Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronically Delivered
January 22, 2025

Licensee
Cornerstone Caregiving
7582 Currell Boulevard Suite 111
Woodbury, MN 55125

RE: Initial License Number 412431
Health Facility Identification Number (HFID) 39913
Project Number(s) SL39913016

Dear Licensee:

On December 12, 2024, The Minnesota Department of Health (MDH) completed a follow-up survey of your agency to determine correction of orders found on the survey completed May 30, 2024. The follow-up survey found the facility to be in compliance. Based on these findings, the condition(s) on the license were removed effective January 22, 2025.

Effective, MDH is granting your Comprehensive home care license. Your license effective and expiration dates remain the same as on your provisional license.. Your license number is 412431. You will not receive a replacement license certificate until your license is due to renew. 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 or by email at: Health.homecare@state.mn.us.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any questions, please contact Jess Schoenecker directly at: 651-201-3789.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF TEMPORARY EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

November 20, 2024

Licensee
Cornerstone Caregiving
7582 Currell Boulevard Suite 111
Woodbury, MN 55125

RE: Temporary Conditional License Number 412431
Health Facility Identification Number (HFID) 39913
Project Number(s) SL39913016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a follow-up survey on October 2, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the follow-up survey results you were found to not be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A.

As a result of this follow-up survey and pursuant to Minn. Stat. § 144A.473, Subd. 3(a), MDH is issuing a 45-day extension of your conditional temporary license due to expire on **January 4, 2025**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are 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 are 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 . . ."

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $3,000.00. **MDH is not imposing these fines against your license at this time.**

0265-Up-To-Date Plan/accepted Standards Practice-144a.44, Subd. 1(a)(2) - $3,000.00
1145-Training/competency Evals All Staff-144a.4795, Subd. 7(b)
1150-Training/competency Evals Comp Staff-144a.4795, Subd. 7(c)

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144A.474, Subd. 8(c), the temporary licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes Chapter 144A.**

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's client(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 business days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

CONDITIONAL LICENSE ISSUED:
MDH will extend the conditional temporary comprehensive home care license for Cornerstone Caregiving for 90 calendar days from the date of this notice. At an unannounced point in time, within the 45 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144A.474, Subd. 2(e). Based on the results of the follow-up survey, MDH will determine if Cornerstone Caregiving is in substantial compliance.

The following conditions will continue to be in effect on the conditional temporary comprehensive license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional temporary license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

b. **No new admissions:** Cornerstone Caregiving will continue to not admit any new clients under its conditional home care license until MDH removes the "no new admissions" condition.

c. **Consultant:** Cornerstone Caregiving will continue to contract with an RN to provide consultation concerning all clients to whom Cornerstone Caregiving provides temporary licensed comprehensive home care services under the conditional license. The consultant must continue to have access to all clients receiving services from Cornerstone Caregiving. The consultant will continue to conduct initial and ongoing evaluations of the provider. Direct client observation may continue to be required based on the consultant's judgement or at the discretion of MDH. The RN must continue to not have any affiliation with Cornerstone Caregiving. Cornerstone Caregiving will continue to be responsible for the expense of the contract with the RN. The main purpose of the consultant is to continue to provide guidance to Cornerstone Caregiving in an effort to help Cornerstone Caregiving align their practices with the requirements of Minn. Stat. §§ 144A.43 – 144A.484 and to provide oral and written reports to MDH noting progress toward substantial compliance and/or concerns about observations. Cornerstone Caregiving will continue to develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided

by the consultant to ensure ongoing monitoring and substantial compliance with statutory requirements.

d. Reports: The RN consultant will continue to provide MDH with regular reports electronically submitted to Brandon Mueller, State Evaluation Team, at Brandon.W.Mueller@state.mn.us. Brandon Mueller can be reached at 651-247-2064 (office) with questions about reports. The content of the reports will continue to include information such as:

i. Progress towards correction of orders;
ii. Observations of staff delivering home care services and the level of competency observed;
iii. Conversations with clients and family members about satisfaction with home care services;
iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
v. Overall impressions about the quality of the home care services delivered;
vi. Overall impressions about the dignity with which the clients and their family members are treated;
vii. Concerns; and
viii. Any other information requested by the Department or considered important by the RN consultant(s).

e. Monitoring visits: MDH may make unannounced monitoring visits to assess the progress of Cornerstone Caregiving to correct the violations cited during the follow-up survey as well as to determine the overall practice of Cornerstone Caregiving in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.

f. Follow-up survey: At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

g. Corrective Action Plan: Cornerstone Caregiving will continue to develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:

i. A statement of the concern
ii. A description of what will happen to correct the concern
iii. A target date for when each correction will be complete
iv. Who is responsible to make sure it happens
v. Current status of correction work
vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL TEMPORARY LICENSE PERIOD:
MDH will determine if Cornerstone Caregiving is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 45-day conditional license period. If MDH determines Cornerstone Caregiving is in substantial compliance on the follow up survey, MDH will remove the conditions from Cornerstone Caregiving's temporary comprehensive home care license, and Cornerstone Caregiving will correct violations identified during the survey to come into substantial compliance. If MDH determines Cornerstone Caregiving is not in substantial compliance, MDH may take additional enforcement action against Cornerstone Caregiving, including placement of additional conditions, issuing an extension to the conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144A.475 up to and including immediate temporary suspension and revocation.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any questions, please contact Brandon Mueller directly at: 651-247-2064.

Sincerely,

Rick Michals, J.D.
Interim Assistant Division Director

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39913	A. BUILDING: _____ B. WING _____	R 10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CAREGIVING	7582 CURRELL BOULEVARD STE 111 WOODBURY, MN 55125

(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***** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) have been issued pursuant to a survey. 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. INITIAL COMMENTS: SL# 39913016-1 On September 30, 2024, through October 2, 2024, the Minnesota Department of Health conducted a follow-up survey pursuant to a survey completed on May 30, 2024. At the time of the follow-up, there were 10 clients receiving services under the provider's temporary Comprehensive license. As a result of the follow-up survey, the following correction order(s) are issued. An immediate correction order was identifed on October 1, 2024, issued for SL39913016-1, tag identification 0265. During the course of the survey, the licensee took action to mitigate the immediate risk. Noncompliance remained and the scope and level remain unchanged.	{0 000}	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. 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 144A.474 SUBDIVISION 11 (b)(1)(2).	

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0 265	Continued From page 1	0 265		
0 265 SS=I	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice 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 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for one of one client (C1) with bed rails. 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 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 only occasionally). The findings include: C1 was admitted on May 20, 2024, and began receiving comprehensive home care services. C1's diagnoses included spinal cord injury, hypertension, and neuropathy. C1's record included a Home Care Review/Assessment dated September 16, 2024, indicating C1 used a bed rail as an assistive device.	0 265		

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0 265	Continued From page 2 C1's medical record lacked a bed rail assessment, including the following required content: -an individualized bed rail assessment; -documentation of measurements of zones of entrapment; and -documentation of discussion of the risk and benefits with C1 and/or C1's responsible party. On September 30, 2024, at approximately 3:45 p.m., the surveyor observed a hospital bed in C1's home with three quarter bed rails. Two quarter bed rails were on the side of the bed against a wall and the side of the bed open to the room had a quarter bed rail near the head of the bed. On September 30, 2024, at approximately 3:45 p.m., family member (FM)-F stated the VA (Veteran's Administration) had provided the hospital bed and C1 used the bed rails to help with transferring in and out of bed. On September 30, 2024, at approximately 3:00 p.m., manager (M)-A stated they were unaware there was a bed rail used in the home and were unaware that additional assessment of the bed rail was required. The FDA's A Guide to Bed Safety, revised April 2010, indicated the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by	0 265		

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0 265	Continued From page 3 the patient's health care team will help to determine how best to keep the patient safe." The licensee's Client Comprehensive Assessment policy dated September 2024, did not specifically address bed rail assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate During the course of the survey, the licensee took action to mitigate the immediate risk. Noncompliance remained and the scope and level remain unchanged.	0 265		
01145 SS=F	144A.4795, Subd. 7(b) Training/Competency Evals All Staff (b) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the client's condition to the supervisor designated by the home care provider; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls for providers working with the elderly or individuals at risk of	01145		

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01145	Continued From page 4 falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and clients and the client's family; (14) procedures to utilize in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure the unlicensed personnel (ULP) completed training and competency evaluations in all the required areas for three of three employees (ULP-C, ULP-D, ULP-E). 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).	01145		

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01145	Continued From page 5 The findings include: ULP-C ULP-C was hired on June 10, 2024, and began providing comprehensive home care services. ULP-C's employee record lacked training and competency evaluation completed by a registered nurse (RN) for the following required content: -documentation requirements for all services provided; - appropriate and safe techniques in personal hygiene and grooming, including: -care of teeth, gums, and oral prosthetic devices; -care and use of hearing aids; and -assisting with toileting; -medication, exercise, and treatment reminders; -basic nutrition, meal preparation, food safety, and assistance with eating; and -awareness of commonly used health technology equipment and assistive devices. ULP-D ULP-D was hired on July 11, 2024, and began providing comprehensive home care services. ULP-D's employee record lacked training and competency evaluations completed by a RN for the following required content: -documentation requirements for all services provided. -appropriate and safe techniques in personal hygiene and grooming, including: -haircare and bathing; -care of teeth, gums, and oral prosthetic devices; -care and use of hearing aids; and -dressing and assisting with toileting; -standby assistance techniques and how to	01145		

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01145	Continued From page 6 perform them; -medication, exercise, and treatment reminders; -basic nutrition, meal preparation, food safety, and assistance with eating; and -awareness of commonly used health technology equipment and assistive devices. ULP-E ULP-E was hired on May 7, 2024, and began providing comprehensive home care services. ULP-E's employee record lacked training and competency evaluations completed by a RN for the following required content: -documentation for all services provided; -appropriate and safe techniques in personal hygiene and grooming, including: -care of teeth, gums, and oral prosthetic devices; and -care and care and use of hearing aids; -standby assistance techniques and how to perform them; -medication, exercise, and treatment reminders; -basic nutrition, meal preparation, food safety, and assistance with eating; and -awareness of commonly used health technology equipment and assistive devices. On September 30, 2024, at approximately 2:45 p.m., manager (M)-A stated the files were missing training content and they had not implemented all training topics yet. M-A stated they had recently hired a nurse who had started the training for staff. On September 30, 2024, at approximately 2:50 p.m., administrator (A)-B stated they had the competency forms for the missing content and all training content at this time.	01145		

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01145	Continued From page 7 The licensee's Competency Skills Testing: Unlicensed Staff policy dated January 2023, indicated unlicensed staff providing basic home care services will demonstrate competency by satisfactorily completing a written or oral test on the tasks the ULP will perform and, in the topics, listed in MN Statute 144A.4795 subdivision 7(b) and will demonstrate competency of skills by a practical skills test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01145		
01150 SS=F	144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff (c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include: (1) observation, reporting, and documenting of client status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the client; (4) recognizing physical, emotional, cognitive, and developmental needs of the client; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by:	01150		

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01150	Continued From page 8 Based on observation, interview, and record review the licensee failed to ensure the unlicensed personnel (ULP) completed training and competency evaluations in all the required areas for two of two employees (ULP-C, ULP-E). 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: ULP-C ULP-C was hired on June 10, 2024, and began providing comprehensive home care services. ULP-C's employee record lacked training and competency evaluation completed by a registered nurse (RN) for the following required content: -reading and recording temperature, pulse, and respirations of the client; and -recognizing physical, emotional, cognitive, and developmental needs of the client. ULP-E ULP-E was hired on May 7, 2024, and began providing comprehensive home care services. ULP-E's employee record lacked training and competency evaluations completed by a RN for the following required content: -observing, reporting, and documenting of client status; -basic knowledge of body functioning and	01150		

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01150	Continued From page 9 changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; -reading and recording temperature, pulse, and respirations of the client; -recognizing physical, emotional, cognitive, and developmental needs of the client, and -range of motion and positioning. On September 30, 2024, at approximately 2:45 p.m., manager (M)-A stated the files were missing training content and they had not implemented all training topics yet. M-A stated they had recently hired a nurse who had started the training for staff. On September 30, 2024, at approximately 2:50 p.m., administrator (A)-B stated they had the competency forms for the missing content and all training content at this time. The licensee's Competency Skills Testing: Unlicensed Staff policy dated January 2023, indicated all staff providing home care services will be trained and competent in the provision of home care services consistent with current practice standards appropriate to the clients' needs. The policy also stated competency testing included a combination of a written exam, demonstration of competency skills, and verbal presentation as appropriate to the skill being evaluated. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01150		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF TEMPORARY EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

July 11, 2024

Licensee
Cornerstone Caregiving
7582 Currell Boulevard Suite 111
Woodbury, MN 55125

RE: Temporary Conditional License Number 412431
Health Facility Identification Number (HFID) 39913
Project Number(s) SL39913016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 30, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A.

As a result, pursuant to Minn. Stat. § 144A.473, Subd. 3(a), MDH is issuing a 90-day conditional temporary license due to expire on **October 9, 2024**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are 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 are 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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144A.475 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144A.475.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144A.475.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(5), MDH may impose fine amounts of either $1,000 or $5,000 to temporary licensees who are found to be responsible for maltreatment. MDH may impose a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subd. 2, 9, 17. MDH also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(6), when a fine is assessed against a agency for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $3,000.00. **MDH is not imposing these fines against your license at this time.**

St - 0 - 0715 - 144a.476, Subd. 2 - Employees, Contractors, And Volunteers - $3,000.00

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144A.474, Subd. 8(c), the temporary licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes Chapter 144A.**

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's client(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 business days of the correction order receipt date.

A state correction order under Minn. Stat. § 144A.44 Subd. 1(14), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process

under Minn. Stat. § 626.557.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

CONDITIONAL LICENSE ISSUED:
MDH will issue Cornerstone Caregiving a conditional temporary comprehensive home care license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144A.474, Subd. 2(e). Based on the results of the follow-up survey, MDH will determine if Cornerstone Caregiving is in substantial compliance.

The following conditions apply on the conditional temporary comprehensive license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional temporary license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

b. **No new admissions:** Cornerstone Caregiving will not admit any new clients under its conditional home care license until MDH removes the "no new admissions" condition. Cornerstone Caregiving must provide the Department:

    i. A list of the names and birthdates of any individuals Cornerstone Caregiving is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current clients by location including:
        1. Name and birthdate of each client
        2. Physical location of each client
        3. Current payment source for services
        4. If Elderly Waiver, the name and contact information of the care coordinator/case manager
        5. If the client is not able to make informed decisions, the name of their representative and how to contact the representative

c. **Consultant:** Cornerstone Caregiving will contract with an RN to provide consultation concerning all clients to whom Cornerstone Caregiving provides temporary licensed comprehensive home care services under the conditional license. The consultant must have access to all clients receiving services from Cornerstone Caregiving. The consultant will conduct initial and ongoing evaluations of the provider. Direct client observation may be required based on the consultant's judgement or at the discretion of MDH. The RN must not have any affiliation with Cornerstone Caregiving and MDH must review the RN's credentials and approve the selection. Cornerstone Caregiving is responsible for

the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Cornerstone Caregiving in an effort to help Cornerstone Caregiving align their practices with the requirements of Minn. Stat. §§ 144A.43 – 144A.484 and to provide oral and written reports to MDH noting progress toward substantial compliance and/or concerns about observations. Cornerstone Caregiving will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and substantial compliance with statutory requirements.

d. Reports: The RN consultant will provide MDH with regular reports at intervals specified by MDH. Reports will begin on a weekly basis until MDH notifies Cornerstone Caregiving and the RN consultant about a change. Each report will be electronically submitted to Jess Schoenecker, Surveyor Supervisor, State Evaluation Team, Health Regulation Division, at Jess.Schoenecker@state.mn.us. Jess Schoenecker can be reached at 651-201-3789 (office) with questions about reports. The content of the reports will include information such as:

i. Progress towards correction of orders;
ii. Observations of staff delivering home care services and the level of competency observed;
iii. Conversations with clients and family members about satisfaction with home care services;
iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
v. Overall impressions about the quality of the home care services delivered;
vi. Overall impressions about the dignity with which the clients and their family members are treated;
vii. Concerns; and
viii. Any other information requested by the Department or considered important by the RN consultant(s).

e. Monitoring visits: MDH may make unannounced monitoring visits to assess the progress of Cornerstone Caregiving to correct the violations cited during the survey as well as to determine the overall practice of Cornerstone Caregiving in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.

f. Follow-up survey: At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level

3 or 4 violations or widespread care related violations.

g. **Corrective Action Plan:** Cornerstone Caregiving will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
    i. A statement of the concern
    ii. A description of what will happen to correct the concern
    iii. A target date for when each correction will be complete
    iv. Who is responsible to make sure it happens
    v. Current status of correction work
    vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL TEMPORARY LICENSE PERIOD: MDH will determine if Cornerstone Caregiving is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Cornerstone Caregiving is in substantial compliance on the follow up survey, MDH will remove the conditions from Cornerstone Caregiving's temporary comprehensive home care license, and Cornerstone Caregiving will correct violations identified during the survey to come into substantial compliance. If MDH determines Cornerstone Caregiving is not in substantial compliance, MDH may take additional enforcement action against Cornerstone Caregiving, including placement of additional conditions, issuing an extension to the conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144A.475 up to and including immediate temporary suspension and revocation.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any questions, please contact Jess Schoenecker directly at: 651-201-3789.

Sincerely,

Rick Michals

Rick Michals, J.D.
Interim Assistant Division Director

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39913	A. BUILDING: _____ B. WING _____	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CAREGIVING	7582 CURRELL BOULEVARD STE 111 WOODBURY, MN 55125

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0 000	Initial Comments *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. 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. INITIAL COMMENTS: Project #SL39913016-0 On May 28, 2024, through May 30, 2024, a surveyor of this Department's staff, visited the above temporary comprehensive home care licensed provider and the following correction orders were issued. At the time of the survey, there were 22 clients receiving services under the temporary comprehensive license. On May 28, 2024, at 2:52 p.m., an immediate order was issues for tag identification number 0715. On May 30, 2024, at 7:49 a.m., the immediacy of the order for tag identification number 0715 was removed, but noncompliance remained and the scope and level of the order to remain unchanged.	0 000	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 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 144A.474 SUBDIVISION 11 (b)(1)(2).	

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0 465	Continued From page 1	0 465		
0 465 SS=F	144A.472, Subd. 1 License Applications Each application for a home care provider license must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the applicant's name, email address, physical address, and mailing address, including the name of the county in which the applicant resides and has a principal place of business; (2) the initial license fee in the amount specified in subdivision 7; (3) the email address, physical address, mailing address, and telephone number of the principal administrative office; (4) the email address, physical address, mailing address, and telephone number of each branch office, if any; (5) the names, email and mailing addresses, and telephone numbers of all owners and managerial officials; (6) documentation of compliance with the background study requirements of section 144A.476 for all persons involved in the management, operation, or control of the home care provider; (7) documentation of a background study as required by section 144.057 for any individual seeking employment, paid or volunteer, with the home care provider; (8) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (9) documentation of liability coverage, if the provider has it; (10) identification of the license level the provider is seeking; (11) documentation that identifies the managerial official who is in charge of day-to-day operations and attestation that the person has reviewed and	0 465		

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0 465	Continued From page 2 understands the home care provider regulations; (12) documentation that the applicant has designated one or more owners, managerial officials, or employees as an agent or agents, which shall not affect the legal responsibility of any other owner or managerial official under this chapter; (13) the signature of the officer or managing agent on behalf of an entity, corporation, association, or unit of government; (14) verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures and keep them current: (i) requirements in chapter 260E, reporting of maltreatment of minors, and section 626.557, reporting of maltreatment of vulnerable adults; (ii) conducting and handling background studies on employees; (iii) orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance; (iv) handling complaints from clients, family members, or client representatives regarding staff or services provided by staff; (v) conducting initial evaluation of clients' needs and the providers' ability to provide those services; (vi) conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (vii) orientation to and implementation of the home care client bill of rights; (viii) infection control practices; (ix) reminders for medications, treatments, or exercises, if provided; and	0 465		

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0 465	Continued From page 3 (x) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; and (15) other information required by the department. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the management officials who were in charge of day-to-day operations; and responsible for the client's home care services, reviewed and understood all of the home care provider regulations; and failed to ensure some policies and procedures were implemented. 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: The licensee's application for Comprehensive license, section titled "H. Managerial Official Verification" (page 11-13 of the application), identified, "This section must be completed by an owner or managerial official, which official will be held accountable for ensuring the licensee's compliance with Minnesota home care laws." The section directed, "Read the following statements, initial each, if true and sign below." The following	0 465		

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0 465	Continued From page 4 was initialed (not all inclusive), "I certify that I have read and understand the following Minnesota [MN] Statutes: Home Care Laws, Chapter 144A.43 through 144A. 484." "Reporting of Maltreatment of Vulnerable Adults, MN Statute section 626.557." The page was dated, signed, and initialed by license coordinator (LC)-H, an agent of licensee, on February 13, 2023. The licensee had a temporary comprehensive home care license issued on June 21, 2023, with an expiration date of May 31, 2024. During the entrance conference on May 28, 2024, at approximately 10:30 a.m., manager (M)-A stated he was familiar with Minnesota home care laws and statutes and verified the licensee's current client census was 22. The licensee failed to implement the following required policies and procedures: -background studies; -individual abuse prevention plans; -quality management; -comprehensive assessment, monitoring, and reassessment; -service plan content, implementation, and revisions; --training, orientation, and competency evaluations of home care staff; -delegation of home care tasks; -supervision of staff; and -tuberculosis prevention: control plan and risk assessment On May 30, 2024, at approximately 1:30 p.m., manager (M)-A stated the licensee provided basic home care services only and acknowledged that licensee failed to implement corresponding policies and procedures, as required.	0 465		

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0 465	Continued From page 5 As a result of this survey, the following orders were issued 0715, 0790, 0810, 0815, 0835, 0860, 0865, 0870, 1115, 1125, 1165, 1185, 1225 and 1245, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144A.471 to 144A.4798. No further information was provided. TIME PERIOD TO CORRECT Seven (7) days	0 465		
0 715 SS=I	144A.476, Subd. 2 Employees, Contractors, and Volunteers (a) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information. (b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure background studies were conducted prior to staff providing services, for two of two unlicensed personnel ((ULP)-B, ULP-C). This practice resulted in a level three violation (a	0 715		

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0 715	Continued From page 6 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 indicate a system failure that has impacted or has the potential to impact all the clients). The findings include: ULP-B ULP-B was hired on March 13, 2024. ULP-B's employee file contained a Background Screening Report dated March 15, 2024, conducted by Allied Screening. ULP-B's employee file lacked a DHS NetStudy 2.0 background study. ULP-C ULP-C was hired on March 7, 2024. ULP-C's employee file contained a Background Screening Report dated March 6, 2024, conducted by Allied Screening. ULP-C's employee file lacked a Department of Human Services (DHS) NetStudy 2.0 background study. The licensee's undated NetStudy 2.0 roster, run by Minnesota Department of Health (MDH) supervisor on May 28, 2024, at approximately 10:45 a.m., listed four eligible employees with only one employee matching with the licensee's current employee roster. On May 28, 2024, at approximately 10:30 a.m.,	0 715		

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0 715	Continued From page 7 manager (M)-A stated licensee did not use DHS NetStudy 2.0 for background studies as required for all employees prior to providing services. M-A also stated ULPs were working independently with clients, without continuous direct supervision. On May 28, 2024, at approximately 12:00 p.m., M-A provided the licensee's employee roster which contained information for 34 employees. Of the 34 employees, 33 employees lacked DHS NetStudy 2.0 background studies. The licensee's Criminal Background Check policy dated January 2023, indicated employees may not provide services to clients prior to the receipt of notice from NetStudy 2.0 unless services are provided under continuous direct supervision. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On May 30, 2024, at 7:49 a.m., the immediacy of the order for tag # 0715 was lifted with the scope and level of the order to remain unchanged.	0 715		
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality	0 790		

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0 790	Continued From page 8 management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. 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: On May 28, 2024, at approximately 10:35 a.m., during the entrance conference with manager (M)-A, a request was made to review documentation of the licensee's quality management activities. M-A stated they did not have a quality management plan, focused quality activities, or quality management meetings. M-A stated they met weekly with office staff to discuss clients and thought that would meet the QA requirements. The licensee's QA Program policy dated January 2023, read "it is the policy of [licensee] to have in place a program to measure performance and quality of service delivery".	0 790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39913	A. BUILDING: _____ B. WING _____	05/30/2024

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0 790	Continued From page 9 No further information was provided. TIME PERIOD TO CORRECT- Twenty-one (21) days	0 790		
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (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 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current individualized abuse prevention plan (IAPP) was completed for three of three clients (C1, C2, C3). 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	0 810		

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0 810	Continued From page 10 failure that has affected or has the potential to affect a large portion or all the clients). The findings include: C1 C1 started receiving services on March 29, 2024. C1's Service Plan dated March 29, 2024, indicated C1's services included assistance with activities of daily living (ADLs), meal preparation, transfers, housekeeping, and laundry assistance. C2 C2 started receiving services on May 20, 2024. C2's Service Plan dated May 23, 2024, indicated C2's services included assistance with ADLs, meal preparation, transfers, and housekeeping. C3 C3 started receiving services on December 14, 2023. C3's Service Plan dated December 13, 2023, indicated C3's services included dressing, bathing, frooming, toileting, meal preparation, and assistance with transfers. C1, C2, and C3's records lacked an IAPP to include an assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults, the person's risk of abusing other vulnerable adults, and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. On May 28, 2024, at approximately 3:30 p.m., manager (M)-A stated IAPPs were not completed	0 810		

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0 810	Continued From page 11 for clients as the licensee did not have an IAPP form. The licensee's Abuse, Neglect, Exploitation, Fraud policy dated January 2023, indicated every client would have an IAPP. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) days	0 810		
0 815 SS=F	144A.479, 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: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other 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 providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057.	0 815		

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0 815	Continued From page 12 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included the required content for two of two employees (unlicensed personnel (ULP)-B, ULP-C). 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) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: On May 28, 2024, at approximately 10:30 a.m., manager (M)-A stated the licensee was aware of the required content of employee records. ULP-B was hired on March 13, 2024, to provide direct care to the licensee's clients. ULP-B's employee record lacked a current job description, including qualifications, responsibilities, and identification of staff providing supervision. ULP-C had a hire date of March 7, 2024, to	0 815		

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0 815	Continued From page 13 provide direct care to the licensee's clients. ULP-C's employee record lacked a current job description, including qualifications, responsibilities, and identification of staff providing supervision. On May 29, 2024, at approximately 1:30 p.m., M-A stated job descriptions were not in any employee records and employees could see the job description in the online job posting. M-A stated job descriptions would be placed in each employee file. The licensee's Job Descriptions policy dated January 2023, indicated job descriptions were distributed during orientation and reviewed with each employee. The policy also indicated that employees would sign their job description indicating understanding of tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 815		
0 835 SS=C	144A.4791, Subd. 3 Statement of Home Care Services Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the	0 835		

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0 835	Continued From page 14 provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide written acknowledgement that a Statement of Home Care Services was provided to three of three clients (C1, C2, C3). 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 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 the clients). The findings include: C1 C1 started receiving services on March 29, 2024. C1's Service Plan dated March 29, 2024, indicated C1's services included assistance with activities of daily living (ADLs), meal preparation, transfers, housekeeping, and laundry assistance. C2 C2 started receiving services on May 20, 2024. C2's Service Plan dated May 23, 2024, indicated C2's services included assistance with ADLs, meal preparation, transfers, and housekeeping. C3 C3 started receiving services on December 14,	0 835		

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0 835	Continued From page 15 2023. C3's Service Plan dated December 13, 2023, indicated C3's services included dressing, bathing, frooming, toileting, meal preparation, and assistance with transfers. C1, C2, and C3's records lacked evidence to indicate the clients and/or the clients' representatives were provided with a written statement that identified the licensee as a comprehensive home care provider, and the services provided under their license. On May 28, 2024, at approximately 3:30 p.m., manager (M)-A provided a welcome letter and stated this was the document given to clients as a statement of services. M-A stated that they did not obtain a client signature indicating receipt. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 835		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be	0 860		

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0 860	Continued From page 16 conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) completed the required initial assessment for two of two clients (C1, C3) and failed to ensure a RN completed a reassessment within 90 days of the prior assessment for one of two clients (C3). 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 the potential to affect a large number or all the clients). The findings include: C1 C1 began receiving comprehensive services on March 29, 2024. C1's Individualized Service Plan dated March 29, 2024, indicated C1's services included changing urostomy bag as needed.	0 860		

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0 860	Continued From page 17 C1's task list dated May 21, 2024, through May 27, 2024, indicated caregivers were emptying C1's urostomy bag. C1's record lacked an initial assessment completed by a RN. C3 C3 began receiving comprehensive services on December 14, 2023. C3's Individualized Service Plan dated December 9, 2023, lacked documentation that C3 had a foley catheter and received assistance with emptying the catheter bag. C3's record lacked an initial assessment and a 90-day assessment completed by a RN. On May 30, 2024, at approximately 11:00 a.m., during a client visit to C3, surveyor observed C3 had a foley catheter. On May 30, 2024, at approximately 11:15 a.m., unlicensed personnel (ULP)-D stated her tasks included emptying foley catheter bag for C3. On May 30, 2024, at approximately 1:15 p.m., manager (M)-A stated the RN did not do assessments as the agency provided only basic services. M-A stated they were unaware that assistance with catheter care was a nursing delegated task. The licensee's Reviews and Monitoring policy dated January 2023, indicated clients would receive a client specific comprehensive review upon admission and subsequent reviews as needed, not to exceed 90 days from the last	0 860		

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0 860	Continued From page 18 review. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 860		
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care. (c) The home care provider must implement and provide all services required by the current service plan. (d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable. (e) Staff providing home care services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included	0 865		

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0 865	Continued From page 19 a signature or other authentication by the client or the client's representative for one of three clients (C3) and failed to include all provided services for two of three clients (C1, C3). 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 the potential to affect a larger portion or all clients). The findings include: C1 C1 began receiving home care services on March 29, 2024. C1's Individualized Service Plan dated March 29, 2024, indicated services received included changing of urostomy bag. C1's service plan lacked documentation of delegated services provided. C1's task list dated May 21, 2024, through May 27, 2024, indicated C1's urostomy bag was emptied by unlicensed personnel. C3 C3 began receiving comprehensive home care services on December 14, 2023. C3's Individualized Service Plan, dated December 9, 2023, was not signed by the client or client's representative as required. C3's service plan also lacked documentation of delegated services provided.	0 865		

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0 865	Continued From page 20 During a client visit on May 29, 2024, at approximately 11:00 a.m., surveyor observed that C3 had a foley catheter. On May 29, 2024, at approximately 11:20 a.m., unlicensed personnel (ULP)-D stated her duties included emptying the foley catheter bag. On May 30, 2024, at approximately 1:15 p.m., manager (M)-A stated they were unaware the service plan for C3 had not been authenticated by the client or client's representative. M-A stated he completed the service plans and thought signatures had been obtained for C3's service plan. M-A also stated they were unaware that catheter care was a comprehensive service and the agency provided basic home care services only (though they held a temporary comprehensive home care license). The licensee's Service Plan (SP) policy dated January 2023, read "the service plan and any revisions, must include a signature by the Agency and by the client or the client's representative, documenting agreement on the services to be provided." The Service Plan (SP) policy also indicated the service plan would include a description of services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 865		
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include: (1) a description of the home care services to be	0 870		

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0 870	Continued From page 21 provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for three of three clients (C1, C2, C3). 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	0 870		

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0 870	Continued From page 22 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: C1 C1 began receiving home care services on March 29, 2024. C1's Individualized Service Plan dated March 29, 2024, indicated services received included assistance with dressing, grooming, meal preparation, assist with transfers, and urostomy care assistance. C2 C2 began receiving home care services on May 20, 2024. C2's Individualized Service Plan dated May 13, 2024, indicated services received included assistance with bathing, dressing, toileting, transferring, and meal preparation. C3 C3 began receiving home care services on December 14, 2024. C3's Individualized Service Plan dated December 9, 2023, indicated services received included assistance with bathing, dressing, toileting, transferring, and meal preparation. C1, C2, and C3's service plans lacked the following required content: -the frequency of each service provided according to the client's current review or assessment and client preferences; -the identification of the staff or categories of staff	0 870		

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0 870	Continued From page 23 who will provide the services; -the schedule and methods of monitoring reviews or assessments of the client; and -the schedule and methods of monitoring staff providing the home care services. On May 30, 2024, at approximately 1:30 p.m., manager (M)-A stated they used the service plan template provided by their home office and they were unaware of the required content of service plans according to Minnesota statute. The licensee's Service Plan (SP) policy dated January 2023, read "it is the policy of [licensee] that all service provided to every client follow an established written service plan, created by the Agency Manager/Supervisor and the client/family in compliance with state, local, and federal standards and be followed by all Agency staff involved." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
01115 SS=F	144A.4795, Subd. 3(b) Unlicensed Personnel - Comprehensive (b) Unlicensed personnel performing delegated nursing tasks for a comprehensive home care provider must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in subdivision 7, paragraphs (b) and (c), and a practical skills test on tasks listed in subdivision 7, paragraphs (b), clauses (5) and (7), and (c), clauses (3), (5), (6), and (7), and all the delegated	01115		

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01115	Continued From page 24 tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure unlicensed personnel providing comprehensive home care services training and competency evaluation were completed in all the required areas for two of two employees (unlicensed personnel (ULP)-B, ULP-C). 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 an 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 clients). The findings include: ULP-B ULP-B was hired on March 13, 2024, to provide home care services to the licensee's clients. ULP-B's employee record lacked evidence to indicate the employee had completed training by successful completion of written or oral tests and practical skills evaluations as required in the	01115		

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01115	Continued From page 25 following areas: - documentation requirements for all services provided; - reports of changes in the client's condition to the supervisor designated by the home care provider; - maintenance of a clean and safe environment; - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; - dressing and assisting with toileting; - training on the prevention of falls; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - communication skills that included preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; - awareness of confidentiality and privacy; - understanding appropriate boundaries between staff and clients and the client's family; -procedures to utilize in handling various emergency situations; - awareness of commonly used health technology equipment and assistive devices; -observation, reporting, and documentation of client status; -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; -reading and recording temperature, pulse, and respirations of the client; -recognizing physical, emotional, cognitive, and developmental needs of the client; -safe transfer techniques and ambulation;	01115		

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01115	Continued From page 26 -range of motion and positioning; -administering medications or treatments as required; and -other RN/professionally delegated tasks. ULP-C ULP-C was hired on March 7, 2024, to provide home care services to licensee's clients. ULP-C's employee record lacked evidence to indicate the employee had completed training by successful completion of written or oral tests and practical skills evaluations as required in the following areas: - documentation requirements for all services provided; - reports of changes in the client's condition to the supervisor designated by the home care provider; - maintenance of a clean and safe environment; - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; - dressing and assisting with toileting; - training on the prevention of falls; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - communication skills that included preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; - awareness of confidentiality and privacy; - understanding appropriate boundaries between staff and clients and the client's family; -procedures to utilize in handling various emergency situations;	01115		

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01115	Continued From page 27 - awareness of commonly used health technology equipment and assistive devices; -observation, reporting, and documentation of client status; -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; -reading and recording temperature, pulse, and respirations of the client; -recognizing physical, emotional, cognitive, and developmental needs of the client; -safe transfer techniques and ambulation; -range of motion and positioning; -administering medications or treatments as required; and -other RN/professionally delegated tasks. On May 29, 2024, at approximately 12:30 p.m., administrator (A)-F stated, "we don't train employees because they come to us with the training". On May 30, 2024, at approximately 1:30 p.m., manager (M)-A stated they hired ULPs with prior experience so they would have already been trained. The licensee's In-Service Training/Staff Development policy dated January 2023, read "Agency employees will meet the required state and federal in-service training requirements". The licensee's Competency Skills Testing: Unlicensed Staff policy dated January 2023, indicated competency evaluations would be provided at the time of hire and annually thereafter and in compliance with Minnesota statutes.	01115		

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01115	Continued From page 28 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01115		
01125 SS=F	144A.4795, Subd. 4 Delegation of Home Care Tasks A registered nurse or licensed health professional may delegate tasks only to staff who are competent and possess the knowledge and skills consistent with the complexity of the tasks and according to the appropriate Minnesota practice act. The comprehensive home care provider must establish and implement a system to communicate up-to-date information to the registered nurse or licensed health professional regarding the current available staff and their competency so the registered nurse or licensed health professional has sufficient information to determine the appropriateness of delegating tasks to meet individual client needs and preferences. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide documentation of competencies of tasks delegated by a registered nurse (RN) for two of two unlicensed personnel (ULP-B, ULP-C). This had the potential to directly affect two of three clients (C1, C3) with a delegated task. 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	01125		

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01125	Continued From page 29 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 the clients). The findings include: ULP-B ULP-B was hired March 13, 2024, and began providing services to licensee's clients. ULP-B's record lacked documentation of training and competency determination by an RN of the delegated task of emptying a urostomy bag or foley catheter bag. ULP-C ULP-C was hired March 7, 2024, and began providing services to licensee's clients. ULP-C's record lacked documentation of training and competency determination by an RN of the delegated task of emptying a urostomy bag or foley catheter bag. C1's task record dated May 21, 2024, through May 27, 2024, indicated ULPs were emptying C1's urostomy bag every shift. During a client visit to C1 on May 29, 2024, at approximately 9:30 a.m., ULP-B stated she was taught to empty C1's urostomy bag by a nurse from a different home health agency that was managing the urostomy bag for C1. During a client visit to C3 on May 29, 2024, at approximately 11:30 a.m., surveyor observed C3 had a foley catheter with a drainage bag. On May 29, 2024, at approximately 11:30 a.m.,	01125		

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01125	Continued From page 30 ULP-D stated her duties included emptying C3's foley bag and she had been trained to empty the catheter bag by the client's daughter. On May 29, 2024, at approximately 11:30 a.m., family (F)-G stated that a nurse from [licensee] did not come to the house and C3's catheter was managed at physician appointments. On May 30, 2024, at approximately 1:30 p.m., manager (M)-A stated the RN did not currently do client assessments, employee training, or home visits. The Minnesota Nurse Practice Act, Minnesota Statute Section 148.171 subd. 7(a), dated 2003, defines delegation as the transfer of authority to another nurse or competent, unlicensed assistive person to perform a specific nursing task or activity in a specific situation. The licensee's Competency Skills Testing: Unlicensed Staff policy dated January 2023, read "all staff, direct hire and contracted, providing home care services will be trained and competent in the provision of home care services consistent with current practice standards appropriate to the client's needs". No further information was provided. TIME PERIOD FOR CORRECTION- Twenty-One (21) days	01125		
01165 SS=F	144A.4796, Subd. 1 Orientation of Staff and Supervisors All staff providing and supervising direct home care services must complete an orientation to	01165		

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01165	Continued From page 31 home care licensing requirements and regulations before providing home care services to clients. The orientation may be incorporated into the training required under subdivision 6. The orientation need only be completed once for each staff person and is not transferable to another home care provider. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to home care licensing requirements was completed for two of two employees (unlicensed personnel (ULP)-B, ULP-C). 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 the clients). The findings include: ULP-B ULP-B was hired to provide home care services on March 13, 2024. ULP-B's record lacked evidence of orientation to home care licensing requirements and regulations before providing home care services to clients. ULP-C ULP-C was hired to provide home care services on March 7, 2024.	01165		

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01165	Continued From page 32 ULP-C's record lacked evidence of orientation to home care licensing requirements and regulations before providing home care services to clients. On May 28, 2024, at approximately 12: 30 p.m., administrator (A)-G provided an undated Caregiver Onboarding Documents Checklist and stated the checklist included the orientation topics provided to all new employees. The undated Caregiver Onboarding Documents Checklist lacked the following required orientation content: -an overview of Minnesota (MN) statutes 144A.43 through 144A.4798; -introduction and review of all the providers policies and procedures related to the provision of home care services by the individual staff person; -handling of emergencies and use of emergency services; -compliance with and the reporting of maltreatment of minors or vulnerable adults under section144A.44; -home care bill of rights under section 144A.44; -handling of client complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; -consumer advocacy services under the Office of Ombudsman of Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and -review of the types of home care services the employee will be providing and the provider's scope of licensure.	01165		

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01165	Continued From page 33 On May 30, 2024, at approximately 1:30 p.m., manager (M)-A stated that he was unaware of the required orientation topics and that A-G was responsible for orientation for new employees. The licensee's Orientation policy dated January 2023, indicated orientation content for all staff would include: -an overview of home care laws; -the Agency home care policies and procedures; -how to handle emergencies (medical and non-medical0/Agency Emergency Disaster Plan; -home care bill of rights; -handling of client complaints; -consumer advocacy services; -review of the types of home care services the employee will be providing and the provider's scope of licensure (Basic); and -Alzheimer's disease and related disorders. No further information provided. TIME PERIOD FOR CORRECTION- Twenty-One (21) days	01165		
01225 SS=F	144A.4797, Subd. 3 Supervision of Staff - Comp (a) Staff who perform delegated nursing or therapy home care tasks must be supervised by an appropriate licensed health professional or a registered nurse periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional	01225		

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01225	Continued From page 34 and must include observation of the staff administering the medication or treatment and the interaction with the client. (b) The direct supervision of staff performing delegated tasks must be provided within 30 days after the date on which the individual begins working for the home care provider and first performs delegated tasks for clients and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of hire for one of one unlicensed personnel (ULP-B). 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 the potential to affect a large portion or all the clients). The findings include: ULP-B was hired on March 13, 2024, to provide home care services to licensee's clients. ULP-B's employee file lacked evidence of a RN completing direct supervision of a delegated task within 30 days after the individual began providing delegated tasks to clients.	01225		

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01225	Continued From page 35 On May 29, 2024, at approximately 9:30 a.m., ULP-B stated her services for C1 included emptying his urostomy bag. On May 30, 2024, at approximately 1:30 p.m., manager (M)-A stated that the RN did not provide assessments, employee training, or supervisory visits, because the agency provided only basic services (though the licensee held a temporary comprehensive home care license). The licensee's Supervision: Personnel policy dated January 2023, indicated the agency provided and documented adequate supervision of all staff per state and federal standards. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01225		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision.	01245		

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01245	Continued From page 36 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a TB (tuberculosis) prevention and control program based on the most current guidelines issued by the centers for Disease Control and Prevention (CDC) guidelines which included a Facility TB Risk Assessment. In addition, the licensee failed to ensure TB screening and testing was completed for two of two employees (unlicensed personnel (ULP)-B, ULP-D) and TB training was completed for two of two employees (ULP-B, ULP-C). 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: ULP-B ULP-B was hired on March 13, 2024, to provide home care services to licensee's clients. ULP-B's employee record lacked evidence of the following TB program requirements: -TB history and symptom screening; -TB testing; and -TB education upon hire. ULP-C ULP-C was hired on March 7, 2024, to provide home care services to licensee's clients.	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39913	A. BUILDING: _____ B. WING _____	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CAREGIVING	7582 CURRELL BOULEVARD STE 111 WOODBURY, MN 55125

(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
01245	Continued From page 37 ULP-C's employee record lacked evidence of the following TB program requirements: -TB history and symptom screening; -TB testing; and -TB education upon hire. During the entrance conference on May 28, 2024, at approximately 10:30 a.m., manager (M)-A stated they did not have a Facility TB Risk Assessment and did not complete TB screening or testing on any of their employees. M-A stated they did not require TB screening or testing at their current level of licensing. The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013 indicated all health care settings in Minnesota should have an up-to-date infection control program that included the following: -a team responsible to TB infection control; -a Facility TB Risk Assessment; -written TB infection control procedures; and -health care worker education. The licensee's TB: Employee Testing Requirements policy dated January 2023, read "[Licensee] follows current CDC guidelines for TB testing of health care professionals. All agency staff who have the potential for providing direct patient care will undergo TB testing". No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		