

STATE LICENSING COMPLIANCE REPORT

Report #: HL21030048C

Date Concluded: December 8, 2020

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

Spectrum Community Health Inc
6205 Crossman Lane
Inver Grove Heights, MN 55076
Dakota County

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

Babbit Carefree Living
1 Central Boulevard
Babbitt MN 55706
St Louise County

Facility Type: Home Care Provider

Investigator's Name:

Paul Spencer, RN

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144 and 144A. The purpose of this complaint investigation 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: H21030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/08/2020
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPECTRUM COMMUNITY HEALTH INC

**6205 CROSSMAN LANE
INVER GROVE HEIGHTS, MN 55076**

(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
0 000	Initial Comments *****ATTENTION***** HOME CARE PROVIDER LICENSING CORRECTION ORDER 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. 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. On December 8, 2020, the Minnesota Department of Health initiated an investigation of complaint # HL21030048C. At the time of the survey, there were #32 clients receiving services under the comprehensive license. The following correction order is issued for # HL21030048C, tag identification 1252.	0 000	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 which 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. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
01252 SS=F	144A.4798, Subd. 3 Infection Control Program Subd. 3. Infection control program. A home care	01252		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H21030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/08/2020
NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY HEALTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6205 CROSSMAN LANE INVER GROVE HEIGHTS, MN 55076			
(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
01252	Continued From page 1 provider must establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control. This MN Requirement is not met as evidenced by: Based on interview and document 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. 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), and issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). Findings include: Personal Protective Equipment (PPE) Use/Disinfecting Surfaces The licensee failed to implement appropriate use of isolation gowns to prevent the transmission of novel coronavirus (COVID-19). The licensee also failed to ensure employees used disinfectants effectively or on a timely basis. The Minnesota Department of Health (MDH) guidance titled Strategies for Optimizing the Supply of Personnel Protective Equipment dated April 2, 2020, indicated licensees launder reusable isolation gowns between uses. The same document indicated there is a high	01252			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H21030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/08/2020
NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY HEALTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6205 CROSSMAN LANE INVER GROVE HEIGHTS, MN 55076			
(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
01252	Continued From page 2 likelihood of contamination when donning used gowns. The MDH guidance titled COVID-19 Toolkit dated August 14, 2020, indicated licensees use a product included on the Environmental Protection Agency (EPA): List N indicating effectiveness against COVID-19 on high touch surfaces including bathroom surfaces. The EPA: List N includes information regarding contact time required for effectiveness against COVID-19 for the listed products. During an interview on December 8, 2020, at 12:00 noon, unlicensed personnel (ULP)-A stated the licensee used reusable washable isolation gowns. ULP-A stated after providing cares for a client suspected of COVID-19 she would remove the gown, hang it up, and spray it with the disinfectant spray provided by the licensee and allow it to air dry for re-use. ULP-A stated she would launder the gown prior to the next shift. During an interview on December 8, 2020, at 12:19 p.m., ULP-B stated to reuse an isolation gown she would spray it with the disinfectant provided by the licensee. ULP-B stated if there are enough gowns she would not re-use the gowns, but at times, it has been necessary to use the same gown during a shift. ULP-B stated she used this same product on doorknobs and high touch areas but she was not familiar with the time necessary to ensure effectiveness against COVID-19. During an interview on December 8, 2020, at 12:55 p.m., ULP-C stated if it was necessary to reuse an isolation gown during a shift she would spray it with disinfectant and let it air dry. ULP-C stated the disinfectant was the same used to wipe	01252			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H21030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/08/2020
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPECTRUM COMMUNITY HEALTH INC

**6205 CROSSMAN LANE
INVER GROVE HEIGHTS, MN 55076**

(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
01252	Continued From page 3 down doorknobs and handrails. When asked how long it took to dry she stated five to ten minutes. During an interview on December 8, 2020, at 1:35 p.m., registered nurse (RN)-D stated the licensee did have a history of re-using gowns because until recently the licensee had four (4) graduation gowns and so the staff members did reuse gowns throughout given shifts. A review of education titled Personal Protective Equipment dated May 27, 2020, indicated the education did not include guidance on using reusable isolation gowns, including laundering between uses. A review of the EPA N-list on December 8, 2020, at 1:40 p.m., indicated the licensee disinfectant, quaternary ammonium, required a 10-minute contact time need for effectiveness against COVID-19. A form titled on "Restroom Cleaning & Disinfecting Sheet" dated December 2020, and located in the public bathroom indicated the licensee clean and disinfect public bathrooms at least twice daily. This same form include documentation on December 6, 2020, but the other days (December 1-5, and 7) remained blank. During an interview on December 8, at 2:40 p.m., the regional director (RD)-E stated the documentation for cleaning was incomplete. A licensee-provided policy titled "Personal Protective Equipment for COVID-19" dated September 24, 2020, did not include information regarding reusable gowns.	01252		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H21030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/08/2020
NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY HEALTH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6205 CROSSMAN LANE INVER GROVE HEIGHTS, MN 55076		
(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	
01252	Continued From page 4 A licensee-provided policy titled "Infection Control Practices during COVID-19" dated June 23, 2020, indicated the licensee would clean and disinfect public bathrooms twice daily and as needed. TIME PERIOD FOR CORRECTION: Two (2) days	01252			