



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

September 20, 2021

Administrator
Accentcare Fairview Home Health - West, LLC
767 Eustis Street
Suite 150
St. Paul, MN 55114

Re: Event ID: 1967D-H1

Dear Administrator:

A survey was completed at your agency on 8/31/21 for the purpose of assessing compliance with Federal certification. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division, noted one or more deficiencies. Electronically attached is a copy of the Statement of Deficiencies (CMS-2567).

Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action. The plan must be specific, realistic, include the date certain for correction of each deficiency and be signed and dated by the administrator or other authorized official of the agency.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

Ordinarily, a provider or supplier will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview. If possible, please type your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original to the following address within ten calendar days of your receipt of this notice:

Accentcare Fairview Home Health -West, LLC

September 20, 2021

Page 2

**Kathleen Lucas, Unit Supervisor
St. Cloud B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: kathleen.lucas@state.mn.us
Office: (320) 223-7343 Mobile: (320) 290-1155**

Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days may result in decertification and a loss of Federal reimbursement.

Please feel free to call me with any questions.

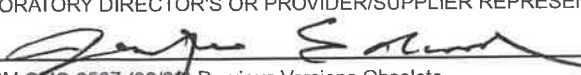
Sincerely,



Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/31/2021
NAME OF PROVIDER OR SUPPLIER ACCENTCARE FAIRVIEW HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 767 EUSTIS STREET, SUITE 150 , SAINT PAUL, Minnesota, 55114	
(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) COMPLETION DATE
G0000	INITIAL COMMENTS On 8/30/21 - 8/31/21, an abbreviated survey was conducted at your agency. Accentcare Fairview West was found to have not met the requirements at 42 CFR, Part 484 for Home Health Agencies.	G0000		
G0578	Conformance with physician orders CFR(s): 484.60(b) Standard: Conformance with physician or allowed practitioner orders. This STANDARD is NOT MET as evidenced by: Based on interview and document review the agency failed to complete physician ordered visits per the plan of care for 1 of 3 clients (C1) reviewed. C1's Home Health Certification and Plan of Care (POC) for certification period 7/14/21 - 9/11/21, identified diagnosis that included type II Diabetes and Long term use of insulin. The POC directed skilled nurse visits once weekly to provide instruction on diabetic care to include diet, skin care, administration of insulin and blood glucose testing. The POC indicated clinician may perform finger stick to asses blood glucose levels for signs or symptoms of hyper/hypoglycemia and insert Dexcom CGM (continuous glucose monitor that measures glucose levels and sends data wirelessly to a compatible device) every 10 days. The POC further identified an order for Novolog insulin 100 units/milliliter, give 17 units three times daily unless blood glucose was less than 120. During interview on 8/31/21, at 10:32 a.m. C1's assisted living facility (ALF) registered nurse (RN) stated C1 received orders in June 2021, for his Dexcom device. The AFL RN stated the device	G0578	The Administrator/Designee will ensure conformance with physician or allowed practitioner orders as required by taking the following actions: Administrator/Designee provided staff education on the following: a. Policy #2.1.5 - Physicians Plan of Care - which outlines how the home health agency clinicians plan, and follow physicians orders to provide services to the patients. b. Policy #C2.4 - Availability of Services - Acceptance, Admission, Ongoing and Discharge - which ensures that patients that are on service have access to the resources they need to meet their health care needs. c. Policy #2.2.12 - Homecare Staffing Guidelines - which includes a process to ensure that the Agency manages and administers its resources to meet workload demands and patient/family needs. This also includes a process to promptly alert the physician when the visits provided are less than the frequency ordered. The process for clinicians to document missed visits in HCHE including choosing the correct reason and notification of the physician was reviewed with all clinicians. The procedure for processing missed visits, including reassigning and rescheduling in HCHB was reviewed with 100% of the schedulers and weekend triage team.	9/23/21 9/23/21 9/23/21 9/24/21 9/24/21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ED (Executive Director)	(X6) DATE 9/28/2021
--	---	-------------------------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/31/2021
NAME OF PROVIDER OR SUPPLIER ACCENTCARE FAIRVIEW HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 767 EUSTIS STREET, SUITE 150 , SAINT PAUL, Minnesota, 55114	
(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) COMPLETION DATE
G0578	<p>Continued from page 1</p> <p>was not changed regularly by the agency and on two occasions was changed early because of the agency nurse schedules which could have affected C1's insurance. The RN said another time the device had to be changed by C1's nurse practitioner because the agency had not sent a nurse out for two weeks. The ALF RN stated on 8/20/21, she called the agency and told them their services would no longer be needed and another agency had been contacted. She stated the agency sent a nurse out anyway and the new agency was already completing services for C1.</p> <p>C1's Case Conference Notes and Client Coordination Notes identified the following:</p> <p>6/23/21, Client Coordination Note Report indicated a message was left with C1's ALF that no agency nurse was available for the visit that day. C1 was schedule to have the Dexcom changed.</p> <p>7/2/21, Case Conference Note indicated C1 required ongoing assistance with diabetic device.</p> <p>7/13/21, Case Conference Note indicated C1's device had fallen off and he was unable to locate it. The old sensor was needed so device was unable to be placed. ALF nurse wanted to make sure agency nurse was coming out every 10 days once new transmitter received.</p> <p>8/2/21, Client Coordination Note indicated C1's Dexcom was changed.</p> <p>8/9/21, Client Coordination Note indicated C1's Dexcom was changed as ordered.</p> <p>8/20/21, Client Coordination Note identified a missed visit due to staffing.</p> <p>8/14/21, Client coordination note indicated home care agency staff spoke with the front desk at C1's ALF. C1 was supposed to have a visit for his blood sugar device but no nurse had shown up on Thursday (two days prior). Advised ALF that agency was working on a nurse.</p> <p>8/17/21, a Physician Order indicated; changing insertion dates of Dexcom due to it being applied late.</p> <p>8/24/21, Client Coordination Note indicated no nurse available for visit.</p>	G0578	<p>Systematic Changes</p> <p>Beginning 10/1/21:</p> <p>Daily Stand Up Huddles to occur twice daily, in the morning and afternoon to review 100% of missed visits.</p> <p>All complex patients, including those that are diabetic are reviewed at case conferences weekly to ensure that appropriate care planning is being completed.</p> <p>A hand off report is provided to the weekend triage team from the Administrator or Designee on Friday afternoon and any difficulties following orders are escalated to the administrator on call. A hand off report is provided to the Administrator or Designee from the weekend triage staff for each interaction that occurred.</p> <p>Ongoing Monitoring</p> <p>For continued monitoring beginning 10/1/2021, DPCS or Designee will review 100% of missed visits weekly to ensure that the appropriate care is provided to the patients and that the missed visit processes are being followed. The review will continue for 4 consecutive weeks and until 100% compliance met. After 100% compliance is achieved, compliance will be monitored through the QAPI Clinical Record review process quarterly and presented to PAC for review.</p> <p>Reviewed and Approved 8/2/22.</p> <p><i>Kathleen Lucas</i></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/31/2021
NAME OF PROVIDER OR SUPPLIER ACCENTCARE FAIRVIEW HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 767 EUSTIS STREET, SUITE 150 , SAINT PAUL, Minnesota, 55114	
(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) COMPLETION DATE
G0578	<p>Continued from page 2</p> <p>8/25/21, Client Coordination Note indicated missed visit due to client signing on with new home care agency.</p> <p>On 8/31/21, at 12:45 p.m. the Vice President (VP) of operations and the executive director (ED) were interviewed regarding C1's missed visits. The ED stated the agency had staffing personnel who were responsible for ensuring a nurse was available to complete visits. The ED stated the agency staffed nurses Monday - Friday and some weekends. The ED stated if C1's visits needed to be done on a weekend a nurse would have been scheduled. The ED stated if a nurse was not available they would talk to the ALF and make sure the patient was safe and notify the physician of the missed visit. The ED reviewed C1's medical record and said on 7/13/21, C1's sensor had fallen off and had been replaced by C1's provider on 7/15/21 and again 7/23/21. The ED stated the Dexcom was changed by the agency nurse on 8/2/21, and was supposed to be done again on 8/14/21, but no one had seen him. The ED said the note indicated the ALF had called the agency looking for a nurse. The ED stated the agency had been having trouble staffing nurses. The ED stated the usual process was to staff nurses through the weekend, then a "weekend team" was responsible to take over. The ED stated the agency reviewed missed visits from the weekends on Mondays and said at the time C1 was with the agency a different leadership team had been responsible for his care and said that leadership team was no longer employed at the agency. The ED confirmed there had been some missed visits. The VP of operations stated the agency had sent missed visit notes to C1's provider each time a visit had not been done and said the missed visits were documented as client refused. The VP of operations confirmed the reason for the missed visits had been because a nurse had not been available and not due to client refusals and stated she thought there had been some education sent out. The ED stated, "I imagine someone knew that the not having the nurses was happening," and said the leadership team should have been looking at capacity and what was needed to see the patients safely. The ED stated the agency should have been prepared for sick calls and when back ups were needed.</p> <p>A facility policy Homecare Staffing Guidelines dated 6/30/21, indicated if the agency made fewer visits than the physician orders, the plan of care has been altered. If an ordered visit is missed</p>	G0578		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/31/2021
NAME OF PROVIDER OR SUPPLIER ACCENTCARE FAIRVIEW HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 767 EUSTIS STREET, SUITE 150 , SAINT PAUL, Minnesota, 55114	
(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) COMPLETION DATE
G0578	Continued from page 3 for any reason the agency should attempt to reschedule the visit for the same week. When a visit is missed resulting in fewer visits than the physician ordered, the clinician should promptly notify the physician of the missed visit and any clinical impact on the patient.	G0578		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

September 20, 2021

Administrator
Accentcare Fairview Home Health - West, LLC
767 Eustis Street
Suite 150
St. Paul, MN 55114

Re: Event ID: 1967D-H1

Dear Administrator:

An abbreviated standard survey was completed at your agency on 8/31/21 by the Minnesota State Department of Health, for the purpose of investigating a complaint and assessing compliance with state licensing statutes. At the time of survey, the complaint was substantiated but no deficiencies were issued, because corrective action was taken prior to the survey. A plan of correction is not required.

Enclosed is your copy of the State Form.

Please feel free to call me with any questions.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/31/2021
NAME OF PROVIDER OR SUPPLIER ACCENTCARE FAIRVIEW HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 767 EUSTIS STREET, SUITE 150 , SAINT PAUL, Minnesota, 55114	
(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) COMPLETION DATE
00000	<p>Integrated License (HCBS) Initial Comments</p> <p>On 8/30-21 - 8/31/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your agency was found IN compliance with the MN State Licensure.</p> <p>The following complaint was found to be SUBSTANTIATED: H7078028C (31902), however NO correction orders were issued.</p>	00000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------