

STATE LICENSING COMPLIANCE REPORT

Report #: HL24162007C

Date Concluded: July 29, 2021

Name, Address, and County of Facility

Investigated:

Hyatt House
231 Washington Avenue
PO Box 10
Holdingford, MN 56340
Stearns County

Facility Type: Home Care Provider

Investigator's Name:

Jeri Gilb, RN, MSN, CNP, Special Investigator

A visit was conducted 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 <http://www.health.state.mn.us/divs/fpc/directory/surveyapp/provcompselect.cfm>, 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: H24162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/01/2021
NAME OF PROVIDER OR SUPPLIER HYATT HOUSE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 231 WASHINGTON ST PO BOX 10 HOLDINGFORD, MN 56340			
(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</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 investigation.</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>INITIAL COMMENTS:</p> <p>On July 1, 2021, the Minnesota Department of Health initiated an investigation of complaint #HL24162007C. At the time of the investigation, there were #11 clients receiving services under the comprehensive license. The following correction orders are issued for #HL24162007C, tag identification 0815, 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 investigators ' 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 licensing order follow-ups. 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>		
0 815 SS=F	<p>144A.479, Subd. 7 Employee Records</p> <p>Subd. 7.Employee records. The home care provider must maintain current records of each paid employee, regularly scheduled volunteers</p>	0 815			

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 815	<p>Continued From page 1</p> <p>providing home care services, and of each individual contractor providing home care services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff providing supervision;</p> <p>(4) documentation of annual performance reviews which identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years.</p>	0 815			

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0 815	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the licensee failed to obtain a background study for one of three unlicensed personnel, ULP-C, who were reviewed for a completed background study.</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) and was 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).</p> <p>Findings include:</p> <p>On July 1, 2021, ULP-C's employee record was reviewed. ULP-C had no background study completed. ULP-C's start date was January 26, 2021.</p> <p>Review of the facility schedule indicated ULP-C provided care to clients on March 1, 2, 3, 8, 9, 15, 16, 17, 22, 23, 24, 29, 30, 31, April 5, 6, 7, 12, 13, 14, 19, 20, 21, 23, 26, 27, 28, 30, and May 1 of 2021.</p> <p>During interview on July 1, 2021, at 2:21 p.m., registered nurse (RN)-B stated ULP-C did not have a background study completed and it was a facility oversight.</p> <p>Review of the facility policy titled Background Check Study, dated November 18, 2019, indicated upon receipt of the background clearance letter the employee will be allowed to have direct contact and/or provide services to</p>	0 815			

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0 815	Continued From page 3 clients served. Time period for correction: Seven (7) days	0 815			
01252 SS=F	144A.4798, Subd. 3 Infection Control Program Subd. 3. Infection control program. A home care 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 observation, interview, and document review, the licensee failed to maintain an effective infection control program that complied with accepted health care, medical, and nursing standards for infection control related to COVID-19. This had the potential to affect all 11 clients residing in the facility. 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). The findings include: On July 1, 2021, at approximately 10:30 a.m., the investigator entered the facility. The staff working at that time neglected to screen the investigator	01252			

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HYATT HOUSE LLC

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01252	<p>Continued From page 4</p> <p>for COVID-19 symptoms prior to entering the facility.</p> <p>On July 1, 2021, during observation from approximately 10:30 a.m. until approximately 4:00 p.m., no staff or residents wore masks in the facility.</p> <p>On July 1, 2021, at approximately 2:21 p.m., registered nurse (RN) B stated she was unsure how long the facility had not screened visitors. RN-B also stated she was not sure how long ago staff stopped wearing masks as everything changed so quickly with COVID-19 guidelines.</p> <p>On November 3, 2020, all staff signed a training sheet that noted "We will now be required to wear masks and face shields at all times".</p> <p>On November 5, 2020, all staff signed a training sheet noting "Masks throughout the building at all times even when not within 6ft of patients or other staff".</p> <p>RN-B provided client immunization records; 9 of 11 residents are COVID-19 vaccinated. RN-B indicated she did not track staff vaccinations.</p> <p>Review of the Visitor COVID-19 Screening Log indicated the last date the facility screened a visitor was noted as November 16, 2020.</p> <p>The facility's COVID-19 Preparedness Plan dated June 19, 2020, indicated visitors should be screened for COVID-19 symptoms prior to entrance.</p> <p>No further information was provided.</p> <p>Time period for correction: Two (2) days.</p>	01252		

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