



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Peaceful Living Services			Report Number: HL24993007	Date of Visit: February 2, 3, and 6, 2017
Facility Address: 1000 Reaney Ave			Time of Visit: 7:00 a.m. to 4:30 p.m. 7:30 a.m. to 4:00 p.m. 8:00 a.m. to 4:30 p.m.	Date Concluded: October 3, 2017
Facility City: St. Paul				
State: Minnesota	ZIP: 55106	County: Ramsey	Investigator's Name and Title: Kathleen Smith, DNP, RN, PHN, Special Investigator	

☒ Home Care Provider/Assisted Living

Allegation(s):

It is alleged that approximately 20 residents do not have their medications properly set up so they received the wrong dosage of medications with multiple medication errors. Some medications are not ordered. Medications are not set up by a nurse. Some staff administering medications have not been trained. A resident received sliding scale insulin when the resident had scheduled insulin ordered by the physician. The resident had elevated blood sugars and the staff/alleged perpetrator (AP) declined to send the resident to the hospital. This resident was later taken to the hospital by family after they saw the insulin pen and noted the wrong insulin dose of insulin. The AP is disrespectful to the residents. Another resident was found slouched over outside. The oxygen tank was later found to be empty. The resident died.

- ☒ 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, neglect is substantiated. The home care provider failed to administer ordered medications to multiple clients on multiple dates. There was not a preponderance of evidence, however, that medications were set up inappropriately or that staff were not trained to administer medications. There was also not a preponderance of evidence that a client received an incorrect dose of insulin. In addition, no incident was identified when a client found with an empty oxygen tank.

Twelve clients were included in the investigation.

Client #2 had diagnoses of blindness, chronic obstructive pulmonary disease (COPD), and coronary artery disease (CAD). Client #3 had diagnoses of chronic kidney disease and venous stasis. Client #4 had diagnoses of COPD and heart disease. Client #12 had diagnoses of schizo-affective disorder and seizure disorder. All these clients received medication management services from the provider, which was licensed as a comprehensive home care provider.

Client #2 had a medication prescribed daily to improve breathing, and this medication was not administered three times in October 2016. Client #2's medication for glaucoma was to be administered twice a day, and was missed three times. Client #2's medication to prevent blood clots was to be taken twice a day, and had twenty (20) doses missed. A review of the medication administration record (MAR), revealed medications were not administered because the inhaler could not be found, the medication was misplaced, or the medication was listed as "pending." Staff interviews revealed the medications were not administered because the medication was pending or could not be located.

Client #3 was prescribed a cream medication. A review of the MAR for October 2016 indicated the medication was not administered twelve out of thirty-one days because it was "pending" or could not be located.

Client #4 had orders to receive daily aspirin to prevent blood clots, and the aspirin was not administered on six days. A medication for constipation was not administered seven days. During an observed medication pass, Client #4 was not administered aspirin or the client breathing medication. Staff interviews and documentation noted the medication was out of stock or "pending."

Client #12 was prescribed a psychiatric medication. During an observed medication pass, Client #12 did not receive the prescribed medication. A review of the MAR for December 2016 indicated Humalog insulin was not administered for three days in December 2016, because the medication was pending or there were no needles. Clonazepam, a medication for seizure disorder, was not administered for sixteen days in December 2016; the medical record stated the medication was "pending."

During interviews, staff members provided varying definitions of what "pending" meant on the MAR, including: the medication was ordered, but not delivered yet; the medication required physician or insurance approval; the medication was out of stock; or the client could not afford the medication.

None of the clients required medical intervention due to the medication omissions. The home care provider retrained the lead patient care attendants on reordering medications to prevent recurrence of the issues.

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 checked="" type="checkbox"/> Neglect | <input type="checkbox"/> Financial Exploitation |
| <input checked="" type="checkbox"/> Substantiated | <input 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 facility is responsible for the neglect because the facility did not have consistent procedures for documenting why medications were not administered, and as a result, failed to reorder medication or update orders as needed to ensure medications were available for clients.

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 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 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 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 17 - Neglect

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

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.

The Investigation included the following:

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

- ☒ Medical Records
- ☒ Medication Administration Records
- ☒ Nurses Notes
- ☒ Assessments
- ☒ Physician Orders
- ☒ Physician Progress Notes
- ☒ Care Plan Records
- ☒ Facility Incident Reports
- ☒ ADL (Activities of Daily Living) Flow Sheets
- ☒ Service Plan

Other pertinent medical records:

- ☒ Hospital Records

Additional facility records:

- ☒ Facility Internal Investigation Reports
- ☒ Personnel Records/Background Check, etc.

Facility Name: Peaceful Living Services

Report Number: HL24993007

☒ Facility Policies and Procedures

Number of additional resident(s) reviewed: Twelve

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 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: Fifteen

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

Tennessee Warnings

Tennessee Warning given as required: ☒ Yes ☐ No

Total number of staff interviews: Eight

Physician Interviewed: ☐ Yes ☒ No

Nurse Practitioner Interviewed: ☐ Yes ☒ No

Physician Assistant Interviewed: ☐ Yes ☒ No

Interview with Alleged Perpetrator(s): ☒ Yes ☐ No ☐ N/A Specify: _____

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 _____

Facility Name: Peaceful Living Services

Report Number: HL24993007

Observations were conducted related to:

- ☒ Nursing Services
- ☒ Medication Pass
- ☒ 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

Oakdale Police Department

Oakdale City Attorney

Washington County Attorney



Protecting, Maintaining and Improving the Health of All Minnesotans

February 20, 2018

Ms. Bao Vang, Administrator
Peaceful Living Services
1000 Reaney
Saint Paul, MN 55106

RE: Complaint Number HL24993007

Dear Ms. Vang :

On January 25, 2018 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 July 12, 2017. A previous re-inspection found some violations not corrected, and they were re-issued November 8, 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
Washington County Adult Protection
Office of Ombudsman
MN Department of Human Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/25/2018
NAME OF PROVIDER OR SUPPLIER PEACEFUL LIVING SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 REANEY SAINT PAUL, MN 55106			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{0 000}	Initial Comments A licensing order follow-up was completed to follow up on correction orders issued related to complaint HL24993007. Peaceful Living Services was found in compliance with state regulations.	{0 000}			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Protecting, Maintaining and Improving the Health of All Minnesotans

Certified Mail Number: 7015 3010 0001 4648 6224

December 28, 2017

Ms. Bao Vang, Administrator
Peaceful Living Services
1000 Reaney
Saint Paul, MN 55106

RE: Complaint Number HL24993007

Dear Ms. Vang:

On November 8, 2017, investigation staff of the Minnesota Department of Health, Office of Health Facility Complaints, completed a re-inspection of your agency, to determine correction of orders found on the complaint investigation completed on July 12, 2017, with orders received by you on October 11, 2017.

State licensing orders issued pursuant to the last complaint investigation completed on July 12, 2017 and found corrected at the time of the November 8, 2017 re-inspection:

Minn. Stat. 144A.44, Subd. 1(14) Right to Be Free from Maltreatment

Minn. Stat. 144A.4792, Subd. 8 Documentation of Administration of Medication

In accordance with Minnesota Statutes, sections 144A.474, subd. 11, state licensing orders issued pursuant to the last complaint investigation completed on July 12, 2017, found not corrected at the time of the November 8, 2017 revisit and subject to penalty assessment are as follows:

\$500	Minn. Stat. 144A.479, Subd. 6(b) Individual Abuse Prevention Plan
\$500	Minn. Stat. 144A.479, Subd. 7 Employee Records
\$500	Minn. Stat. 144A.4791, Subd. 8 Comprehensive Assessment and Monitoring
\$500	Minn. Stat. 144A.4791, Subd. 9(f) Contents of Service Plan

Total: \$2000

The details of the violations noted at the time of this revisit completed on November 8, 2017 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

IMPOSITION OF FINES:

Level 1, no fines or enforcement.

Level 2, fines ranging from \$0 to \$500, in addition to any of the enforcement mechanisms authorized in section 144A.475 for widespread violations.

Level 3, fines ranging from \$500 to \$1,000, in addition to any of the enforcement mechanisms authorized in section 144A.475.

Level 4, fines ranging from \$1,000 to \$5,000, in addition to any of the enforcement mechanisms authorized in section 144A.475.

Therefore, in accordance with Minnesota Statute, sections 144A.43 to 144A.482, the total amount you are assessed is \$2000. This amount is to be paid by check made payable to the Commissioner of Finance, Treasury Division and sent to the Minnesota Department of Health, Health Regulation Division, Home Care & Assisted Living Program, P.O. Box 64900, St. Paul, Minnesota 55164-0900 within 15 days of the receipt of this notice.

CORRECTION ORDER RECONSIDERATION PROCESS:

In accordance with Minnesota Statute, section 144A.474, subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department within 15 calendar days of the correction order receipt date. You are required to send your written request to the following:

Home Health Agency Correction Order Reconsideration Process
Minnesota Department of Health
Health Regulation Division
Home Care & Assisted Living Program
P.O. Box 64900
St. Paul, Minnesota 55164-0900

We urge you to review these orders carefully. If you have questions, please contact Matthew Heffron at 651-201-4221. Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your agency's Governing Body.

Sincerely,



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
Kelly Kemp, Office of Attorney General
MN Department of Human Services
Adult Protection Washington County

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER PEACEFUL LIVING SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 REANEY SAINT PAUL, MN 55106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 000}	Initial Comments A licensing order follow-up was completed on November 8 and 9, 2017, to follow up on correction orders issued related to complaint #HL24993007. The following orders are reissued.	{0 000}	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. 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 and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	
{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	{0 810}		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/08/2017
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{0 810}	<p>Continued From page 1</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the home care provider failed to assess and/or develop an abuse prevention plan for six of six clients reviewed (C1-C6).</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 the potential to affect a large portion or all of the clients.</p> <p>The findings include:</p> <p>C1 received services from the home care provider since March 2016. C1 was diagnosed with visual loss, cognitive impairment, and uses a cane for ambulation. A review of the Individual Abuse Prevention Assessment and Plan dated March 2016, noted C1 is blind in one eye and</p>	{0 810}		

Minnesota Department of Health

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{0 810}	<p>Continued From page 2</p> <p>uses a cane, however there was no plan to maintain safety. The Individual Abuse Prevention Plan dated November 2017, does not include a plan of action to address vulnerabilities, which include impaired judgement, risk of falling, and alcohol and drug abuse.</p> <p>C2 received services from the home care provider since December 2016. C2 was diagnosed with Schizo-affective disorder. The Vulnerability Summary dated June 13, 2017, does not address any vulnerability plan. The Vulnerability Summary and Plan dated November 8, 2017, does not include a plan to address vulnerabilities, which include risk for elopement, risk of falling, and impaired judgement.</p> <p>C3 received services from the home care provider since December 2016. C3 was diagnosed with diabetes 2, histrionic personality disorder, and major depression. The Vulnerability Summary and Plan dated July 18, 2017, does not provide a vulnerability plan that addresses C3's ingestion of narcotic, psychotropic, or pain medications.</p> <p>C4 has received services from the home care provider since January 2017. C4 was diagnosed with chronic pain and receives medication management services. The Vulnerability Summary and Plan dated June 26, 2017, does not address the clients vulnerabilities related to the use of a walker, risk for falling, and the ingestion of psychotropic, narcotic and pain medications. The Individual Abuse Prevention Plan dated November 8, 2017, does not address the verbal behaviors of the client.</p> <p>C5 has received services from the home care provider since April 2015, and is considered</p>	{0 810}		

Minnesota Department of Health

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{0 810}	Continued From page 3 legally blind. A Vulnerability Summary and Plans dated September 18, 2017, does not address the clients risk for falling or ability to use the telephone. C6 has received services from the home care provider since December 2016, with a diagnosis of Schizo-affective disorder. The Vulnerability Summary and Plan dated August 2017, noted C6 is confused, depressed and has memory loss: is at risk for falling and requires additional bed safety, but does not address any plan to help manage the vulnerabilities. An interview with administration on November 9, 2017, at 2.:45 P.M. the home care provider is reviewing client records and has a consulting firm assisting with client record completion. Additionally, it was stated the documents will be customized and completed electronically. A policy titled 1.24 Maltreatment-Communication, Prevention and Reporting revised January 01, 2015, #7 notes each client is to have an individual abuse prevention plan. TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS	{0 810}			
{0 815} SS=F	144A.479, Subd. 7 Employee Records 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	{0 815}			

Minnesota Department of Health

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{0 815}	<p>Continued From page 4</p> <p>information:</p> <p>(1) evidence of current professional licensure, registration, or certification, if licensure, 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>	{0 815}		

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{0 815}	<p>Continued From page 5</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the home care provider failed to maintain employee files with the appropriate documents for five of six employee records reviewed (Unlicensed personnel (ULP-A, ULP-C, ULP-D, ULP-E, ULP-F).</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 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>ULP-A, was hired May 2, 2016, and the most recent performance evaluation was dated October 8, 2016.</p> <p>ULP-C, was hired May 30, 2017, and there was no 30 or 90 day performance evaluation.</p> <p>ULP-D, was hired March 15, 2013, and the last date of training on maltreatment was March 22, 2016.</p> <p>ULP-E, was hired on April 22, 2015, and did not have a performance evaluation and the last date of maltreatment training is March 10, 2016.</p> <p>ULP-F, was hired on Novemeber 4, 2015, and does not have a performance evaluation and the</p>	{0 815}			

Minnesota Department of Health

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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
{0 815}	Continued From page 6 last date of maltreatment training is March 10, 2016. An interview with administration on November 9, 2017, at 2:45 p.m., revealed there have been many new hires and employees may not be up to date. Policy 3.08 Required Annual Staff Training, revealed training elements required every 12 months includes training on reporting maltreatment. Policy 2.44 Employee Evaluation, revealed employees are to have an evaluation at least annually. Policy 2.47 30 Day Performance Report Form, is noted in the policy manual. TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS	{0 815}			
{0 860} SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring Subd. 8. Comprehensive assessment, monitoring, and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after initiation of home care services. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14	{0 860}			

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{0 860}	<p>Continued From page 7</p> <p>days after initiation of services.</p> <p>(c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the home care provider failed to complete assessments or re-assessments for four of six clients reviewed (C1, C3, C4, C5).</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 the potential to affect a large portion or all of the clients.</p> <p>The findings include:</p> <p>C1 received services from the home care provider since March 2016. C1 was diagnosed with visual loss, cognitive impairment and uses a cane for ambulation. The client recieved medication management services according to the Vulnerability Summary and Plan dated October 30, 2017, however there was no</p>	{0 860}		

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{0 860}	<p>Continued From page 8</p> <p>medication management assessment.</p> <p>C3 received services from the home care provider since December 2016. C3 was diagnosed with Diabetes Type 2, histrionic personality disorder, and major depression. The Vulnerability Summary and Plan dated July 18, 2017, does not provide a vulnerability plan that addresses C3's ingestion of narcotic, psychotropic, or pain medications. C3 is receiving medication administration services of these medications, however there was no medication management assessment.</p> <p>C4 received services from the home care provider since Jaunuary 2017. C4 was diagnosed with chronic pain and received medication management services. C4 was hospitalized May 31, 2017, there was no follow up assessment. Additionally, C4 has not had an assessment since March 29, 2017.</p> <p>C5 received services from the home care provider since April 2015, and is considered legally blind. C1 was hopsitalized Ocober 25, 2017, there was no follow up assessment or notes the client attended a follow up appointment with the health provider.</p> <p>During an interview with administration on November 9, 2017, at 2.:45 P.M., it was stated the home care provider was changing the policy not to accept clients on the weekends when a registgered nurse is not onsite.</p> <p>A policy titled 4.03 Assessment --Schedules, revised January 01, 2015, notes clients will be assessed at least every 90 days and with a changre in condition such as hospitalization.</p>	{0 860}			

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{0 860}	Continued From page 9	{0 860}			
	TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS				
{0 870} SS=F	144A.4791, Subd. 9(f) Contents of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the frequency of sessions of supervision of staff and type of personnel who will supervise staff; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition, including identification of and information as to who has authority to sign for the client in an	{0 870}			

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{0 870}	<p>Continued From page 10</p> <p>emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the home care provider failed to complete a service plan for five of six clients reviewed (C1, C3, C4, C5, C6).</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 the potential to affect a large portion or all of the clients.</p> <p>The findings include:</p> <p>C1 received services from the home care provider since March 2016. The service plan dated March 5, 2016, was incomplete.</p> <p>C3 received services from the home care provider since December 2016. The service plan dated December 20, 2017, was not signed by the responsible party and incomplete.</p> <p>C4 has received services from the home care provider since January 2017. The service plan dated January 27, 2017, was not signed by the responsible party or the home care provider, and was incomplete.</p>	{0 870}		

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{0 870}	<p>Continued From page 11</p> <p>C5 has received services from the home care provider since April 2015, and is considered legally blind. The service plan dated April 21, 2015, was not complete.</p> <p>C6 received service from the home care provider since December 2016. The service plan dated December 7, 2016 was incomplete and not signed by the responsible party and the home care provider.</p> <p>An interview with administration on November 9, 2017, at 2.:45 P.M, stated the home care provider was reviewing client files and completing appropriate documents.</p> <p>Policy 4.09 Service Plans, notes a service plan will be completed with in 14 days after services begin. Additionally the policy revealed the service plan must include a signiture of the home care provider and the client or representative.</p> <p>TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS</p>	{0 870}			

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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 February 2, 2017, a complaint investigation was initiated to investigate complaint #HL24993007. At the time of the survey, there were 40 clients receiving services under the comprehensive license.</p> <p>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/rules for Nursing Homes.</p> <p>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 and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	

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

TITLE

(X6) DATE

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0 325	Continued From page 1	0 325		
0 325 SS=I	<p>144A.44, Subd. 1(14) Free From Maltreatment</p> <p>Subdivision 1. Statement of rights. A person who receives home care services has these rights: (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 observation, interview, and document review, the licensee failed to ensure clients were free from maltreatment (neglect), for six of twelve clients reviewed (C2, C4, C5, C6, C11, C12), when the licensee failed to administered prescribed medications.</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C2 began receiving services in April 2015, with diagnoses of blindness, chronic obstructive pulmonary disease (COPD), and coronary artery disease (CAD). The medical record contained an unsigned, undated Assessment Summary, noting C2 required assistance with using the nebulizer, medication management, and medication administration. The Current Medications document indicated C2 was to receive Advair</p>	0 325		

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0 325	<p>Continued From page 2</p> <p>daily, to improve breathing. According to the same document, C2 was to receive dorzolamide eye drops, twice a day, for glaucoma, and Pradaxa twice a day, to reduce the risk of a blood clot and possible stroke. A review of the Medication Recap Summary for September 2016 revealed Advair was not administered three times as the medication was pending, dorzolamide was not administered three times as the medication was pending, and Pradaxa, twenty doses were not administered because the facility ran out or the medication was pending. A review of the Medication Recap Summary for October 2016 revealed Advair was not administered twice, once because the inhaler could not be found and another because the medication was pending, and Pradaxa was not given once.</p> <p>C4 began receiving services in December 2016, with diagnoses of depression, chronic obstructive pulmonary disease (COPD), and heart disease. The medical record contained an unsigned Assessment Summary noting C4 received medication administration assistance. C4 had orders for aspirin daily. A review of the Med Recap Summary for January 2017 revealed six doses were not administered, either because the medication was out of stock or pending. Additionally, senna, a medication for constipation, was not administered for seven days, because the medication was pending or out of stock. During observation on February 3, 2017, aspirin and ipratrop/albuterol were not available for C4 during the medication pass.</p> <p>C5 began receiving services in June 2016, with diagnoses of diabetes mellitus and chronic obstructive pulmonary disease (COPD). According to the Master Care Plan dated and signed June 2016, C5 was receiving assistance</p>	0 325		

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0 325	<p>Continued From page 3</p> <p>with activities of daily living, and medication management including medication administration. The Resident Notes, dated December 02, 2016, indicated C5 had a blood sugar of 28 and required glucagon injection to increase the blood sugar, however there was no documentation as to whether the medication was effective.</p> <p>C6 began receiving services in December 2016, with diagnoses of diabetes type II, depression, bulging lumbar disc, and hypertension. A signed Master Care Plan, dated February 2017, indicated C6 was receiving medication assistance, including glucose monitoring. During an observation of a medication pass on February 2, 2017, venlafaxine was not administered as ordered, as it was not in from the pharmacy and was administered later that morning.</p> <p>C11 started receiving services in June 2016, with diagnoses of diabetes type II, high blood pressure, and deep vein thrombosis. A signed Master Care Plan, dated June 2016, indicated C11 received medication management services. C11 had orders for anti-emboli stockings to prevent clots. During an observation on February 3, 2017, C11 was not wearing the stockings. The Med Admin Summary for October 2016 indicated the stockings were "pending," and a note on the same document for February 2017 indicated the stockings needed to be reordered.</p> <p>C12 stated receiving services in December 2016, with diagnoses of schizo-affective disorder, bipolar type, and generalized anxiety. The Master Care Plan, signed and dated December 2016, noted C12 was independent with activities of daily living and required medication management services. During an observation on February 2, 2017, clonazepam was signed out, however the</p>	0 325		

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0 325	<p>Continued From page 4</p> <p>medication was not in the drawer.</p> <p>During an interview on February 6, 2017 at 1:37 p.m., Registered Nurse (RN)-N stated that when the medication summary stated "pending," it meant the pharmacy was unable to fill the order, or the client might have needed a new prescription from the physician. If a medication was out of stock, or not received, it was not considered a medication error.</p> <p>During an interview on February 3, 2017 at 2:33 p.m., unlicensed personnel (ULP)-D stated that "pending" on the medication summary denoted the medication was out and needed to be ordered by the Lead ULP or nurse.</p> <p>During an interview on February 3, 2017 at 1:55 p.m., ULP-A stated "pending" meant the medication had been ordered.</p> <p>During an interview on February 6, 2017 at 11:55 a.m., ULP-T stated that "pending" meant the medication was not onsite, a signature may be required, a prior authorization is needed, or the medication may not be covered by insurance. ULP-T noted that some inhalers are not covered by insurance.</p> <p>Medication error reports or medication related incident reports were requested, but none were received from the home care provider.</p> <p>Policy 5.14 Medication Record-Documentation, revealed documentation must include the reason why the task of medication administration was not completed and any follow up. Policy 5.19 Medication Errors document noted a medication error report should be completed and reviewed by the licensed nurse. A review of policy 1.07</p>	0 325		

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0 325	Continued From page 5 revealed, staff will document in a client record medications, treatments, services and therapies. The document also states staff must document a reason a medication or treatment is not provided, and this should be reported and followed-up.	0 325		
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and document review, the home care provider failed to complete individual abuse prevention plans for 12 of 12 clients reviewed (C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12).	0 810		

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0 810	<p>Continued From page 6</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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C1 began receiving services in May 2016, with a diagnosis of seizure disorder. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C2 began receiving services in April 2015, with a diagnosis of legal blindness. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C3 began receiving services in April 2015, with a diagnosis of alcohol abuse. A review of the Master Care Plan and Assessment Summary, dated February 3, 2017, unsigned, indicated C3 used a walker and wheelchair for mobility. During observations, C3 was propelling self in a wheelchair. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C4 began receiving services in December 2016, with diagnoses of depression and heart disease. A review of the Master Care Plan and Assessment Summary, dated February 3, 2017 and unsigned, indicated C4 was mobile per manual wheelchair. During a review of the medical record, no vulnerability assessment or</p>	0 810		

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0 810	<p>Continued From page 7</p> <p>individual abuse prevention plan was noted.</p> <p>C5 began receiving services in March 2016, with diagnoses of cognitive impairment, stroke, and vision loss in one eye. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C6 began receiving services in December 2016, with diagnoses of depression and a bulging lumbar disc. A review of the Master Care Plan and Assessment Summary, dated November 16, 2016, indicated C6 was ambulatory with a walker. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C7 began receiving services in December 2016, with a diagnosis of schizo-affective disorder. A review of the Assessment Summary and Master Care Plan, dated January 4, 2017, indicated C7 required occasional assistance when transferring, supervision to walk, and was able to propel self in a wheelchair. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C8 began receiving services in January 2017, with a diagnosis of chronic pain. A review of the Assessment Summary document dated January 9, 2017, indicated occasional assistance was required for ambulation. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C9 began receiving services in June 2016, with a diagnosis including hepatitis C. A review of the signed Master Care Plan dated June 6, 2016, indicated C9 occasionally required assistance with transferring and ambulation. During a review</p>	0 810			

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0 810	<p>Continued From page 8</p> <p>of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C10 began receiving services in December 2015, with a diagnosis of schizophrenia. A review of the Master Care Plan dated December 31, 2015, indicated C10 was blind in the left eye. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C11 began receiving services in June 2016, with diagnoses including diabetes mellitus II and chronic obstructive pulmonary disease. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>C12 began receiving services in December 2016, with diagnoses of schizo-affective disorder, bipolar type, and generalized anxiety disorder. During a review of the medical record, no vulnerability assessment or individual abuse prevention plan was noted.</p> <p>During an interview on February 6, 2017 at 1:37 p.m., Registered Nurse (RN)-N stated the vulnerability assessment was completed during the 14 day assessment.</p> <p>A review of the assessment policy 4.03, revised/effective January 01, 2015, indicated assessments and reassessments should be conducted consistent with comprehensive home care requirements.</p> <p>TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS</p>	0 810		

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0 815 SS=F	<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, 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</p>	0 815		

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0 815	<p>Continued From page 10</p> <p>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 interview and document review, the home care provider failed to maintain employee records with the required components for eight of twelve employee files reviewed (Unlicensed Personnel ULP-1, ULP-4, ULP-5, ULP-7, ULP-9, ULP-10, ULP-11, and Registered Nurse RN-N).</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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>A review of the employee file for ULP-1 indicated ULP-1 was hired in October 2015, however, there was no performance evaluation in the file.</p> <p>A review of the employee file for ULP-4 indicated ULP-4 did not have a documented hire date, had no background study results, and had no documentation of vulnerable adult training.</p> <p>A review of the employee file for ULP-5 indicated</p>	0 815		

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0 815	<p>Continued From page 11</p> <p>ULP-5 was hired in October 2016, however, there was no documentation of vulnerable adult training.</p> <p>A review of the employee file for ULP-7 indicated ULP-7 was hired in March 2015, however, there was no performance evaluation or documentation of vulnerable adult training since 2015.</p> <p>A review of the employee file for ULP-9 indicated ULP-9 was hired in October 2016, however, there were no background study results or documentation of competency evaluations.</p> <p>A review of the employee file for ULP-10 indicated there was no documentation of hire date, background study date, or documentation of competency evaluations.</p> <p>A review of the employee file for ULP-11 indicated ULP-11 was hired in February 2013, however, the last performance evaluation was in 2015 and there was no documentation of annual training or competency evaluations.</p> <p>A review of the file for Registered Nurse (RN)-N was attempted; but the licensee was unable to produce the file.</p> <p>During an interview on February 6, 2017 at 1:37 p.m., RN-N stated some training and check-offs are behind. Additionally, RN-N stated she/he had received vulnerable adult and dementia training, and had completed the background study.</p> <p>A review of the policy 2.02 Personnel Files/Employee Records, revealed upon hire each employee is to have a file, the file should include a background study response, completed application, record of orientation, record of annual</p>	0 815			

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0 815	Continued From page 12 homecare training, evidence of competency evaluations, and annual performance review, as well as other documents. A policy titled 3.08 Required Annual Staff Training, revealed training on reporting maltreatment and the Home care Bill of Rights is required annually and should be kept in the employee file. TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS	0 815		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring Subd. 8. Comprehensive assessment, monitoring, and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after initiation of home care services. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring	0 860		

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0 860	<p>Continued From page 13</p> <p>and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the home care provider failed to complete client required assessments for twelve of twelve clients reviewed, (C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12).</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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C1 began receiving services May 2016, with diagnoses of seizure disorder and GERD. C1's Master Care Plan was signed May 2016 and indicated C1 required medication management, was independent for activities of daily living, and was alert and orientated. C1's medical record did not contain a comprehensive nursing assessment, medication management assessment, or a vulnerability assessment.</p> <p>C2 began receiving services in April 2015, with diagnoses of blindness, chronic obstructive pulmonary disease (COPD), and coronary artery disease (CAD). A review of C2's medical record revealed an unsigned, undated Assessment</p>	0 860			

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PEACEFUL LIVING SERVICES

**1000 REANEY
SAINT PAUL, MN 55106**

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0 860	<p>Continued From page 14</p> <p>Summary noting C2 required assistance with bathing and dressing, assistance with using the nebulizer, medication management, and medication administration. The medical record contained a Master Care Plan dated and signed May 2015, and an unsigned, undated care plan for 2017. C2's medical record did not contain a comprehensive nursing assessment, medication management assessment, or a vulnerability assessment, and the licensee did not provide any additional documents when these assessments were requested.</p> <p>C3 began receiving services in April 2015, with diagnoses of alcohol abuse and chronic kidney disease. The medical record contained a signed Master Care Plan noting C3 received assistance with medication management, medication administration, and was ambulatory per wheelchair. The medical record contained an unsigned Assessment Summary from August 2015. C3's medical record did not contain a comprehensive nursing assessment, medication management assessment, or a vulnerability assessment, and the licensee did not provide any additional documents when these assessments were requested.</p> <p>C4 began receiving services in December 2016, with diagnoses of depression, chronic obstructive pulmonary disease (COPD), and heart disease. The medical record contained an unsigned Assessment Summary, dated as of February 3, 2017, indicated C4 received medication administration assistance, assistance with bathing, and dressing. A signed Master Care Plan, dated February 2017, was noted in the medical record. C4's medical record did not contain a comprehensive nursing assessment, medication management assessment, or a</p>	0 860		

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0 860	<p>Continued From page 15</p> <p>vulnerability assessment, and the licensee did not provide any additional documents when these assessments were requested.</p> <p>C5 began receiving services in June 2016, with diagnoses of diabetes mellitus and chronic obstructive pulmonary disease (COPD). According to the Master Care Plan dated and signed June 2016, C5 was receiving assistance with ADL's, and medication management, including medication administration. The medical record contained an unsigned Admission Assessment Summary dated February 2017. C5's medical record did not contain a comprehensive nursing assessment, medication management assessment, or a vulnerability assessment, and the licensee did not provide any additional documents when these assessments were requested.</p> <p>C6 began receiving services in December 2016, with diagnoses of diabetes type II, depression, bulging lumbar disc, and hypertension. The medical record contained an unsigned Assessment Summary as of November 2016 noting C5 received medication administration assistance, and assistance with bathing. A signed Master Care Plan, dated February 2017, indicated C6 received medication assistance, including glucose monitoring. C6's medical record did not contain a comprehensive nursing assessment, medication management assessment, or a vulnerability assessment, and the licensee did not provide any additional documents when these assessments were requested.</p> <p>C7 began receiving services in December 2016, with a diagnosis of schizo-affective disorder. The medical record contained an unsigned</p>	0 860		

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0 860	<p>Continued From page 16</p> <p>Assessment Summary as of January 2017 noting C7 received medication management and administration assistance. A signed Master Care Plan dated January 2017 indicated C7 was receiving medication assistance. C7's medical record did not contain a comprehensive, vulnerability, or cognitive assessment, and the licensee did not provide any additional documents when these assessments were requested.</p> <p>C8 began receiving services in January 2017, with diagnoses of chronic pain, Crohn's disease, and chronic pancreatitis. The medical record contained an Assessment Summary as of January 2017 noting C8 received medication management and administration assistance, as well as occasional standby and bathing assistance. A signed Master Care Plan, dated January 2017, revealed C8 was at risk for falling, and had a depression score indicative of depression. C8's medical record did not contain a comprehensive, vulnerability, or cognitive assessment, and the licensee did not provide any additional documents when these assessments were requested.</p> <p>C9 began receiving services in June 2016, with a diagnosis of hepatitis C. The medical record contained an unsigned Assessment Summary as of February 2017 noting C9 required assistance with bathing, dressing, and received medication management services. A signed Master Care Plan, dated June 2016, indicated C9 required bathing, dressing assistance, and medication management services. A review of the medication administration record (MAR) notes C9 had surgery however, there are no notes or reassessment for a change in condition. The home care provider was unable to provide a vulnerability assessment for C9.</p>	0 860		

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0 860	<p>Continued From page 17</p> <p>C10 began receiving services December 2015, with a diagnosis of schizophrenia. A signed Master Care Plan dated December 2015 and an unsigned Master Care Plan dated February 2017, indicated C10 required medication management services, and some assistance with activities of daily living (ADL's). C10 had surgery in October 2016, however, no change in condition assessment was located and no nursing note regarding the surgical procedure or the client's return to the facility were available for review.</p> <p>C11 started receiving services in June 2016, with diagnoses of diabetes type II and high blood pressure. A signed Master Care Plan dated June 2016, indicated C11 required full assistance with bathing, some assistance dressing, as well as medication management services. A review of the medical record did not reveal a comprehensive or medication assessment or signed master care plan for C11.</p> <p>C12 started receiving services in December 2016, with a diagnosis of schizo-affective disorder, bipolar type, and generalized anxiety, A review of the Master Care Plan signed and dated December 2016 indicated C12 was independent with ADL's, and required medication management services. A review of the medical record did not reveal a comprehensive or medication management assessment for C12.</p> <p>During an interview on February 6, 2017 at 1:37 p.m., RN-N stated medication management services were based on a preadmission assessment and assessments were not completed upon admission.</p> <p>According to policy 4.04 effective January 2015,</p>	0 860		

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0 860	Continued From page 18 individual assessments were to be completed after initiation of services, and assessments were to be completed with changes in condition such as falls, ER visits, hospitalization and decline in functioning.	0 860		
0 870 SS=F	TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS 144A.4791, Subd. 9(f) Contents of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the frequency of sessions of supervision of staff and type of personnel who will supervise staff; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider;	0 870		

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0 870	<p>Continued From page 19</p> <p>(iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition, including identification of and information as to who has authority to sign for the client in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to include a contingency plan as part of the service plan for twelve of twelve clients reviewed (C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12).</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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C1 began receiving services May 2016, with diagnoses of seizure disorder and GERD. A review of the Master Care Plan indicated it was signed in May 2016, and it noted C1 required medication management, was independent for activities of daily living, and was alert and oriented. The document did not contain a</p>	0 870		

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0 870	<p>Continued From page 20</p> <p>contingency plan, nor was the contingency plan found elsewhere in the medical record.</p> <p>C2 began receiving services in April 2015, with diagnoses of blindness, chronic obstructive pulmonary disease (COPD), and coronary artery disease (CAD). The medical record contained an unsigned, undated Assessment Summary noting C2 required assistance with bathing and dressing, assistance with using the nebulizer, and medication management and administration. The medical record contained a Master Care Plan dated and signed May 2015 and an unsigned, undated care plan for 2017. Neither care plan contained a contingency plan, nor was the contingency plan found elsewhere in the medical record.</p> <p>C3 began receiving services in April 2015, with diagnoses of alcohol abuse and chronic kidney disease. The medical record contained a signed Master Care Plan noting C3 received assistance with medication management and administration and was ambulatory per wheelchair. The document did not contain a contingency plan, nor was the contingency plan found elsewhere in the medical record.</p> <p>C4 began receiving services in December 2016, with diagnoses of depression, chronic obstructive pulmonary disease (COPD), and heart disease. The medical record contained an unsigned Assessment Summary noting C4 received medication administration assistance, assistance with bathing, and dressing. A signed Master Care Plan, dated February 2017, was noted in the medical record. The document did not contain a contingency plan, nor was the contingency plan found elsewhere in the medical record.</p>	0 870		

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NAME OF PROVIDER OR SUPPLIER PEACEFUL LIVING SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 REANEY SAINT PAUL, MN 55106
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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
0 870	<p>Continued From page 21</p> <p>C5 began receiving services in June 2016, with diagnoses of diabetes mellitus and chronic obstructive pulmonary disease (COPD). According to the Master Care Plan dated and signed June 2016, C5 was receiving assistance with activities of daily living, and medication management including medication administration. The document did not contain a contingency plan, nor was the contingency plan found elsewhere in the medical record.</p> <p>C6 began receiving services in December 2016, with diagnoses of diabetes type II, depression, bulging lumbar disc, and hypertension. A signed Master Care Plan, dated February 2017, indicated C6 was receiving medication assistance including glucose monitoring. The document did not contain a contingency plan, nor was the contingency plan found elsewhere in the medical record.</p> <p>C7 began receiving services in December 2016, with a diagnosis of schizo-affective disorder. A signed Master Care Plan, dated January 2017, indicated C7 was receiving medication assistance. The document did not contain a contingency plan, nor was the contingency plan found elsewhere in the medical record.</p> <p>C8 began receiving services in January 2017, with diagnoses of chronic pain, Crohn's disease, and chronic pancreatitis. The medical record contained an Assessment Summary, as of January 2017, noting C8 received medication management and administration assistance, as well as occasional standby and bathing assistance. A signed Master Care Plan, dated January 2017, indicated C8 was at risk for falling. The document did not contain a contingency plan, nor was the contingency plan found elsewhere in</p>	0 870		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/12/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PEACEFUL LIVING SERVICES

**1000 REANEY
SAINT PAUL, MN 55106**

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0 870	<p>Continued From page 22</p> <p>the medical record.</p> <p>C9 began receiving services in June 2016, with a diagnosis of hepatitis C. A signed Master Care Plan, dated June 2016, indicated C9 required bathing, dressing assistance, and medication management services. The document did not contain a contingency plan, nor was the contingency plan found elsewhere in the medical record.</p> <p>C10 began receiving services December 2015, with a diagnosis of schizophrenia. A signed Master Care Plan, dated December 2015, and an unsigned Master Care Plan, dated February 2017, indicated C10 required medication management services, and some assistance with activities of daily living. The document did not contain a contingency plan, nor was the contingency plan found elsewhere in the medical record.</p> <p>C11 started receiving services in June 2016, with diagnoses of diabetes type II and high blood pressure. A signed Master Care Plan, dated June 2016, indicated C11 required full assistance with bathing, some assistance dressing, as well as medication management services. A review of the medical record did not reveal a compressive or medication assessment or signed Master Care Plan for C11.</p> <p>C12 stated receiving services in December 2016, with diagnoses of schizo-affective disorder, bipolar type, and generalized anxiety. A review of the Master Care Plan, signed and dated December 2016, indicated C12 was independent with activities of daily living and required medication management services. The document did not contain a contingency plan, nor</p>	0 870		

Minnesota Department of Health

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0 870	Continued From page 23 was the contingency plan found elsewhere in the medical record. During an interview on February 3, 2017 at 3:20 p.m., the housing director stated he/she was not aware of a contingency plan. The policy regarding the contingency plan was requested from the licensee, but no relevant document was received. TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS	0 870		
0 935 SS=I	144A.4792, Subd. 8 Documentation of Administration of Medication Subd. 8. Documentation of administration of medications. Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan.	0 935		

Minnesota Department of Health

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0 935	<p>Continued From page 24</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to document the reason for not administering medications or failed to document the effectiveness of medications administered, for six of twelve clients reviewed (C2, C4, C5, C6, C11, C12).</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C2 began receiving services in April 2015, with diagnoses of blindness, chronic obstructive pulmonary disease (COPD), and coronary artery disease (CAD). The medical record contained an unsigned, undated Assessment Summary, noting C2 required assistance with using the nebulizer, medication management, and medication administration. The Current Medications document indicated C2 was to receive Advair daily, to improve breathing. According to the same document, C2 was to receive dorzolamide eye drops, twice a day, for glaucoma, and Pradaxa twice a day, to reduce the risk of a blood clot and possible stroke. A review of the Medication Recap Summary for September 2016 revealed Advair was not administered three times as the medication was pending, dorzolamide was</p>	0 935			

Minnesota Department of Health

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0 935	<p>Continued From page 25</p> <p>not administered three times as the medication was pending, and Pradaxa, twenty doses were not administered because the facility ran out or the medication was pending. A review of the Medication Recap Summary for October 2016 revealed Advair was not administered twice, once because the inhaler could not be found and another because the medication was pending, and Pradaxa was not given once.</p> <p>C4 began receiving services in December 2016, with diagnoses of depression, chronic obstructive pulmonary disease (COPD), and heart disease. The medical record contained an unsigned Assessment Summary noting C4 received medication administration assistance. C4 had orders for aspirin daily. A review of the Med Recap Summary for January 2017 revealed six doses were not administered, either because the medication was out of stock or pending. Additionally, senna, a medication for constipation, was not administered for seven days, because the medication was pending or out of stock. During observation on February 3, 2017, aspirin and ipratrop/albuterol were not available for C4 during the medication pass.</p> <p>C5 began receiving services in June 2016, with diagnoses of diabetes mellitus and chronic obstructive pulmonary disease (COPD). According to the Master Care Plan dated and signed June 2016, C5 was receiving assistance with activities of daily living, and medication management including medication administration. The Resident Notes, dated December 02, 2016, indicated C5 had a blood sugar of 28 and required glucagon injection to increase the blood sugar, however there was no documentation as to whether the medication was effective.</p>	0 935			

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0 935	<p>Continued From page 26</p> <p>C6 began receiving services in December 2016, with diagnoses of diabetes type II, depression, bulging lumbar disc, and hypertension. A signed Master Care Plan, dated February 2017, indicated C6 was receiving medication assistance, including glucose monitoring. During an observation of a medication pass on February 2, 2017, venlafaxine was not administered as ordered, as it was not in from the pharmacy and was administered later that morning.</p> <p>C11 started receiving services in June 2016, with diagnoses of diabetes type II, high blood pressure, and deep vein thrombosis. A signed Master Care Plan, dated June 2016, indicated C11 received medication management services. C11 had orders for anti-emboli stockings to prevent clots. During an observation on February 3, 2017, C11 was not wearing the stockings. The Med Admin Summary for October 2016 indicated the stockings were "pending," and a note on the same document for February 2017 indicated the stockings needed to be reordered.</p> <p>C12 stated receiving services in December 2016, with diagnoses of schizo-affective disorder, bipolar type, and generalized anxiety. The Master Care Plan, signed and dated December 2016, noted C12 was independent with activities of daily living and required medication management services. During an observation on February 2, 2017, clonazepam was signed out, however the medication was not in the drawer.</p> <p>During an interview on February 6, 2017 at 1:37 p.m., Registered Nurse (RN)-N stated that when the medication summary stated "pending," it meant the pharmacy was unable to fill the order, or the client might have needed a new prescription from the physician. If a medication</p>	0 935			

Minnesota Department of Health

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0 935	<p>Continued From page 27</p> <p>was out of stock, or not received, it was not considered a medication error.</p> <p>During an interview on February 3, 2017 at 2:33 p.m., unlicensed personnel (ULP)-D stated that "pending" on the medication summary denoted the medication was out and needed to be ordered by the Lead ULP or nurse.</p> <p>During an interview on February 3, 2017 at 1:55 p.m., ULP-A stated "pending" meant the medication had been ordered.</p> <p>During an interview on February 6, 2017 at 11:55 a.m., ULP-T stated that "pending" meant the medication was not onsite, a signature may be required, a prior authorization is needed, or the medication may not be covered by insurance. ULP-T noted that some inhalers are not covered by insurance.</p> <p>Medication error reports or medication related incident reports were requested, but none were received from the home care provider.</p> <p>Policy 5.14 Medication Record-Documentation, revealed documentation must include the reason why the task of medication administration was not completed and any follow up. Policy 5.19 Medication Errors document noted a medication error report should be completed and reviewed by the licensed nurse. A review of policy 1.07 revealed, staff will document in a client record medications, treatments, services and therapies. The document also states staff must document a reason a medication or treatment is not provided, and this should be reported and followed-up.</p> <p>TIME PERIOD FOR CORRECTION:</p>	0 935			

Minnesota Department of Health

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0 935	Continued From page 28 TWENTY-ONE (21) DAYS	0 935			



Protecting, Maintaining and Improving the Health of All Minnesotans

Certified Mail Number: 7015 1660 0000 4149 8075

October 5, 2017

Ms. Bao Vang, Administrator
Peaceful Living Services
1000 Reaney
Saint Paul, MN 55106

RE: Complaint Number HL24993007

Dear Ms. Vang :

A complaint investigation (#HL24993007) of the Home Care Provider named above was completed on July 12, 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

Peaceful Living Services

October 5, 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,

A handwritten signature in black ink, appearing to read "John Aglieco". The signature is fluid and cursive, with the first name "John" being more prominent than the last name "Aglieco".

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
Ramsey County Adult Protection
Office of Ombudsman
MN Department of Human Services