



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

July 25, 2022

Administrator

PROVIDENT HOME HEALTHCARE
2817 ANTHONY LANE S STE 301
ST ANTHONY, MN 55418

RE: Event ID: 4EC8D-H1

Dear Administrator:

On July 13, 2022, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our visit, we have determined that your facility has achieved substantial compliance with federal regulations and state licensing statutes.

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

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248136	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/13/2022
NAME OF PROVIDER OR SUPPLIER PROVIDENT HOME HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2817 ANTHONY LANE S STE 301 , ST ANTHONY, Minnesota, 55418	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G0000	INITIAL COMMENTS An Onsite revisit survey was conducted on 7/13/22, following a complaint survey that exited on 6/2/22. As a result of the revisit, the agency is back in compliance with the requirements at 42 CFR. Part 484 for Home Health Agencies.	G0000		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Protecting, Maintaining and Improving the Health of All Minnesotans

July 25, 2022

Administrator
PROVIDENT HOME HEALTHCARE
2817 ANTHONY LANE S STE 301
ST ANTHONY, MN 55418

Re: State Licensing Orders
Event ID#: 4EC8D-H2

Dear Administrator:

On July 13, 2022, 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 June 2, 2022. At this time these correction orders were found corrected.

Sincerely,

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

An equal opportunity employer.

Minnesota State Department of Health

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00000	Initial Comments On 7/13/22, a revisit survey was conducted. No licensing orders were issued during this survey.	00000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

June 28, 2022

Administrator

PROVIDENT HOME HEALTHCARE
2817 ANTHONY LANE S STE 301
ST ANTHONY, MN 55418

RE: Event ID: 4EC8D-H1

Dear Administrator:

An extended survey was completed at your agency on June 2, 2022 for the purpose of assessing compliance with Federal certification regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division noted one or more deficiencies and found that your agency was not in substantial compliance with the participation requirements. The findings from this survey are documented on the electronically delivered form CMS 2567.

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

G570 42CFR 484.60 Care Plan, Coordination of Services, and Quality of Care at G570

Since these deficiencies limit your capacity to provide adequate care to patients, you must respond within ten calendar (10) days with your plan of correction. The plan must be specific, realistic, include the date certain for correction of each deficiency and be signed and dated by the administrator or other authorized official of the agency. An acceptable plan of correction must contain the following elements:

The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;

- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- What correction action(s) will be accomplished for those patients found to have been affected by the deficient practice;

- How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the 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:

Annette Winters, Rapid Response Unit Supervisor

Metro 1, Golden Rule Office

Licensing and Certification Program

Health Regulation Division

Minnesota Department of Health

85 East Seventh Place, Suite 220

P.O. Box 64900

Saint Paul, Minnesota 55164-0900

Email: annette.m.winters@state.mn.us

Mobile: (651) 558-7558

Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days 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.

HOME HEALTH AIDE TRAINING AND/OR COMPETENCY EVALUATION PROHIBITION

Federal Law, as specified in 42 CFR **484.80(f)(3)**, 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 **484.80(f)(3)**;

(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, your facility is precluded from conducting a home health aide training and/or competency evaluation program for a period of two years beginning June 2, 2022.

INFORMAL DISPUTE RESOLUTION

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

Home Health Agency Informal Dispute Process
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,

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

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G0000	INITIAL COMMENTS On 6/1/22 - 6/2/22, a complaint and FIC survey were conducted. This resulted in a partial extended survey at Provident Home Healthcare. The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies. The cumulative effects of these findings resulted in the Home Health Agency's inability to ensure provision of quality of care. H814361791C/70669 was substantiated. Deficiencies were issued at G572 as a result of the complaint investigation. The Condition of Participation: 484.60, Care Plan, Coordination of Services, and Quality of Care at G570 was found not met.	G0000		
G0570	Care planning, coordination, quality of care CFR(s): 484.60 Condition of participation: Care planning, coordination of services, and quality of care. Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted standards of practice. This CONDITION is NOT MET as evidenced by: Based on interview and document review, the home health agency (HHA) failed to meet the Condition of Participation 484.60, Care Plan, Coordination of Services, and Quality of Care. The HHA failed	G0570		

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

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G0570	Continued from page 1 to ensure 1 of 1 patients (P1) received services as directed in the plan of care resulting in a lack of supervision. Refer to G572: Based on interview and document review the agency failed to ensure the plan of care was followed for 1 of 2 patients (P1) resulting in P1 being left unattended in the home when P1 required up to 24-hour complex nursing care. According to P1's plan of care, P1 was non-verbal and did not have the capacity to seek emergency services.	G0570		
G0572	Plan of care CFR(s): 484.60(a)(1) Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original plan. This STANDARD is NOT MET as evidenced by: Based on interview and document review the agency failed to ensure the plan of care was followed for 1 of 2 patients (P1) resulting in P1 being left unattended in the home when P1 required up to 24-hour complex nursing care. According to P1's plan of care, P1 was non-verbal and did not have the capacity to seek emergency services. P1's Vulnerability and Safety Assessment/Abuse Prevention Plan dated 1/5/22, indicated P1 was non-ambulatory, did not have adequate communication skills and was unable to use a telephone. The assessment indicated P1 was at high risk for abuse/neglect. P1's Service Agreement dated 1/5/22, identified a contingency plan for staffing as follows: Preferred option #1, FM-A and preferred option #2, hospital. The Service Agreement indicated in the event of a medical emergency, contact FM-A.	G0572		

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G0572	<p>Continued from page 2</p> <p>P1's Home Health Certification and Plan of Care for certification period 4/4/22 to 6/2/22, identified diagnosis that included Multiple Sclerosis, dependence on oxygen and neuromuscular dysfunction of bladder. The plan of care indicated P1 received complex registered nurse (RN)/licensed practical nurse (LPN) services up to 24 hours per day. Nursing was to provide oral suctioning as needed. The plan of care identified family member (FM)-A as P1's back up staffing plan. P1 was non-verbal. The plan care indicated P1 had difficulty communicating due to disease process, P1 was nonverbal and would respond by blinking for yes and move his jaw from side to side for no. For emergencies the plan care instructed nursing staff to call 911. P1 was at moderate risk for hospitalization, interventions to manage the risk included nursing service up to 24-hours a day.</p> <p>A Physician's Order dated 5/9/22, indicated the following: Change in emergency back up plan. Family no longer available for hands on as back up option but available for emergencies only. Client is advised to be admitted to hospital in the case of nursing staff unavailable. Client has chosen to refuse hospital admission in the case of no staff available. Client has been taught and acknowledged the risks of being left alone in the case of an emergency.</p> <p>An agency Narrative Nurse Note dated 5/21/22, at 10:32 a.m. indicated P1 was resting in bed. "frequently suctioned after sleep (phlegm). No one is here so I am kindly requesting the day shift nurse to come early as much as she can. Will leave [P1] safe with no one around."</p> <p>An agency Statement Of Incident dated 5/24/22, indicated on 5/21/22, P1 was left at home alone for two hours. The incident report indicated the staff member caring for P1 had to leave the home at 11:00 a.m. and the agency was unable to provide a staff member until 1:00 p.m. The incident report indicated the contingency staffing plan was discussed with P1 who refused hospitalization and indicated P1 chose to stay home alone unsupervised. The Statement of Incident indicated FM- A called the police to report the gap in care.</p> <p>During interview on 6/1/22, at 12:18 p.m. FM-A stated on the day of 5/21/22, the nurse that was working during the day had also worked the overnight shift and had to go home at 11:00 a.m. He stated the staffing person told her she could</p>	G0572		

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G0572	<p>Continued from page 3</p> <p>go home if P1 said it was okay. FM-A said P1 was unable to speak and had no way to call anyone if something happened and said that no one had bothered to call and notify him there had been no staff available. FM-A further stated P1 should "never be left alone." FM-A stated about a month prior he had told the agency he was not going to be taking care of P1 but said he would have come home if they had called him. FM-A again stated P1 could not be left alone and said, "what if the next person coming had gotten in an accident?" FM-A stated P1 frequently required suctioning and that was the reason for 24 hour care. FM-A said the nurse told him after the incident P1 was his own person and if he said it was okay to stay home alone they felt it was okay. FM-A stated "it's not okay, he is a vulnerable adult and is incapacitated, could not call 911" and said, "what if the house started on fire?"</p> <p>During interview on 6/1/22, at 12:59 p.m. the director of nursing (DON) stated P1 qualified for 24 hour care because he required oral suctioning and said he was non-ambulatory and dependent on caregiver for cares. The DON stated from the beginning of the year, FM-A was the one who was supposed to come home if there was a gap in agency coverage but said as of 5/9/22, FM-A said he was unable to provide back up unless there was an emergency. The DON stated she felt a staffing shortage qualified as an emergency. The DON stated the hospital was the second back up but said P1 had the right to refuse. The DON further stated if there had been an emergency P1 would be unable to call anyone. The DON stated on 5/21/22, there had been a gap in staffing coverage. She said the a.m. staff had already worked twelve hours and the next person was unable to come in until 1:00 p.m. so there had been a two hour gap. The DON stated she did not know if FM-A had been notified. The DON said when FM-A found out what had happened he was upset and called the police. The DON further stated the physician had signed off on the plan that P1 could be home alone.</p> <p>On 6/2/22, at 1:00 p.m. the on call staffer stated on 5/21/22, he was aware there was a gap in the staffing coverage for P1 but he was unable to reconcile it. The staffer stated he had asked P1's case worker if he had the right to be left alone and she said he did. He said he asked P1 and he said he wanted to stay home alone. The staff stated he did not contact FM-A and said if he had know he was supposed to contact him in an</p>	G0572		

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G0572	Continued from page 4 emergency he would have called him. An agency policy, Services Provided dated 3/12/22, indicated if for medical or safety reasons a service to be provided must be completed at the scheduled time and the agency is unable for any reason to keep the scheduled appointment, arrangements will be made to complete the service through other reasonable means. The policy further indicated services shall be available 24 hours per day/7 days per week.	G0572		

From: [Fiske-Downing, Kamala \(MDH\)](#)
To: rerickson@providenthc.com
Cc: [Fiske-Downing, Kamala \(MDH\)](#); [Winters, Annette.M \(MDH\)](#)
Subject: MN Dept of Health-Survey Findings for Provident Home Healthcare 4EC8D-H1, CCN 248136 HHA
Date: Tuesday, June 28, 2022 1:16:00 PM
Attachments: [OrigLicLtr.pdf](#)
[State-StatementOfDeficiencies.pdf](#)
[Federal-StatementOfDeficiencies.pdf](#)
[OrigCertLtr.pdf](#)

Hello,

Attached are the documents for the survey exited from Provident Home Healthcare on June 2, 2022.

Please let us know if you have any questions.

Thank you,

Kamala Fiske-Downing
Health Program Representative Senior
Health Regulation Division | Licensing & Certification Program
Minnesota Department of Health
Office: 651-201-4112 | Fax: 651-215-9697



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June 28, 2022

Administrator

PROVIDENT HOME HEALTHCARE
2817 ANTHONY LANE S STE 301
ST ANTHONY, MN 55418

Re: Event ID:

Dear Administrator:

A survey of the Home Care Provider named above was completed on June 2, 2022, for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the requirements under Minnesota Statutes Sections 144A.43 to 144A.482.

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

Please feel free to call me with any questions.

Sincerely,

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

Minnesota State Department of Health

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00000	Initial Comments On 6/1/22 - 6/2/22, an abbreviated complaint survey was conducted. No licensing orders were issued during this survey.	00000		

Office of Primary Care and Health Systems Management

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G0570	Care planning, coordination, quality of care CFR(s): 484.60 Condition of participation: Care planning, coordination of services, and quality of care. Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted standards of practice. This CONDITION is NOT MET as evidenced by: Based on interview and document review, the home health agency (HHA) failed to meet the Condition of Participation 484.60, Care Plan, Coordination of Services, and Quality of Care. The HHA failed	G0570		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ramona Erickson</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7/7/22</i>
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Plan of Correction - Care Planning, Coordination of Services, Quality of Care - June 2022



PLAN OF CARE

CFR 484.60 G0570 Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted standards of practice.

CFR 484.60 (a)(1) G0572 Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original plan.

POLICY: SERVICES PROVIDED (dated 3/12/22)

If for medical or safety reasons a service to be provided must be completed at the scheduled time and the agency is unable for any reason to keep the scheduled appointment, arrangements will be made to complete the service through other reasonable means. Services shall be available 24 hours per day/7 days per week.

(This policy is in need of revision. DON/Administrator revised policy 7.5.22.)

FAIL:
HHA failed to ensure patient received services as directed in the plan of care resulting in a lack of supervision, where the patient was left unattended in the home when patient required up to 24-hour complex nursing care.
AKA: Contingency staffing plan per service agreement and care plan is contact FM-A in the event of a medical emergency. FM-A was NOT contacted by on-call staffer.
NOTE: FM-A has been aggressively resistant with explicatives in multiple similar staffing situations and has 1) refused to come home to relieve the outgoing nurse, and 2) has left the house abruptly, just prior to the time he was asked to relieve the outgoing nurse. In those instances, the nurse was "stranded" until the next nurse arrived. The On-Call Staffer would have no reason to believe that FM-A would adjust his plans to come home and cover P-1. Regardless, the call to FM-A should have been placed per service agreement and care plan.

▶ **Clearly state the specific nature of the correction actions for each deficiency.**

Establish a tool for clear communication of the most up-to-date staffing contingency plan that reflects the plan of care/MD orders between the clinical and staffing teams. See "Staffing Backup Form."

	RN Case Managers to verify accuracy of contingency plans of all clients on their caseload and complete the "Staffing Backup Form" where applicable.
	Educate all Staffing Mangers regarding client contingency plan updates and disseminate the updated "Staffing Backup Form's".
	Educate all Staffing Managers that the contingency plan must be followed per Staffing Protocols policy revised 7.5.22.
	Contingency Plan updates to become part of the weekly Staffing and Clinical Meeting Agendas.
	▶ Set reasonable completion dates for all deficiencies that are prior to the termination date.
	July 13, 2022
	▶ Describe how your plan/action will prevent recurrence.
	Our plan will prevent recurrence by providing the tool between the departments, by initial education to the staffing department and by a weekly agenda item that makes space for contingency plan changes.
	▶ Who (by title) is responsible for implementing the POC?
	DON and RN Case Manager to create "Staffing Backup Form." DON and RN Case Managers to verify accuracy of contingency plans of each of their clients and update Staffing Backup Form's. Administrator and DON to introduce and train staffing managers on updated Staffing Protocol policy and client-specific Staffing Backup Form's. Administrator to update weekly Staffing Meeting Agenda. DON to update weekly Clinical Meeting Agenda
	▶ Who (by title) is responsible for monitoring the plan for future compliance with the regulations
	DON