

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #:

HL35315001M/ HL353151824M

Compliance #:

HL35315002C/ HL353153500C

Date Concluded: December 7, 2022

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

Hands Care LLP

Dennis Street South

Maplewood, Minnesota 55119

Ramsey County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Nicole Myslicki, RN
Special Investigator

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.

Initial Investigation Allegation(s):

The facility neglected the resident when they failed to provide services according to the plan of care and left the resident in bed, causing blood pressure issues. It is also alleged the alleged perpetrator (AP) #1 neglected the resident when AP #1 left the resident alone at the facility for approximately two hours. In addition, AP #2 abused the resident when AP #2 told the resident she could not wait for the resident to move.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was substantiated. The facility was responsible for the maltreatment. The facility failed to provide services according to the resident's plan of care, failed to schedule at least two staff at all times, and utilized non-employees to care for the resident. Additionally, the Minnesota Department of Health determined abuse was substantiated. AP #2 was responsible for the maltreatment. AP #2, the

registered nurse and owner of the facility, abused the resident by not providing the resident with his required staffing assistance to provide autonomy to get out of his bed as he requested, causing unnecessary confinement. AP #2 also refused to communicate when the resident made requests or shared concerns. After AP #2 did not get modifications made to her facility by the resident's case worker, and the resident's bedrest ended, she told the resident he and his case worker he needed to find new placement. AP #1 did not neglect the resident.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted the physician and law enforcement. The investigation included review of the resident's record, policies and procedures, personnel records, and staffing schedules. Also, the investigator observed personal cares.

The resident resided in an assisted living facility. The resident's diagnoses included quadriplegia. The resident required a mechanical total body lift, operated safely by two staff for all transfers. The resident's nursing assessment indicated the resident used an electric wheelchair for mobility. This assessment indicated the resident required assistance of one to two staff for all services aside from bed mobility. This area of the assessment remained blank.

The resident's service plan indicated the resident required a bed bath every other day and a shower weekly with the assistance of two staff. This service plan indicated the resident required hands-on assistance with transfers and mobility, including every two hours while in bed and transferring from the bed to chair daily with two staff. The resident's service plan also indicated the resident had indwelling catheter (a tube inserted into the bladder to drain urine) and colostomy (a procedure that brought one end of the large intestine out through the abdominal wall due to the intestine not working properly) care daily.

The resident admitted to the facility while on bed rest. After bed rest ended, the resident began requesting to get out of bed more often. The resident's therapy sessions soon also increased, requiring the resident to get out of bed and leave the facility during the day. The resident's needs and services were not being met consistently, and the lack of required staffing assistance caused unnecessary confinement.

One day, the resident texted AP #2 to inform her he would be spending more time in the community, so he would need staff available to help him get dressed and into his wheelchair. The next day, AP #2 responded, indicating the facility would continue to ensure his essential needs were met. Additionally, AP #2 indicated the resident's non-essential needs were subject to their discretion and the staffing for the day. Non-essential needs included leaving the facility and visiting the outside community. AP #2's text also indicated it was within the facility's discretion to determine whether the resident's dates and times for leaving the home would be approved.

Failure to provide baths:

On multiple occasions over the course of three months, AP #2 sent text messages to the resident regarding when bathing services could be provided to the resident, which were not consistent with AP #1 and AP #2's documentation of when those services were provided. These text messages included AP #2 acknowledging the services had not been provided, which was corroborated by notes made by the resident. However, facility documentation during the same time period showed AP #1 and AP #2 documented providing the services when they had not. The resident's notes and text message indicated on these occasions he had gone three days without a bed bath and up to two weeks without a shower.

Untrained staff and non-employees providing care:

The resident wrote a note in his phone, indicating AP #2 did not schedule a regular staff member and instead used her family member, ULP-J (a non-employee), to watch him even though ULP-J had no knowledge of his medical condition.

The facility provided a schedule which indicated AP #1 and AP #2 were the only employees who worked for two months continuously, covering 24 hours a day/seven days a week. For the next three months, AP #1, AP #2, and ULP-B were the only employees listed on the schedule. During the final month provided on the schedule, AP #1, AP #2, ULP-B, and ULP-D were the only employees listed. The resident's services required two staff present to provide cares and transfers 24 hours a day, seven days a week.

The facility did not have cleared background studies for ULP-E, ULP-F, ULP-I, and ULP-J. The facility did not provide evidence of training completed by ULP-B, ULP-C, ULP-E, ULP-F, ULP-G, ULP-I, and ULP-J.

During email correspondence, AP #2 indicated ULP-H's background study had been faxed over but was not an employee. The surveyor asked for confirmation ULP-H did not have training records. AP #2's response indicated ULP-H was not an employee and did not do any work at the facility. A couple of weeks later, AP #2 faxed ULP-I's signed job description, and a document which indicated over one year prior, ULP-H received training on transferring with a transfer belt and transferring with a mechanical lift

Unnecessary confinement:

Over the course of about five months, the resident sent numerous text messages to AP #2, informing her of transportation pick up times to ensure a second person would be at the facility to help him transfer. Throughout the first couple of months, AP #2 responded to these text messages indicating ULP-H would be at the facility to assist. ULP-H was not an employee for the facility.

On several occasions, the resident texted AP #2 asking if a second staff member could be at the facility to help transfer him either out of bed or out of his wheelchair. AP #2 responded on several occasions she did not have two staff each shift available to assist him. On one occasion she responded there would not be two staff scheduled for a whole weekend to assist with

transfers. The resident reported to AP #2 he had been in bed until noon at times due to only one staff scheduled and being unable to transfer. The resident wrote multiple notes to himself on his phone during this time, indicating he sat in his wheelchair in the entryway of the facility for extended periods, due to the facility not having staff to get him up the stairs to his room. AP #2 acknowledged through text messages she would not have staff available to help the resident transfer out of bed to use his transportation services to therapy or to get supplies from out in the community.

Disparaging treatment:

AP #2 texted the resident in response to transfer needs that his case worker needs to find him new placement. On one specific text exchange of the resident making requests of his needs, AP #2 responded with comments about the resident needing to relocate and wrote, she welcomed “each of our lawyers” (regarding discharge).

After this, the resident continued to text AP #2 more than 15 times during the last month and a half with transportation pick up information and to ensure staff were available. AP #2 failed to respond to the resident’s requests.

On one occasion, the resident audio recorded his interactions with AP #2 and ULP-B during a bed bath. During this recording, the resident asked AP #2 multiple times to wash under his arms a second time, but AP #2 refused, stating she would not wash his underarms again. She instructed him to let the Ombudsman know that she washed him, but he wanted to be washed “so many times.” The resident told AP #2 he still smelled and wanted to be treated fairly. AP #2 responded by asking if the resident wanted his deodorant. The resident also informed AP #2 of his transportation pick up time the following day and stated he needed to be in his wheelchair. AP #2 failed to respond to him.

During an interview, AP #1 stated she never left the resident at the facility alone without another staff member present.

During an interview, AP #2 stated she did not have set hours she worked. Whenever staff contacted her for help transferring the resident, she came and provided assistance. AP #2 stated she did not have staff without background studies provide cares. Regarding AP #2’s husband, ULP-H, AP #2 stated he had a background study on file, but ULP-H has only chatted with a resident and assembled the mechanical lift when it arrived. AP #2 denied ULP-H provided transfer assistance. AP #2 stated the only reason they accepted the resident was because his case worker said they would modify the facility within forty-five (45) days of him moving in. AP #2 told the case worker that if they were not going to make the modifications, he needed to leave. AP #2 initiated the resident’s discharge shortly after that. AP #2 told the resident the facility was not getting staff because of him, and she wanted him to find a new living facility. AP #2 stated the resident started therapy which was not consistent with the facility’s staffing schedule. AP #2 also acknowledged she made comments to the resident during a bed bath about asking him to leave. Regarding the resident transferring into his power wheelchair, AP #2

stated two staff members used the mechanical lift to transfer him from the bed to a manual wheelchair. Two staff manually lifted the resident from the wheelchair to the stair lift and then manually lifted the resident from the stair lift to his power wheelchair. AP #2 confirmed the resident could not bear weight on his legs and that the power wheelchair remained in the facility's entryway.

During an interview, the resident's case worker stated towards the beginning of the resident living at the facility, staff had to carry him up and down the stairs and into his chair because they did not have a lift. After the resident decided he did not want the modifications completed at the facility, AP #2 told the resident she wanted him to leave. Once the resident's therapy schedule increased to five days per week, staff complained they did not have the staff available to get him up and ready every day. There were times the resident could not get out of bed, or he was unable to get upstairs to his room or had to sit outside for a while due to staff not being there to receive him when he returned. The case worker stated she spoke with AP #2, informing her the facility could not just keep him inside because of the short staffed. He also did not receive his regular bathing schedule. At one point, the resident called the case worker and stated AP #2 had been acting mean, saying she did not want him there, and he needed to leave. Within the last couple of weeks of the resident living at the facility, the resident told the case worker he thought AP #2 intentionally inserted his indwelling catheter wrong.

During an interview, the resident stated AP #2 had her niece, ULP-J come help who did not know anything about the resident or his condition. For a period of time, ULP-H would come to the facility in mornings to help transfer him into his wheelchair for his therapy sessions, and ULP-F, AP #1's son and another non-employee, would come to the facility to help transfer the resident after his return from therapy. One day, AP #1 had to go to the store to get groceries. AP #1 called AP #2 who refused to come to the facility, so AP #1 left ULP-F to supervise. The resident stated AP #2 did not work shifts at the facility. On one occasion, the resident ended up calling his family to come assist AP #1 with the transfer due to AP #2 refusing to return to the facility to help. The resident also stated he did not get turned or repositioned every two hours while at the facility.

During an interview, the resident's family member stated a couple of months after the resident admitted to the facility, AP #2 became disrespectful making comments about hoping the resident would leave. The family member stated AP #2 would mistreat him by not showering him. If AP #2 did not have another staff member, the resident would not have his shower. The resident also missed appointments due to the facility not having enough staff to get him out of bed. The family member stated after two additional residents admitted to the facility, AP #2 bought them dinner but did not offer anything to the resident. Additionally, the resident had been left with ULP-F while AP #1 ran to the store. ULP-F helped the resident get out of bed and into the chair by physically lifting him, bear hugging him, and carrying him to the chair lift. The chair lift would take him down the stairs.

In conclusion, the Minnesota Department of Health determined abuse and neglect were 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:

(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening

(3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

Neglect means neglect by a caregiver or self-neglect.

(a) "Caregiver neglect" means 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.

Vulnerable Adult interviewed: Yes.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

No action taken.

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>

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email

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

Ramsey County Attorney

Maplewood City Attorney

Maplewood Police Department

Minnesota Board of Nursing

Minnesota Board of Executives for Long Term Services and Support

Minnesota Department of Health

| | | | | | |
|---|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
| NAME OF PROVIDER OR SUPPLIER HANDS CARE LLP | | STREET ADDRESS, CITY, STATE, ZIP CODE 1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119 | | | |
| (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>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, 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: #HL35315002C / HL35315001M</p> <p>On September 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 4 residents receiving services under the provider's Assisted Living license. The following immediate correction orders are issued. Correction orders with a period to correct that are not immediate may be issued at a later date during the investigation.</p> <p>The following immediate correction orders are issued for #HL35315002C/HL35315001M, tag identification 0250, 1290, 1600.</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 Assisted Living Facilities. 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 evaluators ' 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 144G.31 SUBDIVISION 1-3.</p> | | |

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: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
| NAME OF PROVIDER OR SUPPLIER HANDS CARE LLP | | STREET ADDRESS, CITY, STATE, ZIP CODE 1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119 | | | |
| (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 |
| 0 250 | Continued From page 1 | 0 250 | | | |
| 0 250 SS=I | <p>144G.20 Subdivision 1 Conditions</p> <p>(a) The commissioner may refuse to grant a provisional 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 owner, controlling individual, or employee of an assisted living facility:</p> <p>(1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;</p> <p>(2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;</p> <p>(3) performs any act detrimental to the health, safety, and welfare of a resident;</p> <p>(4) obtains the license by fraud or misrepresentation;</p> <p>(5) knowingly 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 facility's books, records, files, or employees;</p> <p>(7) interferes with or impedes a representative of the department in contacting the facility's residents;</p> <p>(8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4;</p> <p>(9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department;</p> <p>(10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter;</p> | 0 250 | | | |

Minnesota Department of Health

| | | | |
|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HANDS CARE LLP

**1065 DENNIS STREET SOUTH
MAPLEWOOD, MN 55119**

| (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 |
|--------------------------|--|---------------------|--|--------------------------|
| 0 250 | <p>Continued From page 2</p> <p>(11) refuses to initiate a background study under section 144.057 or 245A.04;</p> <p>(12) fails to timely pay any fines assessed by the commissioner;</p> <p>(13) violates any local, city, or township ordinance relating to housing or assisted living services;</p> <p>(14) has repeated incidents of personnel performing services beyond their competency level; or</p> <p>(15) has operated beyond the scope of the assisted living facility's license category.</p> <p>(b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to cooperate with the investigation when the licensee did not provide the last name and information for unlicensed personnel (ULP)-E. This affected all residents.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident'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 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 residents).</p> <p>The findings include:</p> <p>The licensee lacked a personnel file for ULP-E.</p> <p>Upon entering the licensee on September 19, 2022, at 9:35 a.m., the surveyor observed ULP-E sitting on the couch on his phone. While speaking</p> | 0 250 | | |

Minnesota Department of Health

| | | | | | |
|---|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
| NAME OF PROVIDER OR SUPPLIER HANDS CARE LLP | | STREET ADDRESS, CITY, STATE, ZIP CODE 1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119 | | | |
| (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 |
| 0 250 | <p>Continued From page 3</p> <p>with ULP-B about the census and how many residents were home, ULP-E stated two were home and two were out of the facility.</p> <p>During an observation on September 19, 2022, at 9:50 a.m., ULP-E sat on the upstairs couch, talking with a resident in the chair next to him. There were no staff members within sight at the time.</p> <p>During an interview on September 19, 2022, at 9:50 a.m., ULP-E introduced himself to the surveyor, giving his first name only. ULP-E stated he was there to clean up. ULP-E denied being an employee of the licensee. ULP-E stated he worked for a cleaning company and came to clean.</p> <p>During an interview on September 19, 2022, at 10:51 a.m., the surveyor requested ULP-E's last name and information of the cleaning company. RN-A stated today was his first day, and he was getting the background study today.</p> <p>On September 19, 2022, at 12:02 p.m., the surveyor again requested ULP-E's last name and information of the cleaning company. RN-A stated she did not know ULP-E's last name and did not know anything about a cleaning company.</p> <p>On September 19, 2022, at 1:20 p.m., the surveyor asked about ULP-E's information. RN-A stated she did not have his information.</p> <p>During an interview on September 19, 2022, at 1:45 p.m., RN-A stated ULP-E had only been at the licensee to be interviewed to cut the grass.</p> <p>At the time the surveyor exited the licensee, September 19, 2022, at 2:50 p.m., the licensee</p> | 0 250 | | | |

Minnesota Department of Health

| | | | | | |
|---|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
| NAME OF PROVIDER OR SUPPLIER HANDS CARE LLP | | STREET ADDRESS, CITY, STATE, ZIP CODE 1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119 | | | |
| (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 |
| 0 250 | Continued From page 4 had not provided the requested information for ULP-E. TIME PERIOD FOR CORRECTION: IMMEDIATE RN-A sent an email on September 20, 2022 at 2:26 p.m. providing ULP-E's last name and indicated ULP-E would not be hired. | 0 250 | | | |
| 01290 SS=I | 144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the licensee failed to ensure unlicensed personnel (ULP)-E successfully completed a background study prior to being around residents. This affected all residents. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, | 01290 | | | |

Minnesota Department of Health

| | | | | | |
|---|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
| NAME OF PROVIDER OR SUPPLIER HANDS CARE LLP | | STREET ADDRESS, CITY, STATE, ZIP CODE 1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119 | | | |
| (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 |
| 01290 | <p>Continued From page 5</p> <p>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 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 residents).</p> <p>Findings include:</p> <p>The licensee lacked a personnel file for ULP-E.</p> <p>Upon entering the licensee on September 19, 2022, at 9:35 a.m., the surveyor observed ULP-E sitting on the couch on his phone. While speaking with ULP-B about the census and how many residents were home, ULP-E stated two were home and two were out of the facility.</p> <p>During an observation on September 19, 2022, at 9:50 a.m., ULP-E sat on the upstairs couch, talking with a resident in the chair next to him. There were no staff members within sight at the time.</p> <p>During an interview on September 19, 2022, at 9:50 a.m., ULP-E introduced himself to the surveyor, giving his first name only. ULP-E stated he was there to clean up. ULP-E denied being an employee of the licensee. ULP-E stated he worked for a cleaning company to come clean.</p> <p>During an interview on September 19, 2022, at 10:21 a.m., registered nurse (RN)-A stated she did not have a background study clearance completed for ULP-E, but he was getting it today. RN-A stated she did not know how ULP-E knew the residents' schedule and who was out of the facility. RN-A stated ULP-E should not have been familiar with the residents.</p> | 01290 | | | |

Minnesota Department of Health

| | | | | | |
|---|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
| NAME OF PROVIDER OR SUPPLIER HANDS CARE LLP | | STREET ADDRESS, CITY, STATE, ZIP CODE 1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119 | | | |
| (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 |
| 01290 | Continued From page 6 On September 19, 2022, at 1:50 p.m., the surveyor overheard ULP-B inform RN-A she left ULP-E alone earlier while she went to go do something. During an interview on September 19, 2022, at 1:57 p.m., ULP-B stated ULP-E had been working about three days, cleaning up outside around the licensee. ULP-B brought ULP-E inside to wait for RN-A to arrive so she could meet him and see about him working or volunteering at the licensee. ULP-B stated ULP-E has not been around the residents much. TIME PERIOD FOR CORRECTION: IMMEDIATE Immediacy was removed. RN-A sent an email on September 20, 2022 at 2:26 p.m. providing ULP-E's last name and indicated ULP-E would not be hired. | 01290 | | | |
| 01600 SS=I | 144G.70 Subdivision 1 Acceptance of residents An assisted living facility may not accept a person as a resident unless the facility has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in the assisted living contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee lacked enough employees to adequately provide services requiring two staff members for transfers for two of two residents (R1, R2) reviewed. | 01600 | | | |

Minnesota Department of Health

| | | | | | |
|---|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
| NAME OF PROVIDER OR SUPPLIER HANDS CARE LLP | | STREET ADDRESS, CITY, STATE, ZIP CODE 1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119 | | | |
| (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 |
| 01600 | <p>Continued From page 7</p> <p>This practice resulted in a level three violation (a violation that harmed a resident'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 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 residents).</p> <p>Findings include:</p> <p>R1 admitted to the licensee August 18, 2021. R1's diagnoses included quadriparesis. R1's service plan dated November 16, 2021, indicated R1 received services including assistance of two staff with dressing and bathing, and hands-on assistance with transfers and mobility. This plan indicated two staff members would transfer R1 from bed to the chair daily.</p> <p>R2 admitted to the licensee August 15, 2022. R2's diagnoses included stroke. R2's service plan dated August 15, 2022, indicated R2 received assistance of two staff with dressing, grooming, toileting, bathing, and hands-on assistance with transfers and mobility. This plan indicated two to three staff members would assist with transfers and mobility.</p> <p>The licensee's staff roster indicated unlicensed personnel (ULP)-B started working August 13, 2022.</p> <p>The licensee's staff roster indicated ULP-C started working May 19, 2019.</p> <p>The licensee's staff roster indicated unlicensed personnel (ULP)-D started working September 2, 2022.</p> | 01600 | | | |

Minnesota Department of Health

| | | | | | |
|---|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
| NAME OF PROVIDER OR SUPPLIER HANDS CARE LLP | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119 | | |
| (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 |
| 01600 | <p>Continued From page 8</p> <p>The licensee's staff schedule for September 19, 2022 indicated ULP-B would work from 6:00 a.m. to 3:00 p.m., ULP-C from 3:00 p.m. to 10:00 p.m., and ULP-D from 6:00 p.m. to 6:00 a.m.</p> <p>A licensee-provided document, untitled, indicated ULP-B, ULP-C, and ULP-D were scheduled September 1, 2022 through September 30 2022. This document failed to include their hours.</p> <p>During an interview on September 19, 2022, at 11:00 a.m., registered nurse (RN)-A stated both R1 and R2 required a hooyer lift (total body mechanical lift, safely operated with two persons).</p> <p>During an interview on September 19, 2022, at 11:40 a.m., RN-A stated the reason for the overnight shift to be twelve (12) hours was because of R1's two person assist in the evening when he returns to the licensee. During the morning, ULP-D did not leave until he and ULP-B had R1 up in his chair around 6:00 a.m. RN-A stated ULP-D helped ULP-B check and change R2 before leaving around 6:00 a.m. as well. RN-A stated she did not have any set hours, but if a resident needed a two person assist, she would be there in about thirty (30) minutes. When asked about two-person assistance throughout the day, RN-A stated that's why she had been in the process of hiring additional staff.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>Immediacy was removed. RN-A sent an email on September 20, 2022 at 2:26 p.m. inidcating a new staffing schedule to ensure two staff members worked at all times.</p> | 01600 | | | |

Minnesota Department of Health

| | | | | | |
|---|--|--|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2022 |
| NAME OF PROVIDER OR SUPPLIER HANDS CARE LLP | | STREET ADDRESS, CITY, STATE, ZIP CODE 1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119 | | | |
| (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 | |
| | | | | | |