



Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name: Sleepy Eye Area Home Health	Report Number: HL20718002	Date of Visit: August 14, 2017
Facility Address: 1100 1st Avenue South	Time of Visit: 11:00 a.m. to 4:00 p.m.	Date Concluded: September 25, 2017
Facility City: Sleepy Eye	Investigator's Name and Title: Darin Hatch, Special Investigator	
State: Minnesota	ZIP: 56085	County: Brown

Home Care Provider/Assisted Living

Allegation(s):

It is alleged that a client was financially exploited when a staff, alleged perpetrator (AP) #1, asked for and received \$100 from the client. It is also alleged that the client was financially exploited by AP #2 when AP #2 asked the client to withdraw \$1000 from the client's bank account.

- State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of evidence, financial exploitation did occur when the alleged perpetrator (AP#1) used undue influence to borrow \$100 from the client.

Based on a preponderance of evidence, financial exploitation is not substantiated in relation to AP #2 taking \$1000 from the client's bank account for personal use. There was no evidence to support that allegation.

The client received services from a provider licensed a comprehensive home care provider.

A family member alerted staff that the client said s/he had borrowed \$100 to AP #1. Management interviewed AP #1, and AP #1 admitted to asking for and borrowing \$100 from the client. AP #1 wrote a statement admitting s/he asked for and borrowed the money from the client. When management interviewed the client, the client did not recall borrowing money to AP #1. There is no evidence that AP #1 paid the money back to the client.

A family member alerted staff that AP #2 went to the bank to pick up money for the client. The client asked staff to go to the bank for him/her and made contact with the bank to approve staff to pick up money. AP

#2 went to the bank, picked-up \$1000 the client requested, and gave all the money to the client. Staff members counted the money with the client upon return from the bank.

During an interview, AP #2 said s/he was asked by a dietary staff to go to the bank and pick up money for the client. AP #2 said a dietary staff member told her/him that someone had already prearranged the withdrawal and all s/he had to do was show identification to collect the money. AP #2 went to the bank, identified themselves to bank staff, collected the money, and returned to the facility. AP#2 said s/he gave the money to the dietary staff and saw the dietary staff give the money to the activity director. AP #2 said s/he saw the activity director walk towards the client's room with the envelope of money. AP #2 denied taking any money for personal use.

During interviews, other staff said the client got all \$1000 and at no time did they suspect AP #2 financially exploited the client.

During an interview, the client's family said the client told the family s/he had borrowed money to staff and had also asked staff to go to the bank for him/her. Family contacted the bank and learned the client had made several withdrawals from his/her account. The family did not know where the money went.

A police report was taken for both incident, but no investigation was conducted for either incident.

During an interview, the client did not recall borrowing money to anyone or going to the bank.

Attempts to interview AP #1 were unsuccessful. AP #1's written statement said that she asked the client for money and borrowed money from the client.

The facility terminated AP #1. The facility disciplined AP #2 for performing activities outside the scope of her/his duties.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

- | | | |
|---|---|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Neglect | <input checked="" type="checkbox"/> Financial Exploitation |
| <input checked="" type="checkbox"/> Substantiated | <input checked="" type="checkbox"/> Not Substantiated | <input type="checkbox"/> Inconclusive based on the following information: |

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 home care provider had policies in place to prevent financial exploitation. The AP's personnel file showed the AP's acknowledgment of receiving the "Employee Handbook" which indicated any theft was unacceptable in the workplace and was grounds for involuntary termination. The AP's personnel file

showed the AP received training in regards to the policies in place.

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 Statutes for Home Care Providers (MN Statutes section 144A.43 - 144A.483) - Compliance Not Met
The requirements under State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483) were not met.

State licensing orders were issued: Yes No

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

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) - Compliance Not Met
The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.

State licensing orders were issued: Yes No

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

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met
The requirements under State Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued: Yes No

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

Compliance Notes:

Definitions:

Minnesota Statutes, section 626.5572, subdivision 9 - Financial exploitation

"Financial exploitation" means:

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

(2) obtains for the actor or another the performance of services by a third person for the wrongful

profit or advantage of the actor or another to the detriment of the vulnerable adult;

(3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud.

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 7 - Not Substantiated

"Not Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.

The Investigation included the following:

Document Review: The following records were reviewed during the investigation:

- Care Guide
- Nurses Notes
- Assessments
- Care Plan Records
- Facility Incident Reports
- ADL (Activities of Daily Living) Flow Sheets
- Service Plan

Other pertinent medical records:

- Police Report

Additional facility records:

- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Personnel Records/Background Check, etc.
- Facility In-service Records
- Facility Policies and Procedures

Number of additional resident(s) reviewed: None

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

Specify: No additional records selected

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 reporter(s) Yes No N/A

Specify: _____

If unable to contact reporter, 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: Six

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

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: Three

Physician Interviewed: Yes No

Nurse Practitioner Interviewed: Yes No

Physician Assistant Interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: AP #2 was interviewed. Attem

Attempts to contact:

Date:	Time:	Date:	Time:	Date:	Time:
8-15-17	3:54 p.m.	8-15-17	5:06 p.m.	8-16-17	9:01 a.m.

If unable to contact was subpoena issued: Yes, date subpoena was issued 8-16-17 No

Were contacts made with any of the following:

Emergency Personnel Police Officers Medical Examiner Other: Specify _____

Facility Name: Sleepy Eye Area Home Health

Report Number: HL20718002

Observations were conducted related to:

- Cleanliness
- Dignity/Privacy Issues
- Safety Issues
- Meals
- Facility Tour

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: _____

cc:

Health Regulation Division - Home Care & Assisted Living Program

The Office of Ombudsman for Long-Term Care

Sleepy Eye Police Department

Brown County Attorney

Sleepy Eye City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20718	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/22/2017
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NAME OF PROVIDER OR SUPPLIER SLEEPY EYE AREA HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 FIRST AVENUE SOUTH SLEEPY EYE, MN 56085
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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 completed on November 22, 2017 to follow up on correction orders issued related to complaint HL20718002. Sleepy Eye Area Home Health Inc. was found in compliance with state regulations.</p>	{0 000}		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Protecting, Maintaining and Improving the Health of All Minnesotans

November 30, 2017

Ms. Mary Boyde, Administrator
Sleepy Eye Area Home Health
1100 First Avenue South
Sleepy Eye, MN 56085

RE: Complaint Number HL20718002

Dear Ms. Boyde:

On November 22, 2017 an investigator of the Minnesota Department of Health, Office of Health Facility Complaints completed a re-inspection of your facility, to determine correction of orders found on the complaint investigation completed on August 30, 2017 with orders received by you on October 12, 2017. At this time these correction orders were found corrected.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Matthew Heffron'.

Matthew Heffron, JD, NREMT
Health Regulations Division
Supervisor, Office of Health Facility Complaints
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: (651) 201-4221 Fax: (651) 281-9796

MLH

Enclosure

cc: Home Health Care Assisted Living File
Brown County Adult Protection
Office of Ombudsman for Long Term Care
MN Department of Human Services

Minnesota Department of Health

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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, these correction orders are 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 August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)</p>	
0 325 SS=D	<p>144A.44, Subd. 1(14) Free From Maltreatment Subdivision 1. Statement of rights. A person who receives home care services has these rights:</p>	0 325		

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

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0 325	<p>Continued From page 1</p> <p>(14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to ensure the right of one of one client (C1) reviewed to be free from maltreatment when a staff member borrowed \$100 from the client. The violation occurred as a level 2 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 is 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 that a situation has occurred only occasionally. The findings include:</p> <p>C1's file was reviewed. C1 received comprehensive home care services from the provider according to a service agreement dated November 19, 2015.</p> <p>Interview with residence director (RD)-A on August 14, 2017 at 12:26 p.m. revealed family member (F)-C told her on December 5, 2016 C1 said he borrowed \$100 to unlicensed professional (ULP)-H as a loan a while back but could not recall the date. RD-A said she interviewed ULP-H and ULP-H admitted she asked C1 for a \$100 loan and ULP-H wrote a statement of admission. RD-A said she interviewed C1 but C1 did not recall borrowing any money to ULP-H. RD-A terminated the employment of ULP-H. RD-A said she spoke with additional family members since</p>	0 325		

Minnesota Department of Health

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0 325	<p>Continued From page 2</p> <p>the incident and does not believe ULP-H has repaid C1.</p> <p>Document review during the onsite investigation revealed a document titled "Witness Statement Form" dated December 6, 2016 written by ULP-H which indicates ULP-H admitted she borrowed \$100 from C1 and owes C1 \$100, which she intends to pay back.</p> <p>A policy titled "Employee Conduct and Work Standards" dated September 1, 2014 indicates on page 45 staff are not to accept loans from residents.</p> <p>A policy titled "Resident/Client/Participant/Freedom from Abuse, Neglect, and Misappropriation Policy and Procedure" and dated November 2016 indicates on page one clients have a right to be free from "misappropriation of resident/participant property."</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 325		
0 800 SS=D	<p>144A.479, Subd. 5 Handling of Client's Finances/Property</p> <p>Subd. 5. Handling of client's finances and property. (a) A home care provider may assist clients with household budgeting, including paying bills and purchasing household goods, but may not otherwise manage a client's property. A home care provider must provide a client with receipts for all transactions and purchases paid with the client's funds. When receipts are not available,</p>	0 800		

Minnesota Department of Health

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0 800	<p>Continued From page 3</p> <p>the transaction or purchase must be documented. A home care provider must maintain records of all such transactions.</p> <p>(b) A home care provider or staff may not borrow a client's funds or personal or real property, nor in any way convert a client's property to the home care provider's or staff's possession.</p> <p>(c) Nothing in this section precludes a home care provider or staff from accepting gifts of minimal value, or precludes the acceptance of donations or bequests made to a home care provider that are exempt from income tax under section 501(c) of the Internal Revenue Code of 1986.</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to ensure staff did not borrow money from one of one client (C1) reviewed when a staff person borrowed \$100 from the client. The violation occurred as a level 2 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 is 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 that a situation has occurred only occasionally. The findings include:</p> <p>C1's file was reviewed. C1 received comprehensive home care services from the provider according to a service agreement dated November 19, 2015.</p> <p>Interview with residence director (RD)-A on August 14, 2017 at 12:26 p.m. revealed family</p>	0 800		

Minnesota Department of Health

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0 800	<p>Continued From page 4</p> <p>member (F)-C told her on December 5, 2016 C1 said he borrowed \$100 to unlicensed professional (ULP)-H as a loan a while back but could not recall the date. RD-A said she interviewed ULP-H and ULP-H admitted she asked C1 for a \$100 loan and ULP-H wrote a statement of admission. RD-A said she interviewed C1 but C1 did not recall borrowing any money to ULP-H. RD-A terminated the employment of ULP-H. RD-A said she spoke with additional family members since the incident and does not believe ULP-H has repaid C1.</p> <p>Document review during the onsite investigation revealed a document titled "Witness Statement Form" dated December 6, 2016 written by ULP-H which indicates ULP-H admitted she borrowed \$100 from C1 and owes C1 \$100, which she intends to pay back.</p> <p>A policy titled "Employee Conduct and Work Standards" dated September 1, 2014 indicates on page 45 staff are not to accept loans from residents.</p> <p>A policy titled "Resident/Client/Participant/Freedom from Abuse, Neglect, and Misappropriation Policy and Procedure" and dated November 2016 indicates on page one clients have a right to be free from "misappropriation of resident/participant property."</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 800		



Protecting, Maintaining and Improving the Health of All Minnesotans

Certified Mail Number: 7015 1660 0000 4149 7962

September 25, 2017

Ms. Mary Boyde, Administrator
Sleepy Eye Area Home Health
1100 First Avenue South
Sleepy Eye, MN 56085

RE: Complaint Number HL20718002

Dear Ms. Boyde :

A complaint investigation (#HL20718002) of the Home Care Provider named above was completed on August 30, 2017, for the purpose of assessing compliance with state licensing regulations. At the time of the investigation, the investigator from the Minnesota Department of Health, Office of Health Facility Complaints, noted one or more violations of these regulations. These state licensing orders are issued in accordance with Minnesota Statutes Sections 144A.43 to 144A.482.

State licensing orders are delineated on the attached State Form. The 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by."

A written plan for correction of licensing orders is not required. Per Minnesota State Statute 144A.474 Subd. 8(c), the home care provider must document in the provider's records any action taken to comply with the correction order. A copy of this document of the home care provider's action may be requested at future surveys.

A licensed home care provider may request a correction order reconsideration regarding any correction order issued to the provider. The reconsideration must be in writing and received within 15 calendar days. Reconsiderations should be addressed to:

Ms. Michelle Ness, Assistant Director
Office of Health Facility Complaints
Minnesota Department of Health
P.O. Box 64970
St. Paul, MN 55164-0970

Sleepy Eye Area Home Health
September 25, 2017
Page 2

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. If you have any questions, please contact me.

Sincerely,



John Aglieco
Health Program Representative-Senior
Minnesota Department of Health
85 East Seventh Place, Suite 220
PO Box 64970
St Paul, MN 55164-0970
Office 651-201-4212 Fax: 651-281-9796

ja
Enclosure

cc: Home Health Care Assisted Living File
Brown County Adult Protection
Office of Ombudsman
MN Department of Human Services