



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Email: PLOENA.HOANG@GMAIL.COM

November 21, 2017

Ms. Ploena Hoang, Administrator  
Diversity Home Health Group, LLC  
2222 18th Ave NW  
Rochester, MN 55901

Re: Enclosed State Licensing Orders - Project Number SL32659001

Dear Ms. Hoang:

On October 26, 2017, 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 August 9, 2017, with orders received by you on September 8, 2017. 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  
Olmsted County Social Services

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H32659	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/26/2017
NAME OF FACILITY DIVERSITY HOME HEALTH GROUP LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 18TH AVE NW ROCHESTER, MN 55901	

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 00265	Correction	ID Prefix 00810	Correction	ID Prefix 00905	Correction
Reg. # 144A.44, Subd. 1(2)	Completed	Reg. # 144A.479, Subd. 6(b)	Completed	Reg. # 144A.4792, Subd. 2	Completed
LSC	10/26/2017	LSC	10/26/2017	LSC	10/26/2017
ID Prefix 00920	Correction	ID Prefix 00935	Correction	ID Prefix 00965	Correction
Reg. # 144A.4792, Subd. 5	Completed	Reg. # 144A.4792, Subd. 8	Completed	Reg. # 144A.4792, Subd. 13	Completed
LSC	10/26/2017	LSC	10/26/2017	LSC	10/26/2017
ID Prefix 01245	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 144A.4798, Subd. 1	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/26/2017	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: 11/21/17	SIGNATURE OF SURVEYOR: 31217	DATE: 10/26/17
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/9/2017		<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: PLOENA.HOANG@GMAIL.COM  
Certified Mail # 7015 3430 0000 2380 2185

September 5, 2017

Ms. Ploena Hoang, Administrator  
Diversity Home Health Group, LLC  
1027 7th Street Nw Suite 204  
Rochester, MN 55901

Re: Enclosed State Licensing Orders - Project Number SL32659001

Dear Ms. Hoang:

This letter serves as your **official notice** that you have been **granted your comprehensive home care license**. Your license effective and expiration dates remain the same as on your temporary license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 45 days prior to your expiration date, please contact us at (651) 201-5273.

An initial full survey of your temporary comprehensive home care license was completed on August 9, 2017 for the purpose of assessing compliance with State licensing regulations. At the time of survey, staff from the Minnesota Department of Health (MDH) noted one or more violations of these regulations that are issued in accordance with Minn. Stat. 144A.43 to 144A.482. If, upon follow-up, it is found that the correction order(s) cited herein are not corrected, a civil fine for each order not corrected shall 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 MDH order form. MDH 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 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

Diversity Home Health Group, LLC

September 5, 2017

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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 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 the following:

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  
Olmsted County Social Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H32659</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DIVERSITY HOME HEALTH GROUP LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1027 7TH STREET NW SUITE 204 ROCHESTER, MN 55901</b>
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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>*****ATTENTION***** HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, (this/these) 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>Project #SL32659001</p> <p>INITIAL COMMENTS: On August 7, 8, and 9, 2017, a surveyor of this Department's staff, visited the above temporary Comprehensive home care provider and the following correction orders are issued. At the time of the survey, there were two (2) clients receiving services under the temporary Comprehensive license, and one client in the hospital.</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>	
0 265 SS=F	<p>144A.44, Subd. 1(2) Up-To-Date Plan/Accepted Standards Practice</p> <p>Subdivision 1. Statement of rights. A person who</p>	0 265		

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

Minnesota Department of Health

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0 265	<p>Continued From page 1</p> <p>receives home care services has these rights: (2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the care and services were provided according to a suitable and up-to-date plan, and subject to accepted health care and medical, or nursing standards for one of one client (#1) who had bed rails.</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 record lacked evidence a bed rail assessment had been completed to indicate the risks and benefits of the bed rail were discussed with the client.</p> <p>On August 9, 2017, at 6:35 a.m., client #1 was observed with two large "U" shaped bed rails in the up position. The bed rails were secured to the bed, and located on the upper and lower right side of the bed. The width opening of the bed</p>	0 265		

Minnesota Department of Health

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0 265	<p>Continued From page 2</p> <p>rails measured approximately 7½ inches at the top of the rails and 13 inches at the bottom of the rails. Soft mesh panels were secured within the opening of the rails. The client stated the bottom bed rail was used to ensure the clients legs remained on the bed during leg spasms, and the top rail was used to assist with bed mobility.</p> <p>On August 9, 2017, at approximately 7:45 a.m., Employee C (unlicensed personnel/U LP) verified the above findings.</p> <p>Client #1's diagnoses included, but were not limited to, tropical spastic paraparesis (TSP) (a disease of the nervous system), involuntary hip flexion, and leg spasms. The client's service plan, dated August 3, 2017, indicated the client received services for activities of daily living (ADL's), medication management, wound care, and transferring with a Hoyer (mechanical lift).</p> <p>Client #1's "Patient Intake" assessment form dated August 5, 2017, indicated the client required maximum assist with all activities of daily living (ADL's), and was totally dependent for all transfers. The assessment did not identify the client's use of bed rails.</p> <p>On August 9, 2017, at approximately 10:00 a.m., employee A (owner) confirmed client #1 required maximum assistance with all ADL's, and required the use of the Hoyer lift for transferring. Employee A stated a bed rail assessment had not been found in the client's record; however, the employee stated an assessment had been completed by the RN. The employee was unable to report if the risks and benefits of the bed rail had been discussed with the client. Employee A verified no other clients used bed rails.</p>	0 265		
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0 265	<p>Continued From page 3</p> <p>On August 11, 2017, a "Bed Rail Assessment" (undated) was provided via email. The assessment identified the risk for entrapment, and injuries, and indicated the rails were used for the following:</p> <ul style="list-style-type: none"> <li>- assist patient in turning and repositioning/movement in bed to reduce risk of pressure ulcers;</li> <li>- assist in transitioning into or out of bed; and</li> <li>- prevent patient from falling off the bed.</li> </ul> <p>The assessment lacked evidence to indicate the risks and benefits of the bed rails were discussed with the client and/or client's representative.</p> <p>On August 9, 2017, at approximately 11:00 a.m., a policy and procedure was requested for assessment and safe use of bed rails; however, was not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 265		
0 810 SS=F	<p>144A.479, Subd. 6(b) Individual Abuse Prevention Plan</p> <p>(b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other</p>	0 810		



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0 810	<p>Continued From page 4</p> <p>vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individual abuse prevention plan that included an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse for two of two clients (#1, #2) who received Comprehensive home care services.</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>On August 7, 2017, at approximately 2:00 p.m., during the entrance conference interview with employee A (owner), the employee stated the licensee currently provided Comprehensive home care services to two clients.</p> <p>On August 9, 2017, at approximately 6:00 a.m.,</p>	0 810		

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0 810	<p>Continued From page 5</p> <p>client #1 was observed to receive morning cares by employee C (unlicensed personnel/ULP).</p> <p>Client #1's diagnoses included, but were not limited to, tropical spastic paraparesis (TSP) (a disease of the nervous system), involuntary hip flexion, and leg spasms. The client's service plan, dated August 3, 2017, indicated the client received services for activities of daily living (ADL's), transfers, medication management, wound care, and transferring with a Hoyer (mechanical lift).</p> <p>Client #2's diagnosis included, but was not limited to, epilepsy. The client's service plan, dated July 28, 2017, indicated the client received Physical Therapy services.</p> <p>Client #1, and #2's records lacked individualized abuse prevention plans that included the following:</p> <ul style="list-style-type: none"> <li>- an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors;</li> <li>- the person's risk of abusing other vulnerable adults or minors; and</li> <li>- statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors.</li> </ul> <p>On August 8, 2017, at approximately 11:00 a.m. employee A (owner) verified client #1 and #2 had vulnerabilities, and further verified the clients' records did not contain an abuse prevention plan. The employee stated an abuse prevention plan had been completed by the registered nurse for both clients; however, the employee was unable to locate the abuse prevention plans.</p>	0 810		

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0 810	<p>Continued From page 6</p> <p>On August 9, 2017, at approximately 11:00 a.m., a policy and procedure was requested for abuse prevention plan and assessment; however, was not provided.</p> <p>On August 10, 2017, "Personalized Abuse Prevention Plan" forms were provided via email for client #1, and #2. Both plans were undated, and lacked the above required content.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 810		
0 815 SS=A	<p>144A.479, Subd. 7 Employee Records</p> <p>Subd. 7. Employee records. The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff</p>	0 815		

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0 815	<p>Continued From page 7</p> <p>providing supervision;</p> <p>(4) documentation of annual performance reviews which identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing home care services, verification that required health screenings under section 144A.4798 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of three employee records (B) contained a current job description, including qualifications, responsibilities, and identification of staff providing supervision.</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 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</p>	0 815		

Minnesota Department of Health

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0 815	<p>Continued From page 8</p> <p>occasionally). The findings include:</p> <p>Employee B (clinical counselor/registered nurse) was hired on February 10, 2017, to provide direct care services to clients. The employee's record included a job description which identified employee B was a clinical counselor.</p> <p>Employee B's record indicated the employee provided RN services to clients which included, but was not limited to, wound care. The employee's record lacked a current job description, which identified RN qualifications, responsibilities, and identification of staff providing supervision.</p> <p>On August 9, 2017, at 10:20 a.m., employee A (owner) verified the above findings.</p> <p>On August 9, 2017, at approximately 11:00 a.m., a policy and procedure was requested for content of the employee record; however, was not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 815		
0 905 SS=F	<p>144A.4792, Subd. 2 Provision of Medication Mgt Services</p> <p>Subd. 2. Provision of medication management 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</p>	0 905		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>DIVERSITY HOME HEALTH GROUP LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1027 7TH STREET NW SUITE 204 ROCHESTER, MN 55901</b>
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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
0 905	<p>Continued From page 9</p> <p>conduct an assessment of 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 indications 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 observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a medication management assessment prior to initiating medication management services for one of one client (#1) who received medication management services.</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</p>	0 905		

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0 905	<p>Continued From page 10</p> <p>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 evidence the RN had conducted a face to face assessment with the client and/or the client's representative to include an identification and review of all the medications the client was known to be taking, indications for the medications, side effects, contraindications, allergic or adverse reactions, and interventions needed in the management of medications to prevent diversion of medications.</p> <p>On August 9, 2017, at approximately 7:00 a.m., client #1 was observed receiving medication administration from employee C (unlicensed personnel/ULP).</p> <p>Client #1's diagnoses included, but were not limited to, tropical spastic paraparesis (TSP) (a disease of the nervous system), involuntary hip flexion, leg spasms, hypertension, and end stage renal disease.</p> <p>Client #1's service plan, dated August 3, 2017, indicated the client received medication management services. The client's prescriber's orders had not been included in the client's record; however, were obtained by the licensee on August 11, 2017, and included, but were not limited to, the following medications: one antidepressant; one muscle relaxant; one transdermal patch used to treat pain; one Beta blocker used to treat hypertension; two ophthalmic (eye) solutions to reduce eye pressure; one as needed (PRN) laxative; and one PRN non-narcotic analgesic.</p>	0 905		

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0 905	<p>Continued From page 11</p> <p>On August 9, 2017, at approximately 10:00 a.m., employee A (owner) confirmed client #1 received medication administration. Employee A stated a medication assessment had not been found in the client's record; however, the employee stated the medication assessment had been completed by the RN. Employee A indicated client #1 was the only client who received medication management services.</p> <p>On August 10, and 11, 2017, the licensee provided additional documentation; however, a medication management assessment was not provided.</p> <p>The licensee's policy and procedure "Medication Management," dated February 1, 2017, indicated an assessment would be completed by the RN during the initial visit to determine the client medication management needs. The assessment would include, 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, and interventions needed to prevent diversion of medication by the client or others who may have access to the medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 905		
0 920 SS=F	<p>144A.4792, Subd. 5 Individualized Medication Mgt Plan</p> <p>Subd. 5. Individualized medication management plan. (a) For each client receiving medication</p>	0 920		



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0 920	<p>Continued From page 12</p> <p>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:</p> <p>(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 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</p>	0 920		

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0 920	<p>Continued From page 13</p> <p>current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and maintain a current individualized medication management record for one of one client (#1) who received medication management services.</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 record lacked evidence to indicate an individualized medication management plan had been developed.</p> <p>On August 9, 2017, at approximately 7:00 a.m., client #1 was observed receiving medication administration from employee C (unlicensed personnel/ULP).</p> <p>Client #1's diagnoses included, but were not limited to, tropical spastic paraparesis (TSP) (a disease of the nervous system), involuntary hip flexion, leg spasms, hypertension, and end stage renal disease.</p> <p>Client #1's service plan, dated August 3, 2017, indicated the client received medication management services, the service plan noted</p>	0 920		

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0 920	<p>Continued From page 14</p> <p>"RN [registered nurse] visits for medication management."</p> <p>Client #1's prescriber's orders had not been included in the client's record; however, were obtained by the licensee on August 11, 2017, and included, but were not limited to, the following medications: one antidepressant; one muscle relaxant; one transdermal patch used to treat pain; one Beta blocker used to treat hypertension; two ophthalmic (eye) solutions to reduce eye pressure; one as needed (PRN) laxative; and, one PRN non-narcotic analgesic.</p> <p>On August 9, 2017, at approximately 10:00 a.m., employee A (owner) confirmed client #1 received medication administration. Employee A stated a medication plan had not been found in the client's record; however, the employee stated the medication plan had been completed by the RN. Employee A indicated client #1 was the only client who received medication management services.</p> <p>On August 10, and 11, 2017, the licensee provided additional documentation; however, a medication plan was not provided.</p> <p>Client #1's record lacked evidence to indicate an individualized medication management plan had been developed and maintained to include:</p> <ul style="list-style-type: none"> <li>- a statement describing the medication management services that would be provided;</li> <li>- a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li> <li>- documentation of specific client instructions relating to the administration of medications;</li> <li>- identification of persons responsible for monitoring medication supplies and ensuring that</li> </ul>	0 920		

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0 920	<p>Continued From page 15</p> <p>medication refills were ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arose with medication management services; and - any client-specific requirements relating to documenting medication administration, verification that all medications were administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>The licensee's policy and procedure "Medication Management," dated February 1, 2017, indicated an individualized medication plan would be completed to include the above required content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 920		
0 935 SS=F	<p>144A.4792, Subd. 8 Documentation of Administration of Medication</p> <p>Subd. 8. Documentation of administration of medications. Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not</p>	0 935		

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0 935	<p>Continued From page 16</p> <p>completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure documentation of medication administration for one of one client (#1) was completed at the time of administration to include all required content.</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>On August 9, 2017, at approximately 7:00 a.m., client #1 was observed receiving medication administration from employee C (unlicensed personnel/ULP). The medications included: Cosopt (solution to reduce eye pressure), one drop in each eye; Alphagan, (solution to reduce eye pressure), one drop in each eye; and Lidoderm (topical pain reliever) transdermal patch. Employee C stated services were provided daily for client #1, which included administration</p>	0 935		

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0 935	<p>Continued From page 17 of the above listed medications.</p> <p>Client #1's diagnoses included, but were not limited to, tropical spastic paraparesis (TSP) (a disease of the nervous system), involuntary hip flexion, leg spasms, hypertension, and end stage renal disease.</p> <p>Client #1's prescriber's orders had not been included in the client's record; however, were obtained by the licensee on August 11, 2017, and included, but were not limited to, the following medications: Cosopt (solution to reduce eye pressure), one drop in each eye twice daily; Alphagan, (solution to reduce eye pressure), one drop in each eye twice daily; and Lidoderm 5% patch topically every 24 hours.</p> <p>Client #1's record lacked documentation of the administration of medications to include the medication name, dosage, date and time administered, method and route of administration.</p> <p>On August 9, 2017, at approximately 10:00 a.m., employee A (owner) verified the above findings. Employee A indicated client #1 was the only client who received medication administration services.</p> <p>The licensee's policy and procedure "Medication Management," dated February 1, 2017, indicated documentation would be completed after each medication administration.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 935		

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0 965  0 965 SS=F	Continued From page 18  144A.4792, Subd. 13 Prescriptions  This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to obtain prescriptions for medication staff were administering for one of one client (#1) who received medication administration.  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:  Client #1's record lacked evidence to indicate current prescriber's orders had been obtained for medication staff were administering.  Client #1's diagnoses included, but were not limited to, tropical spastic paraparesis (TSP) (a disease of the nervous system), involuntary hip flexion, leg spasms, hypertension, and end stage renal disease.  On August 9, 2017, at approximately 7:00 a.m., client #1 was observed receiving medication administration from employee C (unlicensed personnel/ULP). The medications included, Cosopt (solution to reduce eye pressure), one drop in each eye; Alphagan, (solution to reduce	0 965  0 965		

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0 965	<p>Continued From page 19</p> <p>eye pressure), one drop in each eye; and one Lidoderm transdermal patch.</p> <p>Client #1's record did not include prescriber's orders for the medications.</p> <p>On August 9, 2017, at approximately 10:30 a.m., employee A (owner) confirmed client #1 received medication administration. The employee verified the client did not have prescriber's orders for the medications. Employee A indicated client #1 was the only client who received medication management services.</p> <p>On August 11, 2017, prescriber's orders were provided via email for client #1. The orders included, but were not limited to, the following medications: Cosopt (solution to reduce eye pressure), one drop in each eye twice daily; Alphagan, (solution to reduce eye pressure), one drop in each eye twice daily; and Lidoderm 5% patch topically every 24 hours.</p> <p>The licensee's policy and procedure, "Requesting and Receiving Medication Prescriptions and Refills," dated February 1, 2017, indicated a current written prescriber's prescription must be obtained for any medication staff was administering.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 965		
01245 SS=F	<p>144A.4798, Subd. 1 TB Prevention and Control</p> <p>Subdivision 1. Tuberculosis (TB) prevention and control. A home care provider must establish</p>	01245		



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01245	<p>Continued From page 20</p> <p>and maintain a TB prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). Components of a TB prevention and control program include screening all staff providing home care services, both paid and unpaid, at the time of hire for active TB disease and latent TB infection, and developing and implementing a written TB infection control plan. The commissioner shall make the most recent CDC standards available to home care providers on the department's Web site.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a Tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include a facility TB risk assessment.</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>During the entrance conference with employee A</p>	01245		

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01245	<p>Continued From page 21</p> <p>(owner) on August 7, 2017, at approximately 10:15 a.m., a facility TB risk assessment was requested.</p> <p>On August 8, 2017, at 11:35 a.m., employee A provided a policy and procedure titled "Tuberculosis Prevention: Control Plan and Risk Assessment," dated February 1, 2017. The policy and procedure indicated a facility TB risk assessment would be completed; however, a facility TB risk assessment was not included in the policy and procedure, and not provided.</p> <p>On August 9, 2017, at 10:30 a.m., employee A, indicated the licensee had not completed written TB risk assessment under the current temporary home care license, as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01245		