



STATE LICENSING COMPLIANCE REPORT

Report #: HL32659002C

Date Concluded: February 28, 2022

Name, Address, and County of Facility

Investigated:

Centric Healthcare
3261 19th Street Northwest
Rochester, MN 55901
Olmsted County

Facility Type: Home Care Provider

Evaluator's Name: Stacia Hansen, RN

Special Investigator

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 651-201-4201 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: H32659	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2022
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NAME OF PROVIDER OR SUPPLIER CENTRIC HEALTHCARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3261 19TH ST NW ROCHESTER, MN 55901
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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, these correction orders are issued pursuant to a complaint investigation. 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 January 19, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 10 clients receiving services under the provider's comprehensive license.</p> <p>The following correction orders are issued for #HL32659002C, tag identification 0340 and 0875.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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).</p>	
0 340 SS=D	144A.44, Subd. 1(a)(17) Advance Notice of Changes	0 340		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 340	<p>Continued From page 1</p> <p>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:</p> <p>(17) at least ten calendar days' advance notice of the termination of a service by a home care provider, except at least 30 calendar days' advance notice of the service termination shall be given by a home care provider for services provided to a client residing in an assisted living facility as defined in section 144G.08, subdivision 7. This clause does not apply in cases where:</p> <p>(i) the client engages in conduct that significantly alters the terms of the service plan with the home care provider;</p> <p>(ii) the client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or</p> <p>(iii) an emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to provide at least ten calendar days advance notice of the termination of service for one of one clients (C1) reviewed for discharge.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or</p>	0 340		

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0 340	<p>Continued From page 2</p> <p>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>C1's record indicated the client began receiving services from the licensee on September 23, 2018, due to a complex medical history that included severe hypoxic ischemic encephalopathy, pulmonary hypertension, seizure disorder, visual impairment, osteoporosis with history of fractures, reflux, and cerebral palsy.</p> <p>C1's plan of care for certification period dated November 5, 2021 to January 3, 2022 indicated C1 received services from the licensee that included private duty nursing in the home to ensure a safe plan of care. C1 required skilled nursing 24 hours/7 days per week due to being trach and ventilator dependent. Also, licensed practical nurse (LPN) or registered nurse (RN) would assist with nursing observations of body systems on hourly basis.</p> <p>C1's client discharge visit dated December 3, 2021, indicated C1's summary of care included:</p> <ul style="list-style-type: none"> -airway clearance with vest, nebulizers, and cough assist; -assessing for pulmonary hypertensive crisis; -monitoring his cardiopulmonary status (tracheostomy and ventilator); -care, cleaning, and suctioning of his tracheostomy and stoma; -gastrostomy feeds over 20 hours; -positioning and maintenance of skin care due to scoliosis and immobility; and 	0 340		

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0 340	<p>Continued From page 3</p> <p>-monitoring of seizures</p> <p>A review of email correspondence dated November 18, 2021, indicated discussions occurred between director of operations (DOO)-C and C1's (FM)-A about the licensee putting services for C1 on hold effective November 24, 2021, at 8:00 p.m. and if the agency's staffing status continued to be the same then discharge date would be on Friday, December 2, 2021.</p> <p>Correspondence indicated the licensee provided six days notice prior to the licensee not providing services.</p> <p>C1's November 2021 client schedule indicated the licensee did not provide nursing care in the home from 8:00 a.m. to 8:00 p.m. on November 20 and 21, 2021. In addition to not providing nursing care in the home from 6:00 p.m. to 11:00 p.m. and 11:00 p.m. to 8:00 a.m. on November 22 and 23, 2021. C1's home care services ended on November 24, 2021 at 7:57 p.m. and discharge visit was completed on December 3, 2021 at 9:00 a.m.</p> <p>C1's discharge summary dated December 3, 2022, indicated multiple staff members submitted resignation and the licensee no longer had enough staff to provide care 24/7 for C1.</p> <p>During an interview on February 22, 2022, at 1:00 p.m., FM-A stated the licensee provided C1 with assistance/cares 24 hours/7 days per week for approximately three years. FM-A stated he was employed by the licensee and resigned on November 18, 2021. FM-A stated he received an email from DOO-C on November 18, 2021, that C1's services would be put on hold on November 24, 2021, at 8:00 p.m. and C1 would be</p>	0 340		

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0 340	<p>Continued From page 4</p> <p>discharged on December 2, 2021 due to lack of staff to provide cares.</p> <p>During an interview on February 22, 2022, at 10:00 a.m., owner (O)-B stated there was not enough staff to care for C1 24/7 after multiple nurses put in notices to end their employment with the agency. O-B reported issues started with FM-A after he was notified there would be a temporary reduction of his hourly wage he received from the licensee. O-B stated three nurses quit around November 21, 2021, and a contracted nurse only wanted to work one day per week. O-B said if they do not have enough staff to properly care for a client then they will ask other nursing staff if they are willing to work extra hours to help out. O-B said they usually give 14 day notice for discharges but they already knew C1 would be leaving the licensee for another home care agency.</p> <p>During an interview on February 23, 2022, at 2:30 p.m., DOO-C stated FM-A resigned as LPN from the agency on November 18, 2021, and multiple nurses quit all around the same time which included one nurse who changed her employment status from full time to part time. DOO-C reported an external agency provided training on trach/vent cares for their nursing staff because they needed proper training to provide care for C1.</p> <p>After an interview on February 23, 2022, at 2:30 p.m., the DOO-C sent an email at 4:09 p.m. to the surveyor to clarify when the four nurses assigned to C1's home care resigned; it left only four full time nurses in the area. However, those other four nurses already had schedule hours for other clients and refused to get trained for trach/vent care.</p>	0 340		

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0 340	Continued From page 5 The licensee's undated policy titled, "Discharge Criteria and Planning," indicated the client is informed of discharge in a timely manner and acknowledges understanding of the reason. The policy also indicated evaluation client's discharge needs and discharge plan must be documented in a timely manner. The evaluation must be included in the medical record and discussed with client or client representative. TIME PERIOD FOR CORRECTION: Seven (7) days	0 340		
0 875 SS=D	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 care bill of rights, section 144A.44, subdivision 1, clause (17); (5) the name and contact information of a person	0 875		

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0 875	<p>Continued From page 6</p> <p>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 ensure a written notice of termination included all the required contents in a termination of services for one of one clients (C1) reviewed for discharge. The termination notice failed to include a list of other providers in the area, a statement the licensee would participate in transfer of services, and whom the client can contact about the notice.</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>	0 875		

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0 875	<p>Continued From page 7</p> <p>C1's record indicated the client began receiving services from the home care provider on September 23, 2018, due to a complex medical history that included severe hypoxic ischemic encephalopathy, pulmonary hypertension, seizure disorder, visual impairment, osteoporosis with history of fractures, reflux, and cerebral palsy.</p> <p>C1's plan of care for certification period dated November 5, 2021 to January 3, 2022 indicated C1 received services from the home care provider that included private duty nursing in the home to ensure a safe plan of care. C1 required skilled nursing 24 hours/7 days per week due to being trach and ventilator dependent. Also, licensed practical nurse (LPN) or registered nurse (RN) would assist with nursing observations of body systems on hourly basis.</p> <p>C1's client discharge visit dated December 3, 2021, indicated C1's summary of care included: -airway clearance with vest, nebulizers, and cough assist; -assessing for pulmonary hypertensive crisis; -monitoring his cardiopulmonary status (tracheostomy and ventilator); -care, cleaning, and suctioning of his tracheostomy and stoma; -gastrostomy feeds over 20 hours; -positioning and maintenance of skin care due to scoliosis and immobility; and -monitoring of seizures</p> <p>C1's discharge summary dated December 3, 2022 indicated that multiple staff members submitted resignation and the licensee no longer had enough staff to provide care 24/7 for C1.</p> <p>A review of email correspondence dated November 18, 2021, indicated a discussion</p>	0 875		

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0 875	<p>Continued From page 8</p> <p>occurred between director of operations (DOO)-C and C1's family member (FM)-A about the licensee putting services for C1 on hold effective November 24, 2021, at 8:00 p.m. and discharge date would be on Friday, December 2, 2021. FM-A did not receive a name and contact information of a person employed by the home care provider with whom the client representative may discuss the notice of termination, nor a statement that the home care provider would participate in a coordinated transfer of care of C1 to another home care provider, as required by the home care bill of rights, nor a list of other providers in the area.</p> <p>During an interview on February 22, 2022, at 1:00 p.m., FM-A stated the licensee provided C1 with assistance/cares 24 hours/7 days per week for approximately three years. FM-A stated he was employed by the licensee and resigned on November 18, 2021. FM-A stated he received an email from DOO-C on November 18, 2021, C1's services would be put on hold on November 24, 2021, at 8:00 p.m. and C1 would be discharged on December 2, 2021 due to lack of staff to provide cares.</p> <p>During an interview on February 23, 2022, at 2:30 p.m., DOO-C stated FM-A resigned as LPN from the agency on November 18, 2021, and multiple nurses quit all around the same time which included one nurse who changed her employment status from full time to part time.</p> <p>The licensee's undated policy titled, "Discharge Criteria and Planning," indicated the agency will send all necessary medical information pertaining to the patient to the receiving facility to ensure safe and effective transition of care.</p>	0 875		

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0 875	Continued From page 9 TIME PERIOD FOR CORRECTION: Seven (7) days	0 875		