



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Parkinson's Specialty Home Care
1940 Major Drive
Golden Valley, Minnesota 55422
Hennepin County

Report #: HL03650012

Date: July 8, 2014

Date of Visit: June 9, 2014

By: Lisa Jacobsen, Special Investigator

Time of Visit: 10:15 a.m. – 3:00 p.m.

- Type of Facility:**
- Nursing Home
 - SLF
 - Hospital
 - HHA
 - ICF/IID
 - Other: _____
 - Home Care Provider/Assisted Living
 - Home Care

- Facility Self Report
- Complaint

Allegation(s): It is alleged that a client was abused when the alleged perpetrator (AP) touched the client inappropriately.

An unannounced visit was made at this facility and an investigation was conducted under:

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Licensing Rules for Home Care (MN Rules Chapter 4668)

- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Minnesota Vulnerable Adults Act (MN 626.557)

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

Abuse Neglect Financial Exploitation was:

Substantiated Not Substantiated Inconclusive based on the following information:

Based on a preponderance of evidence sexual abuse occurred when the AP touched/massaged the client's breasts and inner thighs. Although the AP denied in a written statement that he touched the client inappropriately, the client consistently reported the account of what occurred and did not have a history of making false sexual abuse statements. In addition, the AP was previously notified that he was disqualified from providing direct contact to clients but continued to work providing direct contact to clients in health care settings.

The client had a degenerative disease, was alert and oriented to person, place time and date, made her own health care decisions and required assistance/supervision with her activities of daily living and transferring.

The client reported to staff that when the AP assisted the client to get ready for bed, the AP offered to give the client a back rub with lotion. The AP gave the client a back rub but touched/massaged other areas of the client's body including her breasts and inner thighs.

The client gave the following account of what occurred: The AP assisted her to get ready for bed. The client told the AP that her back was sore. The AP offered to give the client a back rub. The AP used lotion and gave the client a back rub. The AP continued the back rub, rolled the client over onto her back and touched/massaged "every inch of my body" from the client's neck down, except for the client's pubic area. The AP massaged the client's breasts, arms, stomach, inner thighs, legs, ankles and feet. The AP kissed the client on the lips three times. The client told the AP that this was not right and the AP left the client's room. The client stated she was shocked and did not know what to do. The client reported the incident to a nurse. The client stated she has increased visits to a therapist to assist her in dealing with the incident.

Interviews revealed that the client had no history of making false sexual abuse statements against staff. The client consistently reported the incident to a nurse, a social worker, a case manager and the investigator.

The AP declined an interview at the advice of his attorney. The AP submitted a written statement in lieu of an interview. The AP's written statement included the following account: Although the AP was not certain what client made the allegation, the AP thought the last time he worked at the facility, one of the female clients was unhappy with him because he did not do range of motion on the client's arm and shoulder when requested. The AP indicated he had already done range of motion exercises on the client. The AP indicated after supper, he helped a female client to her room, and the client requested the AP to do range of motion exercises again on the client's arm and shoulder. The AP told the client no, that he had already done the exercises. The AP thought the client was unhappy with him. The AP denied touching a client inappropriately. The AP does not know why a client would make this allegation against him.

The AP worked at the facility as a contracted agency staff member through a Supplemental Staffing Agency. A letter was sent to the AP in March of 2011 from the Department of Human Services indicating the AP was disqualified from any position allowing direct contact with, or access to, persons receiving services from programs licensed by the Department of Human Services and the Minnesota Department of Health, from programs serving children or youth licensed by the Department of Corrections, and from unlicensed Personal Care Provider Organizations. The AP continued to work at facilities providing direct contact to vulnerable adults.

Mitigating Factors:

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the individual(s) and/or facility is responsible for the

Abuse Neglect Financial Exploitation. This determination was based on the following:

The AP is responsible for the abuse. The AP did not have a cleared background study to provide direct care to vulnerable adults. The AP was notified in March of 2011 that he was disqualified from any position allowing direct contact with vulnerable adults but continued to provide direct contact to clients. The Supplemental Staffing Agency that employed the AP indicated that the AP had worked over 1,500 shifts as a nursing assistant in numerous nursing homes and assisted living facilities and that the AP's experience in all these work settings has given him abundant training. The AP did not follow professional standards when he touched/massaged the client's breasts and inner thighs.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

Compliance:

State Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Not Met

The requirements under State Licensing Rules for Home Care (MN Rules Chapter 4668) were not met.

State licensing orders were issued: Yes No If no, specify: _____

(State licensing orders will be available on the MDH website.)

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met

The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557). No state licensing orders were issued.

State Statutes Chapters 144 & 144A – Compliance Not Met

The requirements under State Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued: Yes No If no, specify: _____

(State licensing orders will be available on the MDH website.)

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:**Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated**

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

Minnesota Statutes, section 626.5572, subdivision 2 - Abuse

"Abuse" means:

(c) Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.

The Investigation included the following:**Document Review: The following records were reviewed during the investigation:**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Medical Records | <input type="checkbox"/> Care Guide |
| <input checked="" type="checkbox"/> Medication Administration Records | <input type="checkbox"/> Treatment Sheets |
| <input type="checkbox"/> Facility Incident Reports | <input checked="" type="checkbox"/> Physician Progress Notes |
| <input checked="" type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input type="checkbox"/> Physician Orders | <input checked="" type="checkbox"/> Social Service Notes |
| <input checked="" type="checkbox"/> Nurses Notes | <input type="checkbox"/> Meal Intake Records |
| <input type="checkbox"/> Activities Reports | <input type="checkbox"/> Weight Records |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records | <input checked="" type="checkbox"/> Assessments |
| <input type="checkbox"/> Skin Assessments | <input checked="" type="checkbox"/> Care Plan Records |

Other pertinent medical records:

Hospital Records Ambulance/Paramedics Medical Examiner Records Death Certificate

Police Report

Additional facility records:

Resident/Family Council Minutes

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: _____

Number of additional resident(s) reviewed: 0

Were residents selected based on the allegation(s)? Yes No N/A Specify: _____

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

Yes No N/A Specify: _____

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s): Yes No N/A Specify: Facility Self-Report

If unable to contact complainant, attempts were made on:

Date/time: _____ Date/time: _____ Date/time: _____

Interview with family: Yes No N/A Specify: _____

Did you interview the resident(s) identified in allegation: Yes No N/A Specify: _____

Did you interview additional residents: Yes No

Total number of resident interviews: 5

Interview with staff: Yes No N/A Specify: _____

Tennessee Warning given as required: Yes No

Total number of staff interviews: 4

Physician interviewed: Yes No

Nurse Practitioner interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: The AP provided a written statement in lieu of an interview

Attempts to contact: Date/time: _____ Date/time: _____ Date/time: _____

If unable to contact was subpoena issued: Yes , date subpoena was issued _____ No

Were contacts made with any of the following:

Emergency personnel Police Officers Medical Examiner Other: Specify _____

Observations were conducted related to:

- Wound Care
- Medication Pass
- Meals
- Personal Care
- Dignity/Privacy Issues
- Restorative Care
- Nursing Services
- Safety Issues
- Facility Tour
- Infection Control
- Cleanliness
- Injury
- Use of Equipment
- Transfers
- Incontinence
- Call Light
- Other: _____

Was any involved equipment inspected: Yes No N/A

Was equipment being operated in safe manner: Yes No N/A

Were photographs taken: Yes No Specify: _____

xc: Division of Compliance Monitoring - Licensing & Certification
Maplewood City Police Department
Ramsey County Attorney
Maplewood City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/08/2014
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NAME OF PROVIDER OR SUPPLIER PARKINSONS SPECIALTY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 MAJOR DRIVE GOLDEN VALLEY, MN 55422
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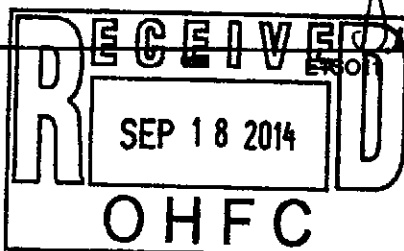
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0 000	Initial comments A complaint investigation was conducted to investigate case #HL03650012. The following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the MN Department of Health, Division of Compliance Monitoring, Office of Health Facility Complaints; 85 East Seventh Place, Suite 220, P.O. Box 64970, St. Paul, Minnesota 55164-0970.	0 000		
0 095	144A.44 Subd.1(15) Free from abuse Subdivision 1. Statement of rights. A person who receives home care services has these rights: (15) the right to be free from physical and verbal abuse; This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure that clients were free from abuse for one of one client (C1) reviewed. The findings included: C1's record was reviewed. C1's registered nurse assessment dated November 15, 2013 indicated the client had a degenerative disease and was alert and oriented to person, place, time and date. C1's Home Health Aide Task Sheet updated May 8, 2014 indicated the client required some assistance with her activities of daily living, transferring and ambulation with a walker short distances.	0 095		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM



Director of Operations 9-12-14

Minnesota Department of Health

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0 095	<p>Continued From page 1</p> <p>When interviewed June 9, 2014 at 11:00 a.m., C1 gave the following account of what occurred: On May 6, 2014 around 8:30-9:00 p.m., Individual G/Home Health Aide from a Supplemental Staffing Agency (SSA) assisted her to get ready for bed. Individual G offered to give C1 a back rub. Individual G used lotion and gave C1 a back rub. Individual G continued with the back rub and touched/massaged "every inch of my body" from the client's neck down, except for the client's pubic area. Individual G massaged C1's breasts, arms, stomach, inner thighs, legs, ankles and feet. Individual G then kissed C1 on the lips three times. C1 told Individual G that this was not right, and Individual G left the client's room. C1 stated she was in shock. and didn't know what to do.</p> <p>TIME PERIOD FOR CORRECTION: Fifteen (15) days</p>	0 095		
01095	<p>4668.0008 Subp.3 Contract services</p> <p>Subp. 3. Contract services. If a licensee contracts for a home care service with a business that is not subject to licensure under this chapter, it must require, in the contract, that the business comply with this chapter and Minnesota Statutes, sections 144A.43 to 144A.47.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to enter into a contract/agreement with a business that provided supplemental nursing services on an intermittent basis to the</p>	01095		

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01095	<p>Continued From page 2</p> <p>licensee's clients. The findings included:</p> <p>When interviewed June 9, 2014 at 10:50 a.m., Employee A, Director of Operations/Human Resources stated the licensee used a supplemental staffing agency, on an intermittent, temporary basis, to provide staff who were unlicensed, when the licensee could not fill shifts with employees. Employee A stated these unlicensed staff provided direct care to clients. When questioned regarding having a contract with the supplemental staffing agency, Employee A stated they did not. Later that same day, Employee A produced a "Staffing Agreement" between the supplemental staffing agency and the licensee. Employee A stated the supplemental staffing agency provided the agreement.</p> <p>A review of the Staffing Agreement document revealed the following: The document indicated the agreement was entered into on August 1, 2009. The agreement was signed by a representative of the supplemental staffing agency, but not the licensee. The document did not include the required language that the business would comply with this chapter and Minnesota Statutes, sections 144A.43 to 144A.47.</p> <p>TIME PERIOD FOR CORRECTION: Thirty (30) days</p>	01095		
01495	<p>4668.0070 Subp.2 Personnel records</p> <p>Subp. 2. Personnel records. The licensee must maintain a record of each employee, of each individual contractor excluded under part 4668.0008, subpart 7, and of other individual</p>	01495		

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01495	<p>Continued From page 3</p> <p>contractors. The record must include the following information:</p> <p>A. evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this chapter, statute, or other rules;</p> <p>B. records of training required by this chapter; and</p> <p>C. evidence of licensure under this chapter, if required.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, the licensee failed to maintain a personnel record for one one unlicensed staff person from a supplemental staffing agency (ULP-G), who provided direct care to clients. The findings included:</p> <p>There was no personnel record for ULP-G available for review during the onsite visit on June 9, 2014.</p> <p>When interviewed June 9, 2014 at 10:50 a.m., Employee A/Director of Operations/Human Resources stated the licensee did not maintain a personnel record for ULP-G who worked at the facility providing direct care to clients through a supplemental staffing agency. Employee A stated the licensee assumed that the supplemental staffing agency had the required information.</p> <p>TIME PERIOD FOR CORRECTION: Thirty (30) days</p>	01495		

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01510	Continued From page 4	01510		
01510	<p>4668.0075 Subp.1 Orientation to Home Care Requirement</p> <p>Subpart 1. Orientation. Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, shall complete an orientation to home care requirements before providing home care services to clients. This orientation need only be completed once.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure that every person who provided direct care to clients completed an orientation to home care requirements before providing home care services to clients for one of one unlicensed staff person reviewed (ULP-G) who was from a Supplemental Nursing Services Agency (SNSA). The findings included:</p> <p>When interviewed June 9, 2014 at 3:00 p.m., Employee A, Director of Operations/Human Resources stated that unlicensed staff person (ULP)-G provided direct care to clients at the facility on March 24, 2014 from 4:00 p.m.-10:00 p.m. and May 6, 2014 from 4:00 p.m.-10:00 p.m. Employee A stated that ULP-G worked for a SNSA and she assumed that all the required training was provided by the SNSA. Employee A confirmed the licensee did not provide any</p>	01510		

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01510	<p>Continued From page 5</p> <p>training to ULP-G.</p> <p>When ULP-G's training was requested from the SNSA, on June 9, 2014, the Staffing Coordinator from the SNSA faxed a document June 10, 2014 at 3:00 p.m. that indicated the following: "(ULP-G) has been a temporary employee of (name of SNSA) & its predecessor company (name of predecessor) since the fall of 2001. He has probably worked over 1,500 shifts as a nursing assistant via (name of SNSA) in that time period in numerous nursing homes and assisted living facilities. His experience in all these work settings has given him abundant training, and he is one of the most qualified nursing assistants who has worked with us."</p> <p>TIME PERIOD FOR CORRECTION: Thirty (30) days</p>	01510		
09999	<p>FINAL COMMENTS</p> <p>144.057 BACKGROUND STUDIES ON LICENSEES AND OTHER PERSONNEL. Subdivision 1. Background studies required. The commissioner of health shall contract with the commissioner of human services to conduct background studies of:</p> <p>(1) individuals providing services which have direct contact, as defined under section 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes, outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and home care agencies licensed under chapter 144A; residential care homes licensed under chapter 144B, and board and lodging establishments that are registered to provide supportive or health supervision services under section 157.17;</p>	09999		

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09999	<p>Continued From page 6</p> <p>(2) individuals specified in section 245C.03, subdivision 1, who perform direct contact services in a nursing home or a home care agency licensed under chapter 144A or a boarding care home licensed under sections 144.50 to 144.58, and if the individual under study resides outside Minnesota, the study must be at least as comprehensive as that of a Minnesota resident and include a search of information from the criminal justice data communications network in the state where the subject of the study resides;</p> <p>(3) beginning July 1, 1999, all other employees in nursing homes licensed under chapter 144A, and boarding care homes licensed under sections 144.50 to 144.58. A disqualification of an individual in this section shall disqualify the individual from positions allowing direct contact or access to patients or residents receiving services. "Access" means physical access to a client or the client's personal property without continuous, direct supervision as defined in section 245C.02, subdivision 8, when the employee's employment responsibilities do not include providing direct contact services;</p> <p>(4) individuals employed by a supplemental nursing services agency, as defined under section 144A.70, who are providing services in health care facilities; and</p> <p>(5) controlling persons of a supplemental nursing services agency, as defined under section 144A.70.</p> <p>If a facility or program is licensed by the Department of Human Services and subject to the background study provisions of chapter 245C and is also licensed by the Department of Health, the Department of Human Services is solely responsible for the background studies of individuals in the jointly licensed programs. This requirement is not met as evidenced by:</p>	09999		

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09999	<p>Continued From page 7</p> <p>Based on interview and document review, the licensee failed to check that a unlicensed staff person (ULP) who provided services to the licensee's clients through a Supplemental Nursing Services Agency (SNSA) had a background study clearance to provide direct contact to clients for one of one ULP (ULP-G) reviewed. The findings included: On June 9, 2014, The Office of Health Facility Complaints (OHFC) conducted a complaint investigation at the licensee related to an incident of alleged sexual contact. During the course of the investigation, it was discovered that ULP-G was the suspect involved in this incident and was previously disqualified from working with vulnerable persons residing in health care facilities under Minnesota Statutes, section 245C. ULP-G's disqualification was based on a conviction of fourth degree assault. When interviewed June 9, 2014 at 3:00 p.m., Employee A, Director of Operations/Human Resources stated that ULP-G provided direct care to clients at the facility on March 24, 2014 from 4:00 p.m.-10:00 p.m. and May 6, 2014 from 4:00 p.m.-10:00 p.m. Employee A stated that ULP-G worked for a SNSA and she assumed that all the required documents including a background study clearance were completed by the SNSA. Employee A confirmed the licensee did not check that ULP-G had a background study clearance prior to ULP-G providing services to clients of the licensee.</p> <p>In a letter dated March 31, 2011, The Department of Human Services notified the SNSA that ULP-G must be immediately removed from providing services through the SNSA.</p> <p>TIME PERIOD FOR CORRECTION: Fifteen</p>	09999		

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09999	Continued From page 8 (15) days	09999		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/30/2014
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NAME OF PROVIDER OR SUPPLIER PARKINSONS SPECIALTY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 MAJOR DRIVE GOLDEN VALLEY, MN 55422
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 000}	<p>Initial comments</p> <p>A licensing order follow-up was conducted related to complaint HL03650012. As a result, the following licensing orders are re-issued.</p> <p>When corrections are completed, please sign and date, make a copy of these orders and return the original to the Minnesota Department of Health, Division of Compliance Monitoring, Office of Health Facility Complaints; 85 East Seventh Place, Suite 220, St. Paul, Minnesota, 55164-0970</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/Rules for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute/Rule number and the corresponding text of the state Statute/Rule 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.</p>	
{01495}	<p>4668.0070 Subp.2 Personnel records</p> <p>Subp. 2. Personnel records. The licensee must maintain a record of each employee, of each individual contractor excluded under part 4668.0008, subpart 7, and of other individual contractors. The record must include the following information:</p>	{01495}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/30/2014
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NAME OF PROVIDER OR SUPPLIER PARKINSONS SPECIALTY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 MAJOR DRIVE GOLDEN VALLEY, MN 55422
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{01495}	<p>Continued From page 1</p> <p>A. evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this chapter, statute, or other rules;</p> <p>B. records of training required by this chapter; and</p> <p>C. evidence of licensure under this chapter, if required.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to maintain a personnel record for two of two unlicensed staff persons (D & E) who were contracted from a Supplemental Nursing Services Agency (SNSA), and provided direct care to clients at the facility. The findings included:</p> <p>When interviewed September 30, 2014 at 10:00 a.m., Registered Nurse (RN)-B stated that unlicensed staff person (ULP)-D provided direct care to clients at the facility on September 20, 2014 from 3:00 p.m.-11:00 p.m. and ULP-E provided direct care to clients at the facility on September 21, 2014 from 3:00 p.m.-10:00 p.m. RN-B stated that ULP-D and ULP-E worked for a SNSA.</p> <p>There were no personnel records for ULP-D and ULP-E available for review during the onsite visit on September 30, 2014, that included evidence of certification and/or registration (if any) and training.</p>	{01495}		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER PARKINSONS SPECIALTY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 MAJOR DRIVE GOLDEN VALLEY, MN 55422
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{01495}	<p>Continued From page 2</p> <p>When interviewed September 30, 2014 at 11:00 a.m., Employee A/Director of Operations/Human Resources confirmed a personnel record was not maintained for ULP-D and ULP-E. Employee A stated she has been contacting the SNSA for the information but the SNSA never got back to her</p> <p>The licensee's policy regarding employee records dated January 2, 2014 indicated the following: "an employee record will be kept for: Each employee; Each individual contractor who is not an employee; and Other individual contractors, as needed."</p>	{01495}		
{01510}	<p>4668.0075 Subp.1 Orientation to Home Care Requirement</p> <p>Subpart 1. Orientation. Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, shall complete an orientation to home care requirements before providing home care services to clients. This orientation need only be completed once.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure that every person who provided direct care to clients completed an orientation to home care requirements before</p>	{01510}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/30/2014
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NAME OF PROVIDER OR SUPPLIER PARKINSONS SPECIALTY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 MAJOR DRIVE GOLDEN VALLEY, MN 55422
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{01510}	<p>Continued From page 3</p> <p>providing home care services to clients for two of two unlicensed staff persons (D & E) reviewed, who were from a Supplemental Nursing Services Agency (SNSA). The findings included:</p> <p>When interviewed September 30, 2014 at 10:00 a.m., Registered Nurse (RN)-B stated that unlicensed staff person (ULP)-D provided direct care to clients at the facility on September 20, 2014 from 3:00 p.m.-11:00 p.m. and ULP-E provided direct care to clients at the facility on September 21, 2014 from 3:00 p.m.-10:00 p.m. RN-B stated that ULP-D and ULP-E worked for a SNSA.</p> <p>There was no evidence that ULP-D and ULP-E had completed an orientation to the home care requirements.</p> <p>When interviewed September 30, 2014 at 11:00 a.m., Employee A, Director of Operations and Human Resources confirmed there was no evidence that ULP-D and ULP-E completed an orientation to the home care requirements. Employee A stated she has been contacting the SNSA for the information but the SNSA never got back to her.</p>	{01510}		
{09999}	<p>FINAL COMMENTS</p> <p>144.057 BACKGROUND STUDIES ON LICENSEES AND OTHER PERSONNEL. Subdivision 1. Background studies required. The commissioner of health shall contract with the commissioner of human services to conduct background studies of: (1) individuals providing services which have direct contact, as defined under section 245C.02, subdivision 11, with patients and residents in</p>	{09999}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/30/2014
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NAME OF PROVIDER OR SUPPLIER PARKINSONS SPECIALTY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 MAJOR DRIVE GOLDEN VALLEY, MN 55422
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{09999}	<p>Continued From page 4</p> <p>hospitals, boarding care homes, outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and home care agencies licensed under chapter 144A; residential care homes licensed under chapter 144B, and board and lodging establishments that are registered to provide supportive or health supervision services under section 157.17;</p> <p>(2) individuals specified in section 245C.03, subdivision 1, who perform direct contact services in a nursing home or a home care agency licensed under chapter 144A or a boarding care home licensed under sections 144.50 to 144.58, and if the individual under study resides outside Minnesota, the study must be at least as comprehensive as that of a Minnesota resident and include a search of information from the criminal justice data communications network in the state where the subject of the study resides;</p> <p>(3) beginning July 1, 1999, all other employees in nursing homes licensed under chapter 144A, and boarding care homes licensed under sections 144.50 to 144.58. A disqualification of an individual in this section shall disqualify the individual from positions allowing direct contact or access to patients or residents receiving services. "Access" means physical access to a client or the client's personal property without continuous, direct supervision as defined in section 245C.02, subdivision 8, when the employee's employment responsibilities do not include providing direct contact services;</p> <p>(4) individuals employed by a supplemental nursing services agency, as defined under section 144A.70, who are providing services in health care facilities; and</p> <p>(5) controlling persons of a supplemental nursing services agency, as defined under section 144A.70.</p>	{09999}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/30/2014
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{09999}	<p>Continued From page 5</p> <p>If a facility or program is licensed by the Department of Human Services and subject to the background study provisions of chapter 245C and is also licensed by the Department of Health, the Department of Human Services is solely responsible for the background studies of individuals in the jointly licensed programs. This requirement is not met as evidenced by:</p> <p>Based on interview and document review, the licensee failed to check that unlicensed staff persons (ULP) who provided services to the licensee's clients through a Supplemental Nursing Services Agency (SNSA) had a background study clearance to provide direct contact to clients for two of two ULPs (D & E) reviewed. The findings included: When interviewed September 30, 2014 at 10:00 a.m., Registered Nurse (RN)-B stated that ULP-D provided direct care to clients at the facility on September 20, 2014 from 3:00 p.m.-11:00 p.m. and ULP-E provided direct care to clients at the facility on September 21, 2014 from 3:00 p.m.-10:00 p.m. RN-B stated that ULP-D and ULP-E worked for a SNSA.</p> <p>There was no evidence that ULP-D and ULP-E had a background study clearance.</p> <p>When interviewed September 30, 2014 at 11:00 a.m., Employee A, Director of Operations and Human Resources confirmed there was no evidence that ULP-D and ULP-E had a background study clearance. Employee A stated she has been contacting the SNSA for the information but the SNSA never got back to her.</p>	{09999}		
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State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number H03650	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/30/2014
Name of Facility PARKINSONS SPECIALTY HOME CARE	Street Address, City, State, Zip Code 1940 MAJOR DRIVE GOLDEN VALLEY, MN 55422	

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>00095</u> Reg. # <u>144A.44 Subd.1(15)</u> LSC _____	Correction Completed <u>09/30/2014</u>	ID Prefix <u>01095</u> Reg. # <u>4668.0008 Subp.3</u> LSC _____	Correction Completed <u>09/30/2014</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 7/8/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number H03650	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/18/2015
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Name of Facility PARKINSONS SPECIALTY HOME CARE	Street Address, City, State, Zip Code 1940 MAJOR DRIVE GOLDEN VALLEY, MN 55422
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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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>01495</u> Reg. # <u>4668.0070 Subp.2</u> LSC _____	Correction Completed <u>02/18/2015</u>	ID Prefix <u>01510</u> Reg. # <u>4668.0075 Subp.1</u> LSC _____	Correction Completed <u>02/18/2015</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 7/8/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?
	YES NO