



STATE LICENSING COMPLIANCE REPORT

Report #: HL346431449C

Date Concluded: April 13, 2024

Name, Address, and County of Facility

Investigated:

MN Comfort Care
119 Main St East
Sleepy Eye, MN 56085
Brown County

Facility Type: Home Care Provider

Evaluator's Name:

Lisa Coil, RN Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144 and 144A. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2024
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NAME OF PROVIDER OR SUPPLIER MN COMFORT CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 MAIN STREET EAST SLEEPY EYE, MN 56085
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: #HL346431449C</p> <p>On April 9, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 41 clients receiving services under the provider's Comprehensive Home Care license.</p> <p>The following correction order is issued/orders are issued for #HL346431449C, tag identification 0715 and 1130.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 715 SS=D	144A.476, Subd. 2 Employees, Contractors, and Volunteers	0 715		

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

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0 715	<p>Continued From page 1</p> <p>(a) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.</p> <p>(b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to conduct background studies prior to staff providing services for one of three employees (licensed practical nurse (LPN)-B).</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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>LPN-B became a co-owner of the licensee on March 29, 2019. LPN-B separated employment with the licensee on September 1, 2021.</p> <p>LPN-B's employee record contained a background study dated March 29, 2019. LPN-B's employee record lacked evidence the licensee</p>	0 715		

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0 715	<p>Continued From page 2</p> <p>submitted a background study for employment following the separation of employment on September 1, 2021.</p> <p>During an interview on April 9, 2024, at 12:10 p.m., LPN-B stated he was previously co-owner of the licensee but separated as a co-owner on September 1, 2021. LPN-B stated the licensee owner (O)-A and him stayed in contact and in February 2024 O-A asked LPN-B if he could provide services to a new client. LPN-B agreed and provided services to a client on February 23, 2024. LPN-B stated O-A had not hired him on as an employee and had not completed a background study prior to him providing services to the client.</p> <p>During an interview on April 9, 2024, at 2:40 p.m. owner (O)-A stated she did not complete a background study for LPN-B. O-A stated she hired LPN-B as an independent contractor.</p> <p>The licensee's Background Checks policy dated February 12, 2019, indicated the licensee will conduct a Minnesota Department of Human Services Background Study on all employees who will have independent, unsupervised contact with tenants or clients and no employee may have direct contact until acceptable result have been received.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days.</p>	0 715		
01130 SS=F	<p>144A.4795, Subd. 5 Individual Contractors</p> <p>When a home care provider contracts with an individual contractor excluded from licensure under section 144A.471 to provide home care</p>	01130		

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01130	<p>Continued From page 3</p> <p>services, the contractor must meet the same requirements required by this section for personnel employed by the home care provider.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure individual contractor staff met all requirements for personnel employed by the licensee for one of one licensed practical nurse (LPN)-B.</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 potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>LPN-B's record included an Assisted Living & Home Care Orientation & Annual Training Checklist document indicating what items needed to be completed for orientation. The document indicated LPN-B's hire date was February 21, 2024. The document had a place for both the employee and supervisor signature. The document was signed by O-A on February 21, 2024.</p> <p>Attached to the orientation document was LPN-B's EduCare transcript indicating LPN-B completed the following training courses on February 22, 2024: Dementia refresher, emergency preparedness, home care orientation, hospice bill of rights, infection control and HIPAA.</p>	01130		

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01130	<p>Continued From page 4</p> <p>According to the orientation document and in reference to the EduCare transcript, LPN-B failed to complete the following items prior to providing services to clients: home care bill of rights, policies & procedures, and vulnerable adult refresher. LPN-B's record further lacked any employment documents.</p> <p>During an interview on April 9, 2024, at 12:10 p.m., LPN-B stated the licensee owner (O)-A asked him in February 2024 if he could provide services to a new client. LPN-B agreed and provided services to a client on February 23, 2024. LPN-B stated O-A had not hired him as an employee.</p> <p>During an interview on April 9, 2024, at 2:40 p.m. O-A stated she hired LPN-B as an independent contractor. O-A stated LPN-B only provided services to one client on one occasion and is no longer working for the licensee.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01130		