1's and home care providers. In 9/10/20, at 11:05 a.m. CG-B RN-A was still waiting for sing what was available to her, mber [RN-A] asked me to der to ask to order supplies. Provider, that is their duty. I hat provider [RN-A] was in a indicated RN-A would and wouldn't show up, and a had it set up in our computer re [RN-A] was coming, and we re. Our receptionist was alerted RN-A] got here. Most of the show up. We called her her around." CG-B indicated rese," and stated, on 8/6/20, cumented by P1's caregivers are x.75 cm, with "tunneling the drainage and odor."	G 71			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		248037	B. WING _			/11/ 2020
	PROVIDER OR SUPPLIER EALTH CARE INC			STREET ADDRESS, CITY, STATE, ZIP CO 800 BOONE AVENUE NORTH SUITE GOLDEN VALLEY, MN 55427	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
G 710	RNS-A stated, "I per reached out to by [I expectation was the be completed as the training provided to nurse to call the proorders and order for measures weren't soffice to any one of stated, "[RN-A] need to be completed, "[RN-A] need to be completed three day completed once singleted once singleted three day completed once singleted once singleted three day completed once singleted once singl	on 9/11/20, at 8:04 a.m. ersonally have not been RN-A]." RNS-A stated the at the home care visits would ey were set up, and the basic the staff nurses was for the ovider to get wound care or supplies, and if those successful, they should call the the supervisors. RNS-A eded to reach out to us." on 9/11/20, at 10:43 a.m. 1's caregivers called her on day, inquiring about the because wound care was to be any a week, and had only been note the start of care visit on the start of care visit on the start of care visit on the she called RN-A, and set P1 on 7/18/20, however, P1 until 7/21/20. RNS-B stated led again on 8/5/20, inquiring supplies because they were IS-B asked P1's caregiver to a orders to the DME company, ently, they never sent them." A never called her and added, dication that there was an a stated on 8/18/20, P1's asking for RN-A's phone ated, "I don't know if [RN-A] or her supervisor, but she did	G 71			
	CG-C stated P1 was	as seen at the wound care d because P1's caregivers ne wound care, a referral was				

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		LE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		248037	B. WING	i			C 11/2020
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	001	11/2020
HOME H	EALTH CARE INC				300 BOONE AVENUE NORTH SUITE 200 GOLDEN VALLEY, MN 55427		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
G 710	with the referral, an when RN-A reporte CG-C stated RN-A the orders, kept say hadn't received their couldn't get in touch stated RN-A used the time, which was not anything to cover it, providing supplies from anything left. CG-C 8/17/20, that the worder county from the worder county from the worder of the time, which was not anything left. CG-C 8/17/20, that the worder county from the worder of the times, would leave reported to P1's can had not measured the documented in P1's CG-C stated RN-A having difficulty obto physician and wours he reached out to times, would leave received a call back called and spoke to concerns, including following the orders family was involved different home care that she would bring supervisor (RNS-A) her back. When CG number, RNS-B wo she never received 8/18/20, CG-C stated RN-A the county for the county	Wound care orders were sent d were resent to the agency d she didn't receive them. kept saying she didn't have ving they ordered supplies and m yet, and kept saying she with P1's physician. CG-C herapeutic honey the entire tordered, and didn't have so P1's caregivers were for a while, but didn't have indicated RN-A reported on bund was 2 cm larger in 0.5 cm deeper than it was on CG-C stated RN-A had regivers on 8/10/20, that she she wound, which was also a medical record in her home. Continued to state she was aining orders from P1's and care supplies. CG-C stated RN-A's supervisor multiple messages, and never and care supplies. CG-C stated RN-B, discussed all of the missed visits, no supplies, not and would be seeking a sagency. RNS-B told CG-C g the concerns to RN-A's phone and would have RNS-A call G-C asked for RNS-A's phone and would have RNS-A. On ead she called the agency and mager that P1's family were	G	710			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
	248037	B. WING			C 09/11/2020	
			800 BOONE AVENUE NORTH	SUITE 200	00/11/2020	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL		X (EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD B O THE APPROPRI		
P3's POC for the ce 1/23/20 through 3/2 admitted on 7/27/19 orders for skilled nu assessments and nu Review of P3's med Visit Record, dated open area to P3's significant was notificated was physician was notificated was physician was notificated was did not have another later, and no further order indicated hom on 3/3/20. There was indicate the physicial regarding the decreaddition, there was medical record to indicate the physicial regarding the decreaddition, there was medical record to indentified on 2/20/20 during subsequent on the sacrum, to so of the wound, as different part of the wound part of the wound part of the wound mean weekly wound mean drainage, tissue, of	critification period dated 2/20, indicated P3 was 0, and included physician are visits weekly for various nedication management. dical record included a Nursing 2/20/20, which identified an acrum, and indicated P3's ed and wound care orders 's physician orders, dated ound care orders to change sper week, on Monday, riday, with silver alginate e. Review of SNVs revealed P3 er SNV until 2/27/20, six days visits again until a physician's ne care services were on hold as no documentation to an was notified or consulted eases in skilled nurse visits. In no documentation in the adicate the size of the wound 0, and no documentation visits of the size of the wound how assessment of the status rected in the POC. on 9/10/20, at 3:57 p.m. se manager (RNCM)-A stated, 20 included SNV three times a changes, and stated, "[P3] was wasn't seen again until 2/27. ad supplies yet." RNCM-A agers were expected to do surements, assessing lors, stage, and what		710			
)	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa P3's POC for the ce 1/23/20 through 3/2 admitted on 7/27/19 orders for skilled nu assessments and n Review of P3's med Visit Record, dated open area to P3's s physician was notifi were requested. P3 2/21/20, included w dressing three time Wednesday, and Fi dressing and gauze did not have anothe later, and no further order indicated hom on 3/3/20. There was indicate the physicia regarding the decre addition, there was medical record to in identified on 2/20/20 during subsequent on the sacrum, to s of the wound, as dir During an interview registered nurse ca P3's order on 2/24/2 week for dressing of seen on 2/20, and w We may not have h indicated case man weekly wound mea- drainage, tissue, occ treatment was being	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 P3's POC for the certification period dated 1/23/20 through 3/22/20, indicated P3 was admitted on 7/27/19, and included physician orders for skilled nurse visits weekly for various assessments and medication management. Review of P3's medical record included a Nursing Visit Record, dated 2/20/20, which identified an open area to P3's sacrum, and indicated P3's physician was notified and wound care orders were requested. P3's physician orders, dated 2/21/20, included wound care orders to change dressing three times per week, on Monday, Wednesday, and Friday, with silver alginate dressing and gauze. Review of SNVs revealed P3 did not have another SNV until 2/27/20, six days later, and no further visits again until a physician's order indicated home care services were on hold on 3/3/20. There was no documentation to indicate the physician was notified or consulted regarding the decreases in skilled nurse visits. In addition, there was no documentation in the medical record to indicate the size of the wound identified on 2/20/20, and no documentation during subsequent visits of the size of the wound on the sacrum, to show assessment of the status of the wound, as directed in the POC. During an interview on 9/10/20, at 3:57 p.m. registered nurse case manager (RNCM)-A stated,	PROVIDER OR SUPPLIER EALTH CARE INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 P3's POC for the certification period dated 1/23/20 through 3/22/20, indicated P3 was admitted on 7/27/19, and included physician orders for skilled nurse visits weekly for various assessments and medication management. Review of P3's medical record included a Nursing Visit Record, dated 2/20/20, which identified an open area to P3's spart, and indicated P3's physician was notified and wound care orders were requested. P3's physician orders, dated 2/21/20, included wound care orders to change dressing three times per week, on Monday, Wednesday, and Friday, with silver alginate dressing and gauze. 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RNCM-A indicated case managers were expected to do weekly wound measurements, assessing drainage, tissue, odors, stage, and what treatment was being provided, in the wound	PROVIDER OR SUPPLIER EALTH CARE INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) P3'S POC for the certification period dated 1/23/20 through 3/22/20, indicated P3 was admitted on 7/27/19, and included physician orders for skilled nurse visits weekly for various assessments and medication management. Review of P3's medical record included a Nursing Visit Record, dated 2/20/20, which identified an open area to P3's sacrum, and indicated P3's physician was notified and wound care orders were requested. P3's physician orders, dated 2/21/20, included wound care orders were requested. P3's physician orders, dated 2/21/20, included wound care orders were requested. P3's physician orders, dated 2/21/20, included wound care orders were requested. 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RNCM-A indicated case managers, and what treatment was being provided, in the wound	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		248037	B. WING		09	/11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 800 BOONE AVENUE NORTH SUIT GOLDEN VALLEY, MN 55427	CODE	
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G 710	was no wound docinesumption of care was wound docume RNCM-A stated, the was doubtful P3 on 3/11/20, and the copied and pasted stated, "We would current with that visible difficult to assess whether or not it was POC, without accurate processing a follow up 12:51 p.m. DCS states wound on P3's physician, and order for wound care and per week. DCS states adjusted the frequency measurements follow through from weekly doesn't contimes a week." DCS 3/6/20 during the reindicated no wound	ed on 2/20/20, and noted there umented on the 3/6/20 assessment, however, there entation again on 3/11/20. The notes looked identical and a had a wound on his sacrum enote had possibly been from a previous note. RNCM-A expect that each note be sit." RNCM-A indicated it would as the status of the wound, and as improving, as directed in the rate documentation. The phone interview on 9/21/20, at a ted the visit nurse identified sacrum on 2/20/20, faxed the ers were received on 2/21/20 at dressing changes three days ted, "It doesn't appear that we ency of the visits or completed to of the wound. There was not a the case managerOnce relate with the order for three S stated documentation on esumption of care assessment, at at all, however, the wound ext SNV on 3/11/20.	G 710			
	6/11/20 through 8/9 admitted on 6/11/20 orders for skilled no week (6/11/20-6/14 weekly for 8 weeks PRN (as needed viand wound care to	ertification period dated 0/20, indicated P5 was 0, and included physician urse visits twice weekly for one 1/20), and then three visits (6/16/20- 8/9/20), with one sit), for various assessments stage 2 (open wound below skin) pressure ulcer to left heel.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		248037	B. WING _			C 09/11/2020	
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G 710	evidenced by decredecrease in drainage decrease or no neodecrease in skilled nursing visit starting 6/16/20, 7/6 Also identified, during received four SNV, On 8/10/20, P5's phoround care daily foof 8/10/20 and 8/17 instead of seven visit documentation to innotified or consulted decreases in skilled medical record indicated medical record indicated measured 3.4 6/11/20, however, the further measurement through 9/9/20. During a follow up proposition of the physician. DCS verifully sand indicated modifications to the physician. DCS start measurements that saw [P5] on 8/7 for I see no measurement that saw [P5] on measurement once a week on Moseen on Monday, at least once a week of Moseen on Monday of	bund showing progress, as ase in signs of infection, ge, decrease in size, and rotic tissue. dical record indicated, P5 had only twice during the week 6/20, 7/13/20, and 7/20/20. In the week of 8/3/20, P5 instead of three as ordered. In the week of three as ordered. In the week of three was changed to record the week of three was changed to record the week. During the week of the week of the week. During the week of the week of the physician was of the record only six SNV, sits as ordered. There was no indicate the physician was of regarding the increase or three visits. In addition, the cated P5's wound to the left cm x 2.2 cm x 0.1 cm on the medical record lacked any into the wound from 6/11/20. The physician was of the wound from 6/11/20 at field the missed and extra the staff should be documenting as POC and notifying the ted, "There are no the case manager recertification, and on 9/9, and ents then either." DCS stated should measure the wound ondays, and if the patient isn't measurement should be done k. DCS indicated it was provement or worsening of a	G 7				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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G 710	nurse missed visit is see the patient for see the patient for see the patient have or if they were unable to a visit. Fee make up a missed emergency contact unable to contact the supervisor for direct visits occurred. Review of the agent Procedure, included required to see wood measurements, as of care as needed. The assessment parameter in the integumentar length, width, and of the Review of the agent Care, indicated the consistently review are met, and will be least every sixty da "Professional staff."	revent, included, a skilled was required when unable to scheduled visit due to patient ing a physician appointment, ole to coordinate or contact the urther, the expectation was to visit within 24-48 hours, call is and physician's office if he patient, and to contact the stion if two consecutive missed hours, undated Wound Care down, "Case Managers are und care clients weekly for sessment and changing plan 'Also included, wound eters should be documented by assessment area, including lepth of the wound. Incy's undated policy, Plan of plan of care would be ed to ensure that client needs a updated as necessary, but at yes. Also included, shall promptly alert the client's anges that suggest a need to	G 71				



Protecting, Maintaining and Improving the Health of All Minnesotans

October 1, 2020

Administrator Home Health Care Inc 800 Boone Avenue North Suite 200 Golden Valley, MN 55427-4476

Re: Event ID: B51W11

Dear Administrator:

A survey of the Home Care Provider named above was completed on September 11, 2020 for the purpose of assessing compliance with State licensing regulations and to investigate a complaint. 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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Towers Stapson

Douglas Larson, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

PRINTED: 10/01/2020 FORM APPROVED

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				С		
		H03337	B. WING		09/1	1/2020
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOME H	EALTH CARE INC		NE AVENUE VALLEY, MN	NORTH SUITE 200 N 55427		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 000	Initial Comments		0 000			
	Department's staff of a result of the surveinssued.	9/11/20, a surveyor of this visited the above provider. As ey, no correction orders were				
	to be UNSUBSTAN H8037020C,	wing complaints were found TIATED:				
	The following comp SUBSTANTIATED: H8037021C	laint was found to be				
l						
i						

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

TITLE

(X6) DATE

PRINTED: 10/01/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 09/11/2020	
	248037						
NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE INC				80	REET ADDRESS, CITY, STATE, ZIP CODE 0 BOONE AVENUE NORTH SUITE 200 DLDEN VALLEY, MN 55427		
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
G 000	G 000 INITIAL COMMENTS		G 0	000			
	agency on 9/9/20-9 investigations. Hom NOT to be in comp	rvey was completed at your n/11/20 to conduct complaint ne Health Care Inc., was found liance with requirements at 42 uirements for Home Health					
	The following complaints were found to be UNSUBSTANTIATED: H8037020C						
	SUBSTANTIATED:	eficiencies issued at G374,					
	Professional Service	ndition of Participation: Skilled ces §484.75 at G700, was a result, an extended survey					
		f correction (POC) will serve of compliance upon the ptance.					
G 374	prohibits any home conduct home heal competency testing years has been sub partially extended s	ecified in 42 CFR 484.80 (f)(3), health agency to offer and/or th aide training and/or g which, within the previous two ojected to an extended or survey as a result of having a furnished substandard care.	G 3	574			
	accurately reflect th	oded OASIS data must ne patient's status at the time			TITLE		(X6) DATE

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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		248037	B. WING		09	C / 11/2020
NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP 6 800 BOONE AVENUE NORTH SUIT GOLDEN VALLEY, MN 55427	CODE	
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G 374	Based on interviewagency failed to en Outcome and Asse (OASIS) data accurbs) who received who re	is not met as evidenced by: w and document review, the loode the Home Health essment Information Set lirately for 2 of 4 patients (P1, wound care from the agency. POC) for the certification period ligh 9/8/20, indicated P1 was 0, with a primary diagnosis of a lie second layer of skin into the e ulcer to the right heel, and orders for skilled nurse visits of or various assessments and	G 3	74		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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G 374	surrounding tissue, or the size of the wound. When interviewed on 9/21/20, at 4:43 p.m. DCS verified the lack of accurate OASIS data and stated, "There are no measurements that I can see." DCS indicated it was difficult to show improvement or worsening of a wound without encoding accurate data.		G 37	74			
G 608	Ulcer Dressing Cha Management/Preve lacked direction reg	ention of Pressure Ulcers, arding encoding accurate completing OASIS data. ivery	G 60	08			
	needs, and involve any), and caregiver coordination of care This ELEMENT is a Based on interview agency failed to ens was coordinated with	not met as evidenced by: and document review, the sure the patient's care delivery th the caregivers, regarding es identified in the plan of care					
	Findings include:						
	7/11/20 through 9/8 admitted on 7/11/20 stage 3 (through the fat tissue) pressure included physician (SNV) three times v	ertification period dated /20, indicated P1 was , with a primary diagnosis of a e second layer of skin into the ulcer to the right heel, and orders for skilled nurse visits weekly for various /ound care to the right ankle.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
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G 608	7/15/20, and signed on 7/16/20, include any questions or converse after each of the P1's Patient Profile indicated P1 resides. When interviewed caregiver (CG)-A sulcer to the right he caregivers were unneeded, a referral vagency. CG-A state three times weekly get them [the agen our schedule every Friday, to call the acoming." CG-A state say they were comwould not show up all, and would not gher home. CG-A state staff did not measure wound care supplied in P1's home, for substituting an interview agency's director of staff should be contheir caregivers, prototheir supervisors.	re Coordination Note, dated d by registered nurse (RN)-A d, "Please call [caregiver] for oncerns. Please check in with visit." with a print date of 9/9/20, d in an assisted living facility. on 9/9/20, at 10:39 a.m. P1's tated P1 developed a pressure rel, and because P1's able to provide the wound care was made to the home health red, although SNV were ordered and were all after call to rely to come out. We had it on Monday, Wednesday, and gency, to make sure they were red the agency's staff would ring at a certain time, and then until late in the day or not at give report to P1's caregivers in ated the home health agency's re the wound, and never had res, so would ask the caregivers	G 6	608			
		e care services provided to P1. mentation provided by P1's I the following:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	(X3) DATE SURVEY COMPLETED C	
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G 608	care assessment7/15/20-P1's CG-0 that a nurse come care, because P1 if agency since 7/11/2 wound care, and st visit P1, three times 7/21/20-RN-A saw right heel. 7/28/20-CG-D called (RNS)-B and RN-A schedule, due to la CG-D asked multip was, for the agency not answer request make SNV today, a caregivers. RN-A cand reported she had recall what day, but RN-A stated she had care supplies, so would be back the care. RN-A stated, care would be schewed wednesday, Friday 7/29/20-RN-A provisupply delivery pers 7/31/20-CG-B called care supplies. RN-P1's provider. RN-P1's	C called the agency requesting to see P1 to provide wound had not been seen by the 20. RN-A arrived, provided ated she would continue to sper week. P1 and changed dressing to at registered nurse supervisor to follow up on wound care ck of SNV since 7/21/20. He times what the schedule to provide services. RN-A did to the change of the could follow up with completed SNV later that day, and visited last week, couldn't to P1 was in the beauty shop. And not received any wound would follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on that, and the change of the could follow up on the change of the could follow up on the change of the c	G 60	08		

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 800 BOONE AVENUE NORTH SU GOLDEN VALLEY, MN 55427	ITE 200	33/11/2020
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G 608	8/1/20-CG-D called 8/3/20. RN-A stated a.m. 8/3/20-RN-A didn't 8/5/20-RN-A provid had not improved, k RN-A stated the wo 8/7/20. 8/7/20-2:03 p.mCo was coming for SN' and CG-D could no 8/7/20-5:03 p.mCo her of P1's appointr she would complete 8/10/20. CG-D asked wound care today, there that afternoor measured and for a stated she did not rowned continued to she continued to she continued to she continued to she continued to no perform the correct supervisor was awa 8/10/20-3:53 p.m. Complete 8/10/20-4:15 p.m. Complete 8/10/20-4:15 p.m. Shortly to complete 8/10/20-4:50 p.m. Complete 8/10/20-4:50 p.m. Complete 8/12/20-10:24 p.m. calls from the agen provide wound care 8/14/20-11:32 a.m.	RN-A regarding SNV on I she would make SNV at 8:00 make SNV until 4:15 p.m. ed SNV, reported the wound out was not getting worse. und would be measured on G-D called RN-A to see if she V. RN-A's voicemail was full t leave a message. G-D called RN-A and notified ment on 8/10/20. RN-A stated e wound care by 11:00 a.m. on ed if she had completed RN-A stated she had been at CG-D asked if wound was an update of the wound. RN-A measure the wound, and the be "static." RN-A reported of have the ordered supplies to wound care. RN-A stated her are of the supply issue. CG-D called RN-A to see if she today per schedule. RN-A had an appointment so she A stated she would be there wound care. RN-A completed wound care. RN-A completed wound care. CG-D called RN-A regarding wound care today. RN-A by off and another nurse was re. RN-A stated she would sor and follow up. CG-B documented no phone cy, and no SNV was made to	G 6	508		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	CON	TE SURVEY MPLETED
		248037	B. WING _			C / 11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (800 BOONE AVENUE NORTH SUIT GOLDEN VALLEY, MN 55427	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
G 608	stated she would meel. CG-D again a caregivers' office to of the wound. RN-Athe agency at 4:00 regarding P1's care RNS-B, whom did message urging he possible to discuss home care manage nurse come to P1's today. CG-C called coming to see P1. I way. RN-A arrived athis time, there wer updates or notes reprovided by RN-A. 8/17/20-10:31 a.m. wound care. CG-D and inquired about stated she measure however, on 8/10/2 measured the woun 8/14/20. RN-A state in circumference aron 8/10/20. RN-A state in circumference aron 8/10/20. RN-A rout of pocket for wo she was almost out had been applying wound and coverin or supplies. CG-C concerns above, aron 8/12/20 to provided the caregive and request for her	ge 6 leasure the wound on the right sked RN-A to stop in the give an update on the status a never arrived. CG-C called p.m., reporting concerns be CG-C was transferred to not answer, and left a general to a concerns regarding P1's ement and requesting that a shome to provide wound care RN-A to ask if she was RN-A stated she was on her at P1's home at 5:00 p.m. At the no caregivers staffed, so not agarding progress were RN-A arrived and provided saw RN-A as she was leaving an update of the wound. RN-A and the wound on 8/10/20, 0 RN-A reported she had not not and and would measure it on and the wound was 2 cm larger and 0.5 cm deeper than it was apported she had been paying bund care supplies and that at of supplies. RN-A stated she therapeutic honey to the general through the wound care, even though to have wound care on any, and Friday. CG-C told and id not come to P1's home ears call on P1's scheduled days at to come. Due to these atted the family was actively and the status of the service of the service atted the family was actively and the family	G 60	8		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	COM	E SURVEY IPLETED
		248037	B. WING				C 11/2020
	PROVIDER OR SUPPLIER			800	BOONE AVENUE NORTH SUITE 200 LDEN VALLEY, MN 55427	1 03/	11/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL LATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)) BE	(X5) COMPLETION DATE		
G 608	seeking another ag speak directly with she would call CG-8/17/20-1:21 p.m. Ot a care manager admitted to another agency's services wagency's care manashe would notify the perform P1's dischas/19/20-9:56 a.m. Onew home care age the agency and the that P1 was being of 8/19/20-1:33 p.m. F12:43 p.m. and enter 1:00 p.m., reporting	ency. RNS-B stated she would RN-A's direct supervisor and C back. No call was received. CG-C called the agency, spoke and reported P1 was being agency, and that the were being terminated. The ager stated a care team, who would	G 6	608			
	registered nurse (R there as often as I of and my schedule the could not make the would call to let P1' indicated she did not missed, because sistated she should he (RNS)-A when she should have complete provider was away times, it was timing there late in the day arrived, "There was They changed their get in," however, st with attempting to complete the provider was away times, it was timing there late in the day arrived, "There was the changed their get in," however, st with attempting to complete the country of the country	on 9/9/20, at 2:33 p.m. N)-A stated, "I tried to get in could, it depends on location at day," and indicated if she visit when scheduled, she is caregivers know. RN-A of know why the visits were need id not document it, and have called her RN supervisor could not make the visit, and eted a missed visit report so evere. RN-A stated, "A lot of "," and stated she would go "/. RN-A stated, when she is no one to open the door. In buzzer system, and I couldn't ated she did not follow through complete the visits as ordered, her supervisor or P1's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		` ´coı	TE SURVEY MPLETED	
		248037	B. WING _			/11/2020
	PROVIDER OR SUPPLIER EALTH CARE INC			STREET ADDRESS, CITY, STATE, ZIP O 800 BOONE AVENUE NORTH SUIT GOLDEN VALLEY, MN 55427	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
G 608	for the wound care care supplies, and doctor's office. RN-supplies and there for the wound care asked P1's caregiv orders, but they wo physician because either. RN-A stated week, I called the cheard back from th plan was to discharget a hold of her phy written orders, and wound care supplie out to RNS-A, RN-stated, "I did a few document my meas about the wound castated, "Those wern had some wound contract and always he should have contact reach out to my sulknew P1's caregive was, and that is who be completed as the training provided to nurse to call the proorders and order for the care in the care and order for the care supplies.	age 8 ated she never received orders and never received wound stated she kept calling the A stated she brought her own were not any specific orders. RN-A stated she repeatedly ers for specific wound care uld direct RN-A to call the they did not have orders, "At least once or twice a dinic," but indicated she never e physician. RN-A stated, the rege P1 because she could not anysician, did not have any did not ever receive the es. When asked if she reached A stated she did not. RN-A measurements." When asked are that was provided, RN-A et the supplies I had on hand. I are honey I purchased myself. If for it." RN-A indicated that wound care honey for another ad it on hand. RN-A stated, "I sted the physicianI did not bervisor." RN-A indicated she ers were frustrated, just as she y she discharged P1. I on 9/11/20, at 8:04 a.m. ersonally have not been RN-A]." RNS-A stated the at the home care visits would ey were set up, and the basic of the staff nurses was for the ovider to get wound care or supplies, and if those successful, they should call the successful, they should call the	G 60	8		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		248037	B. WING				C 11/2020
	PROVIDER OR SUPPLIER			80	REET ADDRESS, CITY, STATE, ZIP CODE 0 BOONE AVENUE NORTH SUITE 200 OLDEN VALLEY, MN 55427	1 001	11/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
G 608	office to any one of stated, "[RN-A] need buring an interview RNS-B indicated Properties of visits and stated three data completed three data completed once sing 7/11/20. RNS-B stated Properties of RN-A planned to vising RN-A planned to vising RN-A planned to vising RN-B stated Properties of a stated properties of the durable medical and stated, "Appared RNS-B stated RN-A" In never had any indissue at all." RNS-B stated RN-A" In never had any indissue at all." RNS-B stated RN-A" In never had any indissue at all." RNS-B stated reached out to not reach out to me calls and/or voice medicals	ge 9 the supervisors. RNS-A ded to reach out to us." on 9/11/20, at 10:43 a.m. 1's caregivers called on day, inquiring about the because wound care was to be ys a week, and had only been to the start of care visit on ted she called RN-A, and sit P1 on 7/18/20, however, did not visit P1 until 7/21/20. caregivers called again on out wound care supplies never received. RNS-B asked x the most recent orders to I equipment (DME) company, ently, they never sent them." A never called her and added, dication that there was an B stated on 8/18/20, P1's esking for RN-A's phone atted, "I don't know if [RN-A] be her supervisor, but she did be." RNS-B denied receiving messages on 8/14/20 and taregivers, with concerns the care services and the lack on 9/14/20, at 8:51 p.m. CG-C te agency several times, would RNS-B, however, she never to CG-C stated, when RN-A tot seek out staff to give "come and go." CG-C stated led the agency and spoke to the documentation they had of		608			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		248037	B. WING			C 11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 800 BOONE AVENUE NORTH SUITE 200 GOLDEN VALLEY, MN 55427	1 03/	11/2020
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G 608	missed visits, lack of lack of wound care reporting of the state caregivers. CG-C s made the comment worse, and said she discharge P1 from lacked RNS-B how swound care would k RNS-B stated she wound stated she asked for number, however, F and stated she would she	of appropriate wound care, supplies, and the lack of the wound, to tated she reported that RN-A that the wound was getting the was going to have to home care services anyway, received any supplies. CG-C she could help so that P1's per provided appropriately, and would talk to RN-A's the her call CG-C back. CG-C or RN-A's supervisor's phone RNS-B would not provide it lid have RN-A's supervisor call ted she never received a call	G 6	08		
G 700	Care, included, "Th comprehensive ass provided by the clie members. Planning that addresses the to be provided. The reviewed to ensure will be updated as r Skilled professional CFR(s): 484.75 Condition of participal services. Skilled professional nursing services, plane speech-language procupational therapthis chapter, and ph	pation: Skilled professional services include skilled	G 7	000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG	COV	E SURVEY MPLETED	
		248037	B. WING _			C / 11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 800 BOONE AVENUE NORTH SUITE 2 GOLDEN VALLEY, MN 55427	DE .	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
G 700	services to HHA pa arrangement must of care. This CONDITION i Based on interview agency was found r the Condition of Pa Professional Service ensure skilled nursi effectively and safe	fessionals who provide tients directly or under participate in the coordination s not met as evidenced by: and document review, the not to be in compliance with rticipation at 484.75, Skilled es. The agency failed to ng services were provided ly in accordance with or 3 of 4 patients (P1, P3, P5)	G 70	00		
G 710	review, the agency visits (SNV) were p and failed to assess plan of care (POC), goals, for 3 of 4 pat In addition, the age care treatment as s patient (P1), review Provide services in CFR(s): 484.75(b)(3). Providing services to physician as indicated This ELEMENT is Based on interview agency failed to ensign (SNV) were provided failed to assess wo care (POC), to show 3 of 4 patients (P1,	the plan of care	G 7 ⁻	10		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		CON	TE SURVEY MPLETED C	
		248037	B. WING _			/11/ 2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC 800 BOONE AVENUE NORTH SUITE GOLDEN VALLEY, MN 55427	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	(X5) COMPLETION DATE	
G 710	patients (P1), revie Findings include: P1's POC for the cr 7/11/20 through 9/8 admitted on 7/11/20 stage 3 (through th fat tissue) pressure included physician three times weekly wound care to the re wound showing prodecrease in signs of drainage, decrease necrotic tissue. In a assess for signs ar appropriate measu to provide wound of normal saline (NS) Nugauze (cotton ga drainage of open a with ABD (abdomin secure with Kerlix (and tape Review of P1's mer following the start of nursing visits only of 7/13/20, once durin during the week of week of 8/3/20, twice and once during the discharge on 8/19/20	ertification period dated 8/20, indicated P1 was 0, with a primary diagnosis of a e second layer of skin into the e ulcer to the right heel, and orders for skilled nurse visits for various assessments and right ankle, with goals of the ogress, as evidenced by of infection, decrease in e in size, and decrease or no addition, P1's POC directed to ad symptoms of infection and res to manage infection, and are by cleaning wound with or wound cleanser, pack with auze packing strips for sterile and/or infected wounds), cover all) pad (high absorbency), and woven gauze bandage roll) dical record indicated, of care visit, P1 had skilled once during the week of 7/20/20, twice 7/27/20, three visits during the ce during the week of 8/10/20, e week of 8/17/20, with 20. There was no	G 71			
	notified or consulte skilled nurse visits.	ndicate the physician was d regarding the decreases in P1's Nursing Visit Record, uded, removed the old				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION IG	` '	TE SURVEY MPLETED
		248037	B. WING _		09	C / 11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 800 BOONE AVENUE NORTH SUITE : GOLDEN VALLEY, MN 55427	DDE	71172020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
G 710	dressing, cleaned to cleanser, and applice Coban wrap (self and dressing), instead of orders listed on the Record, dated 7/21 provided included, gloves, cleaned with applied therapeutic bandage, wrapped Nursing Visit Note, continued to documincluding applying the instead of following on the POC. Further wound was assessing centimeters (cm) (led commentation of a size of the wound the SNVs to determine P1's Patient Profile indicated P1 resided When interviewed coaregiver (CG)-A side to get them [the agon on our schedule event Friday, to call the acquired the agency of the wound the acquired the agency of the worse. CG-A stated they were coming a wouldn't show up up and wouldn't give resident size of the worse.	he wound with wound ed non adherent gauze and dherent wrap to secure of following the wound care POC. P1's Nursing Visit /20, indicated the wound care cleaned hands, donned h NS or wound cleanser, honey to site, applied with Kerlix and tape. Each until P1 was discharged, nent this same process, herapeutic honey to the site, the wound care orders listed er, upon admission, P1's ed with measurements of 1.1 ength) x 2.3 cm (width) x 0.4 r, the medical record lacked ny further assessment of the if P1's wounds were healing. with a Print date of 9/9/20, d in an assisted living facility. on 9/9/20, at 10:39 a.m. P1's rated, "We made call after call ency] to come out. We had it ery Monday, Wednesday, and gency, to make sure they were cated P1's caregivers were not wound care, therefore, y to provide home care. In the agency's staff would say at a certain time, and then intil late in the day or not at all, eport to P1's caregivers in her the agency's staff didn't				

NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE INC STREET ADDRESS, CITY, STATE, ZIP CODE 800 BOONE AVENUE NORTH SUITE 200 GOLDEN VALLEY, MN 55427 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO O9/11/2 STREET ADDRESS, CITY, STATE, ZIP CODE 800 BOONE AVENUE NORTH SUITE 200 GOLDEN VALLEY, MN 55427	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING	CON	TE SURVEY MPLETED	
NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE INC STREET ADDRESS, CITY, STATE, ZIP CODE 800 BOONE AVENUE NORTH SUITE 200 GOLDEN VALLEY, MN 55427 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION			248037	B. WING			
(7.1) 15					800 BOONE AVENUE NORTH SUITE	DDE	111/2020
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
G 710 Continued From page 14 measure the wound, and never had wound care supplies, so would ask the caregivers in P1's home, for supplies. During an interview on 9/9/20, at 2:10 p.m. the agency's director of clinical services (DCS) stated missed visits should be documented in the medical record, and verified the record lacked documentation of the missed visits. DCS indicated each agency visiting nurse had a stock supply bag of wound care dressings, enough to get the client through until supplies came in, and although it may take time to get the supplies, if the nurse was having difficulty obtaining the supplies from the DME (durable medical equipment), she should have called her suppervisor. DCS stated the nurse documented that she used therapeutic honey, but that wasn't in the order. Further, DCS stated the expectation was for the case manager to assess and measure the wound once a week, however, she verified no measurements were completed for P1's wound after the start of care assessment, throughout the home care episode. When interviewed on 9/9/20, at 2:33 p.m. registered nurse (RN)-A stated, "I tried to get in there as often as I could, it depends on location and my schedule that day," and indicated if she couldn't make the visit when scheduled, she would call to let P1's caregivers know. RN-A indicated she didn't know why the visits were missed because she didn't document it, and stated she should have called her RN supervisor (RNS)-A when she couldn't make the visit, and should have completed a missed visit report so the provider was aware. RN-A stated, "A lot of	G 710	measure the wound supplies, so would home, for supplies. During an interview agency's director of missed visits should medical record, and documentation of the indicated each age supply bag of wound get the client through although it may take the nurse was having supplies from the Dequipment), she she supervisor. DCS states that she used thera in the order. Further was for the case more measure the wound verified no measure the wound verified no measure P1's wound after the throughout the hom. When interviewed or registered nurse (Registered nurse (Registered hould be the would call to let P1' indicated she didn't missed because she stated she should have complete.	d, and never had wound care ask the caregivers in P1's on 9/9/20, at 2:10 p.m. the f clinical services (DCS) stated d be documented in the d verified the record lacked ne missed visits. DCS ncy visiting nurse had a stock d care dressings, enough to gh until supplies came in, and et ime to get the supplies, if ng difficulty obtaining the DME (durable medical ould have called her ated the nurse documented peutic honey, but that wasn't r, DCS stated the expectation anager to assess and d once a week, however, she ements were completed for e start of care assessment, he care episode. on 9/9/20, at 2:33 p.m.	G 7	10		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED	
		248037	B. WING		08	C 9/11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 800 BOONE AVENUE NORTH S GOLDEN VALLEY, MN 5542	ZIP CODE SUITE 200	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
G 710	arrived, "There was They changed their get in," however, st with attempting to cand didn't contact hyphysician. RN-A stafor the wound care care supplies, and doctor's office. RN supplies and there the wound care. RN asked P1's caregivorders, but they wo physician because RN-A stated, "At leacalled the clinic," but back from the physician orders, and didn't esupplies. When ask RNS-A, RN-A stated did a few measurer my measurements. Wound care that was "Those were the susome wound care had used the wolient and always his should have contact reach out to my supplies with first and director of the second visit, if second sist, if second sist, if second visit, if second sist, if second visit, if seco	ino one to open the door. In buzzer system, and I couldn't ated she didn't follow through complete the visits as ordered, are supervisor or P1's ated she never received orders and never received wound stated she kept calling the -A stated she brought her own weren't any specific orders for N-A stated she repeatedly ers for specific wound care uld direct RN-A to call the they didn't have orders either. ast once or twice a week, I at indicated she never heard ician. RN-A stated, the plan 1 because she couldn't get a an, didn't have any written ver receive the wound care and if she reached out to dishe did not. RN-A stated, "I ments, but I did not document "When asked about the as provided, RN-A stated, applies I had on hand. I had noney I purchased myself. In for it." RN-A indicated that yound care honey for another and it on hand. RN-A stated, "I sted the physicianI did not	G 7	'10		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	` ´coı	TE SURVEY MPLETED
		248037	B. WING			C / 11/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 800 BOONE AVENUE NORTH SUIT GOLDEN VALLEY, MN 55427	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
G 710	a.m. the DME completed them on 7/29/20, 1 to home care, to indicate they newound care supplied would be multiple in checking on the state one called until RN. During a telephone a.m. P1's physician care visits were threat care, and orders for 7/14/20 to the homophysician's RN state requests were recentrial a request was caregivers, to switch when interviewed stated, on 7/29/20, supplies and was usuand stated, "I reme contact [P1's] proving As the home care public didn't even know we contact with." CG-Epromise to come, a stated, "We literally system to make su would watch for help to notify us when [Fittime, [RN-A] didn't frequently, chasing the wound "got wormeasurements door were 1.5 cm x 1.0 cm would ware 1.5 c	interview on 9/10/20, at 9:18 pany staff stated RN-A called 1 days after P1 was admitted quire about supplies. DME ver received an order for as for P1, and usually there notes of home care staff atus of the order, however, no -A called on 7/29/20. interview on 9/10/20, at 9:56 at s RN, stated orders for home ee times per week for wound r supplies were faxed on the health agency. P1's ed no other phone calls or sived from the agency or RN-A, received on 7/28/20 from P1's and home care providers. In 9/10/20, at 11:05 a.m. CG-B RN-A was still waiting for sing what was available to her, mber [RN-A] asked me to der to ask to order supplies. Provider, that is their duty. I hat provider [RN-A] was in a indicated RN-A would and wouldn't show up, and a had it set up in our computer re [RN-A] was coming, and we re. Our receptionist was alerted RN-A] got here. Most of the show up. We called her her around." CG-B indicated rese," and stated, on 8/6/20, cumented by P1's caregivers are x.75 cm, with "tunneling the drainage and odor."	G 71			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				PLE CONSTRUCTION G	CON	(X3) DATE SURVEY COMPLETED C	
		248037	B. WING _			/11/2020	
NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP CO 800 BOONE AVENUE NORTH SUITE GOLDEN VALLEY, MN 55427	DDE		
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
G 710	SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		G 71				
	CG-C stated P1 was	on 9/14/20, at 8:51 a.m. P1's as seen at the wound care d because P1's caregivers ne wound care, a referral was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		248037	B. WING	i			C 11/2020
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	11/2020
HOME HEALTH CARE INC					300 BOONE AVENUE NORTH SUITE 200 GOLDEN VALLEY, MN 55427		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
G 710	with the referral, an when RN-A reporte CG-C stated RN-A the orders, kept say hadn't received their couldn't get in touch stated RN-A used the time, which was not anything to cover it, providing supplies from anything left. CG-C 8/17/20, that the worder county from the worder of the time, which was not anything left. CG-C 8/17/20, that the worder county from the worder of the times and the worder of the times, would leave received a call back called and spoke to concerns, including following the orders family was involved different home care that she would bring supervisor (RNS-A) her back. When CG number, RNS-B wo she never received 8/18/20, CG-C stated RN-C concerns, including the orders family was involved different home care that she would bring supervisor (RNS-A) her back. When CG number, RNS-B wo she never received 8/18/20, CG-C stated RN-CG concerns, including the orders family was involved the times of times of the times of	Wound care orders were sent d were resent to the agency d she didn't receive them. kept saying she didn't have ving they ordered supplies and m yet, and kept saying she with P1's physician. CG-C herapeutic honey the entire tordered, and didn't have so P1's caregivers were for a while, but didn't have indicated RN-A reported on bund was 2 cm larger in 0.5 cm deeper than it was on CG-C stated RN-A had regivers on 8/10/20, that she she wound, which was also a medical record in her home. Continued to state she was aining orders from P1's and care supplies. CG-C stated RN-A's supervisor multiple messages, and never and care supplies. CG-C stated RN-B, discussed all of the missed visits, no supplies, not and would be seeking a sagency. RNS-B told CG-C g the concerns to RN-A's phone and would have RNS-A call G-C asked for RNS-A's phone and would have RNS-A. On ead she called the agency and mager that P1's family were	G	710			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
	248037	B. WING			C 09/11/2020	
NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE INC			800 BOONE AVENUE NORTH	SUITE 200	00/11/2020	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			FIX (EACH CORRECTIVE ACTION SHOUL			
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	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa P3's POC for the ce 1/23/20 through 3/2 admitted on 7/27/19 orders for skilled nu assessments and n Review of P3's med Visit Record, dated open area to P3's s physician was notifi were requested. P3 2/21/20, included w dressing three time Wednesday, and Fi dressing and gauze did not have anothe later, and no further order indicated hom on 3/3/20. There was indicate the physicia regarding the decre addition, there was medical record to in identified on 2/20/20 during subsequent on the sacrum, to s of the wound, as dir During an interview registered nurse ca P3's order on 2/24/2 week for dressing of seen on 2/20, and w We may not have h indicated case man weekly wound mea- drainage, tissue, oc treatment was being	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 P3's POC for the certification period dated 1/23/20 through 3/22/20, indicated P3 was admitted on 7/27/19, and included physician orders for skilled nurse visits weekly for various assessments and medication management. Review of P3's medical record included a Nursing Visit Record, dated 2/20/20, which identified an open area to P3's sacrum, and indicated P3's physician was notified and wound care orders were requested. 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P3's physician orders, dated 2/21/20, included wound care orders	ROVIDER OR SUPPLIER 248037 ROVIDER OR SUPPLIER EALTH CARE INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) WIST BE PRECEDED BY PULL (REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 P3's POC for the certification period dated 1/23/20 through 3/22/20, indicated P3 was admitted on 7/27/19, and included physician orders for skilled nurse visits weekly for various assessments and medication management. Review of P3's medical record included a Nursing Visit Record, dated 2/20/20, which identified an open area to P3's sacrum, and indicated P3's physician was notified and wound care orders were requested. P3's physician orders, dated 2/21/20, included wound care orders to change dressing and gauze. Review of SNVs revealed P3 did not have another SNV until 2/27/20, six days later, and no further visits again until a physician's order indicated home care services were on hold on 3/3/20. 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248037			B. WING			09/11/2020	
NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP 800 BOONE AVENUE NORTH SUIT GOLDEN VALLEY, MN 55427	CODE		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
G 710	was no wound doc resumption of care was wound docum RNCM-A stated, the was doubtful P3 on 3/11/20, and the copied and pasted stated, "We would current with that visible difficult to assess whether or not it was POC, without accurrent without accurrent with that visible difficult to assess whether or not it was POC, without accurrent with that visible difficult to assess whether or not it was POC, without accurrent a follow up 12:51 p.m. DCS states the wound on P3's physician, and order for wound care and per week. DCS states adjusted the frequency measurements follow through from weekly doesn't contimes a week." DC3/6/20 during the reindicated no wound	ed on 2/20/20, and noted there umented on the 3/6/20 assessment, however, there entation again on 3/11/20. The notes looked identical and a had a wound on his sacrum enote had possibly been from a previous note. RNCM-A expect that each note be sit." RNCM-A indicated it would as the status of the wound, and as improving, as directed in the rate documentation. The phone interview on 9/21/20, at a ted the visit nurse identified sacrum on 2/20/20, faxed the ers were received on 2/21/20 at dressing changes three days ted, "It doesn't appear that we ency of the visits or completed to of the wound. There was not a the case managerOnce relate with the order for three S stated documentation on esumption of care assessment, at at all, however, the wound ext SNV on 3/11/20.	G 710				
	6/11/20 through 8/9 admitted on 6/11/20 orders for skilled no week (6/11/20-6/14 weekly for 8 weeks PRN (as needed viand wound care to	ertification period dated 0/20, indicated P5 was 0, and included physician urse visits twice weekly for one 1/20), and then three visits (6/16/20- 8/9/20), with one sit), for various assessments stage 2 (open wound below skin) pressure ulcer to left heel.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248037			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		B. WING			C 09/11/2020		
NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP C 800 BOONE AVENUE NORTH SUITE GOLDEN VALLEY, MN 55427		03/11/2020	
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G 710	evidenced by decrease in drainage decrease in drainage decrease or no neode Review of P5's med skilled nursing visit starting 6/16/20, 7/6 Also identified, duri received four SNV, On 8/10/20, P5's ph wound care daily foof 8/10/20 and 8/17 instead of seven visit documentation to innotified or consulted decreases in skilled medical record indicated medical record indicated medical record indicated measured 3.4 6/11/20, however, the further measurement through 9/9/20. During a follow up proceed the physician DCS verifications to the physician. DCS start measurements that saw [P5] on 8/7 for I see no measurement that saw [P5] on Romanager sonce a week on Moseen on Monday, and the season of the physicial to show improved the case manager sonce a week on Moseen on Monday, and the season of the physicial to show improved the case manager sonce a week on Moseen on Monday, and the season of the physician of the physici	bund showing progress, as ase in signs of infection, ge, decrease in size, and rotic tissue. dical record indicated, P5 had only twice during the week 6/20, 7/13/20, and 7/20/20. In the week of 8/3/20, P5 instead of three as ordered. In the week of three as ordered. In the week of three was changed to record the week of three was changed to record the week. During the week of the week of the week. During the week of the week of the physician was of the record only six SNV, sits as ordered. There was no indicate the physician was of regarding the increase or three visits. In addition, the cated P5's wound to the left cm x 2.2 cm x 0.1 cm on the medical record lacked any into the wound from 6/11/20. The physician was of the wound from 6/11/20 at field the missed and extra the staff should be documenting as POC and notifying the ted, "There are no the case manager recertification, and on 9/9, and ents then either." DCS stated should measure the wound ondays, and if the patient isn't measurement should be done k. DCS indicated it was provement or worsening of a	G 7				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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G 710	nurse missed visit is see the patient for see the patient for see the patient have or if they were unable to a visit. Fee make up a missed emergency contact unable to contact the supervisor for direct visits occurred. Review of the agent Procedure, included required to see wood measurements, as of care as needed. The assessment parameter in the integumentar length, width, and of the Review of the agent Care, indicated the consistently review are met, and will be least every sixty da "Professional staff."	revent, included, a skilled was required when unable to scheduled visit due to patient ing a physician appointment, ole to coordinate or contact the urther, the expectation was to visit within 24-48 hours, call is and physician's office if he patient, and to contact the stion if two consecutive missed hours are clients weekly for sessment and changing plan 'Also included, wound eters should be documented by assessment area, including lepth of the wound. Incy's undated policy, Plan of plan of care would be ed to ensure that client needs a updated as necessary, but at yes. Also included, shall promptly alert the client's anges that suggest a need to	G 71				