



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Email: LSHURDEN@COMFORTKEEPERS.COM

March 8, 2017

Ms. Linda Shurden, Administrator
Comfort Keepers
2424 Monetary Blvd, #012
Hudson, WI 54016

Re: Enclosed State Licensing Orders - Project Number SL30005003

Dear Ms. Shurden:

On February 15, 2017, staff of the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders found on the survey completed on November 16, 2016, with orders received by you on December 16, 2016. At this time these correction orders were found corrected and are listed on the attached State Form: **Revisit Report**.

If you have questions, contact Jonathan Hill at (651) 201-3993.

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

Sincerely,

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

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



cc: Home Care & Assisted Living Program File
Cheryl Hennen, Office of the Ombudsman

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H30005	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/15/2017	Y3
NAME OF FACILITY COMFORT KEEPERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2424 MONETARY BLVD, #012 HUDSON, WI 54016		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00265	Correction	ID Prefix 00810	Correction	ID Prefix 00815	Correction
Reg. # 144A.44, Subd. 1(2)	Completed	Reg. # 144A.479, Subd. 6(b)	Completed	Reg. # 144A.479, Subd. 7	Completed
LSC	02/15/2017	LSC	02/15/2017	LSC	02/15/2017
ID Prefix 01145	Correction	ID Prefix 01190	Correction	ID Prefix	Correction
Reg. # 144A.4795, Subd. 7(b)	Completed	Reg. # 144A.4796, Subd. 6	Completed	Reg. #	Completed
LSC	02/15/2017	LSC	02/15/2017	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY: MDH <input type="checkbox"/>	REVIEWED BY (INITIALS): PMB	DATE: 3/8/17	SIGNATURE OF SURVEYOR: 25574	DATE: 2/15/17
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/16/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Email: LSHURDEN@COMCAST.NET
Certified Mail # 7015 0640 0002 0917 5861

December 13, 2016

Ms. Linda Shurden, Administrator
Comfort Keepers
2424 Monetary Blvd, #012
Hudson, WI 54016

Re: Enclosed State Licensing Orders - Project Number SL30005003

Dear Ms. Shurden:

A survey of the Home Care Provider named above was completed on November 17, 2016, for the purpose of assessing compliance with State licensing regulations. At the time of survey, staff from the Minnesota Department of Health noted one or more violations of these regulations that are issued in accordance with Minnesota Statutes, sections 144A.43 to 144A.484. If, upon follow-up, it is found that the correction order(s) cited herein are not corrected, a fine for each order not corrected may be assessed in accordance with a schedule of fines described in Minnesota Statutes, section 144A.474, subdivision 11.

State licensing orders are delineated on the attached Minnesota Department of Health order form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by."

DOCUMENTATION OF ACTION TO COMPLY

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

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minnesota Statutes, section 144A.474, subdivision 12, you have one opportunity to

challenge the correction order issued, including the level and scope, and any fine(s) assessed. **The written request for reconsideration must be received by the Commissioner within 15 calendar days of the correction order receipt date.** In an effort to accurately review each citation challenged, please also submit **all supporting documents within the same 15 calendar days** of the correction order receipt date. The Commissioner shall then begin reviewing the request for reconsideration and supporting documents. The Commissioner shall respond in writing to the request within 60 days of the date the provider requests a reconsideration. Any documentation received after the Commissioner's response is completed will not be considered. You are required to send your written request and all supporting documents to the following:

Home Care Correction Order Reconsideration Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
85 East 7th Place, Suite 220
St. Paul, Minnesota 55164-0900

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

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

Sincerely,



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

 **Minnesota**
Department of Health



Enclosure(s)

cc: Home Care and Assisted Living Program File
Cheryl Hennen, Office of the Ombudsman for Long Term Care

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2016
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NAME OF PROVIDER OR SUPPLIER COMFORT KEEPERS	STREET ADDRESS, CITY, STATE, ZIP CODE 2424 MONETARY BLVD, #012 HUDSON, WI 54016
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>On November 14, 15, and 16, 2016, a surveyor of this Department's staff, visited the above provider and the following correction orders are issued. At the time of the survey, there were 2 clients that were receiving services under the comprehensive license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES, THOUGH, THE COMMISSIONER MAY REQUEST A COPY OF THE DOCUMENTATION OF ANY ACTION TAKEN TO COMPLY WITH THE CORRECTION ORDER AS NEEDED. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144A.474 subd. 11 (b) (1) (2)</p>	

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

Minnesota Department of Health

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0 265 0 265 SS=D	<p>Continued From page 1</p> <p>144A.44, Subd. 1(2) Up-To-Date Plan/Accepted Standards Practice</p> <p>Subdivision 1. Statement of rights. A person who receives home care services has these rights: (2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the care and services were provided according to a suitable and up-to-date plan, and subject to accepted health care and medical, or nursing standards for one of one client (#1) with bed rails.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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:</p> <p>Client #1's record lacked evidence the registered nurse (RN) completed an assessment of the client's functional status and the need for a bed rail, and that the risk and benefits of the bed rail use was reviewed with the client and/or the client's representative.</p>	0 265 0 265		

Minnesota Department of Health

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0 265	<p>Continued From page 2</p> <p>Client #1 had diagnoses to include a cerebral vascular accident (CVA). Client #1 required assistance with cares, transfers, and used the wheelchair for mobility.</p> <p>Client #1's "Vulnerability and Safety Assessment" dated January 20, 2016 indicated client #1 "has some forgetfulness and confusion, at times."</p> <p>On November 15, 2016, at 11:20 a.m. client #1 was observed to be in bed, with a bed rail observed in the up position on the right side of the bed. Client #1 was observed to use the bed rail to reposition in bed. The bed rail was secured, and within FDA (food and drug administration) dimensional guidelines. (space between the rails- see the Food and Drug Administration (FDA guidance below.)</p> <p>On November 15, 2016, at 2:30 p.m. employees A (director of nursing) and employee B (owner) verified client #1's client record lacked evidence an assessment for the use of bed rails had been completed. Employee A also verified the risk versus benefits of bed rail use was not reviewed with client #1 and/or client #1's representative. Employee A stated she was unaware of the requirement to complete bed rail assessments for clients, and verified the licensee lacked a policy on bed rail use.</p> <p>The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than 4 and 3/4 inches.</p> <p>The FDA, "A Guide to Bed Safety," revised April 2010, included the following information: "When</p>	0 265		

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0 265	Continued From page 3 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 impairment, 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 the patient's health care team will help to determine how best to keep the patient safe." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty One (21) days	0 265		
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.	0 810		

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0 810	<p>Continued From page 4</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure individual abuse prevention plans were developed to include the required content and lacked specific interventions to address identified target behaviors for one of one client (#1) with record review.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>Client #1's "Vulnerability Assessments" failed to contain an individualized review or assessment 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.</p> <p>Client #1 Client #1 had an admission date of August 22, 2016, and diagnoses to include cerebral vascular accident (CVA).</p> <p>Client #1's "Vulnerability and Safety Assessment" dated January 20, 2016, indicated client #1 "has some forgetfulness and confusion, at times-responds well to redirection."</p> <p>On November 15, 2016, at 11:00 a.m. individual</p>	0 810		

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0 810	<p>Continued From page 5</p> <p>E (family member) stated he used the licensee staff for respite care, but was available 24/7, if needed. Individual E stated client #1 had episodes of crying, yelling and hitting out at staff. He stated staff would often notify him when client #1 was having a behavior, and he was able to assist staff in dealing with client #1's behaviors. Individual E stated he was not aware of specific interventions to be used by the licensee's staff to help manage client #1's behaviors.</p> <p>On November 15, 2016, at 2:30 p.m. employees A (director of nursing) and employee B (owner) verified the vulnerability assessments for all clients failed to include individualized interventions for staff to assist and manage client behaviors and to prevent escalation of the behaviors. Employee A and B verified the licensee lacked a policy on the vulnerability assessment of clients.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	0 810		
0 815 SS=E	<p>144A.479, Subd. 7 Employee Records</p> <p>Subd. 7. Employee records. The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification, if licensure,</p>	0 815		

Minnesota Department of Health

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0 815	<p>Continued From page 6</p> <p>registration, or certification is required by this statute or other rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff providing supervision;</p> <p>(4) documentation of annual performance reviews which identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing home care services, verification that required health screenings under section 144A.4798 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure two of two</p>	0 815		

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0 815	<p>Continued From page 7</p> <p>employee records (C and D) contained documentation of required orientation and confirmation of background studies completed prior to start of services with licensee's clients.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include:</p> <p>Employees C and D (unlicensed personnel/ULP) had hire dates of August 4, 2015 and February 27, 2015, respectively. Employees C and D provided cares and assistance with mobility and transfers to licensee's clients.</p> <p>Training Employees C and D's employee records lacked documentation of training to include:</p> <ul style="list-style-type: none"> *Orientation to home care licensing requirements and regulations * Home Care Bill of Rights *A review of licensee policies and procedures <p>The licensee's undated "Personnel Records" policy verified the employee records should include "record of completed educational training for home health aides."</p> <p>Background Studies verification/documentation Employee C and D employee records included Minnesota Department of Health documentation dated March 4, 2015 and August 6, 2015</p>	0 815		

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0 815	<p>Continued From page 8</p> <p>respectively, which indicated the background studies were pending. The employee record failed to include verification that employees C and D had been cleared to work with licensee's clients.</p> <p>The licensee's undated "Personnel Records" policy verified the employee file should include a "report request for background screening." The policy failed to acknowledge inclusion in the employee record of a completed background study.</p> <p>On November 15, 2016, at 2:30 p.m. employee A (director of nursing) and employee B (owner) verified orientation and annual training had been completed with employees C and D, but verified no documentation of the training in the employee records. Employee A stated she was in the process of reviewing the orientation and training to verify the training included all the required content. In addition, employees B stated she was unable to locate the background studies for employees C and D, but stated the background studies had been received by the licensee. Employee B stated background studies were completed for all employees prior to working with licensee's clients.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	0 815		
0 825 SS=A	<p>144A.4791, Subd. 1 HBOR Notification to Client</p> <p>Subdivision 1. Home care bill of rights; notification to client. (a) The home care provider</p>	0 825		

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0 825	<p>Continued From page 9</p> <p>shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the initiation of services to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.</p> <p>(b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices.</p> <p>"If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>The statement should include the telephone number, Web site address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care</p>	0 825		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER COMFORT KEEPERS	STREET ADDRESS, CITY, STATE, ZIP CODE 2424 MONETARY BLVD, #012 HUDSON, WI 54016
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0 825	<p>Continued From page 10</p> <p>provider's name, address, e-mail, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint.</p> <p>(c) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the Home Care Bill of Rights provided to one of one clients (#1), contained the required content.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #1's record lacked evidence the client received the current Home Care Bill of Rights with the required content.</p>	0 825		

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0 825	<p>Continued From page 11</p> <p>Client #1's record included a document entitled "Home Care Bill of Rights and Responsibilities" dated May 10, 2016. The document failed to include the website address and the email address of the Office of Health Facility Complaints, and the website address and email address of the Ombudsman for Long-Term Care.</p> <p>On November 15, 2016, at 2:30 p.m. employee B (owner) stated she had recently modified the Home Care Bill of Rights, and verified the document failed to include the website addresses and email addresses of the Office of Health Facility Complaints and Ombudsman of Long Term Care. Employee B verified the licensee lacked a policy regarding the Home Care Bill of Rights.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 825		
01145 SS=F	<p>144A.4795, Subd. 7(b) Training/Competency Evals All Staff</p> <p>(b) Training and competency evaluations for all unlicensed personnel must include the following:</p> <p>(1) documentation requirements for all services provided;</p> <p>(2) reports of changes in the client's condition to the supervisor designated by the home care provider;</p> <p>(3) basic infection control, including blood-borne pathogens;</p> <p>(4) maintenance of a clean and safe environment;</p>	01145		

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01145	<p>Continued From page 12</p> <p>(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 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.</p> <p>This MN Requirement is not met as evidenced by: Based on observations, interview and record review, the licensee failed to ensure two of two employees (C and D) received training and competency evaluations in all the required content.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or</p>	01145		

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01145	<p>Continued From page 13</p> <p>safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>Employees C and D (unlicensed personnel/ULP) had hire dates of August 4, 2015, and February 27, 2015, respectively. Employees C and D provided care and services to licensee clients.</p> <p>Employee C and D's employee records lacked documentation of training and competency evaluations to include:</p> <ul style="list-style-type: none"> (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; (5) appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> (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; (8) medication, exercise, and treatment reminders; (10) preparation of modified diets as ordered by a licensed health professional; (14) procedures to utilize in handling various emergency situations. (15) awareness of commonly used health technology equipment and assistive devices. 	01145		

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01145	<p>Continued From page 14</p> <p>On November 15, 2016, at 2:30 p.m. employee A (director of nursing) and employee B (owner) verified annual training for all staff failed to include the required content. Employee A stated she was in the process of rewriting and updating educational requirements to ensure all required content was included in the orientation and annual training.</p> <p>The licensee's undated "Orientation and Training" policy verified "evidence of employee training will be documented in the Employee Training Manual as well as the individual's personnel file." In addition, the employee file should include a "competency checklist."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	01145		
01190 SS=F	<p>144A.4796, Subd. 6 Required Annual Training</p> <p>Subd. 6. Required annual training. All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of minors under section 626.556 and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided;</p>	01190		

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01190	<p>Continued From page 15</p> <p>(2) review of the home care bill of rights in section 144A.44;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and</p> <p>(4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to complete annual training, to include: a review of the home care bill of rights, and a review of the providers policies and procedures related to the provision of home care services, for two of two employees (C and D) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic</p>	01190		

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01190	<p>Continued From page 16</p> <p>failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>Employees C and D (unlicensed personnel/ULP) had hire dates of August 4, 2015, and February 27, 2015, respectively. Employees C and D provided care and services to licensee clients.</p> <p>Employee C and D's employee records lacked documentation of required annual training to include: a review of the home care bill of rights in section 144A.44; and a review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>On November 15, 2016, at 2:30 p.m. employees A (director of nursing) and employee B (owner) verified annual training for all staff failed to include the required content listed above. Employee A stated she was in the process of rewriting and updating the educational requirements for staff to ensure all required content was included in orientation and annual training.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	01190		