



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

N and V Helpful Heart Care Inc.
6000 Bass Lake Road, # 106
Crystal, MN 55429
Hennepin County

Report#: HL29409008

Date: April 4, 2016

Date of Visit: October 20, 2015
Time of Visit: 9:00 a.m. - 4:45p.m.

By: Saira Sidi, RN, Special Investigator

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

Facility Self Report Complaint

Allegation(s): It is alleged that clients (Client #1 and Client #2) are not receiving adequate supervision. The clients have left the facility without staff being aware. In addition, the clients are not receiving the correct medications.

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

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)

- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Minnesota Vulnerable Adults Act (MN 626.557)

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

Abuse Neglect Financial Exploitation was:

Substantiated Not Substantiated Inconclusive Based on the following information:

Based on a preponderance of evidence neglect of supervision did occur when client #2 was allowed to go outside for a walk alone, but required direct supervision by staff on walks. Client #2 got lost and was arrested by police.

Client #2 was alert, but confused and forgetful, had a history of memory impairments, wandering, and elopement.

Staff interviews and document review indicated client #2 was a new admission to the comprehensive home care provider. The nurse had assessed client #2 and indicated on client #2's care plan that s/he could not be left alone to go outside for a walk unsupervised due to memory impairments. The nurse's assessment of this information was not communicated to nor was it included in the staff's daily care plan for client #2. On the second day of admission, around 4:00 p.m., client #2 had asked to go for a walk around the block and direct care staff allowed the client to go outside alone. Staff were not aware that client #2 could not go offsite for a walk unsupervised. After three hours, the client had not returned from the walk and the police were contacted. The police informed the administrator that client #2 was found at a church approximately one block away and arrested. The following day, client #2 was released from jail back to the care of the comprehensive home care provider.

Client# 2 was interviewed and could not recall the incident.

The allegation indicates the clients are not receiving the correct medication. Observations and document review of medication administration indicated clients were receiving correct medications as prescribed. Client #1's services and care plan was being followed for adequate supervision.

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 did not have a system in place on how to train unlicensed personnel on the supervision needs of a newly admitted clients with history of wandering and elopement. The staff did not know that client #2 could not go offsite alone for a walk without supervision. The home care provider has annual training for staff on organizational knowledge and skill development, but it does not address the training of all unlicensed staff when a new client is admitted under their care.

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 If no, specify: _____

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

VAA 626.557

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

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

State Statutes Chapters 144 & 144A – Compliance Not Met

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

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

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

Facility Corrective Action:

The facility took the following corrective action(s):

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

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

Minnesota Statutes, section 626.5572, subdivision 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.

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

Medical Records

Care Guide

Medication Administration Records

Treatment Sheets

Facility Incident Reports

Physician Progress Notes

ADL (Activities of Daily Living) Flow Sheets

Laboratory and X-ray Reports

Physician Orders

Social Service Notes

Nurses Notes

Meal Intake Records

Activities Reports

Weight Records

Therapy and/or Ancillary Services Records

Assessments

Skin Assessments

Care Plan Records

Service Plan

Other, specify: _____

Other pertinent medical records:

Hospital Records

Ambulance/Paramedics

Medical Examiner Records

Death Certificate

Police Report

Other, specify: _____

Additional facility records:

Resident/Family Council Minutes

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: _____

Number of additional resident(s) reviewed: 1

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

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

Yes No N/A Specify: _____

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s): Yes No N/A Specify: _____

If unable to contact complainant, attempts were made on:
Date/time: _____ Date/time: _____ Date/time: _____

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

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

Did you interview additional residents: Yes No

Total number of resident interviews: 1

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: 7

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 _____

Observations were conducted related to:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Wound Care | <input checked="" type="checkbox"/> Medication Pass | <input checked="" type="checkbox"/> Meals |
| <input checked="" type="checkbox"/> Personal Care | <input checked="" type="checkbox"/> Dignity/Privacy Issues | <input type="checkbox"/> Restorative Care |
| <input checked="" type="checkbox"/> Nursing Services | <input type="checkbox"/> Safety Issues | <input checked="" type="checkbox"/> Facility Tour |
| <input type="checkbox"/> Infection Control | <input checked="" type="checkbox"/> Cleanliness | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Use of Equipment | <input type="checkbox"/> Transfers | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Call Light | <input type="checkbox"/> Other: _____ | |

Was any involved equipment inspected: Yes No N/A Specify: _____

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

Were photographs taken: Yes No Specify: _____

xc: Health Regulation Division - Home Care & Assisted Living Program
Brooklyn Center Police Department
Hennepin County Attorney
Brooklyn Center Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H29409	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <input type="checkbox"/> B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2016
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NAME OF PROVIDER OR SUPPLIER N & V HELPFUL HEART CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6000 BASS LAKE ROAD #106 CRYSTAL, MN 55429
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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 order(s) 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 October 20, 2015, a complaint investigation was initiated to investigate case #HL29409008. At the time of the survey, there were 11 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/Rules for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute/Rule number and the corresponding text of the state Statute/Rule out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
0 325	<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</p>	0 325		

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 325	<p>Continued From page 1</p> <p>Adults Act and the Maltreatment of Minors Act;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure that one of three clients (C2) was free from maltreatment when staff failed to adequately provide supervision when C2 went for a walk, got lost, arrested by police and put in jail for previous unpaid fines.</p> <p>This practice resulted in a Level 4 violation (a violation that results in 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 situation has occurred only occasionally). The finding included:</p> <p>C2's medical records were reviewed. C2 moved into the facility on October 2, 2015. C2's Nursing assessment care plan dated October 2, 2015 completed by license practical nurse (LPN)-C indicated the client was alert but confused, forgetful and not coherent. C2 had a history of wandering and could not be left alone. The client required supervision and escorts to appointments by staff.</p> <p>C2's personal care attendant (PCA) care plan not dated or authenticated, indicated that the client had memory impairments. The PCA care plan did not indicate the type or frequency of supervision the staff would need to provide C2 when he went for a walk offsite.</p> <p>C2's progress notes documented by staff of the comprehensive home care provider dated October 3, 2015 between 7:00 a.m. and 11:00 p.m., indicated C2 had gone for a walk around</p>	0 325		

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0 325	<p>Continued From page 2</p> <p>the block unsupervised and had not returned. C2 had been reported missing to the police. The police had reported that C2 was in jail for crimes he had committed.</p> <p>When interviewed October 20, 2015 between 3 and 4 p.m., the Administrator stated C2 was a new client who had gone for a walk on October 3, 2015 at 4 p.m. and lost his way. He ended up at a church down a block from the residence. When staff did not see the client return back to the residence by 7 p.m. they notified the administrator who contacted the police. The police informed the administrator that C2 had been arrested and put in jail for previous unpaid fines. The administrator stated they did not know that C2 needed to be supervised to go offsite for a walk.</p> <p>When interviewed October 20, 2015 at 2:55 p.m., unlicensed personal (ULP)-G stated on October 3rd, C2 told ULP-G at 4 p.m. that he was going for a walk around the block. ULP-G had worked till 7 p.m. and the client had not returned back to the residence in 3 hours. She notified the administrator. C2 had been arrested by the police when he had gone for a walk offsite. ULP-G described C2 as being alert but forgetful.</p> <p>When interviewed November 12, 2015 at 3:40 p.m., ULP-G did not know that C2 could not go out unaccompanied and needed supervision when the client asked to go for a walk offsite at 4 p.m. ULP-G stated there was no care plan for C2 in the personal care attendant book for her to reference to regarding the supervision needs of the client. ULP-G did not recall RN- B or LPN-C orienting her about the supervision needs of C2.</p> <p>When interviewed November 9, 2015 at 11:34</p>	0 325		

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0 325	<p>Continued From page 3</p> <p>a.m., LPN-C stated after completing C2 admission nursing assessment on October 2, 2015, C2 had been identified as being forgetful and had memory impairments. The client needed to be watched and could elope anytime. Therefore C2 could not go out for a walk by himself and required supervision from staff. LPN-C stated the expectation was to document this in the PCA care plan which would then guide the staff to help carry out their tasks. No explanation was given of why the type and frequency of supervision C2 required was not documented in the client's nursing assessment and PCA care plan when the client wanted to go for a walk offsite.</p> <p>When interviewed November 9, 2015 at 10:40 a.m., family member stated C2 needed 24 hour supervision which the family could not provide and described the client to be forgetful and confused.</p> <p>Policy title " Emergency action plan, reporting and investigating" for N & V Helpful Heart Care Inc not dated indicates " All consumers of N& V are considered vulnerable persons and maltreatment of any consumer is strictly prohibited".</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 325		
0 860	<p>144A.4791, Subd. 8 Comprehensive Assessment and Monitoring</p> <p>Subd. 8. Comprehensive assessment, monitoring, and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be</p>	0 860		

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0 860	<p>Continued From page 4</p> <p>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.</p> <p>(b) Client monitoring and reassessment must be conducted in the client's home no more than 14 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 licensee failed to reassess a client's decline in mental health status after hospitalization for one of three client (C1) reviewed and failed to ensure a registered nurse completed the individualized initial assessment for one of three client (C2) reviewed.</p> <p>This practice resulted in a level 2 violation (a violation that did not harm a client health or safety but had the potential to have harmed a client's health or safety), and is issued at a isolated scope (when one or a limited number of clients are affected or one or a limited number of staff</p>	0 860		
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0 860	<p>Continued From page 5</p> <p>are involved or the situation has occurred only occasionally). The findings included:</p> <p>C1's medical record was reviewed. C1's nursing assessment completed on October 17, 2014 by license practical nurse (LPN) and cosigned by registered nurse (RN) -B indicated that the client could be verbally and physically aggressive, had mood swings, poor judgement and experienced both auditory and visual hallucinations.</p> <p>C1's behavior and mental health care plan interventions initiated on July 14, 2015 authenticated by RN-B listed the following interventions to be followed by unlicensed staff when the client experienced behavioral symptoms:- Give medications per MD orders. if client threatens suicide call 911 immediately and stay with her until ambulance arrives. When client hallucinates or is delusional reassure her you are with her and keep her safe. Let client know you believe she sees hallucinations/delusions but it is not real. Notify nursing staff immediately. Assist client and have her keep psychiatry and psychotherapy appts Stay with client do not leave her alone during episodes of delusions/ hallucinations if client becomes aggressive or increased agitation report to nursing immediately.</p> <p>C1's hospital record was reviewed. C1 was hospitalized for mental health issues on October 3, 2015. C1 was sent to the hospital with complaints of delusional where the client had called the police department reporting that she was living in a convicted home and had been difficult to manage by staff due to her agitation and delusions. The medical doctor assessment</p>	0 860		

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0 860	<p>Continued From page 6</p> <p>also indicated that the client had been started on a new psychotropic medication two days ago of 5 mg of Haldol to be administered at bedtime and as needed base to help control her symptoms. The record also indicated the client had not been offered the as needed dose of the psychotropic medication.</p> <p>C1's hospital record indicated the client was brought to the hospital on October 12, 2015 after she became angry with the unlicensed staff when she was not allowed to smoke at night.</p> <p>Record review of nurses notes authenticated by RN-B two days prior to client been taken to hospital on October 12, 2015 indicated that an updated medication list was sent to the pharmacy. There was no documentation of an reassessment completed after the client had been rehospitalized on October 12, 2015.</p> <p>When interviewed on November 9, 2015 at 10:40 a.m., RN- B stated that the care interventions/assessments after C1 returned from each hospitalization visit were documented in the nurses notes.</p> <p>Review of nurses notes did not indicate any reassessment completed on the client after the October 3, 2015 and October 12, 2015 hospitalization.</p> <p>There were no changes made to the behavioral/ mental health care plan since July 14, 2015 identifying if additional interventions were needed to meet the care needs of the client and when to offer and use the as needed psychotropic Haldol medication to help control the clients symptoms.</p> <p>C2 medical record was reviewed. C2's Nursing assessment dated October 2, 2015 was</p>	0 860		
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0 860	<p>Continued From page 7</p> <p>completed by license practical nurse (LPN)-C.</p> <p>When interviewed on November 9, 2015 at 10:40 a.m., RN-B stated LPN-C completed the initial nursing assessment for C2 because the client was not comfortable with RN-B carrying out the assessment because she was also a family member of the client.</p> <p>The licensee did not provide a comprehensive assessment and monitoring policy regarding changes in a client's condition and that the registered nurse was responsible to complete the individualized initial assessment.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 860		
0 865	<p>144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions</p> <p>Subd. 9. Service plan, implementation, and revisions to service plan. (a) No later than 14 days after the initiation of services, a home care provider shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the</p>	0 865		

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0 865	<p>Continued From page 8</p> <p>provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care.</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure that a service plan was developed and authenticated by the home care provider and by the client or the clients' representative within fourteen days after initiation of services for 1 of 3 clients (C3) reviewed.</p> <p>This practice resulted in 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 a isolated scope (when one or limited number of clients are affected or one or limited number of staff are involved or that the situation has occurred only occasionally). The findings included:</p> <p>C3's record was reviewed. C3 began receiving services from the licensee on April 15, 2014. The</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H29409	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2016
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NAME OF PROVIDER OR SUPPLIER N & V HELPFUL HEART CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6000 BASS LAKE ROAD #106 CRYSTAL, MN 55429
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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
0 865	<p>Continued From page 9</p> <p>document titled service agreement dated April 15, 2014 indicated that staff were to assist the client with medication administration and treatment, set up doctors appointment, assessment, physical and occupational therapy appointments. C3 would receive these direct services daily from the licensee.</p> <p>C3 service plan document did not included a signature or other authentication by C3 and the licensee documenting agreement on services to be provided. The record indicated that the agreement was initiated on April 15, 2014 and was signed and dated by license practical nurse on May 1, 2015</p> <p>When interviewed on October 20, 2015 approximately at 3:30 p.m., administrator indicated that C3 was hospitalized when the service agreement was written up. The administrator stated that had not reviewed the service agreement with C3 when the client had returned back from the hospital.</p> <p>The licensee did not provide a policy for service plan and agreement.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 865		
01180	<p>144A.4796, Subd. 4 Orientation to Client</p> <p>Subd. 4. Orientation to client. Staff providing home care services must be oriented specifically to each individual client and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically.</p>	01180		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H29409	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2016
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NAME OF PROVIDER OR SUPPLIER N & V HELPFUL HEART CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6000 BASS LAKE ROAD #106 CRYSTAL, MN 55429
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01180	<p>Continued From page 10</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure that the staff providing home care services were oriented to one of three clients, (C2) for direct care needs for supervision, when C2 went for a walk, got lost, arrested by police and put in jail for previous unpaid violations.</p> <p>This practice resulted in a Level 4 violation (a violation that results in 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 situation has occurred only occasionally). The finding included:</p> <p>C2's medical records were reviewed. C2 moved into the facility on October 2, 2015. Document titled, Nursing assessment dated October 2, 2015 completed by license practical nurse (LPN)-C indicated the client was alert but confused, forgetful and was not coherent. C2 had a history of wandering and could not be left alone. The client required supervision and escorts to appointments by staff.</p> <p>C2's unlicensed personal care plan not dated or autenticated indicated that the client had memory impairments. The care plan does not indicate the type of supervision C2 required when he needed to go offsite for a walk.</p> <p>When interviewed November 12, 2015 at 3:40 p.m., unlicensed personal ULP-G did not know that C2 could not go out unaccompanied and needed supervision when the client asked to go for a walk offsite at 4 p.m. on October 3, 2015.</p>	01180		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER N & V HELPFUL HEART CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6000 BASS LAKE ROAD #106 CRYSTAL, MN 55429
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01180	<p>Continued From page 11</p> <p>ULP-G stated there was no care plan for C2 in the personal care attendant book for her to reference to regarding the supervision needs of the client. ULP-G did not recall RN- B or LPN-C orienting her about the supervision needs of C2.</p> <p>When interviewed November 13, 2015 at 10:46 a.m., RN-B stated that C2 was still awaiting a visit to the doctor to assess the type of needs he would have prior to completing the personal care attendant plan. They were in the gathering phase and needed that information to complete the personal care attendant care plan. Therefore, the type of supervision needs the client required were not communicated to all the unlicensed personal staff.</p> <p>The licensee did not provide a policy on supervision on elopement.</p> <p>N & V Helpful Heart Care Inc, LPN job description summary indicates " Nurse is to supervise PCA/Care staff, making sure all clients plan of care are followed, changes in client are documented well, right notified".</p> <p>PCA job description, for N & V Helpful Heart Care Inc indicates the unlicensed personal "must follow the recipient's onsite plan of care, which is a written description of there personal care services developed by N &V Helpful Heart Care, the recipient or responsible party.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01180		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H29409	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/6/2016
NAME OF FACILITY N & V HELPFUL HEART CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6000 BASS LAKE ROAD #106 CRYSTAL, MN 55429	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00325	Correction	ID Prefix 00860	Correction	ID Prefix 00865	Correction
Reg. # 144A.44, Subd. 1(14)	Completed	Reg. # 144A.4791, Subd. 8	Completed	Reg. # 144A.4791, Subd. 9(a-e)	Completed
LSC	05/06/2016	LSC	05/06/2016	LSC	05/06/2016
ID Prefix 01180	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 144A.4796, Subd. 4	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/06/2016	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/1/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		