

Protecting, Maintaining and Improving the Health of All Minnesotans

January 3, 2020

Administrator International Quality Homecare 3900 Fairway Place Nw Rochester, MN 55901

RE: Project Number H8078023C, H8078024C, H8078025C, H8078026C, H8078027C, H8078028C, H8078029C

Dear Administrator:

On December 19, 2019, the Minnesota Department of Health completed a Post Certification Revisit (PCR) to verify that your facility had achieved and maintained compliance. Based on our visit, we have determined that your facility has achieved substantial compliance.

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 facility's Governing Body.

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

Sincerely,

Doubles Stappeon

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



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

January 3, 2020

Administrator International Quality Homecare 3900 Fairway Place NW Rochester, MN 55901

Re: Project Number H8078023C, H8078024C, H8078025C, H8078026C, H8078027C, H8078028C, H8078029C

Dear Administrator:

On December 19, 2019, staff of the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders found on the survey completed on November 5, 2019. At this time these correction orders were found corrected.

It is your responsibility to share the information contained in this letter and the results of the visit with the President of your organization's Governing Body.

Sincerely,

Davie 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



Protecting, Maintaining and Improving the Health of All Minnesotans

Certified Mail # 7016 2070 0000 7235 0808

December 5, 2019

Administrator International Quality Homecare 3261 19th St Northwest Rochester, MN 55901

RE: Project Number H8078023C, H8078024C, H8078025C, H8078026C, H8078027C, H8078028C, H8078029C

Dear Administrator:

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

A partial extended survey was completed at your agency on November 5, 2019 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. A copy of the Statement of Deficiencies (CMS-2567) is enclosed.

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

G 406 -- 42 CFR 484.50 -- Patient Rights

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;

International Quality Homecare December 5, 2019 Page 2

- 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 deficient practice does not recur;
- 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 Phone: (320) 223-7343 Fax: (320) 223-7348

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.

International Quality Homecare December 5, 2019 Page 3

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:

(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, International Quality Homecare is precluded from conducting a home health aide training and/or competency evaluation program for a period of two years beginning November 5, 2019.

INFORMAL DISPUTE RESOLUTION

In accordance with 42 CFR 488.745, you have one opportunity to dispute condition-level survey

International Quality Homecare December 5, 2019 Page 4

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 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,

Davier 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

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | TPLE CONSTRUCTION | | E SURVEY MPLETED |
|--------------------------|--|--|---------------------|---|-------------|----------------------------|
| | | 248078 | B. WING _ | | | C / 05/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | • | |
| INTERNA | | DMECARE | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| G 000 | INITIAL COMMENT | ſS | G 00 | 00 | | |
| | International Quality 11/1/19, 11/2/19, 11 investigate complai extended survey wa not in compliance w | vey was initiated at y Homecare on 10/29/19, /4/19 and 11/5/19, to nts. As a result a partial as conducted. The Agency is with requirements at 42 CFR. ments for Home Health | | | | |
| | H8078025C was su H8078023C was su H8078027C was su H8078028C was su | nsubstantiated ubstantiated at G430 ubstantiated at G430, G488 ubstantiated at G430, G488 ubstantiated at G430, ubstantiated at G430, G488 ubstantiated at G430, G488 | | | | |
| | | dition of Participation at hts was found NOT to be in | | | | |
| G 406 | prohibits any home conduct home heat competency testing years has been sub partially extended) a been found to have Participation not me Patient rights CFR(s): 484.50 Condition of particip The patient and rep right to be informed | ecified in 42 CFR 484.80 (f)(3), health agency to offer and/or th aide training and/or which, within the previous two ojected to an extended (or survey as a result of having a Federal Condition of et at the extended survey. | G 40 | De approved h 12/18/ with other adaman | 19 eprel | |

 \sim

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 hursing 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.

International Quality Homecare Corporation Correction Order

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE AND MEDICAID SERVICES

Complaint Number: H8078024C – unsubstantiated

H8078026C – substantiated at G430

H8078025C – substantiated at G430, G488

 $\rm H80788023C$ – substantiated at G430, G488

H8078027C – substantiated at G430

H8078028C – substantiated at G430, G488

H8078029C – substantiated at G430, G488

Partial Extended Survey completed 10/29/19, 11/1/19,

11/2/19, 11/4/19, and 11,5,19.

Response to Statement of Deficiencies: December 12, 2019

Changes to the plan: December 16, 2019

| ID | PROVIDER'S PLAN OF CORRECTION | (X5) |
|--------|---|------------|
| PREFIX | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED | COMPLETION |
| TAG | TO THE APPROPRIATE DEFICIENCY) | DATE |
| G406 | CFR 484.50 Patient Rights: Condition of Participation | |
| | The patient and representative (if any), have the right to be informed of | 1/17/2020 |
| | the patient's rights in a language and manner the individual | |
| | understands. The HHA must protect and promote the exercise of these | |
| | rights. Based on interview and document review the home health | |
| | agency failed to meet the CoP at 484.50, Patient Rights. The HHA failed | |
| | to ensure 6 of 7 patients were free from verbal abuse, neglect of care, <u>or</u> | |
| | financial exploitation, including failure to protect and thoroughly | |
| | investigate. In addition, the agency failed to report immediately to the | |
| | State Agency (SA) allegations of verbal abuse, neglect of care, and | |
| | financial exploitation. The cumulative effect of this system failure | |
| | resulted in the agency's inability to ensure patient rights were protected | |
| | and promoted. | |
| | 1. The survey of during the acceptable plan of approaction for this | |
| | 1. The procedure for implementing the acceptable plan of correction for this deficiency is: | |
| | a. All staff providing services in International Quality Homecare Corp as | |
| | home health aides, homemakers, personal care workers, LPN's or | |
| | RN's will receive re-training on the Bill of Rights appropriate for each type | |
| | of service. | |
| | b. All staff providing services in International Quality Homecare Corp as | |
| | home health aides, homemakers, personal care workers, LPN's or | |
| | RN's will receive re-training in the area of Vulnerable Adult Laws and | |
| | Maltreatment of Minors Act. This will include the various types of abuse, | |
| | neglect, financial exploitation and boundaries, responding to clients we | |
| | service, recognizing possible signs of abuse, and immediately reporting | |
| | any allegations/ incidents. | 1/17/ 2020 |
| | c. The policy and procedure for vulnerable client C.22 has been updated to | |
| | clarify the change of language in reporting and the use of the word | |
| , | "immediately". This implies as soon as possible once knowledge of the | |
| | incident is known. | |
| | 2. What corrective action(s) will be accomplished for those patients found to | |
| | have been affected by the deficient practice. | |
| | a. PI and P2: | |
| | 1) The nurse was removed from these clients until investigation | |
| | was completely done. | |
| | 2) A survey was done with some of her clients at the beginning of the | |

refuse to talk to them." At this time, services are still being provided to him.

- e. P7:
 - 1) The employee no longer works for us. At the time she was here, other clients that she worked with had been surveyed to see if there were any issues with her. They reported there were no inappropriate interactions or difficulties with her.

2) IQHC continues to provide services to this client.

3. How will you identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken?

- a. We will be completing a Quarterly sampling (a percentage) of our clients in which they will be contacted by phone for a survey on how services are being provided and the interactions of the employees with them.
- b. Any surveys that may reflect a problem will be addressed closer to determine if there is an issue happening.
- c. Any response that may reflect a problem will be further investigated and evaluated then.

4. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

- a. All staff are being re-trained in the VA laws and reporting, and the Bill of rights.
- b. The compliance department has a direct line into the Director and the Manager in which employees and/or clients can call with concerns, reporting, or questions.
- *c.* Regular contact made by the offices of IQHC with the clients to check on services

Any concerns will be forwarded and addressed by the Compliance Dept.

5. 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 in place:

- a. The quality assurance individual in our compliance department will be separate from the other compliance and will be involved in the surveying of clients and follow up for looking into ones needing further assistance.
- b. The compliance department will be meeting on a quarterly basis to review data collected and review for issues, patterns, etc.
- 6. Title of person/s responsible for implementing the acceptable plan of Correction: *Director of Compliance*

Compliance Manager Quality Assurance Manager

G 430CFR 484.50 Patient Rights: Condition of Participation1/17/2020The patient and representative (if any), have the right to be informed of
the patient's rights in a language and manner the individual
understands. The HHA must protect and promote the exercise of these
rights. Based on interview and document review the home health
agency failed to meet the CoP at 484.50, Patient Rights. The HHA failed
to ensure 6 of 7 patients were free from verbal abuse, neglect of care, or1/17/2020

1/17/ 2020

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|-------|---|------------|
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| | 4. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. All staff are being re-trained in the VA laws and reporting, and the Bill of rights. The compliance department has a direct line into the Director and the Manager in which employees and/or clients can call with concerns, reporting, or questions. Regular contact by the offices of IQHC with the clients to check on services. Any concerns can then be addressed. | |
| - | 5. 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 in place: a. The quality assurance individual in our compliance department will be separate from the other compliance and will be involved in the surveying of clients and follow up for looking into ones needing further assistance. b. The compliance department will be meeting on a quarterly basis to review data collected and review for issues, patterns, etc. | 1/17/ 2020 |
| | 6. Title of person/s responsible for implementing the acceptable plan of Correction: Director of Compliance Compliance Manager Quality Assurance Manager | |
| G 488 | CFR 484.50 Patient Rights: Condition of Participation The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The HHA must protect and promote the exercise of these rights. Based on interview and document review the home health agency failed to meet the CoP at 484.50, Patient Rights. The HHA failed to ensure 6 of 7 patients were free from verbal abuse, neglect of care, <u>or</u> financial exploitation, including failure to protect and thoroughly investigate. In addition, the agency failed to report immediately to the State Agency (SA) allegations of verbal abuse, neglect of care, and | 1/17/2020 |

4. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

- a. All staff are being re-trained in the VA laws and reporting, and the Bill of rights.
- b. The compliance department has a direct line into the Director and the Manager in which employees and/or clients can call with concerns, reporting, or questions.
- *c.* Regular contact by the offices of IQHC with the clients to check on services. Any concerns can then be addressed.

5. 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 in place:

- a. The quality assurance individual in our compliance department will be separate from the other compliance and will be involved in the surveying of clients and follow up for looking into ones needing further assistance.
- b. The compliance department will be meeting on a quarterly basis to review data collected and review for issues, patterns, etc.
- 6. Title of person/s responsible for implementing the acceptable plan of Correction:
 - Director of Compliance
 - Compliance Manager
 - Quality Assurance Manager

| DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | | | | | |
|---|---|--|---------------------|----|---|-----------------|----------------------------|--|
| | RS FOR MEDICARE | & MEDICAID SERVICES | | | 01 | <u>MB NO.</u> | 0938-0391 | |
| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | `́сом | E SURVEY PLETED | |
| | | 248078 | B. WING | | | C 11/05/2019 | | |
| NAME OF I | PROVIDER OR SUPPLIER | | I | S | TREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| | ATIONAL QUALITY HO | MECARE | | | 261 19TH ST NORTHWEST | | | |
| | | | | R | COCHESTER, MN 55901 | | 3 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | < | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETION DATE | |
| G 406 | The HHA must prot of these rights. This CONDITION i Based on interview home health agence Condition of Particip Rights. The HHA fa (P1, P2, P3, P5, P6 abuse, neglect of ca including failure to p investigate. In addit immediately to the s of verbal abuse, neglect of verbal abuse, neglect of verbal abuse, neglect cumulative effect of the agency's inabilit protected and prom Findings include: Refer to G430: Bas review, the agency (P1, P2, P3, P5, P6 abuse, neglect of ca | ect and promote the exercise s not met as evidenced by: y and document review, the y (HHA) failed to meet the bation at 484.50, Patient iled to ensure 6 of 7 patients y, P7) were free from verbal are or financial exploitation, protect and thoroughly ion, the agency failed to report State Agency (SA) allegations glect of care, and financial patients (P1, P2, P4 P5, P7) ions of abuse. The this system failure resulted in y to ensure patient rights were | G 4 | 06 | | | | |
| G 430 | Refer to G488: The immediately to the S of verbal abuse, ne exploitation 5 of 7 p reviewed for allegat potential to affect al future patients serve | | G 4: | 30 | | | | |

| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | APPROVED 0938-0391 |
|--------------------------|--|--|---------------------|----|--|-----------------|----------------------------|
| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE | E SURVEY PLETED |
| | | 248078 | B. WING | | | C 11/05/2019 | |
| NAME OF | PROVIDER OR SUPPLIER | | | S | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | ATIONAL QUALITY HO | | | 32 | 261 19TH ST NORTHWEST | | |
| | | | | R | OCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIJ TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 430 | Continued From pa | ge 2 | G 4 | 30 | | | |
| | Be free from verbal abuse, including inj neglect and misapp This ELEMENT is Based on interview agency failed to ens P3, P5, P6, P7) wer neglect of care or fi failure to protect an had the potential to this agency. Findings include: P1's Plans of Care and 9/14- 11/2/19, i (SOC) was 5/22/18 venous insufficienc fibrillation. The POC receive skilled nurs for 60 days for wou medication use and wrap lower extremit open areas. P1's P oriented in relation Review of a Comm dated 10/14/19, ind compliance departr registered nurse (R and he feared that s indicated P1 had re on 8/16/19, after he hospital on 8/12/19 to go to rehab (rehat to RN-A he was not too much work to d | , mental, sexual, and physical uries of unknown source, propriation of property; not met as evidenced by: and document review, the sure 6 of 7 patients (P1, P2, re free from verbal abuse, nancial exploitation, including d thoroughly investigate. This affect all patients served by (POC) dated 7/16- 9/13/19 ndicated P1's start of care . P1's diagnoses included y, lymphedema and atrial C also indicated P1 was to ing visits 0-3 visits per week nd care, education about I nursing staff to clean, dress, ties, monitor lower legs for any OC also indicated P1 was | | | | | |

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| | | AND HUMAN SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 | |
|--------------------------|---|---|-------------------|-----|--|------------------|-------------------------------------|--|
| STATEMEN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DATI COM | E SURVEY PLETED | |
| | | 248078 | B. WING | | | | C 05/2019 | |
| NAME OF | PROVIDER OR SUPPLIER | | | s | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| INTERN | ATIONAL QUALITY HO | DMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE | |
| G 430 | should smack him a down, and P1 repor going to slap him. F RN-A had been rem would no longer pro- The agency's Interri identified the follow agency had conduct On 10/14/19, the co- interviewed P1. P1 or close encounter to do rehab. I menti she [RN-A] said to face slapped' for tu "Her [RN-A] face wa could smell her bre slap me. She is arg leave me to sit in he think it was to calm here, she raises he reported the incider 16 (2019). P1 had threatened and stat hand was going to she didn't do it." Ac asked if there were where he felt threat cannot take no for a and argumentative. and I don't like to be argue so much that my legs done here the hell out of here. The report indicated interviewed RN-B. F | across the face for turning that rted he felt RN-A was actually Further, the report indicated hoved from P1's home and ovide cares for P1. hal Investigation Report, ing through interviews the sted: ompliance manager (CM)-A stated to CM-A, "The incident was because I was supposed ioned that I couldn't go and me, 'you ought to have your rning that down." P1 reported, as red, eyes enlarged, and I ath. I thought she was going to umentative and once had to be car for about ten minutes, I down. Every time she comes r voice and is demanding." P1 ht occurred on Friday August further stated he felt ted, "Any minute I thought her hit my face. I'm not sure why cording to the report CM-A any additional incidents to tened and P1 stated, "She an answer. She would get mad She would talk down to me e talked down to. We would : I would tell her to listen, get and when you are done, get " | G | 430 | | | | |

Facility ID: H20865

If continuation sheet Page 4 of 56

| DEPAR | IMENT OF HEALTH | AND HUMAN SERVICES | | | | FORM | APPROVED | |
|--------------------------|--|---|--------------------|-----|--|------------|-----------------------------------|--|
| CENTE | RS FOR MEDICARE | & MEDICAID SERVICES | | | <u>//B NO. 0938-0391</u> | | | |
| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | COM | (3) DATE SURVEY COMPLETED C | |
| | | 248078 | B. WING | | | 11/05/2019 | | |
| NAME OF | PROVIDER OR SUPPLIER | | · | S | TREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| | ATIONAL QUALITY HO | DMECARE | | | 261 19TH ST NORTHWEST | | | |
| | | | | R | COCHESTER, MN 55901 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE | |
| G 430 | Continued From pa | ge 4 | G 4 | 130 | | | | |
| | interviewed RN-A. (P1 and RN-A stated changes. He was a was training [license and we didn't have into his closet and k supplies. He was an take him months to indicated CM-A hac P1 stated he was s and RN-A stated, "I [RN-B] and I both to need to go to rehab was very angry. He get in here and cha get out.' I told him, like that.' He yelled change my wounds five minutes to colle gave short answers The documents ind interviewed LPN-A. LPN-A had reported she [RN-A] had halt across the face. The Internal Investi recommendations of results of the invest report [RN-A] has b cares to [P1]. It is re receive a write up for review training on v | icated on 10/17/19, CM-A had The documents indicated d P1 told her RN-A had said f the audacity to smack him gation Report identified of compliance regarding the tigation: "At the time of this been removed from giving any ecommended that [RN-A] or her actions in this event and ulnerable adult and treatment s boundaries. [RN-A] shall | | | | | | |

Facility ID: H20865

If continuation sheet Page 5 of 56

| | | AND HUMAN SERVICES | | | | FORM | APPROVED | |
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| | | & MEDICAID SERVICES | 1 | | | | 0938-0391 | |
| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l` ' | | E CONSTRUCTION | | E SURVEY PLETED | |
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| | | 248078 | B. WING | | | 11/0 | 05/2019 | |
| NAME OF I | PROVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| INTERNA | ATIONAL QUALITY HO | DMECARE | | | 261 19TH ST NORTHWEST | | | |
| | | | | | ROCHESTER, MN 55901 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI) TAG | x | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE | |
| G 430 | stated the incident of Friday 8/16/19, whe dressings for wound hospital wanted me couldn't go. She go mean to tell me you told her 'Yeah I have and said, 'You ough she was close to m could smell her brea as quarters. She Lo going to slap me, bu intent. Another time the house and sat in did not know if she dressings on my leg she went into my be medical supplies ar had it in order so I to there, I have everyt 'Change the dressin here for.' She never the bedroom. Abou here, her and I wou was very negative, actions or words. M arguing about anyth pain in the neck. At home health agenc was going to do. Ab it to the nurse that of that [RN-A] threater a different nurse to 'You should report to [agency] and report nurse on Tuesday to | 10/29/19 at 1:07 p.m., P1 with RN-A had occurred on an RN-A came to change the ds on his legs. P1 stated, "The to go to rehab, but I told her I t real perturbed saying, 'You a turned that down?' When I e too much to do' she got mad it a have your face slapped', e, her face was real red, I ath and her eyes were as big boked angry. I thought she was at she didn't. I think she had e she got mad, walked out of n her car fifteen minutes and I was going to change the gs. About a month or two ago edroom, went through my nd tried to consolidate them. I old her to get the hell out of hing in order. I told her, ngs since that is what you are r asked permission to go into t every time she came out uld get in an argument. She not very professional in lost of the time she would start ning I would say. It got to be a first I did not report it to the y, as I did not know what she bout August 27th, I mentioned comes on Tuesdays. I told her ned to slap me and I asked for come on Fridays. She said, his.' I called someone at the ed it to them because the | G 4 | -30 | DEFICIENCY) | | | |

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| | | AND HUMAN SERVICES | | | | FORM | 12/05/2019 APPROVED 0.0938-0391 |
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| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION |) CON | TE SURVEY MPLETED |
| | | 248078 | B. WING | i | | | C / 05/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NORTHWEST | | |
| INTERNATIONAL QUALITY HOMECARE | | | | ROCHESTER, MN 55901 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETION DATE |
| G 430 | on Friday 8/16/19, F for P1. Start time of 12:13 p.m. During interview on stated, "When I car [RN-A] was freaking She said 'I know it's him got into an argu to step away and go because he made h down because inve because I did not kit told me, him and he The next time I wer into a verbal argum and went outside to the half the audacity face, something like day RN-A had infort argument with P1, I did not know who e LPN-A stated, "I asl and I talked to my fi bothering me and [I who to talk to, as I o does what?" "My frii that is when we rep she was going to re was going to email An agency email da p.m. sent from RN- included RN-B had there were separate situations related to "She threatened to feared she was going | RN-A had provided services f 10:33 a.m. and end time of 11/1/19 at 2:57 p.m., LPN-A me into the office one day g out because State was here. a about [P1], because me and ument'. [RN-A] said she had o out and have a cigarette, her mad. I just tried to calm her stigations happen all the time, now what happened. RN-A er got into a verbal argument. In to visit [P1], he said they got ent, she slammed the door o smoke and he said she had y to smack him across the e that." LPN-A had stated the med her she had a verbal _PN-A had informed RN-B and Ise to report it to at the time. ked a friend what to do, [RN-B] riend, because it was RN-B] a lot." "I did not know did not know what staff here end said we need to report it orted it." "I asked [RN-B] who eport it to and she said she [administrator]. ated Friday 10/11/19, at 4:35 B to the administrator, informed the administrator e vulnerable adult and child o RN-A. The first being P1. slap him and he actually ng to. He would like to make a | G 4 | 430 | | | |
| | feared she was goir | | | | | | |

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| | | AND HUMAN SERVICES | | | | FORM | . 0938-0391 | |
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| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUI A. BUILE | | PLE CONSTRUCTION | (X3) DATE SURV COMPLETE | | |
| | | 248078 | B. WING | i | | C 11/05/2019 | | |
| NAME OF F | PROVIDER OR SUPPLIER | - | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| | | | | | 3261 19TH ST NORTHWEST | | | |
| | | NAL QUALITY HOMECARE ROCHESTER, MN 55901 | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETION DATE | |
| G 430 | at 9:12 p.m. During interview on stated, "[P1] and I h when I first started. was he would tell m I never saw papers legs. One time I we [LPN-A] and we did knew he had dress I could go back the dressing sponges in comment we should boxes] as these are We started to put th out of the room and there rearranging th the supplies we need how to change the next time I went in the because we had co he said it would tak told him I apologize do that. We will hav you have all the sup don't have to go into supplies." RN-A stat to P1's house she w stated, "Why are yo said, "I had a dress warm. I have an an moment and he need house. I walked out called the office. I re coordinator what have | ge 7 I to CM-A on Friday 10/11/19, 11/4/19 at 1:20 p.m., RN-A have a history, we got along My biggest problem with him, he what the doctor wanted, but . He directed how to wrap his int in with another nurse not have all the supplies and I ings in his bedroom. I asked if re. We found one small box of h a box. We made the d condense these [supply e a home for cock roaches. hings together, tossed things I he said don't be going in hings, so we stopped and took eded and I showed [LPN-A] dressings on his wounds. The there I basically got yelled at, indensed things into a box and e months to reorganize it. I and it was not my intention to we to make a concession that oplies in the living room so I to the bedroom and get ted another time she went out was in a dress and P1 had ou dressed like that." RN-A on that day as [P1's]house is xiety issue. I told [P1] I need a eded a moment and I left the iside, went in the car and eported to the branch office ad gone on. I told her I needed Id go back in and dress his | G | 430 | | | | |
| | legs. That is what I | did. I did not say much to him. d yes or no answers and did | | | | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
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| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · · / | | PLE CONSTRUCTION | (X3) DATI COM | E SURVEY IPLETED |
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| NAME OF I | PROVIDER OR SUPPLIER | | | : | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERN | ATIONAL QUALITY HO | DMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
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| G 430 | what he told me. He and they recomment therapy] and OT [oo him, 'You could hav that I was disappoing got a little bit heated heard about the thru I felt uncomfortable did not like me. As about changing day service visits were a we were trying to so save time for the br would not work out to talk to him it would we would make the work." In addition, of stated she had not the recommendation were, nor had she b During interview on stated RN-A had not training as docume recommendations. P2's current POC d P2's SOC was 12/11 hypertension, type f and a very low leve POC also indicated nursing visits 0-1 vi management of me An agency email da p.m., sent from RN included RN-B report | e had come out of the hospital need he do some PT [physical ocupational therapy]. I said to e made a better decision' and need in his decision. I know it d." RN-A stated, "You have ee altercations I had with him. working with him because he a team we tried to talk to him vs of the week [when P1's scheduled], as with scheduling chedule all [city] in one day to ranch running to clients. He a compromise. Anytime I tried ld turn into an argument, so days he was scheduled furing the interview RN-A heard from the agency what ons from the investigation been provided any education. 11/1/19 at 10:15 a.m., CM-A ot been written up or had the need in the investigation ated 10/14-12/12/19, indicated 8/18. P2's diagnoses included two diabetes, hypothyroidism I of personal hygiene. The P2 was to receive skilled sits per week for 60 days for | G | 430 | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 | |
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| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION G | (X3) DAT COM | E SURVEY IPLETED | |
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| NAME OF PROVIDER OR SUPPLIER | | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| INTERN | ATIONAL QUALITY H | DMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETION DATE | |
| G 430 | and told him how di administrator had for Friday 10/11/19, at Review of a Comm dated 10/14/19, ind compliance departr been yelled at by R lives. The report ind three months ago F not physically but very what was said but of speaking to me (CM the problem had be had not been comin The agency Interna identified the follow agency had conduc On 10/14/19, CM-A asked to explain the involving him and F really sure, it may b been here 9 years. [RN-A] has been at just verbally. After a have to go through Ombudsman." What to him, P2 stated, " real comfortable sh just don't think I sho On 10/14/19, CM-A reported she had of disgusting P2 lives. from LPN-A that RN On 10/15/19, CM-A | sgusting he lives. The brwarded the email to CM-A on 9:12 p.m. on Entry Point Intake Form icated it was reported to the ment of the agency that P2 had N-A about how disgusting he dicated P2 stated about two to RN-A had been abusive to him, erbally. P2 stated he did recall did not feel comfortable M-A). P2 stated he believed een resolved because RN-A ng there anymore. Il Investigation Report ing through interviews the sted: had interviewed P2. P2 was e incident that occurred RN-A. P2 stated, "Well I am not be a personality conflict. I have I have had a lot of nurses. busive to me, not physically, a while, I didn't think I should | G | 430 | | | | |

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| | | AND HUMAN SERVICES | | | | FORM | APPROVED 0938-0391 |
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| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DATE COM | E SURVEY PLETED |
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| NAME OF I | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NORTHWEST | | |
| INTERNA | ATIONAL QUALITY H | DMECARE | | | ROCHESTER, MN 55901 | | |
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| G 430 | week. His room is p residents that talk a has been receiving CM-A asked RN-A P2 'in so many words,' throws his food and the trash, but on the beard and clothes h of the homemakers shower another day your shoes stick to worker saying that l On 10/17/19, CM-A LPN-A stated, "He [at him and calls him is rudeshe uses understand. Does r dignity." The Internal Investi recommendations f this report [RN-A] h any cares to [P2]. It receive a write up for review training on v to minors as well as remain removed from During interview on stated, "I reported talked to someone Ombudsman talked they stopped sendir | ed, "I have seen [P2] last bungent. I get stopped by about how bad he smells. He eviction notices. He is a slob." if she had mentioned that to RN-A said, "Yes I have. He I his incontinent pads not in e floor. His hair is knotted. His have dry milk and frosting. All a have been told that he would 7. His floor is so sticky that the floor. He called his social he did not want me anymore." Anad interviewed LPN-A. [P2] says that she [RN-A] yells in disgusting. Says she [RN-A] higher words I don't not treat him with respect or gation Report also identified for compliance: "At the time of as been removed from giving it is recommended that [RN-A] or her actions in this event and rulnerable adult and treatment is boundaries. [RN-A] shall | G 4 | 130 | | | |

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| CENTER | | AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA | (X2) MU | трі | | FORM MB NO. | 12/05/2019 APPROVED 0938-0391 E SURVEY |
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| NAME OF I | PROVIDER OR SUPPLIER | | | S | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERNA | ATIONAL QUALITY HO | DMECARE | | | 261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) |) BE | (X5) COMPLETION DATE |
| G 430 | She talked about th personal condition a steps to correct this was there is an aro harped on that a lot problem and I wear medical problem ar for me. It is terrible who is a health card nine years and had someone treated m aware of personal f problems. The nurs shower unless som waited each week f there when I took s happened. [RN-A] v taking care of my p have a body odor." shower two to three housekeeper was h verbally by what she said were not nece During interview on stated before she s RN-A had told her, pisses all over hims food everywhere. H man but does not h stated RN-A had sta carry anything into the in there, you grab h You set up medicat look at them close of sign paper and leav even use my pen." | verbally abusive about things. le condition of my apartment, and I told her I was taking s. The basic thing she said ma in your apartment. She t. I have a urinary incontinence r undergarments to help. It's a nd it's a real frustrating thing to be criticized by someone e worker. I have lived here for a lot of nurses, and never had he like that. She should be eelings I have and medical ses told me before 'don't take a leone is in the apartment', so I for the housekeeper to be hower in case something was complaining I was not ersonal hygiene well enough, I "I said well I am taking a e times a week when the here. I felt I was being abused e said. I thought the things she | G 4 | 430 | | | |

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| TATEMENT | OF DEFICIENCIES OF CORRECTION | K MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · · / | PLE CONSTRUCTION | (X3) DA |) <u>. 0938-039</u> TE SURVEY MPLETED C |
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| | | 248078 | B. WING | | 11 | /05/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP COI | | |
| INTERNA | ATIONAL QUALITY H | OMECARE | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETIC DATE |
| G 430 | Continued From pa | age 12 | G 430 | 0 | | |
| | take the day off." I P2 on 10/10/19, to make sure the visit "[RN-A] and [P2] had does not feel he is | not able to work and had to _PN-A stated, she had called see how he was doing and to t went ok. LPN-A stated, ad verbal arguments and he treated properly. She belittles reat him with any dignity or | | | | |
| | stated, "[P2] had a incontinent product and said this was k the homemakers. If the garbage instea tried to talk to him when homemakers but when following Monday, they repo on Wednesday, an would take one on confront him. I told should not have to shower.' I told him he was not shower | n 11/4/19, at 1:44 p.m. RN-A urine problem and threw his ts on the floor. I did talk to him kind of disrespectful even for He should try to throw briefs in d of towards the garbage can. I about showering and doing so s are there. He agreed to that, up with the homemakers on rt he would say he'd take one d on Wednesday he'd say he Friday. So I did go in there and , 'You are 80 years old, I tell you need to take a the homemakers had told me ing. I know through the | | | | |
| | conversations we h going to be giving y him to purchase his because I did not v with other clients, b hygiene. There was went in there to set made me physicall could still set up m nurse, but I could last time I went in t | had I also said, 'I know they are you an eviction notice.' I asked s own blood pressure cuff vant to use mine, which I use because of his personal s one afternoon or morning I t up meds and I threw up, it y sick. I told the social worker I eds if they couldn't find another 't do it in his apartment. The here was when [LPN-A] was ill. set up meds. [P2] was going to | | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | APPROVED . 0938-0391 |
|--------------------------|--|--|--------------------|-----|---|-----------------|----------------------------|
| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION | (X3) DAT COM | E SURVEY IPLETED |
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| NAME OF | PROVIDER OR SUPPLIER | | | : | STREET ADDRESS, CITY, STATE, ZIP CODE | - | |
| | ATIONAL QUALITY HO | | | : | 3261 19TH ST NORTHWEST | | |
| | | JWECARE | | !! | ROCHESTER, MN 55901 | | |
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| G 430 | his shirt. I suggeste see the doctor. He said, 'it's always you want to know before doctor.' I know one was being evicted, manager of the buil saying can you take was forceful, I was the world. I did yell old and I should not he had to take a sh you are getting evice happening, because hygiene." RN-A als the Oasis assessm to make a visit to se limit myself with see feel comfortable with hin having contact with stated she recently and completed an O The agency Schedu identified on Wedne provided services for and end time of 5:4 During interview on stated RN-A had not training as indicated recommendations. During interview on stated the last day I for P2 was 10/9/19. office in Rochester | d he clean up before goes to becomes very defensive. He u.' I stated, 'maybe you would e you go see your primary time I lost my cool, I heard he had calls from daughter, the ding and other residents e care of that stinking man. I frustrated, I was everything in at him, I said he was 80 years t have to come in and tell him ower, or tell him 'this is why ted.' This is why this is all e of his poor personnel o stated she still completes ents for P2, which requires her ee P2. RN-A stated, "I try to eing P2, as I know he does not th me, and I don't feel m." RN-A confirmed she is still P2 every 60 days. RN-A provided medication set up Dasis assessment for P2. ule Verification for P2, esday 10/9/19, RN-A had or P2. Start time of 4:54 p.m. | G 4 | 430 | | | |

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| | | AND HUMAN SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
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| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION | СОМ | E SURVEY PLETED |
| | | 248078 | B. WING | i | | 1 | C 05/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | | | 5 | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERNA | ATIONAL QUALITY HO | OMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY) |) BE | (X5) COMPLETION DATE |
| G 430 | Continued From pa | - | G | 430 | | | |
| | was still assigned to | o be P2's case manager. | | | | | |
| | had called the bran | 11/5/19, at 9:12 a.m., CM-A ch office in Rochester and assigned as case manager N-A. | | | | | |
| | P3's SOC was 8/8/ illness and multiple indicated P3 was to 0-1 visits every wee set up and assess visits for changes in health aide (HHA) (| lated 9/2-11/25/19, indicated 17. P3's diagnoses included sclerosis. The POC also receive skilled nursing visits ek for 60 days for medication nent with three as needed health status and home 0-4 visits each week for 60 t with bathing, grooming, and transfers. | | | | | |
| | dated 8/9/19, indica of home health aide agency office on the HHA-B had taken c ago and had the cli The family member yesterday. FM-C all | on Entry Point Intake Form ated a family member (FM)-C e (HHA)-B had called the e afternoon of 8/9/19, to report but a vehicle loan about a year ent, P3 co-sign for the vehicle. FM-C became aware of it so stated the car insurance and the client was paying the HHA-B. | | | | | |
| | | nt Report dated 8/9/19, at 3:45 same as the Common Entry | | | | | |
| | identified the follow agency had conduct interviewed P3. P3 to the car dealershi | I Investigation Report ing through interviews the sted: On 8/12/19, CM-A had stated she had driven her car p to meet HHA-B and had loan for HHA-B. P3 stated, | | | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
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| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DATE COM | E SURVEY PLETED |
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| NAME OF | PROVIDER OR SUPPLIER | | • | s | STREET ADDRESS, CITY, STATE, ZIP CODE | <u> </u> | |
| | | | | 3 | 3261 19TH ST NORTHWEST | | |
| | ATIONAL QUALITY H | JMECARE | | F | ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 430 | "[HHA-B] had worse a car because she clients. That was ve HHA-B's FM-C was On 8/12/19, CM-A I HHA-B stated, in re co-sign for a car loa paying for the vehic occurred "A year ag [FM-C] called [P3] a the loan." HHA-B si for the insurance, " response to who's r in [P3], name, but I FM-C was present co-signed for the ca On 8/13/19, CM-A I (D)-D. D-D stated, " She is not the loan During interview on stated HHA-B did n needed a car. HHA me to sign for the co occurred back in 8/ worked with her for FM-C would come a shower and do he could not make her at another client's r an employee of the stated the agency v stated she was the and HHA-B was the for the care was un "[HHA-B] paid the co | e credit than me. She needed needed to get to all of her ery important to her." P3 stated a present at the car dealership. Thad interviewed HHA-B. Personse to if she had P3 an, "Yes [P3] did, but I am cle." HHA-B stated this go?" HHA-B stated this go?" HHA-B stated in tated in response to who pays I do." HHA-B stated in name is the insurance in, "It's pay her for it." HHA-B stated at the car dealership, when P3 | | 430 | | | |

Facility ID: H20865

If continuation sheet Page 16 of 56

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURV COMPLETER C 248078 B. WING 11/05/201 | CENTERS | | AND HUMAN SERVICES | | | Ο | | APPROVED 0938-0391 |
|--|---|--|---|---------|-----|--|------------------|----------------------------|
| | STATEMENT O | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | | LE CONSTRUCTION | (X3) DATE COM | E SURVEY PLETED |
| | | | 248078 | B. WING | | | | - |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | NAME OF PR | ROVIDER OR SUPPLIER | ····· | | s | STREET ADDRESS, CITY, STATE, ZIP CODE | - | |
| INTERNATIONAL QUALITY HOMECARE | INTERNAT | | OMECARE | | | | | |
| ROCHESTER, MN 55901 | | | | | F | ROCHESTER, MN 55901 | | |
| PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP | PRÉFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFI | | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP | BE | (X5) COMPLETION DATE |
| G 430 Continued From page 16 approached her first to ask me to sign on the car loan. P3 stated HIA-B and FM-C had both asked for her to pay for the car insurance as they could not afford to due to having to pay insurance on another vehicle. During interview on 10/29/19, at 3:12 p.m., HIA-B stated FM-C was present when the car was purchased. The car loan place told me I needed a co-signer and FM-C stated why don't you ask P3. P3 co-signed on a loan for the car and the insurance was under P3's name. I paid the \$115.00 a month for the car insurance to her and the insurance was under P3's name. I paid the \$115.00 a month for the car insurance to her and the insurance was under P3's name. I paid the \$115.00 a month for the car insurance to her and the insurance was under P3's name. I paid the \$116.00 a month for the car insurance to her and up aid the car loan of \$27.00 a month. The car loan was in both of our names. HIA-B stated at the time of the incident she was an employee of the agency and had provided services of shower, cleaning house and shopping for P3 for about two years. HIA-B stated FM-C had gone to P3's home to do her job (as scheduled by the agency) for the day of providing a shower to P3, due to she was busy with another client and could not get there at the scheduled time. HIA-B stated the home care agency was not aware FM-C was at P3's home in place of her. During interview on 10/29/19, at 3:23 p.m. CM-A said in regards to whether the agency was aware FM-C had been in P3's home providing cares to P3 in place of HHA-B, CM-A said, 'We were told that by the police department and determined it was not accurate. I am going to be honest with you. I dont believe any of this. The client (P3) did not report any of this unit alfer she found out tabout the ichen co-signer on the car I bean dout about this through the police department, not through her [P3]. This was like a roller coaster going through liquidation of a divorce. He found out about the client co-signer on the car I bean | a H fra [Hvry]atacacsafacrta [seff]tvy r]at | approached her first loan. P3 stated HH, for her to pay for the not afford to due to another vehicle. During interview on HHA-B stated FM-C was purchased. Th needed a co-signer you ask P3. P3 co- and the insurance w the \$115.00 a mont and I paid the car lo car loan was in bott at the time of the in of the agency and the shower, cleaning he about two years. HI P3's home to do he agency) for the day due to she was bus not get there at the the home care agen at P3's home in pla During interview on said in regards to w FM-C had been in F P3 in place of HHA that by the police do was not accurate. I you. I don't believe not report any of thi [FM-C] had reporte about this through the through her [P3]. The going through liquid | to ask me to sign on the car A-B and FM-C had both asked e car insurance as they could having to pay insurance on 10/29/19, at 3:12 p.m., C was present when the car e car loan place told me I and FM-C stated why don't signed on a loan for the car was under P3's name. I paid th for the car insurance to her ban of \$279.00 a month. The h of our names. HHA-B stated cident she was an employee had provided services of ouse and shopping for P3 for HA-B stated FM-C had gone to er job (as scheduled by the of providing a shower to P3, sy with another client and could scheduled time. HHA-B stated ncy was not aware FM-C was ce of her. 10/29/19, at 3:23 p.m. CM-A whether the agency was aware P3's home providing cares to -B, CM-A said, "We were told epartment and determined it am going to be honest with any of this. The client (P3) did is until after she found out that d [HHA-B]. We found out the police department, not his was like a roller coaster dation of a divorce. He found | G 4 | 430 | | | |

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| | | AND HUMAN SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
|--------------------------|--|---|-------------------|-----|--|-------------------|-------------------------------------|
| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | • • | | LE CONSTRUCTION | (X3) DATE COMI | E SURVEY PLETED |
| | | 248078 | B. WING | | | | C 05/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | 4 | | S | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERN | ATIONAL QUALITY HO | OMECARE | | | 261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | L | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 430 | when the divorce st good citizen and re proof he was ever i During interview on stated FM-C had in had P3 co-sign on a knew P3 was also o stated she had new cares for P3 when I know a lot of times their own schedule know about the cha visits were schedule changes." During interview on stated at the car de with obtaining the c long and I stepped know what happene with a car. FM-C sta and stated, "I have (HHA-B and self) w and HHA-B had to instead of dropping her work and we let couple of times. We from a doctor appo would stop at P3's I FM-C confirmed he agency at the time not provided cares know how P3's nan P3 was not at the d purchased. FM-C s was supposed to be | age 17 tarted and decided to be a port it to us. There was no n the house of the client." 11/4/19, at 10:20 a.m., RN-C formed her of HHA-B having a car loan and stated she carrying the insurance. RN-C er heard of FM-C providing HHA-B could not be there. "I [HHA-B] and [P3] made up and we (agency) would not anges or the times of when the ed to be done with the 11/4/19, at 2:39 p.m. FM-C ealership HHA-B was dealing ar loan. We were there all day out to have cigarettes. I don't ed and we drove out of there ated he did know who P3 was been over to her place. We rere coming back into town be there, so we just stopped me off at home first. She did ft. FM-C stated this occurred a e would have to go or come intment or something and house for HHA-B to do her job. was not an employee of the and when in P3's home had for P3. FM-C stated he did not ne was on the title of the car lealership the day the car was tated the insurance for the car e transferred from his truck to ow P3's name ended up being | G 4 | 430 | | | |

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If continuation sheet Page 18 of 56

| | | AND HUMAN SERVICES | | | | FORM | APPROVED 0938-0391 |
|--------------------------|---|---|--------------------|-----|---|------------------|----------------------------|
| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DATE COM | E SURVEY PLETED |
| | | 248078 | B. WING | | | | C 05/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | Senne autoriteren | | \$ | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | ATIONAL QUALITY HO | | | : | 3261 19TH ST NORTHWEST | | |
| | | DMECARE | | l | ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y 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 430 | Continued From pa | ge 18 | G 4 | 430 | | | |
| | stated he was not a | 11/5/19, at 9:59 a.m. CM-A ware FM-C was present in HA-B was scheduled to be | | | | | |
| | administrator verifie email regarding P1 stated she would no did not get reported Monday, "I don't thi over the weekend. reporter and I would have filled out an in incidents to the Sta stated she was not recommendations of P2 were in regards P5 financial exploita P5's Personal Care dated 4/20/18, indic services 23 hrs per Plan dated 4/20/18, services 3 visits dat P5's POC for the ce 6/13/19, indicated F on 4/20/18, with dia cerebellar ataxia (se coordinate balance movements), type 2 fibrillation, hyperten pulmonary disease The POC also indic nurse visits 1 per w visits for possible cl and home health ai | of the investigations for P1 and to RN-A. ation Attendant (PCA) Service Plan cated P5 received PCA day. P5's Homecare Service indicated P5 received HHA | | | | | |

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| | ND HUMAN SERVICES | | | | FORM | APPROVED |
|---|--|--------------------|-----|---|-------|----------------------------|
| CENTERS FOR MEDICARE & | | | | | | 0938-0391 |
| STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION | (1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | `́сом | E SURVEY PLETED |
| | 248078 | B. WING | | | | C 05/2019 |
| NAME OF PROVIDER OR SUPPLIER | | | 5 | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERNATIONAL QUALITY HOW | AECARE | | | 3261 19TH ST NORTHWEST | | |
| | | | F | ROCHESTER, MN 55901 | | |
| PREFIX (EACH DEFICIENCY M | EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| dressing, grooming, ti P5 was discharged fro Review of Common E dated 5/1/19, indicate manager (CCM)-A rej that [HHA-A], went to could do his laundry. \$20.00 in quarters an the slip said \$40.00. 2018. Review of HHA-A's E Counseling Notice da following concerns we employee borrows an personal items: lighte The concern violates borrowing or taking ai property. Correction borrow any items from During phone intervie CCM-A stated, "I am manager. [P5] told m that [HH-A] took 40 di gave 20 dollars back, October, 2018." Although an attempt v on 11/5/19 at 10:31 a full and could not acc During a phone intervie During a phone intervie During a phone intervie could a dollars, that's wha | buld assist with bathing, transfers, and housekeeping. from the agency on 6/7/19. Entry Point Report Form ed P5's county case ported that P5 had reported o get [P5] quarters so he [HHA-A] said she only took ad brought that to [P5], but This happened in October, Employee Coaching and ated 12/29/18, indicated the ere reported regarding [P5], nd doesn't return [P5's] small er, batteries, Tupperware. the rule of conduct 8.1.27 any clients money or personal expected: [HHA-A] will not m [P5]. ew on 11/5/19, at 9:44 a.m. currently [P5's] case ne over the phone on 5/1/19, lollars in quarters and only , this happened back in was made to phone HHA-A a.m., the phone mailbox was | G 4 | 430 | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
|--------------------------|--|--|-------------------|-----|---|------------------|-------------------------------------|
| STATEMEN | OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION G | (X3) DATI COM | E SURVEY PLETED |
| | | 248078 | B. WING | i | | 1 | C 05/2019 |
| NAME OF | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | • | |
| INTERN | ATIONAL QUALITY HO | DMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 430 | it to the [branch offi International Quality would see what she get my 20 dollars b June, 2019, becaus enough people to c needed it." During a phone inter the BOC-A stated, ' employment ended remember there wa [HHA-A], she denie them no one is wor care of. I am not su resolved, otherwise it more." BOC-A fu this to the State Age During phone interv Assistant Branch O (ABOC)-A stated, "I [HHA-A] had taken me about 20 dollars out of him, but the taken out. I did repo [BOC-A] told me th each gave [P5], 5 d back and told me th there was no need did figure out where During an interview Compliance Manag have been reported immediately susper investigation. I wou the time to report th | ce coordinator (BOC)-A] at y Home care, she said she e could do about it. I never did ack. I stopped services in se International didn't have over the 24 hour care when I erview on 11/5/19 at 2:10 p.m., 'I am no longer the BOC, my January, 2019. I do as a money issue with [P5] and d it ever happening. I told king until we get this taken ure, but I feel like it was e I would have followed up with rther stated "I did not report ency." view on 11/5/19, at 2:30 p.m. peration Coordinator I do remember [P5] saying that money from him. [P5] did tell s of quarters that [HHA-A] got receipt said 40 dollars was ort that to [BOC-A] at that time. at the team that worked there lollars to get him his money ne problem was solved and to go any further. We never | G 4 | 430 | | | |

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| | | AND HUMAN SERVICES | | | FORM | 12/05/2019 APPROVED 0938-0391 |
|--------------------------|--|---|---------------------|---|------|-------------------------------------|
| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | LE CONSTRUCTION | COM | E SURVEY PLETED |
| | | 248078 | B. WING | | | _)5/2019 |
| NAME OF | PROVIDER OR SUPPLIER | · · · · · · · · · · · · · · · · · · · | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERN | ATIONAL QUALITY H | OMECARE | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY) |) BE | (X5) COMPLETION DATE |
| G 430 | verified patients wo were not questione money and that HH the agency. P5 Neglect of Care P5's PCA service P P5 received PCA set HomecareService I P5 received HHA s P5's Schedule Verif indicated there wer receive 23 hours of 1, 2, 3, 12, 15, 17, 2 days that HHA-C ha provided from 2.5 tr identified above in the S/1/19, identified P4 (CCM)-A reported tr and about a month had wet his pants. to leave early and c and put him to bed about 3:45 p.m. and 4:00 p.m., this staff that FM-C and FM- the agency and the him. P5 further rep times when he carr was there to meet f getting the door op | Plan, dated 4/20/18, indicated ervices 23 hrs per day. P5's Plan dated 4/20/18, indicated ervices 23 hrs per day. P5's Plan dated 4/20/18, indicated ervices 3 visits daily. fication for April, 2019, e 10 days where P5 did not FPCA and HHA services: April 20, 23, 24, and 29th on the ad worked. No coverage o 3 hours on the days the afternoon. on Entry Intake Form, dated 5's county case manager that P5 received 24 hour care, or so ago he had an accident- The HHA had told P5 she had did not put any clothes on him with only a sheet. HHA left at d the next staff was to arrive at finever showed up. P5 stated D showed up and FM-D called n a staff showed up to help ported that there has been 2 he home from work, no staff him and he has a hard time en to his building. | G 430 | | | |

| | | AND HUMAN SERVICES | | | | FORM | : 12/05/2019 APPROVED . 0938-0391 |
|--|--|---|-------------------|------------------|---|------|---|
| CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ` ´ | | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
| 248078 | | B. WING |) | | C 11/05/2019 | | |
| NAME OF | PROVIDER OR SUPPLIER | · · · · · · · · · · · · · · · · · · · | | 5 | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERNATIONAL QUALITY HOMECARE | | | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D BE | (X5) COMPLETION DATE |
| G 430 | During phone interv CCM-A verified she manager. CCM-A so on 5/1/19, that about some staffing issue with no pants on it a P5 was very embar members ended up CCM-A verified P5 on his own. CCM-A foster care now, giv able to tell you more During phone interv BOC-(D) stated, I s 2019. P5 did not lik boundaries and the was by the book an control him. I have of P5 being left in b During phone interv P5 stated, I can't re bed that day. She le never showed up lil I can't get out of be wall until someone apartment at that this stopped services in didn't have enough care when I needed During phone interv registered nurse (R here since Februar case manager, that and he had his favo with others. RN-D s | view on 11/5/19, at 9:44 a.m. e is currently P5's case stated, P5 has reported to me ut a month ago he was having es and that he was left in bed and the staff never showed up. rrassed when his family o showing up to help him. was unable to get out of bed A stated, P5 is in corporate ve him a call and he will be e. view on 11/5/19, at 10:35 a.m. started this position in March, the HHA-C, she set the e rules. P5 didn't like that she ad he felt like she was trying to never heard of any instance bed by himself. view on 11/5/19, at 12:34 p.m. emember who left me in the eft me in bed and the next staff ke the one girl said she would. d myself. I pounded on the came to help me. I lived in an me. P5 further stated he a June because the agency people to cover the 24 hour | G | 430 | | | |

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| CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248078 | | (X2) MULT | IPLE CONSTRUCTION | | MB NO. 0938-039 (X3) DATE SURVEY | | |
|--|---|---|---------------------|---|-------------------------------------|---------------------------|--|
| | | IDENTIFICATION NUMBER: | A. BUILDIN | NG | со | COMPLETED | |
| | | B. WING _ | | 11 | C 11/05/2019 | | |
| NAME OF F | PROVIDER OR SUPPLIER | | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| NTERNA | ATIONAL QUALITY H | OMECARE | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | | |
| (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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY) | ILD BE | (X5) COMPLETIC DATE | |
| G 430 | | age 23 one ever shared that with her. | G 43 | 30 | | | |
| | | p.m. attempted phone C, mailbox was full unable to | | | | | |
| | | p.m. attempted phone /I-D. This surveyor was given umber. | | | | | |
| | stated P5 was a cli with that he was no with P5, no one eve was not aware P5 v further stated if a fa Branch office about office should be rep first time he have h | a 11/5/19, at 1:15 p.m. CM-A ent we had 24 hour services at aware of any staffing issues er reported anything to me and was left in bed alone. CM-A amily member reported to the t neglect of care, the branch porting that to me. This is the leard of it, and that would as a VA for neglect of care. | | | | | |
| | BOC-A stated, I am employment ended | view on 11/5/19, at 2:10 p.m. n no longer the BOC, my l January, 2019. I don't king to FM-C about P5 being elf. | | | | | |
| | Assistant Branch C (ABOC)-A stated, I an altercation with new order to get PS on his side in the b ulcers on his anklet him on that. HHA- early maybe by 15 reprimanded for lea have no idea why s | view on 11/5/19, at 2:30 p.m. operation Coordinator do remember that P5 got into HHA-C because there was 5 out of his wheelchair and lay ed. He was getting pressure s, we were trying to work with C put P5 in the bed, she left to 20 minutes. HHA-C was aving P5 in the bed that day. I she left him there by himself, d he was fine with it. How I | | | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
|--------------------------------|--|--|-------------------|---------|--|------------------------------------|-------------------------------------|
| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED C | |
| 248078 | | B. WING | i | <u></u> | 11/05/2019 | | |
| NAME OF | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERNATIONAL QUALITY HOMECARE | | | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 430 | found out P5 was b neighbor called me the wall, he lived in she lived across the brought him the phy called me before ev called to tell me she wall and she wante not sure how she k P5's family membe gotten there in enou- there right away. I w 4pm, but I ended up pm. He could be le a day. My concern because he could r he had no phone, a not have been able was embarrassed k could not get him o bed with a shirt and anything. I did imm that's when she sat about it. I am not s got approval from F be left alone for an the doctor, P5 want time. My heart drop call. P5 told me he because anything c dropped everything make sure he was HHA-C left 15-20 m On 11/5/19, at 3:12 interview with HHA- stated this was the | ge 24 y himself was that his because he was knocking on an apartment building, and e apartment from him so she one so he could call me. She yen going over there, she e could hear knocking on the d to go check on him. I am new to call me. I then called rs because I couldn't have ugh time. I wanted someone vas supposed to be there at o getting there around 4:15 ft alone in his home for 1 hour is, it was a safety concern not get out of bed on his own, nd if there was a fire he would to get help. He told me he because his family member ut of the bed. He was in the his brief, he was not soiled or rediately report this to BOC-A, with HHA-C and talked to her ure if it was formal or not. We 25's case manager for P5 to hour, she had taken him to ed to be able to have personal oped when I got that phone was in the bed by himself, ould have happened. So I and went to go be with him to ok. I got there at 4:15 pm. ninutes early that day. p.m. attempted phone -C and an unidentified person wrong phone number. p.m. CM-A stated, if this | G 4 | | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
|--|--|---|-------------------|-----|--|-------------------------------|-------------------------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDE | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
| 248078 | | B. WING | | | C 11/05/2019 | | |
| NAME OF I | PROVIDER OR SUPPLIER | ken en Million . | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERN | ATIONAL QUALITY H | DMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 430 | TIONAL QUALITY HOMECARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | 430 | · · · · · · | | |

Facility ID: H20865

If continuation sheet Page 26 of 56

| DEPART | MENT OF HEALTH | AND HUMAN SERVICES | | | FI | | APPROVED |
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| CENTER | <u> REDICARE</u> | & MEDICAID SERVICES | r | | 0 | The second se | 0938-0391 |
| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l` ' | | | COM | E SURVEY PLETED |
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| NAME OF F | PROVIDER OR SUPPLIER | L | <u> </u> | ્ | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | | OMECARE | | | 3261 19TH ST NORTHWEST | | |
| | | | | F | ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 430 | least he thought he forgetfulness. The 5/22/19, again 80 d salt shaker, and ag On 5/29/19, again 8 underneath the salt denominations then stated, Perhaps I m many different bills, I really make that m reported this was al 100 dollar bills miss his wallet that was p easy chair. P6 state bank and got 300 d On 6/5/19, before H and his spouse cour it under the salt sha work. P6 noticed w laundry to the kitche laundry basket on the phone and then cor When his privately both counted the m missing. When P6 dollars he had just g went nowhere to sp kept extra cash in a bedroom and 40 - 8 there. Reported to report, will be pullin further investigation occurrence was clie more secure location An additional agent RN-A dated 6/6/19, incident on 6/5/19, a | had, and chalked it up to next time HHA-E worked was lollars was placed under the ain 20 dollars was missing. dollars was placed t shaker in different 10 dollars was missing, P6 hade a mistake, there were maybe I counted wrong. Did histake? Am I losing it? P6 bout the time he noticed two sing, he had them stashed in placed next to the table in his ed on 6/1/19, he went to the lollars and put it in his wallet. HA-E came into the home, P6 unted out 80 dollars and placed aker, then HHA-E came to when she was taking the en she stopped, put the he table, fiddled with her ntinued on into the kitchen. paid worker showed up they ioney, there was 20 dollars checked his wallet, the 300 gotten was missing and he bend it. Also reported that P6 a dresser drawer in his 30 dollars was missing from compliance, made incident ing HHA-E from the home until h. Action taken to prevent ent could keep his cash in a on. cy, Incident report was filed by identifying the date of the at 10:00 am. Report further | G 4 | 130 | | | |
| | indicated the theft v | was not reported to the police. | | | | | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING С 248078 B. WING 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NORTHWEST INTERNATIONAL QUALITY HOMECARE ROCHESTER, MN 55901 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) G 430 Continued From page 27 G 430 Review of the Common Entry Point Report Form, dated 6/7/19, identified CM-A reported that P6 reported to RN-A on 6/5/19, that P6 had 20 dollars taken off his table and 200 dollars from his wallet, on 5/29/19, 10 dollars was taken, 5/15/19, 20 dollars was taken and on 6/5/19, 20 dollars was taken off of his table, 300 dollars from his wallet and 40 to 80 dollars off of his dresser. HHA-E was the alleged perpetrator. An Agency Internal Investigation Report dated 7/3/19, identified an incident occurred 6/6/19. Date report came into compliance was 6/6/19. Dates of investigation were 6/6/19 to 7/3/19. P6 was interviewed. HHA-E was interviewed and verified she worked for P6 on Mondays, Wednesdays and Fridays for a month. HHA-E stated. "I took the 20 dollars the one time, but no other time. My brain may not have thought about it. I saw it and a bad light went on. I was on E and needed gas." Recommendations of the compliance officer regarding the results of the investigation: after the interview with HHA-B, compliance recommends termination of employment. This recommendation will be brought to the director of human resources. During phone interview on 11/1/19, at 2:19 p.m. P6 stated, back in May, I had a home heath aide come every Wednesday to help me, I would put out money for my housekeeper and paid the housekeeper \$80 every week. So I would set the money out on the table underneath the salt shaker. Well the money I left out for the housekeeper kept coming up short. On 5/8/19, I was missing 20 dollars off the table and 200 dollars from my wallet. On 5/15/19, 20 dollars was taken, on 5/29/19, 30 dollars was taken, on

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| | | AND HUMAN SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
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| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION G | COM | E SURVEY PLETED C |
| | | 248078 | B. WING | i | | | |
| NAME OF I | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERNA | ATIONAL QUALITY H | OMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 430 | 6/5/19, 20 dollars w dollars out of my wa taken off of my dressenile." The last 2 v my wife and I count instances we were When I suspected my wallet next to m always keep two 10 because sometime for 3 -4 weeks at a someone for some would be gone. I re and they never did that comes here on one who told me th took my money all her go. It made me it, I really thought I would count the mo thought we were lo reimbursed me. During phone intern RN-A stated, "[P6] money back in Jun [HHA-E]. The first this happened, but let's just forget abo that was left on the up. Whenever HH, the money with his paid, said he was m he just did not wan we took her out of t stated she probably probably did not rep to. He said that 20 | age 28 vas taken off the table, 300 allet, and 40- 80 dollars was sser. "I thought I was going weeks that HHA-E was here, ted the money and on both 20-30 dollars a week short. something was going on, I had be in the living room and I 00.00 dollar bills in my wallet, s I wouldn't leave my house time, then I would need to pay thing and then my money ported this to the company, get back to me. The nurse nce a week, (RN-A), she is the at HHA-E admitted that she those times and they had to let e feel better that she admitted was losing it. My wife and I oney together because we both sing it. The agency never view on 11/4/19, at 2:11 p.m. did report to me some missing e. The homemaker was time [P6] told me he thought could have made a mistake so ut it. He paid someone cash table for the person to pick A-E came again, he counted wife. The guy that was getting nissing 20 dollars. [P6] stated t her in the house anymore, so the house at that point." RN-A y wrote in on a progress note, port this, he did not want me dollars would not make him or mention that he was missing | G | 430 | | | |

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If continuation sheet Page 29 of 56

| STATEMEN | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l` ´ | TIPLE CONSTRUCTION | | (X3) DATE COM | 0938-039 survey pleted |
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| | | 248078 | B. WING | | | | C 05/2019 |
| | PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NORTHWEST | | | |
| (X4) ID PREFIX TAG | SUMMARY STA (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI) TAG | X (EACH CORRECTIVI CROSS-REFERENCEL | N OF CORRECTION E ACTION SHOULD | BE | (X5) COMPLETIC DATE |
| G 430 | What I got from hin coming in and out of sure who did it. RN to BOC-B and did r on reimbursement the money or HHA- During interview on stated P6 always re would report to me aware of P6's miss was doing an inves compliance that he HHA-E know she w she wasn't working suspended for a we emailed and notifie end of employment HHA-E employment HHA-E employment due to client incider client money. At the found her to be gui last shift was 6/6/19 back to P6 about th be CM-A's job, she BOC-A further state client if they want to a report with police thought a police re During interview on stated, I was first n on 6/6/19. I reporte 4:16 p.m. Our police mandated reporter incident report and | s wallet on a couple occasions. n, he had so many people of the house that he wasn't -A stated she reported incident not know the company policy and that P6 never mentioned -E again. 11/4/19, at 2:45 p.m. BOC-B eported to RN-A and then she . BOC-A stated she was made ing money once compliance itigation, was informed by needed to reach out and let vas suspended to make sure with any clients. She was eek. After investigation they d me to fill out and EOE, an t, then it goes into her e-chart. It was ended on 7/1/19, at 3:45 hated effective immediately int report involving stealing of the end of investigation they lty of stealing the money. Her 9. BOC-A stated did not get the missing money, that would the should follow up with client. ed our policy is we can ask the to press charges, we would file department was not sure but | G 4 | 30 | | | |

If continuation sheet Page 30 of 56

| STATEMEN | RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · · / | IPLE CONSTRUCTION | | TE SURVEY MPLETED |
|--------------------------|--|--|---------------------|--|-------------|---------------------------|
| | | 248078 | B. WING _ | | 11 | C / 05/2019 |
| NAME OF | PROVIDER OR SUPPLIER | - un la construction de la const | | STREET ADDRESS, CITY, STATE, ZIP C | ODE | |
| INTERN | ATIONAL QUALITY H | OMECARE | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (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) | I SHOULD BE | (X5) COMPLETIO DATE |
| G 430 | to call law enforcer sure I am inclined to of time to go in and not ready to do tha [HHA-E], there was prove it. He didn't going into any othe suspended [HHA-E] indefinitely, she wa I don't recall if I eve what the results of verified HHA-E too that time frame, and check with the othe concerns with miss stated, we do not he resolution to finance this to the police de policy states if an in and there is reasor committed, we sho this to law enforcer During phone inter- HHA-E stated, she aware of the report was blaming her for dollars. HHA-E state hundred but had ta had admitted to ta stated the company communication, that report this. He said me at the end of th again, so I assume | ment and [P6] told me, I am not to do that. That requires a lot d out of his house and he was t. [P6] was real leery of s no definitive way he could feel this worker should be or person's house. We E] on 6/7/19, at 4:51 p.m., is termed on 7/1/19 at 3:45 pm. er got a chance to let [P6] know the investigation were. CM-A k care of other clients during id CM-A verified he did not er clients to see if they had any sing money. At 4:21 p.m. CM-A have a specific policy on tial exploitation. I did not report epartment. CM-A stated, the ncident is reported to MAARC in to believe a crime was fuld be immediately reporting ment. view on 11/5/19, at 12:44 p.m. did work with P6 and was ts of missing money that P6 or taking a couple hundred ted she did not take a couple iken a twenty on his table and king that. HHA-E furhter | G 43 | 30 | | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING С **B. WING** 248078 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3261 19TH ST NORTHWEST INTERNATIONAL QUALITY HOMECARE ROCHESTER, MN 55901 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) G 430 Continued From page 31 G 430 me feel bad, so I wanted to pay him back." P7's neglect of care P7's POC for the certification period from 4/3/19 to 4/1/20, identified P7 was admitted to the agency on 4/3/18, with diagnosis of type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD), and major depressive disorder. The POC also identified P7 was to receive personal care attendants (PCA) 0.6 to 3 hours of service every day x 12 months. P7's undated PCA care plan, identified PCA would assist with bathing, dressing, undressing, grooming, mobility, transfers, mood/behavior, light housekeeping, meals and medications. P7's Supervisory Note dated 7/16/19, indicated P7 was not satisfied with her services. HHA-D is chronically late and argues with client. "[P7] doesn't want to change workers, [HHA-D] threatened to leave the client. Worker argued with client." Review of Employee Coaching and Counseling Notice dated 7/17/19, identified a verbal warning to HHA-D and indicated a concern: clients have been concerned about HHA-D taking her maternity leave and want to know when her last day will be. This has been brought to my attention more than once and RN-E has also talked with HHA-D and HHA-D stated that she doesn't know why her clients are stating this. She claims that she has not said anything to them to make them think that. P7 reported to LPN-B that HHA-D refused to do things her way and said, "If vou don't like the way I am doing things, I will leave and not come back because I am taking maternity leave." This concern violates the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С 248078 B. WING 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NORTHWEST INTERNATIONAL QUALITY HOMECARE ROCHESTER, MN 55901 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE **REGULATORY OR LSC IDENTIFYING INFORMATION)** TAG TAG DEFICIENCY) G 430 Continued From page 32 G 430 following company policy: be involved in verbal argument in front of customers, insubordination-refusal to comply with instructions of a supervisor or other deliberate and inexcusable refusal to obey a reasonable order which relates to an employee's job function. Correction expected: I expect this rumor to stop. I expect clients to feel secure and satisfied with services and not have the concern on their mind about losing their aide when that is not true. expect HHA-D to follow proper procedures and care plan when providing cares. If HHA-D doesn't agree with client about a certain task it needs to be brought to my attention or another staff member. Review of a Common Entry Point Intake Form dated 7/25/19, indicated P7 and her social worker (SW)-A met and P7 stated her PCA was emotionally abusing her. P7 was crying and couldn't understand why someone would do this to her. P7 reported she attempted to get a new PCA, but the agency could not provide this. HHA-D would intentionally ignore P7 when she would ask for physical assistance with tasks identified in P7's POC. P7 reported she would vell at HHA-D and would be ignored and HHA-D would tell P7 that she couldn't hear her even when in the next room, then she would smirk at her. HHA-D told P7 that she was pregnant and due any day so she could not complete tasks that would require bending over and refused to perform tasks identified in P7's POC. P7 then stated she called the agency to find out when HHA-D would be on maternity leave and they reported to her that HHA-D was not pregnant and is able to perform the tasks. P7 would communicate her needs to HHA-D and she would later tell P7 she did not say that. These recurring

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/05/2019 FORM APPROVED OMB NO. 0938-0391

| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DATE | E SURVEY |
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| | OURCEONER | BENTI IOATION NOMBER. | A. BUILI | DING | | | C |
| | | 248078 | B. WING | ; | | | |
| | PROVIDER OR SUPPLIER | OMECARE | | 3 | STREET ADDRESS, CITY, STATE, ZIP CODE 8261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) |) BE | (X5) COMPLETION DATE |
| G 430 | mind. HHA-D later P7 reported these if emotional stress ar which has resulted providers to come if with tasks she need During a phone inter P7 stated, HHA-D this last midwinter, then, that her car h wasn't getting much her thinking she wat time, she told HHA because there was she wanted her to w put the basket of lat she couldn't reach P7 ran and put it al machine. P7 further colors and the whit stated sometimes I couldn't do anything because she was p me, "I don't want to had made my head sometimes she wo when I would ask h was deaf, and then me. When the age was doing to me, th home. However, H me 3 or 4 more tim because there was P7 also stated she those days and crie thinking I was losin | feel like she was losing her retracted statements per P7. incidents have caused her nd mental health instability in a lack of trust for other into her home to assist her | | 430 | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
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| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l` ´ | | PLE CONSTRUCTION | (X3) DATE COM | E SURVEY PLETED |
| | | 248078 | B. WING | ; | | | C)5/2019 |
| NAME OF | PROVIDER OR SUPPLIER | <u> </u> | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERN | ATIONAL QUALITY HO | DMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 430 | was begged her no days she was here, already told on her. work for me anymo probably would be of During phone interver- registered nurse (R services and stated she is a current clier PCA that P7 wasn't the one gal, it was I her clients she was leaving soon and the someone else. During a phone interver for P7 back in July, some issues, so R1 complained about H good worker but sh way. LPN-B stated HHA-D told her she verified on 7/16/19, completed and P7 HHA-D liked to do the suggest a different she was pregnant a her for very long an she should have re coordinator, could r During phone interve BOC-C stated, she that she did talk to July and that P7's S concerns. She also | t to say anything on those but it was too late, she had P7 stated HHA-D doesn't re and if she still did, she | G | 430 | | | |

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| | | AND HUMAN SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
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| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · · | IPLE CONSTRUCTION | | Сом | E SURVEY PLETED |
| | | 248078 | B. WING _ | | | | C 05/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | • | · · · · · · · · · · · · · · · · · · · | STREET ADDRESS, CITY, STATE, ZIF | , CODE | - | |
| | TIONAL QUALITY HO | OMECARE | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | | |
| (XA) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF C | ORRECTION | | (X5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | | ON SHOULD | BE | COMPLETION DATE |
| G 430 | Continued From pa | ge 35 | G 43 | 30 | | | |
| | · · | bending over, lifting, and | | | | | |
| | | ound. BOC-C stated she then | | | | | |
| | | told her I told her we could find and that P7 stated said she | | | | | |
| | would like that. BO | C-C further stated that during | | | | | |
| | | or a new staff that would be ' stated how horrible she felt | | | | | |
| | | she had felt very intimidated, if | | | | | |
| | she asked HHA-D t | to do something, she would tell | | | | | |
| | her, too bad I am n | ot going to do it. | | | | | |
| | | phone interview on 11/5/19, at | | | | | |
| | | I, "[HHA-D] was supposed to | | | | | |
| | | al personal cares, and house her as a PCA because she | | | | | |
| | 1 | mfortable. She reported that | | | | | |
| | | ad to run around with one sock | | | | | |
| | | uldn't get it on. [P7] also stated ed about who would help her, | | | | | |
| | |] was a good housekeeper | | | | | |
| | | mind games." P7 stated | | | | | |
| | | away from her with her laundry 3 loads in the washing | | | | | |
| | | stated she would cry and | | | | | |
| | HHA-D would half s | smile at her. | | | | | |
| | | 11/5/19 at 1:32 p.m., CM-A | | | | | |
| | | rent client receiving services, 2 | | | | | |
| | | ek. It would be in your job over and lift things to provide | | | | | |
| | | indicated that no one ever | | | | | |
| | | . That she would expect with | | | | | |
| | | ny other abuse, maltreatment reporting this to the State | | | | | |
| | | v are mandated reporters. | | | | | |
| | Then they would re | port to me. Then you | | | | | |
| | | e the alleged perpetrator | | | | | |
| | (suspend) pending investigation. CM-/ | the outcome of the A stated HHA-D currently | | | | | |

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| ND PLAN OF NAME OF PF INTERNAT (X4) ID PREFIX TAG G 430 (4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | (EACH DEFICIENC REGULATORY OR I Continued From pa works with 4 other going to look into th | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | A. BUILDIN B. WING _ D PREFIX TAG | IPLE CONSTRUCTION NG STREET ADDRESS, CITY, STATE, ZIP COL 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | ECTION HOULD BE | E SURVEY IPLETED C 05/2019 (X5) COMPLETION DATE |
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| (X4) ID PREFIX TAG G 430 (| FIONAL QUALITY H SUMMARY ST/ (EACH DEFICIENC' REGULATORY OR I Continued From pa works with 4 other going to look into th | DMECARE ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) age 36 | ID PREFIX TAG | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF | ECTION HOULD BE | 05/2019 (X5) COMPLETION |
| (X4) ID PREFIX TAG G 430 (| FIONAL QUALITY H SUMMARY ST/ (EACH DEFICIENC' REGULATORY OR I Continued From pa works with 4 other going to look into th | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF | DE ECTION HOULD BE | (X5) COMPLETION |
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| G 430 | (EACH DEFICIENC REGULATORY OR I Continued From pa works with 4 other going to look into th | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP | HOULD BE | COMPLETIO |
| \ { | works with 4 other going to look into th | - | C 42 | | | |
| | | | G 43 | 30 | | |
| G 488 | Clients, updated 6/ Adults: 1. To protect physical or mental home health servic to abuse or neglect environment for vul receiving services. home all potential a vulnerability and indi- the care plan. 4. Tr individuals reportin parameters of the I of suspected maltre the statewide comment the completed inve- when requested. Po- International Qualitic clients who are vull maltreatment due to All IQH staff, includ workers are manda reporter is anyone of vulnerable adult or (with the exception considered to be vull suspected abuser, the home and will to scheduled home care to have any contac- minor to prevent re | ice Policies C.22 Vulnerable 28/18, indicated Purpose ct individuals who, because of disability or dependence on es, are particularly vulnerable t. 2. To ensure a safe living lnerable individuals who are 3. To identify within the client's areas that might contribute to clude corrective measures in o provide protection to g abuse or neglect within the aw. 5. To require the reporting eatment of vulnerable adults to non entry point and to provide stigation information to them olicy: It is the policy of y Homecare (IQH) to protect herable to neglect, abuse, or o physical or mental disability. ling volunteers and temporary ated reporters. A mandated who comes in contact with a child. All clients receiving care of homemaker only) are ulnerable adults. Internal re 10. If an employee is the the employee is removed from per removed from any other are services during the employee will be informed not t with the vulnerable adult or taliatory issues from occurring. g of abuse by all staff | G 48 | 88 | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | APPROVED 0938-0391 |
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| STATEMENT | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · · | | | (X3) DATE | E SURVEY PLETED |
| | | 248078 | B. WING | | | | C)5/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NORTHWEST | | |
| INTERNA | TIONAL QUALITY HO | DMECARE | | | ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | x | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 488 | Continued From pa | ge 37 | G 4 | 88 | | | |
| | under arrangement: providing services to notices, or recognizic circumstances of momental, sexual, and injuries of unknown patient property, mu- immediately to the Hauthorities in accord This ELEMENT is a Based on interview agency staff failed to State Agency (SA) a neglect of care, and 7 patients (P1, P2, Habuse reporting. Tha all patients served to Findings include: P1's Plans of Care and 9/14- 11/2/19, in (SOC) was 5/22/18. venous insufficiency fibrillation. The POC receive skilled nursi for 60 days for wour medication use and wrap lower extremit open areas. P1's PC oriented in relation to Review of a Comme dated 10/14/19, indi- compliance departments. | istreatment, neglect, verbal, /or physical abuse, including source, or misappropriation of ist report these findings HA and other appropriate dance with state law. not met as evidenced by: and document review, the oreport immediately to the allegations of verbal abuse, financial exploitation for 5 of P4, P5, P7) reviewed for is had the potential to affect by this agency. (POC) dated 7/16- 9/13/19 indicated P1's start of care P1's diagnoses included y, lymphedema and atrial C also indicated P1 was to ing visits 0-3 visits per week ind care, education about nursing staff to clean, dress, ies, monitor lower legs for any DC also indicated P1 was | | | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | APPROVED 0938-0391 |
|--------------------------|--|--|--------------------|---|---|----------|----------------------------|
| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DAT | E SURVEY IPLETED |
| | | 248078 | | | | | C 05/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | | | S | STREET ADDRESS, CITY, STATE, ZIP CODE | • | |
| | | | | 3 | 3261 19TH ST NORTHWEST | | |
| INTERNA | TIONAL QUALITY HO | JWECARE | | F | ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY) |) BE | (X5) COMPLETION DATE |
| G 488 | Continued From para and he feared that a indicated P1 had re on 8/16/19, after he hospital on 8/12/19 to go to rehab (rehat to RN-A he was not too much work to d reported at that time should smack him a down, and P1 repor going to slap him. F RN-A had been rem would no longer pro The agency's Interr identified the follow agency had conduc On 10/14/19, the co interviewed P1. P1 or close encounter to do rehab. I ment she [RN-A] said to face slapped' for tu "Her [RN-A] face wa could smell her bre slap me. She is arg leave me to sit in he think it was to calm here, she raises he reported the incider 16 (2019). P1 had threatened and stat hand was going to she didn't do it." Ac asked if there were where he felt threat cannot take no for a and argumentative. | ge 38 she was going to. The report ported RN-A had visited him had returned home from the . P1 stated he was supposed abilitation), but had explained going to go because he had o around the house. P1 e, RN-A stated that someone across the face for turning that red he felt RN-A was actually further, the report indicated hoved from P1's home and ovide cares for P1. hal Investigation Report, ing through interviews the sted: ompliance manager (CM)-A stated to CM-A, "The incident was because I was supposed foned that I couldn't go and me, 'you ought to have your rning that down." P1 reported, as red, eyes enlarged, and I ath. I thought she was going to umentative and once had to er car for about ten minutes, I down. Every time she comes r voice and is demanding." P1 ht occurred on Friday August further stated he felt red, "Any minute I thought her nit my face. I'm not sure why cording to the report CM-A any additional incidents to ened and P1 stated, "She an answer. She would get mad She would talk down to me | G 4 | | DEFICIENCY) | RIATE | |
| | and argumentative. | | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING С 248078 **B** WING 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3261 19TH ST NORTHWEST INTERNATIONAL QUALITY HOMECARE ROCHESTER, MN 55901 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) G 488 Continued From page 39 G 488 argue so much that I would tell her to listen, get my legs done here and when you are done, get the hell out of here." The report indicated on 10/14/19, CM-A had interviewed RN-B. RN-B had reported, "A while ago [RN-A] told me she had gotten into an argument with [P1]." The documents indicated on 10/17/19, CM-A had interviewed LPN-A. The documents indicated LPN-A had reported P1 told her RN-A had said she [RN-A] had half the audacity to smack him across the face. During interview on 10/29/19 at 1:07 p.m., P1 stated the incident with RN-A had occurred on Friday 8/16/19, when RN-A came to change the dressings for wounds on his legs. P1 stated, "The hospital wanted me to go to rehab, but I told her I couldn't go. She got real perturbed saving, 'You mean to tell me you turned that down?' When I told her 'Yeah I have too much to do' she got mad and said, 'You ought a have your face slapped', she was close to me, her face was real red, I could smell her breath and her eyes were as big as guarters. She Looked angry. I thought she was going to slap me, but she didn't. I think she had intent. Another time she got mad, walked out of the house and sat in her car fifteen minutes and I did not know if she was going to change the dressings on my legs. About a month or two ago she went into my bedroom, went through my medical supplies and tried to consolidate them. I had it in order so I told her to get the hell out of there, I have everything in order. I told her, 'Change the dressings since that is what you are here for.' She never asked permission to go into the bedroom. About every time she came out

FORM CMS-2567(02-99) Previous Versions Obsolete

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | APPROVED 0938-0391 |
|--------------------------|---|--|--------------------|----|---|------------------|----------------------------|
| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | (X3) DATE COM | E SURVEY PLETED |
| | | 248078 | B. WING | | | | C)5/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NORTHWEST | | |
| INTERNA | ATIONAL QUALITY HO | DMECARE | | | ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 488 | here, her and I wow was very negative, actions or words. M arguing about anyth pain in the neck. At home health agence was going to do. At it to the nurse that of that RN-A threatened different nurse to co should report this.' I [agency] and report nurse on Tuesday t An agency email da p.m. sent from RN- included RN-B had there were separate situations related to feared she was goin report with his detail forwarded the email at 9:12 p.m. P2's current POC d P2's SOC was 12/1 hypertension, type f and a very low leve POC also indicated nursing visits 0-1 vi management of me An agency email da p.m., sent from RN- included RN-B report vulnerable adult an | uld get in an argument. She not very professional in lost of the time she would start ning I would say. It got to be a first I did not report it to the y, as I did not know what she bout August 27th, I mentioned comes on Tuesdays. I told her ed to slap me and I asked for a ome on Fridays. She said, 'You I called someone at the red it to them because the old me to." ated Friday 10/11/19, at 4:35 B to the administrator e vulnerable adult and child o RN-A. The first being P1. slap him and he actually ing to. He would like to make a ils." The administrator had it to CM-A on Friday 10/11/19, ated 10/14-12/12/19, indicated 8/18. P2's diagnoses included two diabetes, hypothyroidism I of personal hygiene. The P2 was to receive skilled sits per week for 60 days for | G 4 | 88 | | | |

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| | | AND HUMAN SERVICES | | | | FORM | APPROVED |
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| | CS FOR MEDICARE | & MEDICAID SERVICES | (Y2) MILL | тірі | | | 0938-0391 survey |
| | OF CORRECTION | IDENTIFICATION NUMBER: | | | | | PLETED |
| | | | | | | · (| 5 |
| | | 248078 | B. WING | - | | 11/0 |)5/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERNA | ATIONAL QUALITY HO | DMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIJ TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 488 | and told him how di administrator had for Friday 10/11/19, at Review of a Comm dated 10/14/19, ind compliance departr been yelled at by R lives. The report ind three months ago F not physically but very what was said but of speaking to me (CM the problem had be had not been comir The agency Interna identified the follow agency had conduc On 10/14/19, CM-A asked to explain the involving him and F really sure, it may b been here 9 years. [RN-A] has been at just verbally. After a have to go through Ombudsman." Whe to him, P2 stated, "" real comfortable sh just don't think I sho On 10/14/19, CM-A reported she had or disgusting P2 lives. from LPN-A that RN On 10/15/19, CM-A | sgusting he lives. The prwarded the email to CM-A on 9:12 p.m. on Entry Point Intake Form icated it was reported to the nent of the agency that P2 had N-A about how disgusting he dicated P2 stated about two to RN-A had been abusive to him, erbally. P2 stated he did recall did not feel comfortable A-A). P2 stated he believed een resolved because RN-A ng there anymore. I Investigation Report ing through interviews the sted: . had interviewed P2. P2 was e incident that occurred RN-A. P2 stated, "Well I am not be a personality conflict. I have I have had a lot of nurses. pusive to me, not physically, a while, I didn't think I should | G 4 | 188 | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
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| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION | (X3) DATI COM | E SURVEY PLETED |
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| NAME OF I | PROVIDER OR SUPPLIER | | | 5 | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
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| INTERN/ | ATIONAL QUALITY HO | DMECARE | | F | ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 488 | indicated RN-A stat week. His room is p residents that talk a has been receiving CM-A asked RN-A P2 'in so many words,' throws his food and the trash, but on the beard and clothes h of the homemakers shower another day your shoes stick to worker saying that h On 10/17/19, CM-A LPN-A stated, "He [at him and calls him is rudehe uses h understand. Does r dignity." During interview on stated, "I reported t been a while I was language. I reported talked to someone Ombudsman talked they stopped sendin time a week to set u up meds. She was She talked about th personal condition a steps to correct this was there is an aro harped on that a lot problem and I wear medical problem ar | ed, "I have seen [P2] last bungent. I get stopped by bout how bad he smells. He eviction notices. He is a slob." if she had mentioned that to RN-A said, "Yes I have. He I his incontinent pads not in e floor. His hair is knotted. His have dry milk and frosting. All have been told that he would v. His floor is so sticky that the floor. He called his social he did not want me anymore." had interviewed LPN-A. [P2] says that she [RN-A] yells in disgusting. Says she [RN-A] | G | 488 | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
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| NAME OF I | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
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| G 488 | who is a health care nine years and had someone treated m aware of personal f problems. The nurs shower unless som waited each week f there when I took s happened. [RN-A] w taking care of my p have a body odor." shower two to three housekeeper was h verbally by what sh said were not nece During interview on stated before she s RN-A had told her, pisses all over hims food everywhere. H man but does not h stated RN-A had st carry anything into in there, you grab h You set up medicat look at them close a sign paper and leave even use my pen." to P2's apartment of for P2, as she was take the day off." L P2 on 10/10/19, to make sure the visit "[RN-A] and [P2] had does not feel he is | e worker. I have lived here for a lot of nurses, and never had be like that. She should be eelings I have and medical ses told me before 'don't take a eone is in the apartment', so I or the housekeeper to be hower in case something was complaining I was not ersonal hygiene well enough, I "I said well I am taking a e times a week when the here. I felt I was being abused e said. I thought the things she | G | 488 | 3 | | |

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| | | AND HUMAN SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
|--------------------------|---|--|--------------------|----|---|------------------|-------------------------------------|
| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE COM | E SURVEY PLETED |
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| NAME OF F | PROVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE | | Million |
| INTERNA | ATIONAL QUALITY HO | DMECARE | | | 261 19TH ST NORTHWEST COCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | 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 488 | Continued From pa | ige 44 ule Verification for P2, | G 4 | 88 | | | |
| | identified on Wedne | esday 10/9/19, RN-A had or P2. Start time of 4:54 p.m. | | | | | |
| | administrator verifie email regarding P1 stated she would no did not get reported | 11/5/19, at 1:24 p.m. the ed the date and time of the and P2. The administrator ot be surprised if the incidents to the State Agency until nk anybody is checking emails | | | | | |
| | over the weekend. reporter and I would have filled out an in incidents to the Sta stated she was not | Everyone is a mandated d have expected [RN-B] to incident report and report the te Agency." The administrator aware what the of the investigations for P1 and | | | | | |
| | indicated P4's start diagnoses included The POC also indic nursing visits 0-1 vi medication set up a health aide (HHA) (| POC) dated 7/9-9/6/19, of care was 5/15/18. P4's diabetes and atrial fibrillation. cated P4 was to receive skilled isits every week for 60 days for and assessment, and home 0-2 visits each week for 60 t with bathing, dressing upper d hair care. | | | | | |
| | a.m., indicated P4 I giver was stealing I picture that was mi indicated P4 was s | Report dated 8/1/19 at 11:00 had reported that her care her personal items, such as a ssing. The Incident Report ure there were other items in sing picture, but she could not e top of her head. | | | | | |
| | | on Entry Point Intake Form ant P4's report of missing | | | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 | | | |
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| STATEMENT | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ``` | | LE CONSTRUCTION | СОМ | E SURVEY IPLETED C | | | |
| | | 248078 | B. WING | B. WING 11/05/2019 | | | | | | |
| NAME OF F | PROVIDER OR SUPPLIER | | | S | STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | |
| INTERNA | TIONAL QUALITY HO | OMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | | | | |
| | | | | F | PROVIDER'S PLAN OF CORRECT | | (XE) | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES | ID PREF TAG | | (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETION DATE | | | |
| G 488 | | had not been been reported to | G | 488 | | | | | | |
| | confirmed the incid | 11/5/19, at at 9:47 a.m., CM-A ent had not been reported to and verified it should have | | | | | | | | |
| | P5 received PCA se HomecareService I | lan, dated 4/20/18, indicated ervices 23 hrs per day. P5's Plan dated 4/20/18, indicated ervices 3 visits daily. | | | | | | | | |
| | indicated there wer receive 23 hours of 1, 2, 3, 12, 15, 17, 2 days that HHA-C ha | fication for April, 2019, e 10 days where P5 did not PCA and HHA services: April 20, 23, 24, and 29th on the ad worked. No coverage o 3 hours on the days the afternoon. | | | | | | | | |
| | 5/1/19, identified P8 (CCM)-A reported t and about a month had wet his pants. to leave early and c and put him to bed about 3:45 p.m. and 4:00 p.m., this staff that FM-C and FM- the agency and the him. P5 further rep times when he carr | on Entry Intake Form, dated 5's county case manager hat P5 received 24 hour care, or so ago he had an accident- The HHA had told P5 she had did not put any clothes on him with only a sheet. HHA left at d the next staff was to arrive at never showed up. P5 stated D showed up and FM-D called n a staff showed up to help ported that there has been 2 he home from work, no staff him and he has a hard time en to his building. | | | | | | | | |

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| | | AND HUMAN SERVICES | | | | FORM | APPROVED 0938-0391 |
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| | F CORRECTION | IDENTIFICATION NUMBER: | | | | | PLETED |
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| | | 248078 | B. WING | | | 11/0 |)5/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERNA | TIONAL QUALITY HO | OMECARE | | | 261 19TH ST NORTHWEST | | |
| | | | I | R | ROCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | x | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 488 | Continued From pa | ge 46 | G 4 | 88 | | | |
| | On 11/5/19, at 9:34 attempted for FM-D | a.m. phone interview), mailbox was full. | | | | | |
| | CCM-A verified she manager. CCM-A s on 5/1/19, that about some staffing issue with no pants on it a P5 was very embar members ended up CCM-A verified P5 on his own. CCM-A foster care now, giv able to tell you more During phone interv BOC-(D) stated, I s 2019. P5 did not lik boundaries and the was by the book an | view on 11/5/19, at 10:35 a.m. tarted this position in March, e HHA-C, she set the rules. P5 didn't like that she id he felt like she was trying to never heard of any instance | | | | | |
| | P5 stated, I can't re bed that day. She le never showed up lil I can't get out of be wall until someone apartment at that til stopped services in | view on 11/5/19, at 12:34 p.m. emember who left me in the eft me in bed and the next staff ke the one girl said she would. d myself. I pounded on the came to help me. I lived in an me. P5 further stated he June because the agency people to cover the 24 hour d it. | | | | | |
| | registered nurse (R | view on 11/5/19, at 12:57 p.m. N)-D stated, she had worked y of 2017 and was P5's RN | | | | | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С B. WING 248078 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3261 19TH ST NORTHWEST INTERNATIONAL QUALITY HOMECARE ROCHESTER, MN 55901 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) G 488 Continued From page 47 G 488 case manager, that P5 went through a lot of staff and he had his favorites and personality conflicts with others. RN-D stated she was not aware of anyone not providing cares to P5 or being left in bed alone and that one ever shared that with her. On 11/5/19, at 1:05 p.m. attempted phone interview with FM-C, mailbox was full unable to leave message. On 11/5/19 at 1:07 p.m. attempted phone interview with to FM-D. This surveyor was given the wrong phone number. During interview on 11/5/19, at 1:15 p.m. CM-A stated P5 was a client we had 24 hour services with that he was not aware of any staffing issues with P5, no one ever reported anything to me and was not aware P5 was left in bed alone. CM-A further stated if a family member reported to the Branch office about neglect of care, the branch office should be reporting that to me. This is the first time he have heard of it, and that would have to report this as a VA for neglect of care. During phone interview on 11/5/19, at 2:10 p.m. BOC-A stated, I am no longer the BOC, my employment ended January, 2019. I don't remember ever talking to FM-C about P5 being left in bed by himself. During phone interview on 11/5/19, at 2:30 p.m. Assistant Branch Operation Coordinator (ABOC)-A stated, I do remember that P5 got into an altercation with HHA-C because there was new order to get P5 out of his wheelchair and lay on his side in the bed. He was getting pressure ulcers on his ankles, we were trying to work with him on that. HHA-C put P5 in the bed, she left

If continuation sheet Page 48 of 56

| | | AND HUMAN SERVICES | | | | FORM. | 12/05/2019 APPROVED 0938-0391 |
|--------------------------|--|--|--------------------|-----|--|------------------|-------------------------------------|
| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE COM | E SURVEY PLETED |
| | | 248078 | B. WING | | | | C)5/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | | | S | TREET ADDRESS, CITY, STATE, ZIP CODE | - | |
| INTERNA | ATIONAL QUALITY H | OMECARE | | | 261 19TH ST NORTHWEST COCHESTER, MN 55901 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| G 488 | reprimanded for lea have no idea why s she told me P5 said found out P5 was b neighbor called me the wall, he lived in she lived across the brought him the phy called me before ev called to tell me she wall and she wante not sure how she k P5's family membe gotten there in enot there right away. I w 4pm, but I ended u pm. He could be lea a day. My concern because he could r he had no phone, a not have been able was embarrassed b could not get him o bed with a shirt and anything. I did imm that's when she saf about it. I am not s got approval from F be left alone for an the doctor, P5 wan time. My heart dro call. P5 told me he because anything make sure he was HHA-C left 15-20 m | age 48 to 20 minutes. HHA-C was aving P5 in the bed that day. I she left him there by himself, d he was fine with it. How I by himself was that his because he was knocking on an apartment building, and e apartment from him so she one so he could call me. She ven going over there, she e could hear knocking on the d to go check on him. I am new to call me. I then called rs because I couldn't have ugh time. I wanted someone was supposed to be there at p getting there around 4:15 eft alone in his home for 1 hour is, it was a safety concern not get out of bed on his own, and if there was a fire he would to get help. He told me he because his family member out of the bed. He was in the d his brief, he was not soiled or hediately report this to BOC-A, t with HHA-C and talked to her sure if it was formal or not. We P5's case manager for P5 to hour, she had taken him to ted to be able to have personal pped when I got that phone was in the bed by himself, could have happened. So I and went to go be with him to ok. I got there at 4:15 pm. hinutes early that day. | G 4 | 488 | | | |

If continuation sheet Page 49 of 56

| | | AND HUMAN SERVICES | | | | | FORM | APPROVED 0938-0391 |
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| STATEMEN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l` ' | | LE CONSTRUCTION | 1 | (X3) DATE COM | E SURVEY PLETED |
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| NAME OF | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| INTERN | ATIONAL QUALITY HO | DMECARE | | | 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 | | | |
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| G 488 | interview with HHA- stated this was the On 11/5/19, at 3:17 would have been re- immediately susper thorough investigati the staff at the time neglect of care, and On 11/5/19, at 3:33 director (HRD) verif HHA-C's personnel P7's neglect of care P7's POC for the ce to 4/1/20, identified agency on 4/3/18, v diabetes mellitus, of disease (COPD), at The POC also ident personal care atten service every day x P7's undated PCA of would assist with ba grooming, mobility, light housekeeping, P7's Supervisory Ne P7 was not satisfied chronically late and doesn't want to cha threatened to leave with client." | C and an unidentified person wrong phone number. p.m. CM-A stated, if this eported to me we would have nded HHA-C, pending a ion. I would have expected to report this to the SA as a d then report it to me. p.m. human resources fied there were no write-ups in file. provide the second from 4/3/19 P7 was admitted to the with diagnosis of type 2 chronic obstructive pulmonary nd major depressive disorder. tified P7 was to receive dants (PCA) 0.6 to 3 hours of | G 4 | 488 | | | | |

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING С 248078 **B WING** 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NORTHWEST INTERNATIONAL QUALITY HOMECARE ROCHESTER, MN 55901 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) G 488 Continued From page 50 G 488 to HHA-D and indicated a concern: clients have been concerned about HHA-D taking her maternity leave and want to know when her last day will be. This has been brought to my attention more than once and RN-E has also talked with HHA-D and HHA-D stated that she doesn't know why her clients are stating this. She claims that she has not said anything to them to make them think that. P7 reported to LPN-B that HHA-D refused to do things her way and said, "If you don't like the way I am doing things, I will leave and not come back because I am taking maternity leave." This concern violates the following company policy: be involved in verbal argument in front of customers, insubordination-refusal to comply with instructions of a supervisor or other deliberate and inexcusable refusal to obey a reasonable order which relates to an employee's job function. Correction expected: I expect this rumor to stop. I expect clients to feel secure and satisfied with services and not have the concern on their mind about losing their aide when that is not true. I expect HHA-D to follow proper procedures and care plan when providing cares. If HHA-D doesn't agree with client about a certain task it needs to be brought to my attention or another staff member. Review of a Common Entry Point Intake Form dated 7/25/19, indicated P7 and her social worker (SW)-A met and P7 stated her PCA was emotionally abusing her. P7 was crying and couldn't understand why someone would do this to her. P7 reported she attempted to get a new PCA, but the agency could not provide this. HHA-D would intentionally ignore P7 when she would ask for physical assistance with tasks identified in P7's POC. P7 reported she would

FORM CMS-2567(02-99) Previous Versions Obsolete

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PRINTED: 12/05/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID: 2N1911

| | | AND HUMAN SERVICES | | | | FORM | APPROVED | | |
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| | | & MEDICAID SERVICES | | | | | . 0938-0391 | | |
| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 · · | | PLE CONSTRUCTION G | | E SURVEY | | |
| | | | | | | | с | | |
| | | 248078 | B. WING | ; | | | 05/2019 | | |
| NAME OF F | ROVIDER OR SUPPLIER | L | | | STREET ADDRESS, CITY, STATE, ZIP CODE | 1 | | | |
| | | | | | 3261 19TH ST NORTHWEST | | | | |
| | TIONAL QUALITY HO | JWECARE | | | ROCHESTER, MN 55901 | | | | |
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| G 488 | Continued From pa | ge 51 | G 4 | 488 | 3 | | | | |
| | | would be ignored and HHA-D | | | | | | | |
| | | he couldn't hear her even | | | | | | | |
| | | om, then she would smirk at 7 that she was pregnant and | | | | | | | |
| | | could not complete tasks that | | | | | | | |
| | | ing over and refused to | | | | | | | |
| | | ified in P7's POC. P7 then e agency to find out when | | | | | | | |
| | | n maternity leave and they | | | | | | | |
| | reported to her that | HHA-D was not pregnant and | | | | | | | |
| | is able to perform the | | | | | | | | |
| | | eeds to HHA-D and she would not say that. These recurring | | | | | | | |
| | | feel like she was losing her | | | | | 1 | | |
| | | retracted statements per P7. | | | | | | | |
| | | ncidents have caused her | | | | | | | |
| | | nd mental health instability in a lack of trust for other | | | | | | | |
| | | nto her home to assist her | | | | | | | |
| | with tasks she need | ds. | | | | | | | |
| | | erview on 11/1/19, at 3:36 p.m. | | | | | | | |
| | , | started working with her during that she had a hard time back | | | | | | | |
| | | ad been broken 3 times, | | | | | | | |
| | | n company, and HHA-D had | | | | | | | |
| | | s going crazy. P7 stated one | | | | | | | |
| | | D not to do the laundry n't enough of it to do and that | | | | | | | |
| | | vait. P-7 stated HHA-D she | | | | | | | |
| | put the basket of la | undry above her head, where | | | | | | | |
| | | t, that she told her not to, yet | | | | | | | |
| | | in one load in the washing or stated she didn't want the | | | | | | | |
| | | es mixed together. P7 also | | | | | | | |
| | stated sometimes H | HA-D would tell me she | | | | | | | |
| | | g that required bending down | | | | | | | |
| | | regnant and she would tell break the baby's neck." She | | | | | | | |
| | ino, ruort want to | Stear the say officir. One | | | | | | | |

If continuation sheet Page 52 of 56

| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | APPROVED 0938-0391 | |
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| AND FLAN OF C | CORRECTION | IDENTIFICATION NOWBER. | A. BUILDI | ING | | | C | |
| | | 248078 | B. WING | | | | 05/2019 | |
| NAME OF PRO | OVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NORTHWEST | E | | |
| INTERNATI | ONAL QUALITY HO | DMECARE | | | ROCHESTER, MN 55901 | | | |
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| his www.mwhimbPththsiwdia.wpi DressisiPthhiles: Datoscogwi H | ometimes she wou when I would ask he vas deaf, and then he. When the ager vas doing to me, th ome. However, HH he 3 or 4 more time ecause there was 7 also stated she j hose days and crie hinking I was losing tate, when HHA-D vas begged her not ays she was here, lready told on her. vork for me anymour robably would be of puring phone interver egistered nurse (Ri ervices and stated he is a current clie CA that P7 wasn't he one gal, it was H er clients she was eaving soon and th omeone else. During a phone interver on plained about H ood worker but she vay. LPN-B stated I HA-D told her she erified on 7/16/19, | running. P7 furhter stated ald pretend to not hear me er something and pretend she she would turn and smirk at ncy finally realized what she ey removed her from my HA-D continued to work with es after this had been reported no one else to work with me. ust kept my mouth shut on d so much, "she had me g my mind". P7 went on to was working with her, she to say anything on those but it was too late, she had P7 stated HHA-D doesn't re and if she still did, she | G 4 | 488 | | | | |

Facility ID: H20865

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| | | AND HUMAN SERVICES | | | | FORM | 12/05/2019 APPROVED 0938-0391 |
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| STATEMEN | F OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | (X3) DAT | E SURVEY PLETED |
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| NAME OF | PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| INTERN | RNATIONAL QUALITY HOMECARE 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION | | | | | | |
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| G 488 | HHA-D liked to do t suggest a different is she was pregnant a her for very long an she should have rep coordinator, could r During phone interv BOC-C stated, she that she did talk to I July and that P7's S concerns. She also refusing to help P7 her pregnancy like I moving furniture ard talked with P7 and ther someone else a would like that. BOC a meet and greet for starting with P7, P7 about HHA-D, that s she asked HHA-D ther, too bad I am no During subsequent 8:30 a.m. P7 stated help me with minim work. I couldn't use made her too uncor half the time she ha on because she cou she was very worrie and stated [HHA-D] without the mental r HHA-D would run a basket and shove 3 | hings her way, then P7 would way and HHA-D would tell her and wouldn't be working with yways. LPN-B further stated ported this to my branch office not remember if she did or not. view on 11/4/19, at 10:55 a.m. has worked here since 2014, P7 the first or second week in SW-A, had called her with o mentioned that HHA-D was with some things because of bending over, lifting, and bund. BOC-C stated she then told her I told her we could find and that P7 stated said she C-C further stated that during or a new staff that would be stated how horrible she felt she had felt very intimidated, if o do something, she would tell of going to do it. phone interview on 11/5/19, at , "[HHA-D] was supposed to al personal cares, and house her as a PCA because she mfortable. She reported that d to run around with one sock uldn't get it on. [P7] also stated ed about who would help her, was a good housekeeper mind games." P7 stated way from her with her laundry loads in the washing stated she would cry and | G 4 | 188 | | | |

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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | APPROVED 0938-0391 |
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| STATEMENT OF AND PLAN OF CO | DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 <i>` ´</i> | | PLE CONSTRUCTION | (X3) DATE | E SURVEY |
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| NAME OF PRO | VIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
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| INTERNATIC | ONAL QUALITY HO | JWIECARE | | | ROCHESTER, MN 55901 | | |
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| | | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM | : 12/05/2019 APPROVED : 0938-0391 |
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| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION | (X3) DAT CON | E SURVEY IPLETED |
| | | 248078 | B. WING | | | | C 05/2019 |
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| G 488 | vulnerable adult or (with the exception considered to be vul Reporting Procedur suspected abuser, f the home and will b scheduled home ca investigation. The e to have any contact | ge 55 child. All clients receiving care of homemaker only) are linerable adults. Internal e 10. If an employee is the the employee is removed from e removed from any other re services during the mployee will be informed not with the vulnerable adult or aliatory issues from occurring. | G 4 | 188 | 3 | | |

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101 EAST FIFTH STREET, SUITE 2602 SAINT PAUL, MINNESOTA 55101 TEL: (651) 291-1717 FAX (651) 223-5055 EMAIL: info@dudleyandsmith.com WEB SITE: www.dudleyandsmith.com

Joseph J. Dudley, Jr. jdudley@dudleyandsmith.com

December 13, 2019

Via Electronic Mail at kathleen.lucas@state.mn.us Kathleen Lucas, Unit Supervisor St. Cloud B. Survey Team Licensing and Certification Program 3333 Division Street, Suite 212 St. Cloud, MN 56301-4557

Re: Project Number H8078023C, H8078024C, H8078025C, H807026C, H8078027C, H8078028C, H8078029C – International Quality Homecare

Dear Ms. Lucas:

Our office has been retained to represent International Quality Homecare in the above-entitled matter. Pursuant to a letter and complaint drafted by Douglas Larson, Enforcement Specialist, Minnesota Department of Health, Licensing and Certification Program, dated December 5, 2019, my clients have complied with his request and the statutory request in preparing a PLAN OF CORRECTION in accordance with the requirements as set forth under 42 CFR 484.50 and addressing the State's immediate concerns under that legal provision. I have enclosed a copy of my client's proposal for your information.

If you have any questions, please don't' hesitate to contact me.

Very truly yours,

DUDLEY AND SMITH, P.A.

Joseph J. Dudley, Jr Christopher W. Boline

JDJ:wsm Enclosure

cc: International Quality Homecare



Protecting, Maintaining and Improving the Health of All Minnesotans

Certified Mail # 7016 2070 0000 7235 0792

December 10, 2019

Administrator International Quality Homecare 3261 19th St Northwest Rochester, MN 55901

Re: Enclosed State Licensing Orders - Project Number 2N1911

Dear Administrator:

A survey of the Home Care Provider named above was completed on , for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these regulations that are issued in accordance with Minnesota Statutes, sections 144A.43 to 144A.482.

In accordance with Minnesota Statute section 144A.477, for home care providers that are licensed to provide home care services and are also certified for participation in Medicare as a home health agency under Code of Federal Regulations, title 42, part 484, with survey and enforcement by the Minnesota Department of Health as an agent for the United States Department of Health and Human Services, the requirements under Minnesota Statute section 144A.477 subd. 2 (1) to (16) are considered equivalent to the federal requirements. Because International Quality Homecare is a certified home health agency, violations of the requirements under Minnesota Statute section 144A.477 subd. 2 (1) to (16) may lead to enforcement actions under Minnesota Statute section 144A.474. If International Quality Homecare fails to comply with all of the federal deficiencies issued as a result of this Department's survey completed on , the findings supporting the federal violations shall be considered violations of the applicable licensure requirements. The notice of termination from the Medicare program by the Centers for Medicare and Medicaid Services (CMS) or the failure to attain compliance with the federal regulations within the time periods approved by CMS may constitute grounds for the revocation, suspension or nonrenewal of the license.

State licensing orders are delineated on the attached Minnesota Department of Health order form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes for home care providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN requirement is not met as evidenced by."

We urge you to review these orders carefully. If you have questions, please contact the supervisor listed below. When all orders are corrected, the order form should be signed and returned to this

International Quality Homecare December 10, 2019 Page 2

office at:

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 Phone: (320) 223-7343 Fax: (320) 223-7348

DOCUMENTATION OF ACTION TO COMPLY

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

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. 144A.474, subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine(s) assessed. **The written request for reconsideration and all supporting documents must be received by the Commissioner within 15 calendar days of the correction order receipt date.** The Commissioner shall respond in writing to the request within 60 days of the date the provider requests a reconsideration. Any documentation received after the 15 calendar days will not be considered. You are required to send your written request and all supporting documents to Health.Homecare@state.mn.us; or, if you prefer you can mail it to:

Home Care Correction Order Reconsideration Process Minnesota Department of Health/Health Regulation Division P.O. Box 3879 85 East 7th Place, Suite 220 St. Paul, Minnesota 55101

Failure to correct state licensing correction orders may result in enforcement actions in accordance with the provisions of Minnesota Statutes, sections 144A.43 to 144A.482.

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 organization's Governing Body.

International Quality Homecare December 10, 2019 Page 3

Please feel free to call me with any questions.

Sincerely,

Dourse 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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | ealth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED C 11/05/2019 | |
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| 0 000 | Initial Comments | | 0 000 | | | |
| | CORRECTION OR In accordance with 144A.43 to 144A.44 been issued pursua Determination of w corrected requires requirements provi indicated below. W contains several ite of the items will be compliance. On 10/29/19, 11/1/ 11/5/19, surveyors | VIDER LICENSING DER Minnesota Statutes, section 82, this correction order(s) has ant to a survey. hether a violation has been compliance with all ded at the Statute number hen Minnesota Statute ems, failure to comply with any considered lack of 19, 11/2/19, 11/4/19 and of this Department's staff, rovider and the following | | Minnesota Department of Health documenting the State Licensing Correction Orders using federal Tag numbers have been assigned Minnesota State Statutes for Hor Providers. The assigned tag nur appears in the far left column en Prefix Tag." The state Statute nur the corresponding text of the sta out of compliance is listed in the "Summary Statement of Deficier column. This column also includ findings which are in violation of requirement after the statement, Minnesota requirement is not me evidenced by." Following the sur findings is the Time Period for Co PLEASE DISREGARD THE HEA THE FOURTH COLUMN WHICH STATES, "PROVIDER ' S PLAN CORRECTION." THIS APPLIES FEDERAL DEFICIENCIES ONLY WILL APPEAR ON EACH PAGE THERE IS NO REQUIREMENT SUBMIT A PLAN OF CORRECT VIOLATIONS OF MINNESOTA S STATUTES. THE LETTER IN THE LEFT CO USED FOR TRACKING PURPO REFLECTS THE SCOPE AND L ISSUED PURSUANT TO 144A.4 SUBDIVISION 11 (b)(1)(2) When these state orders have be corrected, make a copy of these your records and return the sign to:" | g software. ed to me Care mber titled "ID imber and te Statute ncies" es the the state "This et as veyors ' orrection. ADING OF H OF TO Y. THIS TO ION FOR STATE LUMN IS DSES AND EVEL 474 een orders for | |

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

TITLE

2N1911

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20865 | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED C 11/05/2019 | |
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| 0 000 | Continued From page 1 | | 0 000 | | | |
| | | | | Minnesota Department of Health Licensing and Certification Health Regulation Division Kathy Lucas 3333 West Division Street, Suite 21 St. Cloud, MN 56301 Email: kathleen.lucas@state.mn.us | | |
| 0 265 SS=F | 144A.44, Subd. 1(Standards Practice | 2) Up-To-Date Plan/Accepted | 0 265 | | | |
| | Subdivision 1. Statement of rights. (a) A person who receives home care services has these rights: | | | | | |
| | suitable and up-to- accepted health ca standards and pers | d services according to a date plan, and subject to are, medical or nursing son-centered care, to take an oping, modifying, and and services; | | | | |
| | by: Based on interview licensee failed to e P3, P5, P6, P7) we neglect of care or f failure to protect ar | ent is not met as evidenced and document review, the nsure 6 of 7 clients (P1, P2, ere free from verbal abuse, inancial exploitation, including and thoroughly investigate. This o affect all patients served by | | | | |
| | violation that did no | ted in a level two violation (a ot harm a client's health or potential to have harmed a | | | | |

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| STATEMEN | ta Department of He | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | E SURVEY |
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| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED |
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| | client's health or sa | fety, but was not likely to | | | | |
| | | y, impairment, or death), and | | | | |
| | | lespread scope (when sive or represent a systemic | | | | |
| | | cted or has potential to affect | | | | |
| | • • | l of the clients). The findings | | | | |
| | include: | | | | | |
| | Findings include: | | | | | |
| | P1's Plans of Care | (POC) dated 7/16- 9/13/19 | | | | |
| | | ndicated P1's start of care | | | | |
| | | . P1's diagnoses included y, lymphedema and atrial | | | | |
| | | C also indicated P1 was to | | | | |
| | | ing visits 0-3 visits per week | | | | |
| | | nd care, education about I nursing staff to clean, dress, | | | | |
| | | ties, monitor lower legs for any | | | | |
| | open areas. P1's P | OC also indicated P1 was | | | | |
| | oriented in relation | to mental status. | | | | |
| | | on Entry Point Intake Form | | | | |
| | | icated P1 had reported to the | | | | |
| | | nent of the agency that N)-A threatened to slap him, | | | | |
| | | she was going to. The report | | | | |
| | | ported RN-A had visited him | | | | |
| | | had returned home from the . P1 stated he was supposed | | | | |
| | | abilitation), but had explained | | | | |
| | to RN-A he was not | going to go because he had | | | | |
| | | o around the house. P1 | | | | |
| | | e, RN-A stated that someone across the face for turning that | | | | |
| | | rted he felt RN-A was actually | | | | |
| | going to slap him. F | urther, the report indicated | | | | |
| | | noved from P1's home and | | | | |
| | would no longer pro | | | | | |

| STATEME | ota Department of He NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED C 11/05/2019 | |
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| 0 265 | Continued From pa | age 3 | 0 265 | | | |
| | identified the follow agency had conduct On 10/14/19, the co- interviewed P1. P1 or close encounter to do rehab. I ment she [RN-A] said to face slapped' for tu "Her [RN-A] face w could smell her bre slap me. She is arg leave me to sit in h think it was to calm here, she raises he reported the inciden 16 (2019). P1 had threatened and stat hand was going to she didn't do it." Ac asked if there were where he felt threat cannot take no for and argumentative and I don't like to b argue so much that my legs done here the hell out of here. The report indicate interviewed RN-B. ago [RN-A] told me argument with [P1] The documents ind interviewed RN-A. P1 and RN-A stated changes. He was a was training [licens | ompliance manager (CM)-A stated to CM-A, "The incident was because I was supposed ioned that I couldn't go and me, 'you ought to have your rning that down." P1 reported, as red, eyes enlarged, and I eath. I thought she was going to gumentative and once had to er car for about ten minutes, I down. Every time she comes er voice and is demanding." P1 nt occurred on Friday August further stated he felt ted, "Any minute I thought her hit my face. I'm not sure why cording to the report CM-A any additional incidents to tened and P1 stated, "She an answer. She would get made . She would talk down to me e talked down to. We would t I would tell her to listen, get and when you are done, get." d on 10/14/19, CM-A had RN-B had reported, "A while e she had gotten into an | | | | |

| MARE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 3261 19TH ST NORTHWEST ROCHESTER, MN 55901 (M) D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LS DEMTINYING INFORMATION) IP 0 265 Continued From page 4 Into his closed and both of us were condensing his supplies. He was angry with me because it would take him months to find things." Documentaion indicated CMA-had asked RNA-A about the day P1 stated he was supposed to go to for rehab and RNA-A stated, "It was Mgo." It was good. (RN-B) and I both told him that this is bad. You need to go to rehab. Ore day I walked in and he was very angry. He threatened me saying, Just get in here and change my fucking wounds and get out." I told him, You do not have to tak it ome like that.' He yelled at me to just get in here and change my wounds. I vent out to my car about five minutes to collect myself. I came back in and gave short answers, yes and no." The documents indicated OI 10/17/19, CM-A had interviewed LPN-A. The documents indicated LPN-A had reported P1 told her RN-A had said she [RN-A] had haf the audacity to smack him across the face. The Internal Investigation: Report identified recommendations of compliance regarding the results of the investigation: "At the time of this report (RN-A] has been removed from giving any cares to [P1]. It is recommended that [RN-A] receive a wite up for her actions in this event and review training on vulnerable adult and treatment to minors as well as boundaries. [RN-A] shall remain removed from [P1's] home. During interview on 10/29/19 at 1:07 p.m., P1 stated the incident with RN-A had occurred on Friday 8/16/19, w | STATEMEN | ta Department of He T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: | CONSTRUCTION | (X3) DATE SURVEY COMPLETED C 11/05/2019 | |
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| International Quality HomeCARE ROCHESTER, MN 55901 (M) ID PREEK TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUATIONY OR LSC IDENTIFYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (model) (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (model) (CROSS-REFERENCY) (model) (CROSS-REFERENCY) (model) (CROSS-REFERENCY) (model) (CROSS-REFERENCY) (model) (CROSS-REFERENCY) (model) (CROSS-REFERENCY) (model) (CROSS-REFERENCY) (model) (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (model) (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (model) (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (model) (C | NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
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| couldn't go. She got real perturbed saying, 'You mean to tell me you turned that down?' When I | | recommendations of results of the invest report [RN-A] has be cares to [P1]. It is not receive a write up for review training on w to minors as well as remain removed from During interview on stated the incident w Friday 8/16/19, whe dressings for wound hospital wanted me couldn't go. She go | of compliance regarding the tigation: "At the time of this been removed from giving any ecommended that [RN-A] or her actions in this event and vulnerable adult and treatment s boundaries. [RN-A] shall om [P1's] home. 10/29/19 at 1:07 p.m., P1 with RN-A had occurred on en RN-A came to change the ds on his legs. P1 stated, "The e to go to rehab, but I told her I t real perturbed saying, 'You | | | | |

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| | she was close to m could smell her breas quarters. She Lo going to slap me, b intent. Another time the house and sat i did not know if she dressings on my less she went into my b medical supplies an had it in order so I f there, I have everyf 'Change the dressin here for.' She neve the bedroom. About here, her and I wo was very negative, actions or words. M arguing about anyth pain in the neck. At home health agence was going to do. At it to the nurse that of that [RN-A] threater a different nurse to 'You should report f [agency] and report nurse on Tuesday f The agency Sched on Friday 8/16/19, f or P1. Start time of 12:13 p.m. During interview on stated, "When I car [RN-A] was freaking She said 'I know it's | ht a have your face slapped', he, her face was real red, I wath and her eyes were as big poked angry. I thought she was out she didn't. I think she had e she got mad, walked out of in her car fifteen minutes and I was going to change the gs. About a month or two ago edroom, went through my nd tried to consolidate them. I told her to get the hell out of thing in order. I told her, ngs since that is what you are r asked permission to go into it every time she came out uld get in an argument. She not very professional in fost of the time she would star hing I would say. It got to be a t first I did not report it to the cy, as I did not know what she bout August 27th, I mentioned comes on Tuesdays. I told her ned to slap me and I asked for come on Fridays. She said, this.' I called someone at the ted it to them because the told me to." ule Verification for P1 identified RN-A had provided services f 10:33 a.m. and end time of a 11/1/19 at 2:57 p.m., LPN-A me into the office one day g out because State was here. s about [P1], because me and ument'. [RN-A] said she had | | | | |

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| | because he made h down because inve- because I did not k told me, him and he The next time I wer into a verbal argum and went outside to the half the audacit face, something like day RN-A had infor argument with P1, I did not know who e LPN-A stated, "I as and I talked to my f bothering me and [I who to talk to, as I does what?" "My fri that is when we rep | o out and have a cigarette, her mad. I just tried to calm he stigations happen all the time, now what happened. RN-A er got into a verbal argument. In to visit [P1], he said they got ent, she slammed the door o smoke and he said she had y to smack him across the e that." LPN-A had stated the med her she had a verbal LPN-A had informed RN-B and lse to report it to at the time. ked a friend what to do, [RN-B riend, because it was RN-B] a lot." "I did not know did not know what staff here end said we need to report it ported it." "I asked [RN-B] who eport it to and she said she [administrator]. | 5 | | | |
| | p.m. sent from RN- included RN-B had there were separate situations related to "She threatened to feared she was goi report with his deta forwarded the email at 9:12 p.m. | ated Friday 10/11/19, at 4:35 B to the administrator, informed the administrator e vulnerable adult and child o RN-A. The first being P1. slap him and he actually ng to. He would like to make a ils." The administrator had il to CM-A on Friday 10/11/19, | 1 | | | |
| | stated, "[P1] and I h when I first started. was he would tell m I never saw papers legs. One time I we | 11/4/19 at 1:20 p.m., RN-A have a history, we got along My biggest problem with him, he what the doctor wanted, but . He directed how to wrap his ent in with another nurse I not have all the supplies and | | | | |

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| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLET DATE |
| 0 265 | Continued From pa | ge 7 | 0 265 | | | |
| | I could go back the dressing sponges in comment we should boxes] as these are We started to put th out of the room and there rearranging th the supplies we nee how to change the next time I went in the because we had con he said it would tak told him I apologize do that. We will hav you have all the sup don't have to go into supplies." RN-A stat to P1's house she we stated, "Why are you said, "I had a dress warm. I have an an moment and he nee house. I walked out called the office. I re coordinator what have a moment and wou legs. That is what I I was short and said what he told me. He and they recomment therapy] and OT [oo him, 'You could hav that I was disappoint got a little bit heated heard about the thr I felt uncomfortable did not like me. As about changing day | ings in his bedroom. I asked if re. We found one small box of n a box. We made the d condense these [supply e a home for cock roaches. hings together, tossed things d he said don't be going in hings, so we stopped and took eded and I showed [LPN-A] dressings on his wounds. The there I basically got yelled at, indensed things into a box and e months to reorganize it. I e and it was not my intention to ve to make a concession that oplies in the living room so I to the bedroom and get ted another time she went out was in a dress and P1 had ou dressed like that." RN-A on that day as [P1's]house is xiety issue. I told [P1] I need a eded a moment and I left the tside, went in the car and eported to the branch office ad gone on. I told her I needed Id go back in and dress his did. I did not say much to him. d yes or no answers and did e had come out of the hospital nded he do some PT [physical ccupational therapy]. I said to ve made a better decision' and nted in his decision. I know it d." RN-A stated, "You have ee altercations I had with him. working with him because he a team we tried to talk to him vs of the week [when P1's scheduled], as with scheduling | | | | |

| STATEMEN | ta Department of He IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
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| | | H20865 | B. WING | G | | 05/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
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| | we were trying to so | chedule all [city] in one day to | | | | |
| | save time for the br | anch running to clients. He | | | | |
| | | a compromise. Anytime I tried | | | | |
| | | ld turn into an argument, so days he was scheduled | | | | |
| | | during the interview RN-A | | | | |
| | | heard from the agency what | | | | |
| | | ons from the investigation | | | | |
| | were, nor had she b | been provided any education. | | | | |
| | During interview on | 11/1/19 at 10:15 a.m., CM-A | | | | |
| | | ot been written up or had the | | | | |
| | training as docume recommendations. | nted in the investigation | | | | |
| | P2's SOC was 12/1 hypertension, type t and a very low leve POC also indicated | lated 10/14-12/12/19, indicated 8/18. P2's diagnoses included two diabetes, hypothyroidism I of personal hygiene. The P2 was to receive skilled sits per week for 60 days for edications. | | | | |
| | p.m., sent from RN included RN-B repo vulnerable adult an RN-A. The other be and told him how di | ated Friday 10/11/19 at 4:35 -B to the administrator, orting there were separate d child situations related to sing P2, who RN-A yelled at isgusting he lives. The orwarded the email to CM-A or 9:12 p.m. | ו | | | |
| | dated 10/14/19, ind compliance departr been yelled at by R lives. The report ind three months ago F not physically but ve | on Entry Point Intake Form licated it was reported to the ment of the agency that P2 had N-A about how disgusting he dicated P2 stated about two to RN-A had been abusive to him erbally. P2 stated he did recall did not feel comfortable | | | | |

| STATEMEN | ta Department of He IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: | CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
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| | | H20865 | B. WING | | 11/ | 05/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| NTERNA | ATIONAL QUALITY HO | OMECARE | TH ST NORTHW STER, MN 559 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| 0 265 | | M-A). P2 stated he believed een resolved because RN-A | 0 265 | | | |
| | identified the follow agency had conduct On 10/14/19, CM-A asked to explain the involving him and F really sure, it may b been here 9 years. [RN-A] has been at just verbally. After a have to go through Ombudsman." Whe to him, P2 stated, " real comfortable sh just don't think I sho On 10/14/19, CM-A reported she had or disgusting P2 lives. from LPN-A that RN | had interviewed P2. P2 was e incident that occurred RN-A. P2 stated, "Well I am no be a personality conflict. I have I have had a lot of nurses. Dusive to me, not physically, a while, I didn't think I should this, so I called the en asked what RN-A had said Yeah, I remember. I am not aring with you what she said. I build be treated like that." A had interviewed RN-B. RN-B verheard RN-A speak of how RN-B stated she had heard N-A had yelled at P2. | | | | |
| | had asked RN-A at indicated RN-A stat week. His room is p residents that talk a has been receiving CM-A asked RN-A P2 'in so many words,' throws his food and the trash, but on the | had interviewed RN-A. CM-A bout P2. The documentation ted, "I have seen [P2] last bungent. I get stopped by about how bad he smells. He eviction notices. He is a slob." if she had mentioned that to RN-A said, "Yes I have. He I his incontinent pads not in e floor. His hair is knotted. His have dry milk and frosting. All | | | | |
| | of the homemakers shower another day | have been told that he would y. His floor is so sticky that the floor. He called his social | | | | |

| STATEMEN | ta Department of He TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | COM | E SURVEY PLETED C | |
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| | | H20865 | B. WING | | | 11/05/2019 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| NTERN | ATIONAL QUALITY H | OMECARE | H ST NORTH | | | | |
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| 0 265 | Continued From pa | age 10 | 0 265 | | | | |
| | worker saying that | he did not want me anymore." | | | | | |
| | On 10/17/19, CM-A | had interviewed LPN-A. | | | | | |
| | LPN-A stated, "He | [P2] says that she [RN-A] yells | | | | | |
| | | n disgusting. Says she [RN-A] higher words I don't | | | | | |
| | | not treat him with respect or | | | | | |
| | dignity." | | | | | | |
| | The Internal Investi | igation Report also identified | | | | | |
| | | for compliance: "At the time of | | | | | |
| | | has been removed from giving | | | | | |
| | | t is recommended that [RN-A] or her actions in this event and | 1 | | | | |
| | | ulnerable adult and treatment | | | | | |
| | | s boundaries. [RN-A] shall | | | | | |
| | remain removed fro | om [P2's] home." | | | | | |
| | | 11/1/19, at 1:27 p.m. P2 | | | | | |
| | | his a month or two ago, it had being verbally abused with her | _ | | | | |
| | | d to the Ombudsman and he | | | | | |
| | | at the [agency]. The | | | | | |
| | | d to someone at [agency] and | | | | | |
| | | ng [RN-A]. [RN-A] came one | | | | | |
| | | up meds, order meds and pick verbally abusive about things. | | | | | |
| | | ne condition of my apartment, | | | | | |
| | personal condition | and I told her I was taking | | | | | |
| | - | s. The basic thing she said | | | | | |
| | | ma in your apartment. She | | | | | |
| | | t. I have a urinary incontinence r undergarments to help. It's a | • | | | | |
| | | nd it's a real frustrating thing | | | | | |
| | | to be criticized by someone | | | | | |
| | | e worker. I have lived here for | | | | | |
| | nine years and had | a lot of nurses, and never had | 1 k | | | | |
| | | e like that. She should be | | | | | |
| | | feelings I have and medical | | | | | |
| | epartment of Health | ses told me before 'don't take a | a | | | | |

| | ota Department of He NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: | | (X3) DATE SURVEY COMPLETED C 11/05/2019 | |
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| | | H20865 | B. WING | | | |
| IAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| NTERN | ATIONAL QUALITY H | OMECARE | TH ST NORTHW STER, MN 5590 | | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| 0 265 | Continued From pa | age 11 | 0 265 | | | |
| | waited each week f there when I took s happened. [RN-A] week f taking care of my p have a body odor." shower two to three housekeeper was f verbally by what sh said were not nece During interview on stated before she s RN-A had told her, pisses all over hims food everywhere. H man but does not h stated RN-A had st carry anything into in there, you grab h You set up medicat look at them close sign paper and leav even use my pen." to P2's apartment of for P2, as she was take the day off." L P2 on 10/10/19, to make sure the visit "[RN-A] and [P2] had does not feel he is him and does not the respect." | teone is in the apartment', so I for the housekeeper to be hower in case something was complaining I was not ersonal hygiene well enough, I "I said well I am taking a e times a week when the here. I felt I was being abused e said. I thought the things she essary." a 11/1/19, at 2:57 p.m., LPN-A started providing cares for P2, "How disgusting he is. That he self and the furniture. There is the is an extremely intelligent have any hygiene." LPN-A ated, "We are not allowed to the apartment with us. You go his pill thing and you walk out. tion, take it back to him, he will up and put them away, he will ve." "She said not to let him LPN-A stated RN-A had gone on 10/8/19, to provide service not able to work and had to .PN-A stated, she had called see how he was doing and to went ok. LPN-A stated, ad verbal arguments and he treated properly. She belittles reat him with any dignity or a 11/4/19, at 1:44 p.m. RN-A urine problem and threw his is on the floor. I did talk to him ind of disrespectful even for | | | | |

| STATEMEN | ota Department of He T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | COMI | E SURVEY PLETED |
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| | tried to talk to him a | about showering and doing so | | | | |
| | | are there. He agreed to that, | | | | |
| | | up with the homemakers on | | | | |
| | | rt he would say he'd take one | | | | |
| | | d on Wednesday he'd say he | | | | |
| | | Friday. So I did go in there and | 1 | | | |
| | confront him. I told | , 'You are 80 years old, I | | | | |
| | should not have to | tell you need to take a | | | | |
| | | the homemakers had told me | | | | |
| | | ing. I know through the | | | | |
| | | nad I also said, 'I know they are | | | | |
| | | ou an eviction notice.' I asked | | | | |
| | | s own blood pressure cuff | | | | |
| | | vant to use mine, which I use | | | | |
| | | because of his personal s one afternoon or morning l | | | | |
| | | up meds and I threw up, it | | | | |
| | | y sick. I told the social worker I | | | | |
| | | eds if they couldn't find anothe | | | | |
| | | t do it in his apartment. The | | | | |
| | | here was when [LPN-A] was ill | _ | | | |
| | | set up meds. [P2] was going to | | | | |
| | | pintment and he had dried milk | | | | |
| | on his beard, dishe | veled hair and dry frosting on | | | | |
| | his shirt. I suggeste | ed he clean up before goes to | | | | |
| | | becomes very defensive. He | | | | |
| | | u.' I stated, 'maybe you would | | | | |
| | | e you go see your primary | | | | |
| | | time I lost my cool, I heard he | | | | |
| | | had calls from daughter, the | | | | |
| | | Iding and other residents | | | | |
| | | e care of that stinking man. I | | | | |
| | | frustrated, I was everything in | | | | |
| | | at him, I said he was 80 years | | | | |
| | | t have to come in and tell him | | | | |
| | | nower, or tell him 'this is why | | | | |
| | | cted.' This is why this is all | | | | |
| | | e of his poor personnel so stated she still completes | | | | |
| | | ients for P2, which requires he | r l | | | |
| nesota D | | ionto for 1 2, which requires the | ' | | | |

| | NT OF DEFICIENCIES I OF CORRECTION | Alth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
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| | | H20865 | B. WING | | 11/ | 05/2019 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| NTERN | ATIONAL QUALITY H | DMECARE | H ST NORTHV TER, MN 559 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| 0 265 | to make a visit to se limit myself with see feel comfortable with hin having contact with stated she recently and completed an O The agency Schedu identified on Wedne provided services fe and end time of 5:4 During interview on stated RN-A had no training as indicated recommendations. During interview on stated the last day I for P2 was 10/9/19. office in Rochester manager. CM-A sta was still assigned to During interview on had called the bran requested RN-B be for P2 instead of RI P3's current POC d P3's SOC was 8/8/ illness and multiple indicated P3 was to 0-1 visits every wee set up and assessin visits for changes in health aide (HHA) O | be P2. RN-A stated, "I try to eing P2, as I know he does not the me, and I don't feel m." RN-A confirmed she is still P2 every 60 days. RN-A provided medication set up Dasis assessment for P2. be Verification for P2, esday 10/9/19, RN-A had for P2. Start time of 4:54 p.m. 5 p.m. 11/1/19, at 10:15 a.m., CM-A for the investigation 11/5/19, at 8:18 a.m., CM-A RN-A had provided services CM-A verified with the branch that RN-A was still P2's case ted he was not aware RN-A for be P2's case manager. 11/5/19, at 9:12 a.m., CM-A for the order of the investigation | | | | |

| STATEMEN | ta Department of He IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: _ | CONSTRUCTION | COM | E SURVEY PLETED C |
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| | | H20865 | B. WING | | 11/0 | 05/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
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| 0 265 | Continued From pa | ge 14 | 0 265 | | | |
| | dated 8/9/19, indica of home health aide agency office on the HHA-B had taken of ago and had the clip The family member yesterday. FM-C als was in P3's name a car insurance, not H The agency Incider p.m. identified the s Point Intake Form. The agency Internati identified the follow agency had conduct interviewed P3. P3 to the car dealershi co-signed for a car "[HHA-B] had worse a car because she clients. That was ve HHA-B's FM-C was On 8/12/19, CM-A H HHA-B stated, in re co-sign for a car loa paying for the vehic occurred "A year age [FM-C] called [P3] a the loan." HHA-B st for the insurance, " | at Report dated 8/9/19, at 3:45 same as the Common Entry I Investigation Report ing through interviews the sted: On 8/12/19, CM-A had stated she had driven her car p to meet HHA-B and had loan for HHA-B. P3 stated, e credit than me. She needed needed to get to all of her ery important to her." P3 stated present at the car dealership. had interviewed HHA-B. sponse to if she had P3 an, "Yes [P3] did, but I am ste." HHA-B stated this go?" HHA-B stated, "My and asked if she can help with tated in response to who pays do." HHA-B stated in | | | | |
| | for the insurance, "I response to who's r in [P3], name, but I | do." HHA-B stated in name is the insurance in, "It's pay her for it." HHA-B stated at the car dealership, when P3 | | | | |

| STATEMEN | ta Department of He IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | COM | E SURVEY PLETED |
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| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| NTERNA | ATIONAL QUALITY H | OMECARE | 'H ST NORTH\ STER, MN 559 | | | |
| (X4) ID PREFIX TAG | | | | | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| 0 265 | On 8/13/19, CM-AI (D)-D. D-D stated, She is not the loan During interview on stated HHA-B did n needed a car. HHA me to sign for the co occurred back in 8/ worked with her for FM-C would come a shower and do he could not make her at another client's h an employee of the stated the agency w stated she was the and HHA-B was the for the care was un "[HHA-B] paid the co insurance monthly. approached her firs loan. P3 stated HH for her to pay for th not afford to due to another vehicle. | nge 15 had interviewed detective "[HHA-B] admitted everything. payee. [P3] is paying." 10/29/19 at 2:50 p.m., P3 not have any credit and she -B's "family was there and told car loan." P3 stated this 2018. P3 stated HHA-B has five years. P3 stated HHA's and do HHA-B's job (give her busehold work) when HHA-B scheduled visit due to being nouse. P3 stated FM-C was no e agency, but HHA-B was. P3 was not aware of this. P3 primary signer for the car loan e co-signer and the insurance ider her name. P3 stated, car loan and I paid the "P3 stated HHA-B had st to ask me to sign on the car A-B and FM-C had both asked e car insurance as they could having to pay insurance on | t | | | |
| | was purchased. The needed a co-signer you ask P3. P3 co- and the insurance w the \$115.00 a montand I paid the car lo | C was present when the car e car loan place told me I r and FM-C stated why don't signed on a loan for the car was under P3's name. I paid th for the car insurance to her ban of \$279.00 a month. The | | | | |
| | at the time of the in of the agency and h shower, cleaning h | h of our names. HHA-B stated icident she was an employee nad provided services of ouse and shopping for P3 for HA-B stated FM-C had gone to | | | | |

| | ta Department of He T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
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| 0 265 | Continued From pa | age 16 | 0 265 | | | |
| | agency) for the day due to she was bus not get there at the the home care age at P3's home in pla During interview on said in regards to w FM-C had been in P P3 in place of HHA that by the police d was not accurate. I you. I don't believe not report any of th [FM-C] had reporte about this through f through her [P3]. T going through liquid out about the client when the divorce si good citizen and re proof he was ever i During interview on stated FM-C had in had P3 co-sign on knew P3 was also stated she had new cares for P3 when know a lot of times their own schedule know about the cha | er job (as scheduled by the of providing a shower to P3, sy with another client and could scheduled time. HHA-B stated ncy was not aware FM-C was ace of her. 10/29/19, at 3:23 p.m. CM-A whether the agency was aware P3's home providing cares to -B, CM-A said, "We were told epartment and determined it am going to be honest with any of this. The client (P3) did is until after she found out that d [HHA-B]. We found out the police department, not his was like a roller coaster dation of a divorce. He found co-signer on the car loan tarted and decided to be a port it to us. There was no in the house of the client." 11/4/19, at 10:20 a.m., RN-C formed her of HHA-B having a car loan and stated she carrying the insurance. RN-C er heard of FM-C providing HHA-B] and [P3] made up and we (agency) would not anges or the times of when the ed to be done with the | | | | |
| | stated at the car de with obtaining the c | a 11/4/19, at 2:39 p.m. FM-C ealership HHA-B was dealing ar loan. We were there all day out to have cigarettes. I don't | , | | | |

| | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ECONSTRUCTION | | E SURVEY PLETED |
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| | or contraction | | A. BUILDING: | | | |
| | | H20865 | B. WING | | C 11/05/2019 | |
| AME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | | 3261 197 | H ST NORTH | | | |
| NTERN/ | ATIONAL QUALITY H | OMECARE | STER, MN 559 | | | |
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| | | | | DEFICIENCY |) | |
| 0 265 | Continued From pa | age 17 | 0 265 | | | |
| | know what happened and we drove out of there | | | | | |
| | | tated he did know who P3 was | | | | |
| | | been over to her place. We vere coming back into town | | | | |
| | | be there, so we just stopped | | | | |
| | | g me off at home first. She did | | | | |
| | | ft. FM-C stated this occurred a | | | | |
| | | e would have to go or come | | | | |
| | | bintment or something and house for HHA-B to do her job | | | | |
| | | e was not an employee of the | - | | | |
| | | and when in P3's home had | | | | |
| | | for P3. FM-C stated he did not | t | | | |
| | | ne was on the title of the car | | | | |
| | | dealership the day the car was stated the insurance for the car | | | | |
| | | e transferred from his truck to | | | | |
| | | ow P3's name ended up being | | | | |
| | on it. | | | | | |
| | During interview or | n 11/5/19, at 9:59 a.m. CM-A | | | | |
| | | aware FM-C was present in | | | | |
| | P3's home when H providing cares. | IHA-B was scheduled to be | | | | |
| | providing cares. | | | | | |
| | | n 11/5/19, at 1:24 p.m. the | | | | |
| | | ed the date and time of the | | | | |
| | 0 0 | and P2. The administrator | | | | |
| | | ot be surprised if the incidents d to the State Agency until | | | | |
| | | ink anybody is checking emails | ; | | | |
| | over the weekend. | Everyone is a mandated | | | | |
| | | d have expected [RN-B] to | | | | |
| | | ncident report and report the ate Agency." The administrator | | | | |
| | stated she was not | | | | | |
| | | of the investigations for P1 and | 1 | | | |
| | P2 were in regards | | | | | |
| | P5 financial exploit | ation | | | | |
| | epartment of Health | | | | | |

| STATEMEN | ta Department of He IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: _ | CONSTRUCTION | Сом | E SURVEY PLETED C | |
|--------------------------|---|--|---------------------|--|---------------------------------|-------------------------|--|
| | | H20865 | B. WING | | 11/ | 11/05/2019 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| INTERNA | ATIONAL QUALITY H | OMECARE | H ST NORTH | | | | |
| (X4) ID PREFIX TAG | | | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE | |
| 0 265 | P5's Personal Care dated 4/20/18, indic services 23 hrs per Plan dated 4/20/18 services 3 visits dat P5's POC for the ce 6/13/19, indicated F on 4/20/18, with dia cerebellar ataxia (s coordinate balance movements), type 2 fibrillation, hyperten pulmonary disease The POC also indic nurse visits 1 per w visits for possible c and home health ai x 60 days. P5's HH identified the HHA v dressing, grooming P5 was discharged Review of Commor dated 5/1/19, indica manager (CCM)-A that [HHA-A], went could do his laundr \$20.00 in quarters a the slip said \$40.00 2018. | Attendant (PCA) Service Plan cated P5 received PCA day. P5's Homecare Service , indicated P5 received HHA | | DEFICIENC | Y) | | |
| | Counseling Notice following concerns employee borrows personal items: ligh The concern violate borrowing or taking | dated 12/29/18, indicated the were reported regarding [P5], and doesn't return [P5's] small iter, batteries, Tupperware. es the rule of conduct 8.1.27 any clients money or persona n expected: [HHA-A] will not | | | | | |

| STATEMEN | It OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
|--------------------------|---|--|---------------------|--|-----------------------------------|-------------------------|--|
| | | H20865 | B. WING | B. WING | | C 11/05/2019 | |
| | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | 00/2013 | |
| | ATIONAL QUALITY H | OMECARE 3261 191 | TH ST NORTH | WEST | | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| 0 265 | Continued From pa | age 19 | 0 265 | | | | |
| | borrow any items fi | rom [P5]. | | | | | |
| | During phone interview on 11/5/19, at 9:44 a.m. CCM-A stated, "I am currently [P5's] case manager. [P5] told me over the phone on 5/1/19, that [HH-A] took 40 dollars in quarters and only gave 20 dollars back, this happened back in October, 2018." | | | | | | |
| | | ot was made to phone HHA-A a.m., the phone mailbox was ccept messages. | | | | | |
| | p.m. P5 stated, "[H in quarters so I cou 40 dollars, that's w know where the ex it to the [branch off International Qualit would see what she get my 20 dollars b June, 2019, becaus | erview on 11/5/19, at 12:34 H-A] went to get me 20 dollars ald do my laundry and she took hat the receipt said. I don't tra 20 dollars went. I reported ice coordinator (BOC)-A] at by Home care, she said she e could do about it. I never dic back. I stopped services in se International didn't have cover the 24 hour care when I | | | | | |
| | the BOC-A stated, employment ended remember there wa [HHA-A], she denie them no one is wor care of. I am not s resolved, otherwise | erview on 11/5/19 at 2:10 p.m., "I am no longer the BOC, my I January, 2019. I do as a money issue with [P5] and ed it ever happening. I told rking until we get this taken ure, but I feel like it was e I would have followed up with irther stated "I did not report ency." | ł | | | | |
| | Assistant Branch C | view on 11/5/19, at 2:30 p.m. Operation Coordinator I do remember [P5] saying tha | t | | | | |

| STATEMEN | Dta Department of He NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
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| | | | B. WING | | С | |
| | | H20865 | | · · · | 11/0 | 05/2019 |
| NAME OF | PROVIDER OR SUPPLIER | | DDRESS, CITY, S ⁻ T H ST NORTHV | | | |
| NTERN | ATIONAL QUALITY H | OMECARE | STER, MN 559 | | | |
| (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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\ | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| 0 265 | Continued From pa | age 20 | 0 265 | | | |
| | 0 265 Continued From page 20 [HHA-A] had taken money from him. [P5] did tell me about 20 dollars of quarters that [HHA-A] got out of him, but the receipt said 40 dollars was taken out. I did report that to [BOC-A] at that time. [BOC-A] told me that the team that worked there each gave [P5], 5 dollars to get him his money back and told me the problem was solved and there was no need to go any further. We never did figure out where the money went." During an interview on 11/5/19, at 3:17 p.m. Compliance Manager (CM)-A stated, if this would have been reported to me we would have immediately suspended [HH-A], pending an investigation. I would have expected the staff at the time to report this to the state agency (SA) as neglect of care, and then reported to me. CM-A verified patients working with HHA-A at that time were not questioned if they had the missing money and that HHA-A no longer employed with the agency. | | | | | |
| | P5 received PCA s HomecareService I P5 received HHA s | Plan, dated 4/20/18, indicated ervices 23 hrs per day. P5's Plan dated 4/20/18, indicated ervices 3 visits daily. fication for April, 2019, | | | | |
| | indicated there wer receive 23 hours of 1, 2, 3, 12, 15, 17, 2 days that HHA-C ha | e 10 days where P5 did not f PCA and HHA services: April 20, 23, 24, and 29th on the ad worked. No coverage o 3 hours on the days | | | | |
| nnesota D | 5/1/19, identified P | on Entry Intake Form, dated 5's county case manager hat P5 received 24 hour care, | | | | |

| TATEMEN | ta Department of He TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20865 | (X2) MULTIPLE A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED C 11/05/2019 | |
|--------------------------|--|--|--|--|--|-------------------------|
| IAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | 1 | |
| | | 3261 197 | H ST NORTHV | | | |
| NIERNA | ATIONAL QUALITY H | OMECARE ROCHES | STER, MN 5590 | 01 | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| 0 265 | Continued From pa | ige 21 | 0 265 | | | |
| 0 200 | had wet his pants. T to leave early and o and put him to bed about 3:45 p.m. and 4:00 p.m., this staff that FM-C and FM- the agency and the him. P5 further rep times when he carr was there to meet h getting the door op | - | t | | | |
| | | On 11/5/19, at 9:34 a.m. phone interview attempted for FM-D, mailbox was full. | | | | |
| | CCM-A verified she manager. CCM-A on 5/1/19, that about some staffing issue with no pants on it a P5 was very embar members ended up CCM-A verified P5 on his own. CCM-/ | view on 11/5/19, at 9:44 a.m. e is currently P5's case stated, P5 has reported to me ut a month ago he was having es and that he was left in bed and the staff never showed up rrassed when his family o showing up to help him. was unable to get out of bed A stated, P5 is in corporate ve him a call and he will be re. | | | | |
| | BOC-(D) stated, I s 2019. P5 did not lik boundaries and the was by the book an | view on 11/5/19, at 10:35 a.m. started this position in March, the HHA-C, she set the e rules. P5 didn't like that she ad he felt like she was trying to the never heard of any instance bed by himself. | | | | |
| | P5 stated, I can't re | view on 11/5/19, at 12:34 p.m. emember who left me in the eft me in bed and the next staf | f | | | |

| STATEMEN | <u>ta Department of He</u> NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|---|--|----------------------------|--|----------------|--------------------|
| | | | B. WING | | С | |
| | | H20865 | | | 11/05/2019 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| NTERN | ATIONAL QUALITY H | OMECARE | H ST NORTHV TER, MN 559 | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF | | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE |
| 0 265 | Continued From pa | age 22 | 0 265 | | | |
| | I can't get out of be wall until someone apartment at that ti stopped services in didn't have enough care when I needed During phone inter- registered nurse (R here since Februar case manager, that and he had his favo with others. RN-D s anyone not providin bed alone and that On 11/5/19, at 1:05 interview with FM-C leave message. On 11/5/19 at 1:07 | view on 11/5/19, at 12:57 p.m. RN)-D stated, she had worked y of 2017 and I was P5's RN t P5 went through a lot of staff prites and personality conflicts stated she was not aware of ng cares to P5 or being left in one ever shared that with her. 6 p.m. attempted phone C, mailbox was full unable to p.m. attempted phone M-D. This surveyor was given | | | | |
| | During interview or stated P5 was a cli with that he was no with P5, no one eve was not aware P5 y further stated if a fa Branch office abou office should be rep first time he have h have to report this a | a 11/5/19, at 1:15 p.m. CM-A ent we had 24 hour services of aware of any staffing issues er reported anything to me and was left in bed alone. CM-A amily member reported to the t neglect of care, the branch porting that to me. This is the neard of it, and that would as a VA for neglect of care. view on 11/5/19, at 2:10 p.m. | | | | |
| | BOC-A stated, I am employment ended | n no longer the BOC, my January, 2019. I don't king to FM-C about P5 being | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20865 | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
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| | | | | | 11/05/2019 | |
| AME OF F | PROVIDER OR SUPPLIER | | | | | |
| NTERNA | TIONAL QUALITY H | OMECARE | H ST NORTH TER, MN 559 | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF COR | RECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY) | | COMPLE DATE |
| 0 265 | Continued From pa | age 23 | 0 265 | | | |
| | left in bed by himself. | | | | | |
| | Assistant Branch C (ABOC)-A stated, I an altercation with new order to get P on his side in the b ulcers on his ankle him on that. HHA- early maybe by 15 reprimanded for lea have no idea why s she told me P5 sai found out P5 was b neighbor called me the wall, he lived in she lived across th brought him the ph called me before e called to tell me sh wall and she wante not sure how she k P5's family member gotten there in eno there right away. I 4pm, but I ended u pm. He could be k a day. My concern because he could n he had no phone, a not have been able was embarrassed could not get him c bed with a shirt and anything. I did imn that's when she sa | view on 11/5/19, at 2:30 p.m. Operation Coordinator do remember that P5 got into HHA-C because there was 5 out of his wheelchair and lay yed. He was getting pressure is, we were trying to work with C put P5 in the bed, she left to 20 minutes. HHA-C was aving P5 in the bed that day. I she left him there by himself, d he was fine with it. How I by himself was that his e because he was knocking on an apartment building, and e apartment from him so she tone so he could call me. She ven going over there, she e could hear knocking on the ed to go check on him. I am she was supposed to be there at up getting there around 4:15 eft alone in his home for 1 hour is, it was a safety concern not get out of bed on his own, and if there was a fire he would be to get help. He told me he because his family member out of the bed. He was in the d his brief, he was not soiled or nediately report this to BOC-A, t with HHA-C and talked to her | | | | |
| nesota De | got approval from I | sure if it was formal or not. We P5's case manager for P5 to hour, she had taken him to | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED C 11/05/2019 | |
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| | | H20865 | B. WING | | | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| NTERN | ATIONAL QUALITY HO | DMECARE | H ST NORTHV | | | |
| | | ROCHES | TER, MN 559 | 01 | | 1 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| 0 265 | Continued From pa | ge 24 | 0 265 | | | |
| | time. My heart drop call. P5 told me he because anything of dropped everything make sure he was HHA-C left 15-20 m On 11/5/19, at 3:12 interview with HHA- stated this was the On 11/5/19, at 3:17 would have been re- immediately susper thorough investigati the staff at the time neglect of care, and On 11/5/19, at 3:33 director (HRD) verif HHA-C's personnel P6 financial exploita | ation | | | | |
| | P6's POC for the ce to 12/4/19, identified agency on 10/11/18 pain syndrome. The to receive skilled nu days and home hea week. P6's HHA ca identified HHA will a hygiene, transfers, housekeeping. P6's Client Supervisi identified P6 was n thinks HHA is steali | ation ertification period from 10/6/19 d P6 was admitted to the 8, with diagnosis of chronic e POC also identified P6 was urse visits 1 per week x 60 alth aide (HHA) 0-6 hours per are plan dated 11/4/19, assist with bathing, grooming, mobility, meal prep, and light sory Note, dated 6/6/19, not satisfied with services, ng money from him, made e in home and sent to | | | | |

STATE FORM

| STATEMEN | ota Department of He NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
|---------------|---|---|-------------------------------|---|------------------------------------|-----------------|
| | | H20865 | B. WING | | 11/05/2019 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| NTERN | ATIONAL QUALITY H | OMECARE | H ST NORTH | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF C | ORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY | HE APPROPRIATE | COMPLET DATE |
| 0 265 | Continued From pa | age 25 | 0 265 | | | |
| | date incident occur occurred was, "mar was on 6/6/19 at 1: reported was proper financial exploitatio 6/6/19, P6 reported HHA-E was stealing on 5/15/19 when 20 underneath the salt dollars there for a p least he thought he forgetfulness. The 5/22/19, again 80 d salt shaker, and ag On 5/29/19, again 80 d salt shaker, and ag On 5/29/19, again 8 underneath the salt denominations ther stated, Perhaps I m many different bills I really make that m reported this was a 100 dollar bills miss his wallet that was easy chair. P6 stat bank and got 300 d On 6/5/19, before H and his spouse cou it under the salt sha work. P6 noticed w laundry to the kitch laundry basket on to phone and then con When his privately both counted the m missing. When P6 dollars he had just went nowhere to sp | port dated 6/6/19, indicated red was on 6/5/19, time it ny." Date reported to RN-A 00 p.m. Type of incident erty lost/stolen/destroyed and n. Incident that occurred: On I to me (RN-A), that P6 though g money from him. It started 0 dollars was missing from t shaker. P6 had placed 80 orivately hired employee, or at e had, and chalked it up to next time HHA-E worked was lollars was placed under the tain 20 dollars was missing. 80 dollars was placed t shaker in different in 10 dollars was missing, P6 hade a mistake, there were , maybe I counted wrong. Did histake? Am I losing it? P6 bout the time he noticed two sing, he had them stashed in placed next to the table in his ted on 6/1/19, he went to the tollars and put it in his wallet. HA-E came into the home, P6 unted out 80 dollars and placed aker, then HHA-E came to when she was taking the en she stopped, put the the table, fiddled with her ntinued on into the kitchen. paid worker showed up they noney, there was 20 dollars checked his wallet, the 300 gotten was missing and he pend it. Also reported that P6 a dresser drawer in his | t 5 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | E SURVEY PLETED |
|---|---|---|---------------------|--|---------------------------------|-------------------------|
| | | H20865 | B. WING | | | C 05/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| NTERNA | ATIONAL QUALITY H | OMECARE | TH ST NORTH | | | |
| (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 ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC' | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| 0 265 | Continued From pa | age 26 | 0 265 | | | |
| | there. Reported to report, will be pullin further investigation occurrence was clie more secure locatio An additional agene RN-A dated 6/6/19, incident on 6/5/19, indicated the theft Review of the Com dated 6/7/19, identi reported to RN-A o dollars taken off his wallet, on 5/29/19, 20 dollars was take was taken off of his wallet and 40 to 80 HHA-E was the alle | cy, Incident report was filed by identifying the date of the at 10:00 am. Report further was not reported to the police. mon Entry Point Report Form, ified CM-A reported that P6 n 6/5/19, that P6 had 20 s table and 200 dollars from his 10 dollars was taken, 5/15/19, en and on 6/5/19, 20 dollars s table, 300 dollars from his dollars off of his dresser. eged perpetrator. | | | | |
| | 7/3/19, identified ar Date report came in Dates of investigati was interviewed. H verified she worked Wednesdays and F stated, "I took the 2 other time. My bra it. I saw it and a ba and needed gas." F compliance officer investigation: after compliance recommemployment. This | Investigation Report dated in incident occurred 6/6/19. into compliance was 6/6/19. ion were 6/6/19 to 7/3/19. P6 HA-E was interviewed and d for P6 on Mondays, Fridays for a month. HHA-E 20 dollars the one time, but no in may not have thought about ad light went on. I was on E Recommendations of the regarding the results of the the interview with HHA-B, mends termination of recommendation will be ctor of human resources. | | | | |

| STATEMEN | ota Department of He TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|-------------------|--|--|---------------------------------|--|-------------------------------|-----------------|
| | | H20865 | B. WING | | | 05/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| NTERNA | | OMECARE | TH ST NORTH STER, MN 559 | | | |
| (X4) ID PREFIX | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT | | (X5) COMPLET |
| TAG | REGULATORY OR L | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO T DEFICIENC | | DATE |
| 0 265 | Continued From pa | age 27 | 0 265 | | | |
| | | May, I had a home heath aide | | | | |
| | | esday to help me, I would put | | | | |
| | | nousekeeper and paid the | | | | |
| | | every week. So I would set the able underneath the salt | ; | | | |
| | | money out on the table underneath the salt shaker. Well the money I left out for the | | | | |
| | | coming up short. On 5/8/19, I | | | | |
| | 0 | llars off the table and 200 | | | | |
| | | llet, On 5/15/19, 20 dollars | | | | |
| | | /19, 30 dollars was taken, on | | | | |
| | 6/5/19, 20 dollars was taken off the table, 300 | | | | | |
| | dollars out of my wallet, and 40- 80 dollars was taken off of my dresser. "I thought I was going | | | | | |
| | senile." The last 2 weeks that HHA-E was here, | | | | | |
| | | ted the money and on both | | | | |
| | | 20-30 dollars a week short. | | | | |
| | | something was going on, I had | 1 | | | |
| | | ie in the living room and I | | | | |
| | | 00.00 dollar bills in my wallet, s I wouldn't leave my house | | | | |
| | | time, then I would need to pay | , | | | |
| | | thing and then my money | | | | |
| | | ported this to the company, | | | | |
| | and they never did | get back to me. The nurse | | | | |
| | | nce a week, (RN-A), she is the | | | | |
| | | at HHA-E admitted that she | | | | |
| | | those times and they had to le | t | | | |
| | | e feel better that she admitted was losing it. My wife and I | | | | |
| | | oney together because we both | n | | | |
| | | sing it. The agency never | | | | |
| | reimbursed me. | | | | | |
| | | view on 11/4/19, at 2:11 p.m. | | | | |
| | RN-A stated, "[P6] | did report to me some missing | | | | |
| | | e. The homemaker was | | | | |
| | | time [P6] told me he thought | | | | |
| | | could have made a mistake so | D | | | |
| | | ut it. He paid someone cash table for the person to pick | | | | |
| | | | | | | |

| STATEMEN | ta Department of He IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---------------|---|---|-----------------|--|-------------------------------|-----------------|
| | | H20865 | B. WING | | | C 05/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| NTERNA | ATIONAL QUALITY H | OMECARE | H ST NORTH | | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| 0 265 | Continued From pa | age 28 | 0 265 | | | |
| | up. Whenever HH, the money with his paid, said he was n he just did not wan we took her out of t stated she probably probably did not rej to. He said that 20 break him. He did 200 dollars from his What I got from hin coming in and out of sure who did it. RN to BOC-B and did n on reimbursement the money or HHA. During interview on stated P6 always re would report to me aware of P6's miss was doing an invest | A-E came again, he counted wife. The guy that was getting nissing 20 dollars. [P6] stated t her in the house anymore, so the house at that point." RN-A y wrote in on a progress note, port this, he did not want me dollars would not make him of mention that he was missing s wallet on a couple occasions n, he had so many people of the house that he wasn't I-A stated she reported inciden not know the company policy and that P6 never mentioned -E again. 11/4/19, at 2:45 p.m. BOC-B eported to RN-A and then she . BOC-A stated she was made ing money once compliance stigation, was informed by needed to reach out and let |) - - | | | |
| | she wasn't working suspended for a we emailed and notifie end of employment | vas suspended to make sure with any clients. She was eek. After investigation they d me to fill out and EOE, an t, then it goes into her e-chart. ht was ended on 7/1/19, at 3:45 | | | | |
| | pm, she was termin due to client incider client money. At th found her to be gui | nated effective immediately nt report involving stealing of ne end of investigation they Ity of stealing the money. Her | | | | |
| | back to P6 about th be CM-A's job, she BOC-A further state | BOC-A stated did not get ne missing money, that would should follow up with client. ed our policy is we can ask the p press charges, we would file | | | | |
| manufa D | | department was not sure but | | | | |

| STATEME | ota Department of He NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | H20865 | B. WING | | | 05/2019 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| NTERN | ATIONAL QUALITY H | OMECARE | H ST NORTH | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF C | ORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | IE APPROPRIATE | COMPLET DATE |
| 0 265 | Continued From pa | ge 29 | 0 265 | | | |
| | stated, I was first mon 6/6/19. I reported 4:16 p.m. Our police mandated reporter incident report and report it to the state to call law enforcent sure I am inclined to of time to go in and not ready to do that [HHA-E], there was prove it. He didn't fi going into any othe suspended [HHA-E] indefinitely, she wa I don't recall if I even what the results of verified HHA-E tool that time frame, and check with the othe concerns with miss stated, we do not h resolution to finance this to the police de policy states if an in and there is reason committed, we sho this to law enforcent During phone intervent HHA-E stated, she aware of the report was blaming her for dollars. HHA-E state hundred but had ta | view on 11/5/19, at 12:44 p.m. did work with P6 and was s of missing money that P6 or taking a couple hundred ed she did not take a couple ken a twenty on his table and king that. HHA-E furhter | t | | | |

| | ota Department of He NT OF DEFICIENCIES I OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: _ | CONSTRUCTION | СОМ | E SURVEY PLETED C |
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| | | H20865 | B. WING | | 11/ | 05/2019 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| NTERN | ATIONAL QUALITY HO | DMECARE | TH ST NORTHV STER, MN 5590 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| 0 265 | report this. He said me at the end of the again, so I assumed [P6] back. I didn't v texting him, becaus have any contact w texting me this big I me feel bad, so I wa P7's neglect of care P7's POC for the ce to 4/1/20, identified agency on 4/3/18, v diabetes mellitus, of disease (COPD), an The POC also ident personal care atten service every day x P7's undated PCA of would assist with ba grooming, mobility, light housekeeping, P7's Supervisory Ne P7 was not satisfied chronically late and doesn't want to cha threatened to leave with client." Review of Employe Notice dated 7/17/1 to HHA-D and indic been concerned ab maternity leave and day will be. This ha attention more than | I someone would be calling e day. "They never called me d I was fired. I never did pay vant to get in trouble for e [CM-A] told me I was not to ith him. [P6] did end up ong paragraph and it made anted to pay him back." e ertification period from 4/3/19 P7 was admitted to the vith diagnosis of type 2 chronic obstructive pulmonary nd major depressive disorder. tified P7 was to receive dants (PCA) 0.6 to 3 hours of | | | | |

| TATEMEN | ta Department of He T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: | CONSTRUCTION | COMI | E SURVEY PLETED |
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| | | H20865 | B. WING | | 11/0 | 05/2019 |
| NAME OF F | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| NTERNA | TIONAL QUALITY HO | OMECARE | TH ST NORTHV | | | |
| | - | ROCHES | STER, MN 559 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| 0 265 | Continued From pa | ige 31 | 0 265 | | | |
| | make them think th HHA-D refused to o you don't like the wa leave and not come maternity leave." T following company argument in front of insubordination-refu of a supervisor or o inexcusable refusal which relates to an Correction expected I expect clients to fe services and not have about losing their at expect HHA-D to for care plan when pro doesn't agree with o needs to be brough staff member. | usal to comply with instructions ther deliberate and I to obey a reasonable order employee's job function. d: I expect this rumor to stop. eel secure and satisfied with ave the concern on their mind ide when that is not true. I ollow proper procedures and viding cares. If HHA-D client about a certain task it at to my attention or another | | | | |
| | dated 7/25/19, indic (SW)-A met and P7 emotionally abusing couldn't understand to her. P7 reported | on Entry Point Intake Form cated P7 and her social worke ' stated her PCA was g her. P7 was crying and I why someone would do this I she attempted to get a new | r | | | |
| | HHA-D would inten would ask for physi identified in P7's P0 yell at HHA-D and w | cy could not provide this. tionally ignore P7 when she cal assistance with tasks DC. P7 reported she would would be ignored and HHA-D | | | | |
| | when in the next roo her. HHA-D told P7 due any day so she | he couldn't hear her even om, then she would smirk at 7 that she was pregnant and 2 could not complete tasks tha ing over and refused to | t | | | |
| | perform tasks ident | ified in P7's POC. P7 then agency to find out when | | | | |

| STATEMEN | ta Department of He TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | СОМ | E SURVEY PLETED |
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| | | H20865 | B. WING | | | 05/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| INTERN/ | ATIONAL QUALITY H | OMECARE | H ST NORTHV TER, MN 5590 | | | |
| (X4) ID PREFIX | | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI | | (X5) COMPLET |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | DATE |
| 0 265 | Continued From pa | ge 32 | 0 265 | | | |
| | HHA-D would be or | n maternity leave and they | | | | |
| | | HHA-D was not pregnant and | | | | |
| | is able to perform th | ne tasks. P7 would | | | | |
| | communicate her n | eeds to HHA-D and she would | | | | |
| | | not say that. These recurring | | | | |
| | incidents made P7 feel like she was losing her | | | | | |
| | mind. HHA-D later retracted statements per P7. | | | | | |
| | P7 reported these incidents have caused her emotional stress and mental health instability | | | | | |
| | | in a lack of trust for other | | | | |
| | | nto her home to assist her | | | | |
| | with tasks she need | | | | | |
| | During a phone interview on 11/1/19, at 3:36 p.m. P7 stated, HHA-D started working with her during | | | | | |
| | this last midwinter, | that she had a hard time back | | | | |
| | | ad been broken 3 times, | | | | |
| | | n company, and HHA-D had | | | | |
| | | s going crazy. P7 stated one | | | | |
| | | D not to do the laundry n't enough of it to do and that | | | | |
| | | vait. P-7 stated HHA-D she | | | | |
| | | undry above her head, where | | | | |
| | | it, that she told her not to, yet | | | | |
| | | in one load in the washing | | | | |
| | | er stated she didn't want the | | | | |
| | | es mixed together. P7 also | | | | |
| | | HHA-D would tell me she | | | | |
| | | g that required bending down | | | | |
| | | regnant and she would tell | | | | |
| | | break the baby's neck." She | | | | |
| | | running. P7 furhter stated | | | | |
| | | uld pretend to not hear me er something and pretend she | | | | |
| | | she would turn and smirk at | | | | |
| | - | ncy finally realized what she | | | | |
| | | hey removed her from my | | | | |
| | | HA-D continued to work with | | | | |
| | | es after this had been reported | 1 | | | |
| | | no one else to work with me. | | | | |

| STATEMEN | ta Department of He T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | H20865 | B. WING | | | C 05/2019 |
| | | | | | | 05/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | | ADDRESS, CITY, ST I TH ST NORTHV | | | |
| NTERNA | ATIONAL QUALITY H | OMECARE | STER, MN 559 | - | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| 0 265 | Continued From pa | age 33 | 0 265 | | | |
| | those days and crie thinking I was losin state, when HHA-D was begged her no days she was here already told on her work for me anymo probably would be During phone inter- registered nurse (F services and stated she is a current clie PCA that P7 wasn't | just kept my mouth shut on ed so much, "she had me og my mind". P7 went on to 0 was working with her, she ot to say anything on those , but it was too late, she had . P7 stated HHA-D doesn't ore and if she still did, she crazy . view on 11/4/19, at 9:49 a.m. RN)-E verified P7 received PC d, she opened her case, and ent. A while back there was a t happy with. She did not like HHA-D. HHA-D kept telling | | | | |
| | leaving soon and th someone else. During a phone inte a.m. LPN-B verified for P7 back in July, some issues, so RI | s pregnant and she would be nat they would have to find erview on 11/4/19, at 10:03 d she did the supervisory visits , 2019. They were having N-E had to take over. P7 HHA-D, she said she was a | 5 | | | |
| | good worker but sh way. LPN-B stated HHA-D told her she verified on 7/16/19, completed and P7 HHA-D liked to do suggest a different she was pregnant a her for very long ar | he liked doing things her own P7 did report to her that e was pregnant. LPN-B , a supervisory visit was did tell her several times that things her way, then P7 would way and HHA-D would tell he and wouldn't be working with hyways. LPN-B further stated eported this to my branch offic | r | | | |
| | coordinator, could i During phone inter BOC-C stated, she | view on 11/4/19, at 10:55 a.m has worked here since 2014 P7 the first or second week in | t. | | | |

If continuation sheet 34 of 36

| STATEMEN | ta Department of He TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | H20865 | B. WING | | | 05/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| INTERNA | ATIONAL QUALITY HO | OMECARE | TH ST NORTHU | | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF (| CORRECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY | ON SHOULD BE HE APPROPRIATE | COMPLET DATE |
| 0 265 | Continued From pa | ige 34 | 0 265 | | | |
| | Julv and that P7's S | SW-A, had called her with | | | | |
| | | p mentioned that HHA-D was | | | | |
| | | with some things because of | | | | |
| | | bending over, lifting, and | | | | |
| | | ound. BOC-C stated she then | | | | |
| | | told her I told her we could find | k l | | | |
| | | and that P7 stated said she | | | | |
| | | C-C further stated that during or a new staff that would be | | | | |
| | | ' stated how horrible she felt | | | | |
| | | she had felt very intimidated, i | F | | | |
| | | to do something, she would te | | | | |
| | her, too bad I am n | | | | | |
| | During subsequent | nhana interview on 11/E/10 a | | | | |
| | | phone interview on 11/5/19, a d, "[HHA-D] was supposed to | L | | | |
| | | al personal cares, and house | | | | |
| | | her as a PCA because she | | | | |
| | | mfortable. She reported that | | | | |
| | | ad to run around with one sock | <u> </u> | | | |
| | | uldn't get it on. [P7] also stated | k | | | |
| | 5 | ed about who would help her, | | | | |
| | |] was a good housekeeper | | | | |
| | | mind games." P7 stated | | | | |
| | | away from her with her laundry 3 loads in the washing | | | | |
| | | stated she would cry and | | | | |
| | HHA-D would half s | | | | | |
| | During interview on | 11/5/19 at 1:32 p.m., CM-A | | | | |
| | | rent client receiving services, 2 | 2 | | | |
| | | ek. It would be in your job | | | | |
| | | over and lift things to provide | | | | |
| | care for P7. CM-A | indicated that no one ever | | | | |
| | • | . That she would expect with | | | | |
| | | iny other abuse, maltreatment | | | | |
| | | reporting this to the State | | | | |
| | | / are mandated reporters. | | | | |
| | | port to me. Then you e the alleged perpetrator | | | | |
| | epartment of Health | o ino anogou perpenaior | | | | |

| AND PLAN | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: _ | CONSTRUCTION | COM | E SURVEY PLETED C |
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| | | H20865 | B. WING | | | 05/2019 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| NTERN | ATIONAL QUALITY H | DMECARE | H ST NORTHW | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| 0 265 | (suspend) pending investigation. CM-/ works with 4 other of going to look into the The agency's Servi Clients, updated 6/2 Adults: 1. To protect physical or mental of home health service to abuse or neglect environment for vul receiving services. home all potential a vulnerability and ind the care plan. 4. To individuals reporting parameters of the la of suspected maltre the statewide comm the completed invest when requested. Poi International Quality clients who are vuln maltreatment due to All IQH staff, includ workers are mandar reporter is anyone v vulnerable adult or (with the exception considered to be vul Reporting Procedur suspected abuser, the home and will b scheduled home ca- investigation. The et to have any contact | the outcome of the A stated HHA-D currently clients, and that CM-A was | | | | |