

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL33214003M
Compliance #: HL33214004C

Date Concluded: April 13, 2022

Name, Address, and County of Licensee

Investigated:

Rest Care Home Services LLC
2421 West 98th Street
Bloomington, MN 55431
Hennepin County

Facility Type: Home Care Provider

Evaluator's Name: Willette Shafer, RN
Special Investigator
Rhylee Gilb, RN
Investigator Supervisor

Finding: Substantiated, facility and 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 facility neglected the client when the client was left alone at the facility without supervision.

Investigative Findings and Conclusion:

Neglect was substantiated. The facility and an alleged perpetrator (AP) were responsible for the maltreatment. The facility failed to provide 24-hour supervision and required services to the client. The client was left alone, without staff supervision in the facility. The AP, who was the facility owner and registered nurse (RN), provided no records the client had been assessed, had a service plan, documentation staff provided services and missed critical appointments for dialysis.

The investigation included interviews with facility staff members, including administrative staff. In addition, the investigator interviewed the client, the client's family member (FM), the client's RN case manager, and the intake nurse at the assisted living facility where the client was discharge to. The investigator reviewed Department of Human Services (DHS), licensing boards and Minnesota Department of Health (MDH) and DHS provider licensing information.

The client lived at the facility for 14 months prior to the incident due to diagnoses that included Alzheimer's disease, diabetes, and kidney disease. The client received services from the home care provider that included 24-hour supervision, medication management, transportation for appointments, grooming, housekeeping, meals, and shopping.

The MDH investigator completed a safety check at the facility where the client lived and observed the client at the facility alone without staff supervision. The client had to cook a meal for himself.

During an interview, the AP, the owner of Real Home Care Services temporary comprehensive home care license, said the staff "had a stomach issue so they went home." The AP, who was also the client's RN, said the client received 24-hour services. The AP said the client had "gone missing a couple times and missed some dialysis appointments." The AP said he received the payments for the home care services, however he was also employed by Rest Care Home Services and stated Rest Care Home Services provided the client's services. The AP stated the client lived in a home owned by Owner-2.

An email received after the visit from the AP, indicated the client was contracted with Rest Care Home Services since October 2020. Real Home Care Services had no clients at the time. The AP wrote he was aware both Rest Care Home Services and Real Home Care Services cannot operate within the same dwelling location. The AP wrote Real Home Care Services does not have an assisted living facility (ALF) license at the time and cannot accept clients.

An email received from Owner-1 of Rest Care Home Services, confirmed the client received comprehensive home care services from October 2020 through February 2022. Owner-1 stated Rest Care Home Services contracted with Home Care More Care for PCA (personal care attendant) services for the client.

An email received from the client's care coordinator, RN-1, who designated payment for the client's required services, indicated Owner-2 owns Real Home Care Services located at the client's dwelling address and Home Care More Care. RN-1 wrote Rest Care Home Services provided customized living services and received payment.

Home Care More Care advertised on the internet they provide customized living services at the same address the client provided. However, Home Care More Care did not have an identified Department of Human Services nor a MDH license to operate. Home Care More Care #2, owned by Owner-2 had been denied a comprehensive home care provider license in February 2021

after a failed initial survey. DHS background information concluded the AP also worked for Home Care More Care #2 as the provider's RN.

Owner-2 submitted an application for an ALF license for Real Home Care Services, at the same address the client resided. The application had not been granted at the time of the investigation and could not provide services to clients.

Out of Owner-1, Owner-2 and the AP, only the AP held a Minnesota registered nurse license and temporary permit for a Minnesota licensed assisted living director.

During the initial temporary comprehensive home care license survey for Real Home Care Services, the AP stated the main office was located at the same location the client had resided and the same location as Owner-2's ALF application address. The AP stated the address on the temporary comprehensive license application for Real Home Care Services was occupied by renters, which were not clients receiving services. The AP said Real Home Care Services does not have any current clients or staff. The AP said he was Real Home Care Services employed RN but did not provide an employee file for himself. The AP said Real Home Care Services did not have any policies and procedures, the clients medical record was unavailable he cared for under Rest Care Home Services and the only document provided to the surveyor was a generic copy of the Minnesota Home Care Bill of Rights. The AP verified the client lived in the home from August 2020 through February 2022.

During an interview, RN-1 said the client required 24-hour care due to physical and mental needs. RN-1 said it was reported that the client was left at the home alone, unsupervised multiple times.

During an interview, RN-2, who completed the client's admission after the client was discharged from the Real Home Care Services and/or Rest Home Care Services, said the only document the home care provider sent the assisted living facility was a blank medication administration record. RN-2 said the client's medical records were received from the client's primary clinic. RN-2 said the client's paperwork did not indicate a home care provider's name.

During an interview, the family member (FM) said the client was left alone at the facility many times. The FM said the client required a special diet for his medical conditions. The FM said the home care provider failed to provide the client with meals, which required the client to order food that was not within the client's medical diet parameters. The FM said the client fell several times while at the facility without staff there to assist him. The FM said the client missed several necessary medical appointments. The FM said the family never received a service plan or care plan despite several requests.

During an interview, the client said he received 24-hour care but was often left alone at the home. The client said the day an investigator came to the facility to check on him, he had been at the facility alone all day. The client said he was alone "a lot," about four days per week. The

client said the staff told him they did not know how to cook so the client ordered most of his food from restaurants. The client said after the MDH investigator came to the home, the staff started to cook some meals. The client said he ate cold cereal for breakfast because staff were not there to cook. The client said he never received a care plan or service plan from the home care provider. The client said he did not receive the services he was supposed to receive.

In conclusion, neglect 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.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means:

- (a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
 - (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
 - (2) which is not the result of an accident or therapeutic conduct.
- (b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Vulnerable Adult interviewed: Yes.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The client was discharged.

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. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the

Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Anoka County Attorney

Coon Rapids City Attorney

Coon Rapids Police Department

Minnesota Board of Nursing

Minnesota Board of Executives for Long Term Services and Supports

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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, these correction orders are issued pursuant to a complaint 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>#HL33214004C/#HL33214003M</p> <p>On December 29, 2021, 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 1 clients reviewed receiving services under the provider's comprehensive home care license.</p> <p>The following correction orders are issued for #HL33214004C/#HL33214003M, tag identification 325, 470, 645 and 865.</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>	
0 325	<p>144A.44, Subd. 1(a)(14) Free From Maltreatment</p> <p>Subdivision 1.Statement of rights. (a) A client who</p>	0 325		

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 325	<p>Continued From page 1</p> <p>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;</p> <p>This MN Requirement is not met as evidenced by: Based on observations, interviews, and document review, the facility failed to ensure one of one clients reviewed (C1) was free from maltreatment. C1 was neglected.</p> <p>Findings include:</p> <p>On April 11, 2022, the Minnesota Department of Health (MDH) issued a determination that neglect occurred, and that the facility and an individual staff person were 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.</p>	0 325	No Plan of Correction (PoC) required. Please refer to the public maltreatment report (report sent separately) for details of this tag.	
0 470 SS=G	<p>144A.472, Subd. 2 Comprehensive License Applications</p> <p>Subd. 2.Comprehensive home care license applications. In addition to the information and fee required in subdivision 1, applicants applying for a comprehensive home care license must also provide verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement</p>	0 470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 470	<p>Continued From page 2</p> <p>the policies and procedures in this subdivision and keep them current:</p> <p>(1) conducting initial and ongoing assessments of the client's needs by a registered nurse or appropriate licensed health professional, including how changes in the client's conditions are identified, managed, and communicated to staff and other health care providers, as appropriate;</p> <p>(2) ensuring that nurses and licensed health professionals have current and valid licenses to practice;</p> <p>(3) medication and treatment management;</p> <p>(4) delegation of home care tasks by registered nurses or licensed health professionals;</p> <p>(5) supervision of registered nurses and licensed health professionals; and</p> <p>(6) supervision of unlicensed personnel performing delegated home care tasks.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the comprehensive licensed home care provider failed to show they had met the requirements of licensure when any client records including but not limited to assessments, services plans, progress notes, and indivial abuse prevention plan was not provided for of one of one client (C1) reviewed.</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death,</p>	0 470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	--------------------

0 470	<p>Continued From page 3</p> <p>or a violation that has the potential to lead to serious injury, impairment, or death), 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>The findings include:</p> <p>During an onsite visit on December 29, 2021, surveyor from the Minnesota Department of Health (MDH) responded to a concern that C1 was being left alone at the home unsupervised. Upon entrance to C1's 1052 95th Lane Northwest Coon Rapids, MN 55443, the surveyor found C1 alone, unsupervised despite requiring 24-7 supervision. C1 had been cooking alone for himself. The surveyor called the registered nurse (RN)-A, at that time and RN-A said the staff "had a stomach issue so they went home." RN-A said C1 received 24-hour services. RN-A said C1 had "gone missing a couple times and missed some dialysis appointments." RN-A said he received the payments for the home care services provided to the C1. RN-A stated Rest Care Home Services provided C1's services and owner (O)-E owned the home C1 rented from. RN-A stated he was employed by Rest Care Home Services. RN-A stated he did not have any client records for C1, including assessments, services plans, et cetera.</p> <p>An email dated December 31, 2021, from RN-A indicated C1 was contracted with Rest Care Home [Services] since October 29, 2020. Real Home Care [Services] had no clients at this time. RN-A wrote he was aware both Rest Care Home [Services] and Real Home Care [Services] cannot operate within the same dwelling location. RN-A wrote Real Home Care Services does not have an assisted living facility (ALF) license at this time</p>	0 470		
-------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 470	<p>Continued From page 4</p> <p>and cannot accept clients.</p> <p>On March 7, 2022, at approximately 9:30 a.m., surveyor met RN-A at address requested, 1052 95th Lane Northwest Coon Rapids, MN 55443 because it was the office location. RN-A stated he was the owner of the temporary comprehensive home care provider license, Real Home Care Services and said the address listed on the application (1020 95th lane Northwest Coon Rapids, MN 55443), was occupied by renters. Surveyor requested medical records for previous client (C1) who recently resided in the home. RN-A said C1 received service in the home from Rest Care Home Services which RN-A also worked for and verified dates C1 lived in the home as August 20, 2020, to February 27, 2022. RN-A said C1's medical record was unavailable. The only document supplied to the surveyor was a generic copy of the Minnesota Home Care Bill of Rights.</p> <p>MDH licensing received an application for an ALF license for the address 1052 95th Lane Northwest Coon Rapids, MN 55443. The ownership of the ALF license application was a different owner, (O-E), and the business name was called Real Home Care Services. The application of the license had not been granted a provisional license at the time of the survey.</p> <p>During an interview on March 11, 2022, at 3:15 p.m., C1's RN care coordinator (RN)-C said C1 required 24-hour care due to physical and mental needs. RN-C said it was reported that C1 was left at the home alone, unsupervised multiple times.</p> <p>Emails received on March 11, 2022, from RN-C indicated O-E owns the 1052 facility location and owns both Home Care More Care and Real</p>	0 470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 470	<p>Continued From page 5</p> <p>Home Care Services. Rest Care Home Services provided customized living services and received payment.</p> <p>An email received on April 7, 2022, at 6:55 p.m., owner (O-F) of Rest Care Home, indicated they did provide C1 nursing services with their comprehensive home care provider license from October 2020 through February 2022. O-F wrote Rest Care Home contracted with Home Care More Care to provide the PCA (personal care assistant) services.</p> <p>During a web search on April 11, 2022, "Homecare More Care LLC" did not have any webpages, except information found on MinnesotaHelp.info. The webpage indicated "Homecare More Care LL" provided customized living services and the address was 1052 95th Lane Northwest Coon Rapids, MN 55443.</p> <p>A Department of Human Service (DHS) license search conducted on April 11, 2022, indicated there was not a DHS for "Homecare More Care" nor "Home Care More Care."</p> <p>The MDH data base search conducted on April 11, 2022, did not locate any license titled "Homecare More Care" nor "Home Care More Care." There was a temporary comprehensive home care provider license named Home Care More Care #2 owned by O-E. However, the license failed their survey conducted on February 21, 2020 and was denied a comprehensive home care provider license.</p> <p>During an interview on March 10, 2022, at 1:00 p.m., the family member (FM)-B said C1 was left alone at the facility many times. FM-B said C1 required a special diet for his medical conditions.</p>	0 470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 470	<p>Continued From page 6</p> <p>FM-B said the home care provider failed to provide C1 with meals, which required C1 to order food that was not within C1's medical diet parameters. FM-B said C1 fell several times while at the facility without staff there to assist him. FM-B said C1 missed several necessary medical appointments. FM-B said the family never received a service plan or care plan despite several requests.</p> <p>During an interview on March 25, 2022, at 11:40 a.m., C1 said he received 24-hour care but was often left alone at the facility. C1 confirmed the day a MDH investigator came to the facility to check on him, he had been at the facility alone all day. C1 said he was alone at the facility about four days per week. C1 said the staff told him they did not know how to cook so C1 ordered most of his food from restaurants. C1 said the staff cooked some meals after the investigators initial visit. C1 said he ate cold cereal for breakfast because staff were not there to assist with meals. C1 said he never received a care plan or service plan from the home care provider. C1 said he did not receive the services he was supposed to receive.</p> <p>TIME PERIOD TO CORRECT: Seven (7) days</p>	0 470		
0 645 SS=G	<p>144A.475, Subd. 1 Conditions</p> <p>Subdivision 1.Conditions. (a) The commissioner may refuse to grant a temporary license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the home care provider or owner or managerial official of the home care provider:</p>	0 645		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 645	<p>Continued From page 7</p> <p>(1) is in violation of, or during the term of the license has violated, any of the requirements in sections 144A.471 to 144A.482;</p> <p>(2) permits, aids, or abets the commission of any illegal act in the provision of home care;</p> <p>(3) performs any act detrimental to the health, safety, and welfare of a client;</p> <p>(4) obtains the license by fraud or misrepresentation;</p> <p>(5) knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter;</p> <p>(6) denies representatives of the department access to any part of the home care provider's books, records, files, or employees;</p> <p>(7) interferes with or impedes a representative of the department in contacting the home care provider's clients;</p> <p>(8) interferes with or impedes a representative of the department in the enforcement of this chapter or has failed to fully cooperate with an inspection, survey, or investigation by the department;</p> <p>(9) destroys or makes unavailable any records or other evidence relating to the home care provider's compliance with this chapter;</p> <p>(10) refuses to initiate a background study under section 144.057 or 245A.04;</p> <p>(11) fails to timely pay any fines assessed by the</p>	0 645		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 645	<p>Continued From page 8</p> <p>department;</p> <p>(12) violates any local, city, or township ordinance relating to home care services;</p> <p>(13) has repeated incidents of personnel performing services beyond their competency level; or</p> <p>(14) has operated beyond the scope of the home care provider's license level.</p> <p>(b) A violation by a contractor providing the home care services of the home care provider is a violation by the home care provider.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview the licensee failed to provide access to all records to authorized person for one of one client (C1) reviewed and one of one employee (registered nurse (RN)-A). The deficient practice had the potential to affect any current or future clients.</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), 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>The findings include:</p> <p>During an onsite visit on December 29, 2021, surveyor from the Minnesota Department of Health (MDH) responded to a concern that C1</p>	0 645		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	--------------------

0 645	<p>Continued From page 9</p> <p>was being left alone at the home unsupervised. Upon entrance to C1's 1052 95th Lane Northwest Coon Rapids, MN 55443, the surveyor found C1 alone, unsupervised despite requiring 24-7 supervision. C1 had been cooking alone for himself. The surveyor called RN-A, at that time and RN-A said the staff "had a stomach issue so they went home." RN-A said C1 received 24-hour services. RN-A said C1 had "gone missing a couple times and missed some dialysis appointments." RN-A said he received the payments for the home care services provided to the C1. RN-A stated Rest Care Home Services provided C1's services and owner (O)-E owned the home C1 rented from. RN-A stated he was employed by Rest Care Home Services. RN-A stated he did not have any client records for C1, including assessments, services plans, et cetera.</p> <p>On March 7, 2022, at approximately 9:30 a.m., surveyor met RN-A at address requested, 1052 95th Lane Northwest Coon Rapids, MN 55443 because it was the office location. RN-A stated he was the owner of the temporary comprehensive home care provider license, Real Home Care Services and said the address listed on the application (1020 95th lane Northwest Coon Rapids, MN 55443), was occupied by renters. Surveyor requested medical records for previous client (C1) who recently resided in the home. RN-A said C1 received service in the home from Rest Care Home Services which RN-A also worked for and verified dates C1 lived in the home as August 20, 2020, to February 27, 2022. RN-A said C1's medical record was unavailable. The only document supplied to the surveyor was a generic copy of the Minnesota Home Care Bill of Rights.</p> <p>During an interview on March 11, 2022, at 3:15</p>	0 645		
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 645	<p>Continued From page 10</p> <p>p.m., C1's RN care coordinator (RN)-C said C1 required 24-hour care due to physical and mental needs. RN-C said it was reported that C1 was left at the home alone, unsupervised multiple times.</p> <p>Emails received on March 11, 2022, from RN-C indicated O-E owns the 1052 facility location and owns both Home Care More Care and Real Home Care Services. Rest Care Home Services provided customized living services and received payment.</p> <p>An email received on April 7, 2022, at 6:55 p.m., owner (O-F) of Rest Care Home, indicated they did provide C1 nursing services with their comprehensive home care provider license from October 2020 through February 2022. O-F wrote Rest Care Home contracted with Home Care More Care to provide the PCA (personal care assistant) services.</p> <p>During a web search on April 11, 2022, "Homecare More Care LLC" did not have any webpages, except information found on MinnesotaHelp.info. The webpage indicated "Homecare More Care LL" provided customized living services and the address was 1052 95th Lane Northwest Coon Rapids, MN 55443.</p> <p>A Department of Human Service (DHS) license search conducted on April 11, 2022, indicated there was not a DHS for "Homecare More Care" nor "Home Care More Care."</p> <p>The MDH data base search conducted on April 11, 2022, did not locate any license titled "Homecare More Care" nor "Home Care More Care." There was a temporary comprehensive home care provider license named Home Care More Care #2 owned by O-E. However, the</p>	0 645		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 645	<p>Continued From page 11</p> <p>license failed their survey conducted on February 21, 2020 and was denied a comprehensive home care provider license.</p> <p>During an interview on March 10, 2022, at 1:00 p.m., the family member (FM)-B said C1 was left alone at the facility many times. FM-B said C1 required a special diet for his medical conditions. FM-B said the home care provider failed to provide C1 with meals, which required C1 to order food that was not within C1's medical diet parameters. FM-B said C1 fell several times while at the facility without staff there to assist him. FM-B said C1 missed several necessary medical appointments. FM-B said the family never received a service plan or care plan despite several requests.</p> <p>During an interview on March 25, 2022, at 11:40 a.m., C1 said he received 24-hour care but was often left alone at the facility. C1 confirmed the day a MDH investigator came to the facility to check on him, he had been at the facility alone all day. C1 said he was alone at the facility about four days per week. C1 said the staff told him they did not know how to cook so C1 ordered most of his food from restaurants. C1 said the staff cooked some meals after the investigators initial visit. C1 said he ate cold cereal for breakfast because staff were not there to assist with meals. C1 said he never received a care plan or service plan from the home care provider. C1 said he did not receive the services he was supposed to receive.</p> <p>TIME PERIOD OF CORRECTION: Seven (7) Days</p>	0 645		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 865	Continued From page 12	0 865		
0 865 SS=G	<p>144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions</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 observation, interview and record review the licensee failed to provide required 24 hour supervision and required services to one of one clients (C1) reviewed. C1 was left alone unsupervised in a home on several occasions.</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 865	<p>Continued From page 13</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), 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>The findings include:</p> <p>During an onsite visit on December 29, 2021, surveyor from the Minnesota Department of Health (MDH) responded to a concern that C1 was being left alone at the home unsupervised. Upon entrance to C1's 1052 95th Lane Northwest Coon Rapids, MN 55443, the surveyor found C1 alone, unsupervised despite requiring 24-7 supervision. C1 had been cooking alone for himself. The surveyor called the registered nurse (RN)-A, at that time and RN-A said the staff "had a stomach issue so they went home." RN-A said C1 received 24-hour services. RN-A said C1 had "gone missing a couple times and missed some dialysis appointments." RN-A said he received the payments for the home care services provided to the C1. RN-A stated Rest Care Home Services provided C1's services and owner (O)-E owned the home C1 rented from. RN-A stated he was employed by Rest Care Home Services. RN-A stated he did not have any client records for C1, including assessments, services plans, et cetera.</p> <p>An email dated December 31, 2021, from RN-A indicated C1 was contracted with Rest Care Home [Services] since October 29, 2020. Real Home Care [Services] had no clients at this time. RN-A wrote he was aware both Rest Care Home</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 865	<p>Continued From page 14</p> <p>[Services] and Real Home Care [Services] cannot operate within the same dwelling location. RN-A wrote Real Home Care Services does not have an assisted living facility (ALF) license at this time and cannot accept clients.</p> <p>On March 7, 2022, at approximately 9:30 a.m., surveyor met RN-A at address requested, 1052 95th Lane Northwest Coon Rapids, MN 55443 because it was the office location. RN-A stated he was the owner of the temporary comprehensive home care provider license, Real Home Care Services and said the address listed on the application (1020 95th lane Northwest Coon Rapids, MN 55443), was occupied by renters. Surveyor requested medical records for previous client (C1) who recently resided in the home. RN-A said C1 received service in the home from Rest Care Home Services which RN-A also worked for and verified dates C1 lived in the home as August 20, 2020, to February 27, 2022. RN-A said C1's medical record was unavailable. The only document supplied to the surveyor was a generic copy of the Minnesota Home Care Bill of Rights.</p> <p>MDH licensing received an application for an ALF license for the address 1052 95th Lane Northwest Coon Rapids, MN 55443. The ownership of the ALF license application was a different owner, (O-E), and the business name was called Real Home Care Services. The application of the license had not been granted a provisional license at the time of the survey.</p> <p>During an interview on March 11, 2022, at 3:15 p.m., C1's RN care coordinator (RN)-C said C1 required 24-hour care due to physical and mental needs. RN-C said it was reported that C1 was left at the home alone, unsupervised multiple times.</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 865	<p>Continued From page 15</p> <p>Emails received on March 11, 2022, from RN-C indicated O-E owns the 1052 facility location and owns both Home Care More Care and Real Home Care Services. Rest Care Home Services provided customized living services and received payment.</p> <p>An email received on April 7, 2022, at 6:55 p.m., owner (O-F) of Rest Care Home, indicated they did provide C1 nursing services with their comprehensive home care provider license from October 2020 through February 2022. O-F wrote Rest Care Home contracted with Home Care More Care to provide the PCA (personal care assistant) services.</p> <p>During a web search on April 11, 2022, "Homecare More Care LLC" did not have any webpages, except information found on MinnesotaHelp.info. The webpage indicated "Homecare More Care LL" provided customized living services and the address was 1052 95th Lane Northwest Coon Rapids, MN 55443.</p> <p>A Department of Human Service (DHS) license search conducted on April 11, 2022, indicated there was not a DHS for "Homecare More Care" nor "Home Care More Care."</p> <p>The MDH data base search conducted on April 11, 2022, did not locate any license titled "Homecare More Care" nor "Home Care More Care." There was a temporary comprehensive home care provider license named Home Care More Care #2 owned by O-E. However, the license failed their survey conducted on February 21, 2020 and was denied a comprehensive home care provider license.</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER REST CARE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 WEST 98TH STREET BLOOMINGTON, MN 55431
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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
0 865	<p>Continued From page 16</p> <p>During an interview on March 10, 2022, at 1:00 p.m., the family member (FM)-B said C1 was left alone at the facility many times. FM-B said C1 required a special diet for his medical conditions. FM-B said the home care provider failed to provide C1 with meals, which required C1 to order food that was not within C1's medical diet parameters. FM-B said C1 fell several times while at the facility without staff there to assist him. FM-B said C1 missed several necessary medical appointments. FM-B said the family never received a service plan or care plan despite several requests.</p> <p>During an interview on March 25, 2022, at 11:40 a.m., C1 said he received 24-hour care but was often left alone at the facility. C1 confirmed the day a MDH investigator came to the facility to check on him, he had been at the facility alone all day. C1 said he was alone at the facility about four days per week. C1 said the staff told him they did not know how to cook so C1 ordered most of his food from restaurants. C1 said the staff cooked some meals after the investigators initial visit. C1 said he ate cold cereal for breakfast because staff were not there to assist with meals. C1 said he never received a care plan or service plan from the home care provider. C1 said he did not receive the services he was supposed to receive.</p> <p>TIME PERIOD TO CORRECT: Seven (7) days</p>	0 865		