

Health Regulation Division

Investigative Public Report

Maltreatment Report #: HL28733009M
Compliance #: HL28733010C

Date Concluded: May 19, 2021

Name, Address, and County of Facility Investigated:

Zumbro House Inc.
525 Commons Drive
Woodbury, MN 55125
Washington County

Name, Address, and County of Housing with Services location:

Zumbro House – Sander
5740 Sander Drive
Minneapolis, MN 55417
Hennepin County

Facility Type: Home Care Provider

Investigator Name:

John Sheridan-Giese, RN, Special Investigator
Lissa Lin, RN, Special Investigator

Finding: Substantiated, individual responsibility

Nature of Visit:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Allegation(s):

It is alleged: The alleged perpetrator (AP) sexually abused the client when she engaged in intercourse and oral sex with the client while working as the client's resident assistant.

Investigative Findings and Conclusion:

Abuse was substantiated. The AP was responsible for the maltreatment. The AP sexually abused the client more than 20 times. The AP said she and the client had sexual intercourse (including penetration) and oral sex while she worked as unlicensed personnel (ULP) at the facility.

The investigators reviewed the client's record, staff schedules, personnel files, policies and procedures and law enforcement reports. The investigation included interviews with unlicensed staff, administrative staff, nursing staff, the AP, and law enforcement.

The client initially agreed to an interview with MDH investigators but became verbally abusive, and the interview ended.

The client's medical diagnoses included schizoaffective disorder and low average intelligence with extremely low adaptive skills. The client's service plan included assistance with shopping, activity reminders, housekeeping, medication administration and daily behavior management. The client was independent with activities of daily living (ADLs).

The client lived at the facility several years. The client was currently on probation for criminal misconduct in the third degree for sex with a minor. As a part of the client's probation, the client visited with his probation officer (PO) on a regular basis. The client had his cellular phones and computers scanned periodically by law enforcement to make sure the client was not accessing inappropriate content that would be against his probation guidelines.

One day, the client visited his PO for a scheduled meeting. The client turned over his computer for content scanning as part of his parole. The client told his PO he had been in a sexual relationship with the AP and had a second cell phone he used to contact the AP so it could not be monitored by the PO. The client said he and the AP had sex in his apartment while the AP worked and had sex out in the community in remote places. The client told the PO he was serious about the AP, she was aware of the client's offense and probation, and he was aware the AP had minor siblings.

The facility internal investigation consisted of interviews with the PO, licensed and unlicensed staff. The client and the AP refused to be interviewed. The investigation notes indicated there was a sexual relationship between the client and the AP while she worked at the facility. The AP is no longer employed there. The facility notified law enforcement.

According to a police report, the responding officer indicated the client reported he was in a sexual relationship with the AP and knew the AP prior to her employment at the facility. The client said the AP was studying to become a social worker, and the client helped the AP with her studies.

In a law enforcement report detailing the phone calls and text messages between the AP and the client, the following (but not limited to) was discovered:

- Incoming text to client from AP – (heart emoji). Text from the client to the AP: "Babe. Love you sugar bear."
- Incoming call to the client from the AP – four hours in length

- Outgoing text to AP from client, “Much love to you.” Incoming text from the AP to the client, “Is that my charger?” The client responded, “Yes”.
- Outgoing call from the client to AP – one hour in length.
- Incoming call to the client from AP – four hours in length
- Outgoing call from client to AP – one hour in length.
- Incoming call from AP to client – four hours in length.
- Incoming call from AP to client – one hour and 47 minutes in length.
- Outgoing text from client to AP, “I love you.”
- Incoming text from AP to client, “Come in. Where’d you go?” (Emoji with a smiley face and tongue hanging out).
- Outgoing text from client to AP, “Go to the back, now.” The AP responds, “Ooo ok. See you soon. I’m thirsty haha.”
- Incoming text from AP to client, “Hey Babe....”

Over approximately two weeks, there were 72 phone calls and 262 text messages between the AP and the client.

The AP’s personnel file indicated the AP received vulnerable adult training regarding staff’s responsibilities related to staff protecting clients from maltreatment, reporting maltreatment of clients, and the facility’s abuse and prevention plan.

During an interview, the AP said she received vulnerable adult training and acknowledged a vulnerable adult was a client diagnosed with a disability and required cares. The AP said she did not know the client prior to her employment with the facility, and she was responsible for the client’s medication passes and transportation needs. The AP said she was aware of the client’s criminal and medical history. The AP said she was sexually assaulted by the client, and they only had a professional relationship. The AP said she was in the client’s room on a break, he pinned her down, and they had sex. The AP said the client’s penis went into her vagina, and the client performed oral sex on the AP. The AP said she did not report this to management staff or to the police. The AP stated she never missed work because she was in school and needed the money. The AP said she had intercourse and oral sex with the client more than 20 times while she was at work. She said they also had sex when she took the client shopping, and she would drive them to a remote location for sexual intercourse. The AP said most of the sexual encounters involved penetration.

During an interview, the facility director of operations said once facility management found out about the sexual relationship between the client and AP (from the client’s PO), the AP was notified to leave the facility immediately. The client and the AP refused to be interviewed by facility staff. The facility, along with the client’s interdisciplinary team, made a Minnesota Adult Abuse Reporting Center (MAARC) report and notified the police.

During an interview, the client's PO said the AP took advantage of the client's vulnerability as the client lived at the facility, was developmentally disabled, chemically dependent, and the client relied on the AP for cares.

In conclusion, abuse was substantiated.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

Abuse: Minnesota Statutes section 626.5572, subdivision 2

"Abuse" means:

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

(c) Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.

Vulnerable Adult interviewed: Attempted; declined to be interviewed.

Family Responsible Party interviewed: No.

Alleged Perpetrator interviewed: Yes.

Action taken by facility: The facility completed an internal investigation. The AP is no longer employed by the facility.

Action taken by the Minnesota Department of Health:

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, 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 Statement of Deficiencies.

The responsible party will be notified of their right to appeal the maltreatment finding.

cc: The Office of Ombudsman for Long-Term Care
Minneapolis Police Department
Hennepin County Attorney's Office

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H28733	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2021
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NAME OF PROVIDER OR SUPPLIER ZUMBRO HOUSE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 525 COMMONS DRIVE WOODBURY, MN 55125
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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 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>INITIAL COMMENTS:</p> <p>On May 4 and 5, 2021, the Minnesota Department of Health initiated an investigation of complaint #HL28733007M/008C, #HL28733011M/012C, #HL28733013C and HL28733009M/010C. At the time of the survey, there were #93 clients receiving services under the comprehensive license.</p> <p>During this same time, the Minnesota Department of Health conducted a licensing order follow-up survey for correction orders associated with #HL28733003M/004C.</p> <p>The following new correction orders are issued for #HL28733007M/008C, #HL28733011M/012C, #HL28733013C and HL28733009M/010C, tag identification 0810, 0860, 0865, 0875, 1080, 1210, and 1252.</p> <p>****Amended*****</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>	
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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0 000	Continued From page 1 On May 25, 2021 a notice was sent in error correcting the violations for complaint #HL28733003M/004C. Specifically, tags 0315 and 0325 were not corrected. The following correction orders are reissued for #HL28733003M/004C, tag identification 0315 and 0325.	0 000		
0 315 SS=F	144A.44, Subd. 1(a)(12) Served by People Who Are Competent Subdivision 1. Statement of rights. (a) A client who receives home care services in the community or in an assisted living facility licensed under chapter 144G has these rights: (12) be served by people who are properly trained and competent to perform their duties; This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure clients were served by staff who were properly trained and competent for one of one client (C1) reviewed. After the licensee concluded unlicensed personnel (ULP)-E abused C1, the licensee failed to provide re-education to licensee staff on abuse prevention. 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	0 315		

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0 315	<p>Continued From page 2</p> <p>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>Housing with Services (HWS) # 2</p> <p>C1's medical record was reviewed. C1's medical diagnoses included, but were not limited to, schizoaffective disorder and low average intelligence with extremely low adaptive skills. C1's signed service plan dated January 13, 2021, indicated C1 required assistance with shopping, activity reminders, housekeeping, medication administration, and daily behavior management. C1 was independent with walking and mobility.</p> <p>C1's master assessment dated January 21, 2021, indicated C1 was assessed as being oriented to person, place, and time. C1 was independent in grooming, toileting, transfers, ambulation, and escorts, but required full assistance with medication administration, including C1's antipsychotic medication administration three times a day. C1 was dependent on others for managing his finances.</p> <p>C1's internal investigation report dated March 11, 2021, indicated on March 10, 2021, during C1's visit with his probation officer (PO), C1 admitted to inappropriate and sexual behavior with unlicensed personnel (ULP)-E. C1 reported to his PO he knew ULP-E prior to her employment with the licensee, and C1 said he encouraged ULP-E to apply for a job with the licensee. C1 reported to his PO he was currently in a sexual relationship with ULP-E, and he and ULP-E had sex in C1's</p>	0 315		
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0 315	<p>Continued From page 3</p> <p>apartment while ULP-E was working on multiple occasions. The internal investigation indicated after reporting these incidents to his PO, C1 called ULP-E on speaker phone in the lobby of the PO's office. The PO heard the entire conversation between C1 and ULP-E. C1 told ULP-E their relationship was known to C1's PO. ULP-E said she bought C1 a second phone specifically because it was a prepaid phone and could not be traced. ULP-E said she could get in trouble for being in a relationship with C1 and a vulnerable adult (VA) could be filed against ULP-E. ULP-E said she needed to put in her two-week notice immediately. The licensee concluded abuse occurred, and ULP-E was immediately terminated. The internal investigation report indicated there was no additional need for training as this was an isolated incident.</p> <p>Review of the law enforcement report detailing the phone calls and text messages between ULP-E and C1 indicated:</p> <p>" February 24, 2021, at 5:01 p.m., incoming text to C1 from ULP-E - (heart emoji). Text from C1 to ULP-E: "Babe. Love you sugar bear." " February 24, 2021, at 9:35 p.m., incoming call to C1 from the ULP-E- four (4) hours in length " February 25, 2021, at 6:14 p.m., outgoing text to ULP-E from C1, "Much love to you." Incoming text from the ULP-E to C1, "Is that my charger?" C1 responded, "Yes". " February 26, 2021, at 9:19 p.m., outgoing call from C1 to ULP-E - one (1) hour in length. " February 27, 2021, at 9:47 p.m., incoming call to C1 from ULP-E - four (4) hours in length " February 28, 2021, at 10:01 p.m., outgoing call from C1 to ULP-E - one (1) hour in length. " March 2, 2021, at 9:20 p.m., incoming call from ULP-E to C1 - four (4) hours in length.</p>	0 315		
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0 315	<p>Continued From page 4</p> <p>" March 3, 2021, at 9:32 p.m., incoming call from ULP-E to C1- one (1) hour and forty-seven (47) minutes in length.</p> <p>" March 3, 2021, at 9:12 a.m., outgoing text from C1 to ULP-E, "I love you."</p> <p>" March 4, 2021, at 1:03 p.m., incoming text from ULP-E to C1, "Come in. Where'd you go?" (Emoji with a smiley face and tongue hanging out).</p> <p>" March 5, 2021, at 2:43 p.m., outgoing text from C1 to ULP-E, "Go to the back, now." The ULP-E responds, "Ooo ok. See you soon. I'm thirsty haha."</p> <p>" March 6, 2021, at 5:49 p.m., incoming text from ULP-E to C1, "Hey Babe"</p> <p>During an interview on May 4, 2021, at 11:38 a.m., the program director (PD)-A said staff were not formally retrained on abuse prevention after C1's incident. PD-A said he verbally told staff about the incident though PD-A did not have a checklist, and there was no documentation detailing training took place.</p> <p>During an interview on March 5, 2021, at 2:59 p.m., the director of operations (DOO)-D said no additional training of existing staff took place after C1's incident.</p> <p>Licensee's policy titled, Delegation of Nursing Tasks, Treatments, or Therapy Tasks, dated January 2020, indicated staff would be supervised to ensure they are performing their job duties competently, consistently, and professionally. The licensee policy indicated the registered nurse may delegate nursing services to ULP only after determining the ULP is trained and competent and has been instructed in the proper methods to perform procedures with respect to the specific client. The policy also</p>	0 315		
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0 315	Continued From page 5 indicated the staff must be competent to perform the delegated or assigned task and the RN will assure that training and competency records for all ULP are kept up-to-date. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 315		
0 325	144A.44, Subd. 1(a)(14) Free From Maltreatment Subdivision 1. Statement of rights. (a) A client who receives home care services in the community or in an assisted living facility licensed under chapter 144G has these rights: (14) be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act; This MN Requirement is not met as evidenced by: Based on interviews and document review, the facility failed to ensure one of one client (C1) reviewed at Housing with Services (HWS) #1 and one of one client (C1) reviewed at HWS #2 was free from maltreatment. HWS #1 C1 was neglected. HWS #2 C1 was sexually abused. Findings include: HWS #1 On May 4, 2021, the Minnesota Department of Health (MDH) issued a determination that neglect occurred to C1, and that the facility was responsible for the maltreatment, in connection	0 325	No Plan of Correction (PoC) required. Please refer to the public maltreatment report (report sent separately) for details of tag 0325.	

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0 325	Continued From page 6 with incidents which occurred at the facility. The MDH concluded there was a preponderance of evidence that maltreatment occurred. HWS #2 On May 4, 2021, the Minnesota Department of Health (MDH) issued a determination that abuse occurred to C1, and a staff person was responsible for the maltreatment, in connection with incidents which occurred at the facility. The MDH concluded there was a preponderance of evidence that maltreatment occurred.	0 325		
0 810 SS=D	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to update an individual abuse prevention plan (IAPP) for one of one client (C1) reviewed. After C1 was sexually abused by unlicensed personnel (ULP)-E, the licensee failed	0 810		

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0 810	<p>Continued From page 7</p> <p>to update C1's IAPP to identify the abuse C1 sustained from ULP-E; no interventions were added to C1's IAPP to address the abuse.</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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>Housing with Services (HWS) # 2</p> <p>C1's medical record was reviewed. C1's medical diagnoses included, but were not limited to, schizoaffective disorder and low average intelligence with extremely low adaptive skills. C1's signed service plan dated January 13, 2021, indicated C1 required assistance with shopping, activity reminders, housekeeping, medication administration, and daily behavior management. C1 was independent with walking and mobility.</p> <p>C1's master assessment dated January 21, 2021, indicated C1 was assessed as being oriented to person, place, and time. C1 was independent in grooming, toileting, transfers, ambulation, and escorts, but required full assistance with medication administration, including C1's antipsychotic medication administration three times a day. C1 was dependent on others for managing his finances.</p> <p>C1's internal investigation report dated March 11, 2021, indicated on March 10, 2021, during C1's visit with his probation officer (PO), C1 admitted</p>	0 810		

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0 810	<p>Continued From page 8</p> <p>to inappropriate and sexual behavior with ULP-E. C1 reported he knew ULP-E prior to her employment with the licensee, and C1 said he encouraged ULP-E to apply for a job with the licensee. C1 reported he was currently in a sexual relationship with ULP-E, and he and ULP-E had sex in C1's apartment while ULP-E was working on multiple occasions. The internal investigation indicated after reporting these incidents to his PO, C1 called ULP-E on speaker phone in the lobby of the PO's office. The PO heard the entire conversation between C1 and ULP-E. C1 told ULP-E their relationship was known to C1's PO. ULP-E said she bought C1 a second phone specifically because it was a prepaid phone and could not be traced. ULP-E said she could get in trouble for being in a relationship with C1 and a vulnerable adult (VA) could be filed against ULP-E. ULP-E said she needed to put in her two-week notice immediately. The licensee concluded abuse occurred, and ULP-E was immediately terminated. The internal investigation report indicated there was no additional need for training as this was an isolated incident.</p> <p>C1's IAPP dated October 15, 2020, indicated C1 was assessed as vulnerable for anxiety, depression, and mental illness. C1's IAPP indicated C1 had identified areas of vulnerability including self-abusive behaviors and substance abuse. C1's IAPP was not updated after the licensee's internal investigation determined C1 was sexually abused by ULP-E. No new interventions were documented on C1's IAPP to address C1's sustained abuse.</p> <p>During an interview on May 5, 2021, at 1:00 p.m., registered nurse (RN)-B said she was responsible for C1's assessments. RN-B said after the licensee's internal investigation, she did not</p>	0 810		
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0 810	<p>Continued From page 9</p> <p>update C1's IAPP though C1's IAPP should have been updated.</p> <p>During an interview on March 5, 2021, at 2:59 p.m., director of operations (DOO)-D said RN-B was responsible for updating C1's IAPP. DOO-D said RN-B completed a general assessment though C1's IAPP was not updated after the incident.</p> <p>Licensee policy titled, Nursing Assessment: Initial and On-Going of Clients Under the Comprehensive Licensed Agency, dated January 2020, indicated the RN would assess the client's areas of vulnerability and susceptibility to maltreatment. The licensee's policy indicated the RN would use this assessment as the basis for the client's individual abuse prevention plan, to include interventions necessary to reduce the client's risk of maltreatment.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 810		
0 860 SS=F	<p>144A.4791, Subd. 8 Comprehensive Assessment and Monitoring</p> <p>Subd. 8.Comprehensive assessment, monitoring, and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided.</p>	0 860		

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0 860	<p>Continued From page 10</p> <p>(b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided.</p> <p>(c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure timely completion of required assessments by a registered nurse (RN) for initial, 14-day, and on-going assessments not to exceed 90 days for six of six clients (C1, C2, C3, C4, C5, C6) reviewed.</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 the clients).</p> <p>The findings include:</p> <p>HWS Site #1</p> <p>C1</p> <p>C1's medical record was reviewed. C1's diagnoses included, but were not limited to,</p>	0 860		

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0 860	<p>Continued From page 11</p> <p>bipolar disorder, major depressive disorder, bulimia nervosa, and arthritis. C1's initiation of services and admission date was October 1, 2020.</p> <p>C1's service agreement dated February 9, 2021, indicated C1 received assistance with case management, standby assist while exercising, appointment reminders, routine housekeeping, and temperature monitoring.</p> <p>C1's records indicated C1's 14-day assessment was completed on October 12, 2020, and the subsequent 90-day nursing assessment was not completed until February 16, 2021, one month later. There was no documented nursing assessment after C1 returned to the facility after a hospital stay on March 21, 2021.</p> <p>C2</p> <p>C2's medical record was reviewed. C2's diagnoses included, but were not limited to, spinal stenosis, major depressive disorder, and radiculopathy. C2's initiation of services and admission date was November 4, 2020.</p> <p>C2's service agreement dated December 12, 2021, indicated C2 received assistance with dressing, nail care, housekeeping, laundry, trash, topical cream to lower extremities, and elopement risk evaluation.</p> <p>C2's records lacked documentation of an initial nursing assessment within five days after the date that home care services were first provided.</p> <p>C3</p> <p>C3's medical record was reviewed. C3's</p>	0 860		

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0 860	<p>Continued From page 12</p> <p>diagnoses included, but were not limited to, schizoaffective disorder, post-traumatic stress disorder, borderline personality disorder, and obsessive-compulsive disorder. C3's initiation of services and admission date was September 2, 2020.</p> <p>C3's service agreement dated January 6, 2021, indicated C3 received assistance with case management, medication reminders, medication set-up, temperature monitoring, weight monitoring, and skin condition monitoring.</p> <p>C3's records lacked documentation of an initial nursing assessment within five days after the date that home care services were first provided, and a reassessment within 14 days after initiation of services. A 90-day nursing assessment dated December 2, 2020, was on file, with no further documentation of nursing assessments documented after that date.</p> <p>C4</p> <p>C4's medical record was reviewed. C4's diagnoses included, but were not limited to, schizoaffective disorder, major depressive disorder, borderline personality disorder, chronic obstructive pulmonary disease, and emphysema. C4's initiation of services and admission date of September 4, 2020.</p> <p>C4's service plan dated December 15, 2020, indicated C4 received assistance with activity reminders and temperature monitoring.</p> <p>C4's records lacked documentation of an initial nursing assessment within five days after the date that home care services were first provided. After a 14-day nursing assessment dated</p>	0 860		

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0 860	<p>Continued From page 13</p> <p>September 23, 2020, and a 90-day nursing assessment dated December 15, 2020, no further nursing assessments were documented in C4's records.</p> <p>C5</p> <p>C5's medical record was reviewed. C5's diagnoses included, but were not limited to, schizoaffective disorder, bipolar, and non-insulin dependent diabetes. C5's initiation of services and admission date was September 29, 2020.</p> <p>C5's service plan dated December 16, 2020, indicated C5 received assistance with temperature monitoring, housekeeping, trash removal, blood glucose queuing, bathing reminders, dressing reminders, TED hose, nail care, injection administered two times a month by a nurse, and glucometer calibration by a nurse.</p> <p>C5's records lacked documentation of an initial nursing assessment within five days after the date that home care services were first provided. A 14-day nursing assessment was completed on October 13, 2020. No further nursing assessments were documented in C5's records.</p> <p>C6</p> <p>C6's medical record was reviewed. C6's diagnoses included, but were not limited to, major depressive disorder, post-traumatic stress disorder, anxiety disorder, paranoid personality disorder, panic disorder, and alcohol abuse. C6's initiation of services and admission date was September 28, 2020.</p> <p>C6's service plan dated October 29, 2020, indicated C6 received assistance with</p>	0 860		

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0 860	<p>Continued From page 14</p> <p>housekeeping, elopement risk evaluation, and temperature monitoring.</p> <p>C6's records lacked documentation of an initial nursing assessment within five days after the date that home care services were first provided. A 14-day nursing assessment was completed on October 4, 2020, with no further nursing assessments documented until April 15, 2021, six months later.</p> <p>During an interview on May 5, 2021, at 11:45 a.m., the Director of Operations (DOO)-A said the facility had difficulty maintaining a reliable staff of nurses. She said the facility was supplementing the nurse team with agency nurses but said there was a corporate nurse available for consultation, as needed.</p> <p>Licensee's policy titled, Nursing Assessment: Initial and On-Going of Clients Under the Comprehensive Licensed Agency, dated January 2020, indicated an RN will complete a nursing assessment of each Comprehensive Home Care client within five days of initiation of services, and reassessments will occur at a frequency not to exceed ninety (90) days from the date of the last assessment. The policy did not address the statutory requirement for a reassessment within fourteen (14) days of initiation of services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) Days</p>	0 860		
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions	0 865		

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0 865	<p>Continued From page 15</p> <p>Subd. 9. Service plan, implementation, and revisions to service plan. (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care.</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a signed current service plan was instituted within fourteen (14) days after the date home care services were first provided for six of six clients (C1, C2, C3, C4, C5, C6) reviewed.</p> <p>This practice resulted in a level two violation (a</p>	0 865		
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0 865	<p>Continued From page 16</p> <p>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>HWS Site #1</p> <p>C1</p> <p>C1's medical record was reviewed. C1's diagnoses included, but were not limited to, bipolar disorder, major depressive disorder, bulimia nervosa, and arthritis.</p> <p>C1's medical records indicated C1's initiation of services and admission date was October 1, 2020. C1's service plan indicated an effective date of October 30, 2020 but was not signed by C1 until February 9, 2021. The service plan indicated C1 received assistance with case management, standby assist while exercising, appointment reminders, routine housekeeping, and temperature monitoring.</p> <p>C2</p> <p>C2's medical record was reviewed. C2's diagnoses included, but were not limited to, spinal stenosis, major depressive disorder, and radiculopathy.</p> <p>C2's medical records initiation of services and admission date was November 4, 2020. C2's service plan indicated an effective date of December 12, 2020, and C2 signed the service</p>	0 865		

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0 865	<p>Continued From page 17</p> <p>plan on December 12, 2020. The service plan indicated C2 received assistance with dressing, nail care, housekeeping, laundry, trash, topical cream to lower extremities, and elopement risk evaluation.</p> <p>C3</p> <p>C3's medical record was reviewed. C3's diagnoses included, but were not limited to, schizoaffective disorder, post-traumatic stress disorder, borderline personality disorder, and obsessive-compulsive disorder.</p> <p>C3's medical record indicated C3's initiation of services and admission date was September 2, 2020. C3's service plan indicated an effective date of January 6, 2021, and C3 signed the service plan on January 6, 2021. The service plan indicated C3 received assistance with case management, medication reminders, medication set-up, temperature monitoring, weight monitoring, and skin condition monitoring.</p> <p>C4</p> <p>C4's medical record was reviewed. C4's diagnoses included, but were not limited to, schizoaffective disorder, major depressive disorder, borderline personality disorder, chronic obstructive pulmonary disease, and emphysema.</p> <p>C4's medical records indicated C4's initiation of services and admission date was September 4, 2020. C4's service plan indicated an effective date of September 11, 2020 but was not signed by C4 until December 15, 2020. C4's service plan indicated C4 received assistance with activity reminders and temperature monitoring.</p>	0 865		

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0 865	<p>Continued From page 18</p> <p>C5</p> <p>C5's medical record was reviewed. C5's diagnoses included, but were not limited to, schizoaffective disorder, bipolar, and non-insulin dependent diabetes.</p> <p>C5's medical records indicated C5's initiation of services and admission date was September 29, 2020. C5's service plan indicated an effective date of November 25, 2020 and was not signed by C5 until December 16, 2020. C5's service plan indicated C5 received assistance with temperature monitoring, housekeeping, trash removal, blood glucose queuing, bathing reminders, dressing reminders, TED hose, nail care, injection administered two times a month by a nurse, and glucometer calibration by a nurse.</p> <p>C6</p> <p>C6's medical record was reviewed. C6's diagnoses included, but were not limited to, major depressive disorder, post-traumatic stress disorder, anxiety disorder, paranoid personality disorder, panic disorder, and alcohol abuse.</p> <p>C6's medical records indicated C6's initiation of services and admission date was September 28, 2020. C6's service plan indicated an effective date of October 29, 2020 and was signed by C6 on November 24, 2020. C6's service plan indicated C6 received assistance with housekeeping, elopement risk evaluation, and temperature monitoring.</p> <p>During an interview on May 5, 2021, at 11:45 a.m., the Director of Operations (DOO)-A said that the facility had difficulty maintaining a reliable staff of nurses. She said the facility was</p>	0 865		

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0 865	Continued From page 19 supplementing the nurse team with agency nurses but said there was a corporate nurse available for consultation, as needed. Licensee's policy titled, Development and Revision of the Service Plan, dated January 2020, indicated that an RN, therapist, or other licensed health professional would develop and finalize a service plan for each client no later than fourteen (14) days after the initiation of non-delegated home care services but prior to the initiation of any delegated home care services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) Days	0 865		
0 875 SS=F	144A.4791, Subd. 10 Termination of Service Plan Subd. 10.Termination of service plan. (a) If a home care provider terminates a service plan with a client, and the client continues to need home care services, the home care provider shall provide the client and the client's representative, if any, with a written notice of termination which includes the following information: (1) the effective date of termination; (2) the reason for termination; (3) a list of known licensed home care providers in the client's immediate geographic area; (4) a statement that the home care provider will participate in a coordinated transfer of care of the client to another home care provider, health care provider, or caregiver, as required by the home	0 875		

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0 875	<p>Continued From page 20</p> <p>care bill of rights, section 144A.44, subdivision 1, clause (17);</p> <p>(5) the name and contact information of a person employed by the home care provider with whom the client may discuss the notice of termination; and</p> <p>(6) if applicable, a statement that the notice of termination of home care services does not constitute notice of termination of the housing with services contract with a housing with services establishment.</p> <p>(b) When the home care provider voluntarily discontinues services to all clients, the home care provider must notify the commissioner, lead agencies, and ombudsman for long-term care about its clients and comply with the requirements in this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to include the required content in a termination of service plan for two of two clients (C1, C2) reviewed for discharge. The licensee's letters to the clients did not include the reasons for discharge/discontinuation of services, a list of known home care providers nor a statement that the licensee would participate in a coordinated transfer of care.</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</p>	0 875		
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0 875	<p>Continued From page 21 of the clients).</p> <p>Findings include:</p> <p>HWS Site #1</p> <p>C1</p> <p>C1's medical record was reviewed. C1's diagnoses included, but were not limited to, bipolar disorder, major depressive disorder, bulimia nervosa, and arthritis.</p> <p>C1's service plan dated February 9, 2021, indicated C1 received assistance with case management, standby assistance while exercising, appointment reminders, routine housekeeping, and temperature monitoring.</p> <p>C1's 30-day notice was dated April 9, 2021, with an order to vacate the property no later than May 9, 2021. The notice stated due to the pandemic Executive Order, eviction is not enforceable. However, the notice still asked C1 to vacate her apartment as soon as possible. No reason was provided on the notice for the termination. The notice did not include a list of known licensed home care providers in C1's immediate geographic area, nor a statement that the home care provider would participate in a coordinated transfer of care of C1 to another home care provider, health care provider, or caregiver, as required by the home care bill of rights.</p> <p>During an interview on May 4, 2021, at 11:12 a.m., C1 stated she did not know why she was being evicted nor why her services were discontinued. C1 stated she believed it was in retaliation for making complaints against the facility.</p>	0 875		
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0 875	<p>Continued From page 22</p> <p>C2</p> <p>C2's medical record was reviewed. C2's diagnoses included, but were not limited to, spinal stenosis, major depressive disorder, and radiculopathy.</p> <p>C2's service plan dated December 12, 2021, indicated C2 received assistance with dressing, nail care, housekeeping, laundry, trash, topical cream to lower extremities, and elopement risk evaluation.</p> <p>C2's eviction/service termination notice was requested, but not provided.</p> <p>Email correspondence dated February 8 and 9, 2021, indicating discussions occurred between licensee staff and C2's case manager. C2's case manager requested supporting documentation for cares that were indicated on C2's service plan, but documentation was not provided. C2 did not receive a list of known licensed home care providers in C2's immediate geographic area, nor a statement that the home care provider would participate in a coordinated transfer of care of C2 to another home care provider, health care provider, or caregiver, as required by the home care bill of rights.</p> <p>During an interview on May 4, 2021, at 10:20 a.m., C2 stated he did not know why he was being evicted nor why his services were discontinued. C2 stated he believed it was in retaliation for making complaints against the facility.</p> <p>During an interview on May 4, 2021, at 1:10 p.m., the licensee's Administrator (Admin)-A said he did</p>	0 875		

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0 875	Continued From page 23 not have much information about the evictions or discontinuation of services. Licensee's policy titled, Termination of a Client's Home Care Services, dated January 2020, indicated upon termination of all or part of a client's service plan, the client will be provided with written notice including date and time of termination; the reason why services are being terminated; a list of home care providers in the client's geographic area; a statement of agency coordination; and contact information for the Ombudsman for Long-term Care. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) Days	0 875		
01080 SS=F	144A.4794, Subd. 3 Contents of Client Record Subd. 3.Contents of client record. Contents of a client record include the following for each client: (1) identifying information, including the client's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified; (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require	01080		

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01080	<p>Continued From page 24</p> <p>documentation, and other relevant health records;</p> <p>(5) client's advance directives, if any;</p> <p>(6) the home care provider's current and previous assessments and service plans;</p> <p>(7) all records of communications pertinent to the client's home care services;</p> <p>(8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;</p> <p>(9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation that services have been provided as identified in the service plan;</p> <p>(11) documentation that the client has received and reviewed the home care bill of rights;</p> <p>(12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3;</p> <p>(13) documentation of complaints received and resolution;</p> <p>(14) discharge summary, including service termination notice and related documentation, when applicable; and</p>	01080		

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01080	<p>Continued From page 25</p> <p>(15) other documentation required under this chapter and relevant to the client's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to ensure all required components of the client record were present and available for six of six clients (C1, C2, C3, C4, C5, C6) reviewed.</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>HWS Site #1</p> <p>C1</p> <p>C1's medical record was reviewed. C1's diagnoses included, but were not limited to, bipolar disorder, major depressive disorder, bulimia nervosa, and arthritis.</p> <p>C1's medical records indicated C1's initiation of services and admission date was October 1, 2020. C1's service plan indicated an effective date of October 30, 2020, and indicated C1 received assistance with case management, standby assist while exercising, appointment reminders, routine housekeeping, and</p>	01080		

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01080	<p>Continued From page 26</p> <p>temperature monitoring.</p> <p>C1's medical record did not contain a service plan completed within fourteen (14) days of initiation of services; documentation that services annotated in the service plan were provided; a written complaint notice; an individual medication management plan developed by a registered nurse prior to the provision of services; or an individual treatment/therapy plan developed by a registered nurse prior to the provision of services.</p> <p>C2</p> <p>C2's medical record was reviewed. C2's diagnoses included, but were not limited to, spinal stenosis, major depressive disorder, and radiculopathy.</p> <p>C2's medical records initiation of services and admission date was November 4, 2020. C2's service plan indicated an effective date of December 12, 2020, and C2 signed the service plan on December 12, 2020. C2's service plan indicated C2 received assistance with dressing, nail care, housekeeping, laundry, trash, topical cream to lower extremities, and elopement risk evaluation.</p> <p>C2's medical record did not contain a service plan completed within fourteen (14) days of initiation of services; documentation that services annotated in the service plan were provided; a written complaint notice; an individual abuse prevention plan (IAPP); or an individual medication management plan developed by a registered nurse prior to the provision of services. C2's medication management plan was developed by a licensed practical nurse dated November 19, 2020. C2's record lacked an individual</p>	01080		

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01080	<p>Continued From page 27</p> <p>treatment/therapy plan developed by a registered nurse prior to the provision of services.</p> <p>C3</p> <p>C3's medical record was reviewed. C3's diagnoses included, but were not limited to, schizoaffective disorder, post-traumatic stress disorder, borderline personality disorder, and obsessive-compulsive disorder. C3's medical record indicated C3's initiation of services and admission date was September 2, 2020, and received assistance with case management, medication reminders, medication set-up, temperature monitoring, weight monitoring, and skin condition monitoring.</p> <p>C3's medical record lacked did not contain a service plan completed within fourteen (14) days of initiation of services; documentation that services annotated in the service plan were provided; a written complaint notice; an individual medication management plan developed by a registered nurse prior to the provision of services; or an individual treatment/therapy plan developed by a registered nurse prior to the provision of services.</p> <p>C4</p> <p>C4's medical record was reviewed. C4's diagnoses included, but were not limited to, schizoaffective disorder, major depressive disorder, borderline personality disorder, chronic obstructive pulmonary disease, and emphysema. C4's medical records indicated C4's initiation of services and admission date was September 4, 2020. C4's service plan indicated an effective date of September 11, 2020 but was not signed by C4 until December 15, 2020. and that C4</p>	01080		

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01080	<p>Continued From page 28</p> <p>received assistance with activity reminders and temperature monitoring.</p> <p>C4's medical record did not contain a service plan completed within fourteen (14) days of initiation of services; documentation that services annotated in the service plan were provided; or a written complaint notice. C4's service did not indicate C4 received medication management services; however, license staff were administering C4's medications. C4's record did not contain an individual treatment/therapy plan developed by a registered nurse prior to the provision of services.</p> <p>C5</p> <p>C5's medical record was reviewed. C5's diagnoses included, but were not limited to, schizoaffective disorder, bipolar, and non-insulin dependent diabetes.</p> <p>C5's medical records indicated C5's initiation of services and admission date was September 29, 2020. C5's service plan with an effective date of November 25, 2020, indicated C5 received assistance with temperature monitoring, housekeeping, trash removal, blood glucose queuing, bathing reminders, dressing reminders, TED hose, nail care, injection administered two times a month by a nurse, and glucometer calibration by a nurse.</p> <p>C5's medical record did not contain a service plan completed within fourteen (14) days of initiation of services; documentation that services annotated in the service plan were provided; a written complaint notice; or an individual treatment/therapy plan developed by a registered nurse prior to the provision of services.</p>	01080		

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01080	<p>Continued From page 29</p> <p>C6</p> <p>C6's medical record was reviewed. C6's diagnoses included, but were not limited to, major depressive disorder, post-traumatic stress disorder, anxiety disorder, paranoid personality disorder, panic disorder, and alcohol abuse.</p> <p>C6's medical records indicated C6's initiation of services and admission date was September 28, 2020. C6's service plan indicated an effective date of October 29, 2020 and was signed by C6 on November 24, 2020. C6's service plan indicated the client received assistance with housekeeping, elopement risk evaluation, and temperature monitoring.</p> <p>C6's medical record did not contain a service plan completed within fourteen (14) days of initiation of services; documentation that services annotated in the service plan were provided; a written complaint notice; or an individual medication management plan developed by a registered nurse prior to the provision of services. C6's medication management plan dated April 20, 2021, was developed by a licensed practical nurse. C6's record did not contain an individual treatment/therapy plan developed by a registered nurse prior to the provision of services.</p> <p>During an interview on May 5, 2021, at 11:45 a.m., the Director of Operations (DOO)-A said that the licensee had difficulty maintaining a reliable staff of nurses. The DOO-A stated the licensee was supplementing the nurse team with agency nurses but said there was a corporate nurse available for consultation as needed.</p> <p>Licensee's policy titled, Content of Client Records, dated January 2020, indicated that the</p>	01080		

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01080	Continued From page 30 client record is a legal document and entries must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) Days	01080		
01210 SS=F	144A.4797, Subd. 1(b) Availability of Contact Person - Comp (b) A home care provider with a comprehensive home care license must have a registered nurse available for consultation to staff performing delegated nursing tasks and must have an appropriate licensed health professional available if performing other delegated services such as therapies. This MN Requirement is not met as evidenced by: Based on interview, observation, and record review, the licensee failed to ensure a registered nurse (RN) was available for consultation to unlicensed staff performing delegated duties and tasks. RN-B was the only licensed nurse on staff at the licensee's housing with services (HWS) #2 location to provide consultation 24 hours a day, 7 days a week regardless of illness, vacations, or other employment. 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) was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected	01210		

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01210	<p>Continued From page 31</p> <p>or has the potential to affect a large portion or all the clients).</p> <p>Findings Include:</p> <p>Housing with Services (HWS) #2</p> <p>C1's medical record was reviewed. C1's medical diagnoses included, but were not limited to, schizoaffective disorder and low average intelligence with extremely low adaptive skills. C1's signed service plan dated January 13, 2021, indicated in the section titled, Contingency Plan, that if services cannot be provided, staff will call 911, the RN, and the licensee's program director.</p> <p>During an observation on May 4, 2021, at 9:30 a.m., the MDH surveyor asked program director (PD)-A for information regarding how staff is supposed to contact RN-B. Both PD-A and program coordinator (PC)-F said RN-B's phone number was on the emergency contact list posted in the hallway. The MDH surveyor pointed out to both PD-A and PC-F that RN-B's number was not on the list. PD-A gave the MDH surveyor RN-B's number from his cell phone. PC-F said staff were access RN-B's contact information on a document in the shared computer; however, PC-F was unable to provide this document.</p> <p>During an interview on May 5, 2021, at 1:00 p.m., RN-B said she started working for the licensee in March of 2016 and was the only RN on staff at HWS #2. RN-B said she is onsite at the licensee on Monday, Wednesday, and Thursday every week, and her phone number was on an emergency contact list. RN-B said if she cannot be reached, staff have been instructed to call PD-A, the director of operations (DOO)-D or the owner. RN-B said PD, DOO and the owner are</p>	01210		
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01210	<p>Continued From page 32</p> <p>not RNs, and there could be a time where staff may not be able to reach an RN for consultation. RN-B said there was no back-up plan if RN-B becomes ill or misses work. RN-B said she had surgery in November of 2020 and was expected to answer her work cell phone from the hospital. RN-B said she has not had a vacation since starting work with the licensee five years ago.</p> <p>During an interview on May 5, 2021, at 2:59 p.m., DOO-D said RN-B's number is posted on the emergency contact list in the licensee's hallway. The MDH surveyor read the emergency contact list to DOO-D during the interview. The emergency contact list did not have RN-B's contact information for unlicensed personnel (ULP) to have consultation, if needed. DOO-D said she was not certain why RN-B's number was not on the list. DOO-D said staff were instructed to contact RN-B, PD-A, or a nurse at one of the licensee's other programs. There was no other program RN contact information available on licensee's emergency contact list.</p> <p>Licensee's policy titled, Registered Nurse (RN) On-Call Policy, dated January 2020, indicated an RN would be available for consultation at all times when staff provided services to clients. The licensee's policy indicated the licensee would make adequate provisions to ensure RN coverage was available at all times, including when regular nursing staff was off duty, on vacation or on sick leave.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) Days</p>	01210		

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01252	Continued From page 33	01252		
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 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 observation, interview, 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. This had the potential to affect all clients and staff.</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>Findings Include:</p> <p>Housing with Services (HWS) # 2</p> <p>SCREENING of VISITORS</p> <p>The licensee failed to immediately screen visitors and staff upon entering for fever and COVID-19 symptoms per Minnesota Department of Health (MDH) guidelines.</p> <p>The MDH COVID-19 Toolkit, Information for</p>	01252		

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01252	<p>Continued From page 34</p> <p>Long-Term Care Facilities, updated March 8, 2021, indicated the greatest risk of COVID entering a facility is the movement of persons in and out. The tool kit indicated licensees to screen and restrict visitors who have symptoms of COVID-19. The tool kit also indicated to screen all staff for fever and symptoms of illness before starting each shift.</p> <p>During an observation on May 4, 2021 at 9:00 a.m., two MDH surveyors entered the licensee's premises and were greeted by program director (PD)-A. Program Coordinator (PC)-F was sitting in the hall at her desk, with a sign in sheet and questions in front of her. Neither PD-A nor PC-F screened the surveyors for COVID-19 symptoms.</p> <p>During an observation on May 4, 2021 at 9:40 a.m., the MDH surveyor asked PD-A for a copy of the staff sign in sheet and COVID questionnaire. PC-F stated all staff are screened before the start of their assigned shift. The MDH surveyor saw PD-A's COVID-19 screening was not on the list. When asked, PD-A said he had not screened himself yet. PD-A said he arrived at the licensee at 8:30 a.m. PD-A proceeded to screen himself at this time.</p> <p>During an observation on May 4, 2021 at 12:30 p.m., the MDH surveyor asked PD-A for a copy of the sign in sheet and COVID questionnaire which was on PC-F's desk. PD-A asked both MDH surveyors to be screened. PD-A wrote in "9:00 a.m." as the time "in" for both MDH surveyors but the COVID-19 screening for both surveyors did not take place until 12:30 p.m. and was documented as performed at 9:00 a.m.</p> <p>During an interview on May 4, 2021 at 1:30 p.m., PD-A said he arrived at the licensee at 8:30 a.m.,</p>	01252		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H28733	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2021
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NAME OF PROVIDER OR SUPPLIER ZUMBRO HOUSE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 525 COMMONS DRIVE WOODBURY, MN 55125
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01252	<p>Continued From page 35</p> <p>though he did not screen himself until 9:40 am. PD-A stated, "You guys slipped through, was I supposed to screen you guys?".</p> <p>Licensee's policy titled, COVID-19 Action Plan, undated, indicated the licensee screened visitors prior to entry for COVID-19 symptoms. The policy also indicated the licensee actively screened staff for COVID-19 symptoms when reporting for duty.</p> <p>CLEANING AND DISINFECTING</p> <p>The licensee failed to properly clean and disinfect frequently touched services, to prevent the spread of COVID-19, per MDH guidelines.</p> <p>The MDH COVID-19 Toolkit, Information for Long-Term Care Facilities, updated March 8, 2021, indicated frequently touched services such as door handles, bathroom surfaces, and hand rails should be cleaned at least daily. The tool kit also indicated facilities to disinfect surfaces with an environmental protection agency (EPA) registered disinfectant which indicated effectiveness against human coronavirus or emerging viral pathogens.</p> <p>During an observation on May 4, 2021, at 10:55 a.m., the licensee did not post a daily cleaning log detailing when high service areas were cleaned and how often.</p> <p>During an interview on May 4, 2021, at 11:00 a.m., PD-A said staff cleaned living areas staff did not follow a written cleaning schedule. PD-A said the licensee did not employ housekeeping or maintenance staff and ULP staff was responsible for cleaning. PD-A said clients were responsible for cleaning their apartments. PD-A said the</p>	01252		

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01252	<p>Continued From page 36</p> <p>licensee used Clorox bleach to disinfect areas. PD-A did not know which specific type of bleach the licensee used nor the contact time in which the disinfectant was effective.</p> <p>Licensee's policy titled, COVID-19 Action Plan, undated, indicated staff education was provided regarding cleaning equipment. The licensee's policy also indicated that every piece of shared equipment should be cleaned and disinfected frequently.</p> <p>No further information was provided.</p> <p>Time Period to Correct: Two (2) Days.</p>	01252		