

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HI20103028C

**Date Concluded:** August 13, 2020

**Name, Address, and County of Facility Investigated:**

Rakhma Inc  
4953 Aldrich Avenue South  
Minneapolis, MN 55419  
Hennepin County

**Name, Address, and County of Housing with Services Registration:**

Rakhma Grace Home  
5126 Mayview Road  
Minnetonka, MN 55345  
Hennepin County

**Facility Type: Home Care Provider**

**Investigator's Name:**

Paul Spencer, RN  
Special Investigator

An investigator from the Minnesota Department of Health conducted an inspection to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144 and 144A. The purpose of this visit was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H20103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/13/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RAKHMA PEACE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4953 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55419</b>
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(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) COMPLETE DATE
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>HOME CARE PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, the Minnesota Department of Health issued a correction order(s) pursuant to a survey.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>On August 13, 2020, the Minnesota Department of Health initiated an investigation of complaint #HL20103028C. At the time of the survey, there were #6 (six) clients receiving services under the comprehensive license.</p> <p>The following correction order is issued for #HL20103028C, tag identification 1252.</p>	0 000	<p>The Minnesota Department of Health documents 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>Per Minnesota Statute § 144A.474, Subd. 8(c), the home care provider must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider's Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144A.474, Subd. 11 (b).</p>	
01252 SS=F	<p>144A.4798, Subd. 3 Infection Control Program</p> <p>Subd. 3.Infection control program. A home care provider must establish and maintain an effective</p>	01252		

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

TITLE

(X6) DATE

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01252	<p>Continued From page 1</p> <p>infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, observation, and record review the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control related to COVID-19 when the facility failed to ensure the disinfectant cleaners used were effective against COVID-19. The facility also failed to ensure employees received training regarding the use of disinfectant cleaning products.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>During an interview on August 13, 2020, at 11:15 a.m., an unlicensed personnel (ULP)-D stated the facility directed staff use a product called VEGA General Cleaning and Disinfecting Wipes (VEGA) to clean high touch areas to address COVID-19. ULP-C directed the surveyor to a wipes dispenser stored in the kitchen of the facility. ULP-D stated she did not know the dwell time for this product. ULP-D stated this product had been in use for about two weeks.</p>	01252		

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01252	<p>Continued From page 2</p> <p>During an interview on August 13, 2020, at 2:52 p.m., ULP-A stated he was familiar with the idea of dwell time from other jobs, but he had not yet received any training on dwell time or cleaning to address COVID-19 by the facility.</p> <p>During an interview on August 13, 2020, at 3:30 p.m. housing director (HD)-C stated she did not know the dwell times to kill COVID-19 for the products used by the facility. She stated the facility planned to address this topic in an upcoming education for facility employees.</p> <p>During an interview on August 14, 2020, at 11:23 a.m., ULP-E stated she had looked online to identify dwell time for the products used at the facility and labeled the disinfectant cleaning products used at the facility based on her findings. When asked if the search included the EPA N-list for cleaning products she stated she was not familiar with the EPA N-list. ULP-E stated she tried to find information on VEGA, but stated she had been unable.</p> <p>During an observation on August 14, 2020, at 11:31 a.m., the surveyor noted on of the spray bottles referred to by ULP E labeled Glass Cleaner with a sticker with a hand-written message listing the dwell time as "2-10 min".</p> <p>On August 14, 2020, at 10:00 a.m., the surveyor reviewed the EPA N-list, which did not identify the active ingredients or the product VEGA on the list.</p> <p>During an interview on August 14, 2020, at 12:00 noon, registered nurse (RN)-B stated she was not familiar with the N-List as a guide for the facility to select and use disinfectant cleaners.</p>	01252		

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01252	<p>Continued From page 3</p> <p>During an interview on August 14, 2020, at 3:45 p.m., HD-C stated the facility did not have a policy regarding disinfecting or cleaning available.</p> <p>No further information was provided.</p> <p>TIME PERIOD TO CORRECT- Two (2) days</p>	01252		