STATE LICENSING COMPLIANCE REPORT

Report #: HL372953250C

Date Concluded: May 17, 2024

Name, Address, and County of Facility Investigated:
Help Home Care LLC
1830 Birmingham Street
Maplewood, Minnesota 55109
Ramsey County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Nicole Myslicki, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37295	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELP HOME CARE LLC	1830 BIRMINGHAM STREET MAPLEWOOD, MN 55109

(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	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL372953250C On May 16, 2024, 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. The following immediate correction orders are issued for #HL372953250C, tag identification 0110, 0495. The following not immediate correction order is issued for #HL372953250C, tag identification 0650.	0 000	Minnesota Department of Health is documenting the State 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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure its licensed assisted living director (LALD) was listed as Director of Record with the Board of Executives for Long Term Services and Supports (BELTSS) and available to manage and oversee operation. This had the potential to affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During an onsite entrance conference on May 16, 2024, at 10:53 a.m., unlicensed personnel (ULP)-A identified registered nurse (RN)-B also as the LALD. During an interview on May 16, 2024, at 11:40 a.m., ULP-A stated RN-B left out of the country a couple of days prior [to the onsite visit] and would return in the last week of May 2024. ULP-A stated RN-B had been acting as the facility's temporary LALD for about a year but did not know why RN-B did not list himself as Director of Record with	0 110		

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0 110	Continued From page 2 BELTSS. The licensee-provided document, Staff List, undated, identified RN-B as the LALD. The licensee-provided policy, Assisted Living Director, dated August 1, 2021, indicated the licensee's LALD on record was responsible for the licensee and all operations within the setting. This policy also indicated the licensee expected the LALD to comply will all requirements set forth by BELTSS. This policy did not indicate the LALD needed to be listed as Director of Record with BELTSS. Minnesota Administrative Rule 4659.0030, Responsibility to Meet Standards, dated August 11, 2021, identified the LALD as responsible for the management, operation, and control of the facility, and for providing housing and assisted living services according to this chapter and Minnesota Statutes, chapter 144G. A review of the BELTSS website on May 16, 2024, at 3:17 p.m., did not list RN-B as Director of Record for the licensee. TIME PERIOD FOR CORRECTION: Immediate	0 110		
0 495 SS=I	144G.41 Subd. 1 (14) Minimum Requirements (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff had access to an on-call registered nurse 24 hours per day, seven	0 495		

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0 495	Continued From page 3 days per week to consult on delegated nursing tasks when the licensee's RN was not available and out of the country for weeks which affected four of four residents (R1, R2, R3, R4). R1, R2, R3 and R4 all received medication administration services. R1 and R2 received high risk medications. R3 and R4 had a history of physical aggression with destruction. 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). The findings include: R1 admitted to the licensee December 20, 2020. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated May 16, 2024, included assistance with medication administration, blood sugar monitoring twice per day and managing behaviors, such as agitation, anxiety, and verbal aggression. R1's assessment dated March 10, 2024, indicated a nurse would be available 24 hours on-call for staff to communicate changes and concerns on R1's status. R1's medication administration record (MAR) for May 2024, indicated R1 received metformin 1,000 (milligrams) mg one tablet by mouth twice a day with meals. This order indicated staff were to check blood glucose with a diabetes test strip before administering and if lower than 70	0 495		

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0 495	Continued From page 4 (milligram per deciliter) mg/dL, call the nurse. This MAR also indicated R1 received Lantus Solostar (long-acting insulin) 100 units per milliliter (u/mL) inject 20 units subcutaneously daily. R2 admitted to the licensee December 18, 2022. R2's diagnoses included pain, weakness, and difficulty walking. R2's service plan dated May 16, 2024, included assistance with medication administration, and managing behaviors such as agitation, anxiety, physical aggression, property destruction, repetitive behavior, self-injurious behavior, and verbal aggression. R2's assessment dated March 10, 2024, indicated a nurse would be available on-call 24 hours per day for ULPs if questions or concerns arose. This assessment also identified the resident as wheelchair bound. R3 admitted to the licensee February 20, 2024. R3's diagnoses included anxiety and chronic pain. R3's service plan dated May 16, 2024, included assistance with managing behaviors such as agitation, anxiety, physical aggression, property destruction, repetitive behavior, and verbal aggression. R3's assessment dated March 10, 2024, identified R3 as at risk for physical abuse by others due to verbal aggression towards others. This assessment also indicated a nurse would be available on-call 24 hours per day for ULPs if questions or concerns arose. R4 admitted to the licensee April 3, 2024. R4's diagnoses included seizure disorder. R4's service plan dated May 16, 2024, included assistance with medication administration.	0 495		

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0 495	Continued From page 5 R4's assessment dated April 8, 2024, indicated a nurse would be available on-call 24 hours per day for ULPs if questions or concerns arose. R4's MAR for May 2024, indicated R4 received lacosamide (anti-seizure medication) 100 mg one tablet by mouth twice daily. During an interview on May 16, 2024, at 11:40 a.m., ULP-A identified RN-B as the only RN for the licensee. ULP-A stated RN-B left out of the country a couple of days prior [to the onsite visit] and would return in the last week of May 2024. ULP-A stated RN-B told him a nurse from his other workplace planned to come to the licensee on Sunday, May 19, 2024, to get a personnel record in place to be the back up nurse. ULP-A did not know for certain this nurse's name. ULP-A stated RN-B's other workplace was a hospital and not an agency. ULP-A stated he texted RN-B regarding requested documents. During an interview on May 16, 2024, at 1:30 p.m., ULP-A stated he still had not heard from RN-B but thought he would hear back from him mid-afternoon, when the sun came up in the country he was in. The licensee-provided document, Staff List, undated, identified RN-B as the only RN for the licensee. The licensee-provided policy, Availability of an RN for Staff, dated August 1, 2021, indicated the licensee would have a registered nurse available for consultation by staff, readily available in person, by telephone, or by other means. TIME PERIOD FOR CORRECTION: Immediate	0 495		

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0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a current record for one of one employees (registered nurse (RN)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred	0 650		

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0 650	Continued From page 7 only occasionally). The findings include: RN-B started at the licensee June 10, 2022. During an interview on May 16, 2024, at 10:53 a.m., unlicensed personnel (ULP)-A identified RN-B as the licensed assisted living director (LALD) as well. During an onsite visit on May 16, 2024, at 11:26 a.m., the investigator requested RN-B's personnel record. During an interview on May 16, 2024, at 11:40 a.m., ULP-A stated he could not find RN-B's personnel record and thought he took it with him. The licensee lacked a personnel record for RN-B. The licensee-provided policy, Employee Records, dated August 1, 2021, indicated the licensee would keep a personnel record for all paid employees. The personnel record would include evidence of current professional licensure, record of all training, current signed job position, documentation of annual performance reviews, verification of tuberculosis screening had taken place, documentation of a completed background study, and verification of completed orientation and annual training. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 650		