



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Email: SHAUSCHILD@VISITINGANGELS.COM

April 27, 2018

Ms. Shelley Hauschild, Administrator
Visiting Angels
577 State Avenue
Owatonna, MN 55060

Re: Enclosed State Licensing Orders - Project Number SL27787008

Dear Ms Hauschild:

On April 9, 2018, staff of the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders found on the survey completed on January 19, 2018, with orders received by you on March 23, 2018. At this time these correction orders were found corrected and are listed on the attached State Form: **Revisit Report**.

If you have questions, contact Jeri Cummins at (218) 302-6193.

It is your responsibility to share the information contained in this letter and the results of the visit with the President of your organization's Governing Body.

Sincerely,

A handwritten signature in blue ink that reads 'Paula M. Bastian'.

PAULA M. BASTIAN
Senior Health Program Representative
Health Regulation Division
Home Care & Assisted Living Program



Enclosure

cc: Cheryl Hennen, Office of the Ombudsman for Long Term Care
Steele County Social Services

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H27787	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/9/2018	Y3
NAME OF FACILITY VISITING ANGELS			STREET ADDRESS, CITY, STATE, ZIP CODE 577 STATE AVENUE OWATONNA, MN 55060		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00905	Correction	ID Prefix 00920	Correction	ID Prefix 01010	Correction
Reg. # 144A.4792, Subd. 2	Completed	Reg. # 144A.4792, Subd. 5	Completed	Reg. # 144A.4792, Subd. 22	Completed
LSC	04/11/2018	LSC	04/11/2018	LSC	04/11/2018
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY: MDH <input type="checkbox"/>	REVIEWED BY (INITIALS): PMB	DATE: 4/26/18	SIGNATURE OF SURVEYOR: 31217	DATE: 4/9/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/19/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



Protecting, Maintaining and Improving the Health of All Minnesotans

Email: SHAUSCHILD@VISITINGANGELS.COM
Certified Mail # 7016 3560 0000 0169 9775

March 21, 2018

Mr. Bryce Wahl, Administrator
Visiting Angels
577 State Avenue
Owatonna, MN 55060

Re: Enclosed State Licensing Orders - Project Number SL27787008

Dear Mr. Wahl:

A survey of the Home Care Provider named above was completed on January 19, 2018 for the purpose of assessing compliance with State licensing regulations. At the time of survey, staff from the Minnesota Department of Health noted one or more violations of these regulations that are issued in accordance with Minn. Stat. 144A.43 to 144A.484. If, upon follow-up, it is found that the correction order(s) cited herein are not corrected, a fine for each order not corrected may be assessed in accordance with a schedule of fines described in Minn. Stat. 144A.474, subd. 11.

State licensing orders are delineated on the attached Minnesota Department of Health order form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota 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 that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by."

DOCUMENTATION OF ACTION TO COMPLY

According to Minn. Stat. 144A.474, subd. 8 (c), by the correction order date, the home care provider must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction orders in future surveys, upon a complaint investigation, and as otherwise needed.

CORRECTION ORDER RECONSIDERATION PROCESS

According to Minn. Stat. 144A.474, subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine(s) assessed. The written request for reconsideration must be received by the Commissioner within 15 calendar days of the correction order receipt date. In an effort to accurately review each citation challenged, please also submit all supporting documents within the same 15 calendar days of the correction order receipt date. The

Visiting Angels
March 21, 2018
Page 2

Commissioner shall then begin reviewing the request for reconsideration and supporting documents. The Commissioner shall respond in writing to the request within 60 days of the date the provider requests a reconsideration. Any documentation received after the Commissioner's response is completed will not be considered. You are required to send your written request and all supporting documents to renae.dressel@state.mn.us; or, if you prefer you can mail it to:

Renae Dressel, Senior Health Program Representative
Home Care Correction Order Reconsideration Process
Minnesota Department of Health/Health Regulation Division
P.O. Box 3879
85 East 7th Place, Suite 220
St. Paul, Minnesota 55101

We urge you to review these orders carefully. If you have questions, contact Jonathan Hill at (651) 201-3993.

It is your responsibility to share the information contained in this letter and the results of the visit with the President of your organization's Governing Body.

Sincerely,



PAULA M. BASTIAN
Senior Health Program Representative
Health Regulation Division
Home Care & Assisted Living Program



Enclosure

cc: Cheryl Hennen, Office of the Ombudsman for Long Term Care
Steele County Social Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H27787	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2018
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NAME OF PROVIDER OR SUPPLIER VISITING ANGELS	STREET ADDRESS, CITY, STATE, ZIP CODE 577 STATE AVENUE OWATONNA, MN 55060
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(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>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL27787008 On January 16, 17, 18, and 19, 2018, a surveyor of this Department's staff, visited the above Comprehensive home care provider and the following correction orders are issued. At the time of the survey, there were 39 clients receiving services under the Comprehensive license.</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, subd.11 (b) (1) (2).</p>	
0 905 SS=F	<p>144A.4792, Subd. 2 Provision of Medication Mgt Services</p> <p>Subd. 2. Provision of medication management</p>	0 905		

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

Minnesota Department of Health

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0 905	<p>Continued From page 1</p> <p>services. (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment ot determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indciations for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications. "Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a medication management assessment, for one of one client (#1) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or</p>	0 905		

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0 905	<p>Continued From page 2</p> <p>safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>Client #1's record lacked a face-to-face medication management assessment to include an identification and review of all medications the client was known to be taking, indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>Client #1's diagnoses included, but were not limited to, diabetes mellitus and chronic obstructive pulmonary disease (COPD).</p> <p>Client #1's prescriber's order dated September 4, 2017, indicated the client's medications included one as needed (PRN) topical antibiotic. The client's service plan dated, January 2, 2018, included, but was not limited to application of PRN topical medication after bath PRN.</p> <p>On January 18, 2018, at approximately 12:30 p.m. employee A (owner) confirmed client #1 was the only client who received medication management services. The employee verified the above findings; employee A stated she was aware of the requirement.</p> <p>The licensee's "Assessment for Medication Management Program" policy and procedure dated July 1, 2014, indicated a face-to-face assessment for medication management would be completed for each client who received</p>	0 905		

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0 905	Continued From page 3 medication management services, and would include the above noted content. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan Subd. 5. Individualized medication management plan. (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered	0 920		

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0 920	<p>Continued From page 4</p> <p>nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain a current individualized medication management plan to include all required content, for one of one client (#1) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>Client #1's diagnoses included, but were not limited to diabetes mellitus, and chronic obstructive pulmonary disease (COPD).</p> <p>Client #1's prescriber's order dated September 4,</p>	0 920		

Minnesota Department of Health

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0 920	<p>Continued From page 5</p> <p>2017, indicated the client's medications included one as needed (PRN) topical antibiotic. The client's service plan dated January 2, 2018, included, but was not limited to, application of PRN topical medication after bath PRN.</p> <p>Client #1's record included a medication management plan dated August 25, 2017. The plan lacked the following:</p> <ul style="list-style-type: none"> - a description of storage of medications based on the clients' needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills were ordered on a timely basis; and - procedures for staff notifying a registered nurse (RN) or appropriate licensed health professional when a problem arose with medication management services. <p>On January 18, 2018, at approximately 12:30 p.m. employee A (owner) confirmed client #1 was the only client who received medication management services. The employee verified the above findings and stated she was aware of the requirement.</p> <p>The licensee's "Assessment for Medication Management Program" policy and procedure dated July 1, 2014, indicated a medication management plan would be completed for each client who received medication management services, and would include the above noted content.</p> <p>No further information was provided.</p>	0 920		

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0 920	Continued From page 6 TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
01010 SS=B	144A.4792, Subd. 22 Disposition of Medications Subd. 22. Disposition of medications. (a) Any current medications being managed by the comprehensive home care provider must be given to the client or the client's representative when the client's service plan ends or medication management services are no longer part of the service plan. Medications that have been stored in the client's private living space for a client who is deceased or that have been discontinued or that have expired may be given to the client or the client's representative for disposal. (b) The comprehensive home care provider will dispose of any medications remaining with the comprehensive home care provider that are discontinued or expired or upon the termination of the service contract or the client's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01010		

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01010	<p>Continued From page 7</p> <p>licensee failed to ensure documentation of the disposition of medications was completed, for two of two discharged clients (#5, and #4) with discharged records reviewed.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive). The findings include:</p> <p>Client #5, and #4's records lacked documentation which identified the method of disposition of the clients medications at the time of discharge.</p> <p>CLIENT #5 Client #5 was admitted for services, on December 12, 2013, and was discharged on October 15, 2017. The client's service plan dated August 21, 2017, indicated the client received medication management services.</p> <p>Client #5's diagnoses included, but were not limited to, cerebral palsy and gastroesophageal reflux disease. The client's prescriber's orders dated November 12, 2017, included, but were not limited to, one Proton-Pump inhibitor to treat heartburn, and one multivitamin.</p> <p>Client #5's discharge summary dated October 31, 2017, indicated the client had expired. The discharge summary did not identify if the medication had been destroyed or sent with the client's representative for disposal.</p> <p>CLIENT #4</p>	01010		

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01010	<p>Continued From page 8</p> <p>Client #4 was admitted for services, which included medication management on July 27, 2017, and was discharged on August 30, 2017. The client's service plan dated August 8, 2017, indicated the client received medication management services.</p> <p>Client #4's diagnosis included, but was not limited to, foveomacular vitelliform dystrophy (an eye disorder that can cause progressive vision loss). The client's prescriber's orders dated August 2, 2017, included two post-surgical ophthalmic (eye) medications.</p> <p>Client #4's discharge summary dated September 3, 2017, indicated the client no longer needed services. The discharge summary did not identify if the medication had been destroyed or sent with the client for disposal.</p> <p>On January 19, 2018, at approximately 1:00 p.m., employee A (owner) confirmed the licensee managed medications for the above noted clients. The employee verified client #5, and #4's records lacked documentation of the disposition of the medications as identified above. The employee was aware of the requirement.</p> <p>The licensee's "Disposition / Disposal of Medications" policy and procedure dated July 1, 2014, indicated medications stored in the client home would be given to the client, or the client's representative when the client's medication management services were terminated for disposal.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01010		

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