

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL398016804M  
**Compliance #:** HL398012806C

**Date Concluded:** August 19, 2023

## **Name, Address, and County of Licensee**

### **Investigated:**

Jubilee Home Care Inc.  
3525 Noble Avenue North  
Brooklyn Center, MN 55429  
Hennepin County

**Facility Type:** Home Care Provider

**Evaluator's Name:** Lissa Lin, RN  
Special Investigator

**Finding:** Inconclusive

### **Nature of Investigation:**

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Minors Act, Minn. Stat. 260E, and to evaluate compliance with applicable licensing standards for the provider type.

### **Initial Investigation Allegation(s):**

The facility neglected the minor resident when she was observed by a family member covered in stool, urine and had skin breakdown. The resident also had a right toe wound.

### **Investigative Findings and Conclusion:**

The Minnesota Department of Health determined neglect was inconclusive. While the facility lacked a service plan tailored to the resident's needs, they had a resident care plan. Staff nurses documented the resident's completed cares on several forms, but their documentation often covered what happened over a 12-hour shift instead of real time documentation as a care was performed. It was unclear how long the resident had the toe wound before the nurse discovered it three days prior to the physician appointment. Individuals interviewed gave conflicting information on the resident's cares.

The investigator conducted interviews with facility staff members, including administrative staff and nursing staff. The investigator contacted the family member, the social worker and the physician. The investigation included review of the resident's records, photographs, staff records, policies and procedures. The investigator observed a medication pass and general staff interactions with other residents.

The resident was a minor and received comprehensive home care services. The resident's diagnoses included blindness, urinary and bowel incontinence, a tracheo-esophageal fistula following a tracheostomy, spastic quadriplegic cerebral palsy, dysphagia requiring tube feedings, and seizures.

The resident's service plan was not tailored to the resident's assessed needs and lacked required components such as the amount of time for each service. Instead, the service plan indicated broad private duty nursing duties such as: oxygen, medications, mechanical ventilation, and tube feedings. The resident's nursing assessment indicated she needed skin monitoring for breakdown, and rashes and scratches around her stomas (openings in the abdomen to remove waste like urine or feces into a bag). The resident required liquid feedings through a gastric tube, tracheostomy cares, and required staff members to assist with all activities of daily living. The resident could not make her needs known beyond an occasional grimace, frown or tears.

A week after the resident began services, licensed practical nurses (LPNs) documented in the resident's progress notes concerns of a red and swollen right big toe for three days prior to the resident's previously scheduled physician appointment. The resident's record lacked documentation a registered nurse (RN) assessed the resident's toe for infection. Documentation indicated the cause for the wound was from the pulse oximeter being tightly wrapped to the resident's toe.

The resident's physician said she examined the toe wound during an office visit. It was hard to determine how long the resident had the wound. She prescribed an antibiotic and planned to see the resident in three months.

Approximately six weeks later, the resident's family member went to visit the resident. The family member entered the resident's room, lifted the weighted blanket off the resident and found her stomach covered with feces and her adult brief soaked in urine. The family member said the skin around one of her stomas was reddened and raw looking. The family member said nursing staff did not regularly check or change the resident.

The family member took the resident to a children's hospital the next day. The resident did not return to the facility.

The facility owner, who is also a LPN, said the resident was checked and changed hourly. The feces and urine leaks were caused by the resident scratching at her colostomy bag which caused

small holes in it and allowed waste to leak. The owner said her nurses were in the resident's room hourly for medications and automatically safety checked her. The owner gave conflicting information on how often safety checks were performed. She said there was no safety check policy.

Review of text messages between the owner and the family member indicated the owner would have the nurses perform safety checks more often and every two hours at least.

During an interview, the owner said she and her staff were able to provide all the resident's cares. The family member "picked" on staff and some of the nurses told her they did not want to care for the resident because of the family member. The owner said the resident was not neglected, the family had a room camera installed and knew the nurses constantly checked on the resident. The owner said when she found the toe wound, she assessed it but did not call the family member, case worker or physician because "it was not life threatening" and the resident was scheduled to see a physician the following day. The nurse's documentation indicated she coordinated cares with the family member and case worker.

During an interview, the family member said the nurses were almost all the same staff from a previous homecare agency that "just changed its name" and her concerns about cares were the same. The family member said she did have a camera in the resident's room, but she could not continuously check it to see what the nurses were doing. The family member said no one contacted her about the resident's toe wound which happened when her oximeter tubing wrapped around her toe. The family member said that would have been possibly avoided if the nurses checked on the resident regularly and lifted the weighted blanket. (The resident had a weighted blanket to lessen her ability to scratch at her stomas and dislodge tubing and other medical equipment.)

A nurse said the family member did not want cares provided to the resident when she slept because she slept so infrequently. The resident's colostomy bag could leak right after a toileting change and the family member knew that. The nurse said the resident was checked and changed every two hours but was unsure where the checks were documented.

A hospital social worker said the resident was not in bad shape physically despite the poor toileting hygiene and skin breakdown she had on hospital admission. Her health concerns could have been easily managed in an out-patient setting, but they admitted her to the hospital because the care team did not think it was safe for the resident to return to the facility. The social worker said there were resources for the facility nurses to use if they had questions about the resident's cares or problems with her medical equipment.

In conclusion, the Minnesota Department of Health determined neglect was inconclusive.

**Inconclusive: Minnesota Statutes, section 626.5572, Subdivision 11.**

"Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.

**Neglect: Minnesota Statutes, section 260E.03, Subd. 15**

"Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:

- (1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
- (2) failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
- (3) failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care.

**Vulnerable Adult interviewed:** No, unable to interview.

**Family/Responsible Party interviewed:** Yes.

**Alleged Perpetrator interviewed:** Not Applicable.

**Action taken by facility:**

The facility documented some resident cares.

**Action taken by the Minnesota Department of Health:**

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H39801</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JUBILEE HOME CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 68TH LANE NORTH BROOKLYN CENTER, MN 55430</b>
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>HOME CARE PROVIDER CORRECTION ORDER</b></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:</p> <p>#HL398012806C/#HL398016804M</p> <p>On July 12, 2023, 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 2 clients receiving services under the provider's Comprehensive Assisted Living Care license.</p> <p>The following correction orders are issued for #HL398012806C/#HL398016804M, tag identification: 0465, 0545, 0715, 0785, 0815, 0840, 0860, 0865, 0870, 0880, and 1075.</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>	
0 465 SS=F	<p>144A.472, Subd. 1 License Applications</p> <p>Each application for a home care provider license</p>	0 465		

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

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0 465	<p>Continued From page 1</p> <p>must include information sufficient to show that the applicant meets the requirements of licensure, including:</p> <p>(1) the applicant's name, email address, physical address, and mailing address, including the name of the county in which the applicant resides and has a principal place of business;</p> <p>(2) the initial license fee in the amount specified in subdivision 7;</p> <p>(3) the email address, physical address, mailing address, and telephone number of the principal administrative office;</p> <p>(4) the email address, physical address, mailing address, and telephone number of each branch office, if any;</p> <p>(5) the names, email and mailing addresses, and telephone numbers of all owners and managerial officials;</p> <p>(6) documentation of compliance with the background study requirements of section 144A.476 for all persons involved in the management, operation, or control of the home care provider;</p> <p>(7) documentation of a background study as required by section 144.057 for any individual seeking employment, paid or volunteer, with the home care provider;</p> <p>(8) evidence of workers' compensation coverage as required by sections 176.181 and 176.182;</p> <p>(9) documentation of liability coverage, if the provider has it;</p> <p>(10) identification of the license level the provider is seeking;</p> <p>(11) documentation that identifies the managerial official who is in charge of day-to-day operations and attestation that the person has reviewed and understands the home care provider regulations;</p> <p>(12) documentation that the applicant has designated one or more owners, managerial</p>	0 465		

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0 465	<p>Continued From page 2</p> <p>officials, or employees as an agent or agents, which shall not affect the legal responsibility of any other owner or managerial official under this chapter;</p> <p>(13) the signature of the officer or managing agent on behalf of an entity, corporation, association, or unit of government;</p> <p>(14) verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures and keep them current:</p> <p>(i) requirements in chapter 260E, reporting of maltreatment of minors, and section 626.557, reporting of maltreatment of vulnerable adults;</p> <p>(ii) conducting and handling background studies on employees;</p> <p>(iii) orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance;</p> <p>(iv) handling complaints from clients, family members, or client representatives regarding staff or services provided by staff;</p> <p>(v) conducting initial evaluation of clients' needs and the providers' ability to provide those services;</p> <p>(vi) conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate;</p> <p>(vii) orientation to and implementation of the home care client bill of rights;</p> <p>(viii) infection control practices;</p> <p>(ix) reminders for medications, treatments, or exercises, if provided; and</p> <p>(x) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with</p>	0 465		

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0 465	<p>Continued From page 3</p> <p>current United States Centers for Disease Control and Prevention standards; and (15) other information required by the department.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the comprehensive home care provider failed to ensure the management officials who were in charge of day-to-day operations and responsible for the clients home care services reviewed an understood all of the home care provider regulations.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents).</p> <p>Findings include:</p> <p>The licensee's application for temporary comprehensive homecare (TCOMP), signed and dated by owner (OW)-A on September 12, 2022, indicated OW-A read and understood the Minnesota Home Care Statutes. OW-A acknowledged with her initials that she had home care policies and procedures in place and if issued a license, would implement the polices and procedures and keep them current: -Conducting and handling background studies on employees; -Orientation, training and competency evaluations of home care staff and a process for evaluating</p>	0 465		
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0 465	<p>Continued From page 4</p> <p>staff performance; -Handling complaints from clients, family members or client representatives regarding staff or services; -Conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate.</p> <p>The licensee began providing services to clients on May 15, 2023.</p> <p>During an on site complaint investigation entrance conference on July 12, 2023 at 9:20 a.m., the owner, (OW)- A, said she is also a licensed practical nurse (LPN) working at the licensee.</p> <p>Refer to licensing order at Statute 144A.476 Subd (2); the licensee failed to conduct a background study for one of four employees, unlicensed personnel, (ULP)-C, before she began employment.</p> <p>Refer to licensing order at Statute 144A.491 Subd (8); the licensee failed to provide a comprehensive reassessment for R1 when she suffered a toe wound and an infection.</p> <p>Refer to licensing order at Statute 144A.4791 Subd (8); the licensee failed to handle complaints from clients, family members or client representatives regarding staff or services provided by staff.</p> <p>Refer to licensing order at Statute 144A.479 Subd (7); the licensee failed to maintain a current employee record for unlicensed personnel (ULP)-C hired through a personal care attendant</p>	0 465		

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0 465	Continued From page 5  (PCA) agency.  TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 465		
0 545 SS=F	<p>144A.474, Subd. 5 Information Provided by Provider</p> <p>The home care provider shall provide accurate and truthful information to the department during a survey, investigation, or other licensing activities.</p> <p>This LEVEL A is not met as evidenced by: Based on record review, observation and interview, the licensee failed to provide accurate and truthful information during a complaint investigation. This had the ability to affect all residents, employees and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents)</p> <p>Findings include:</p> <p>During an on site complaint investigation entrance conference on July 12, 2023, at 9:20 a.m., the Minnesota Department of Health (MDH) surveyor requested records from owner, (OW)- A. OW-A is also a licensed practical nurse (LPN) working at the licensee. The MDH surveyor requested staff schedules and assignments, staff</p>	0 545		

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0 545	<p>Continued From page 6</p> <p>contact information, a list of current residents and their services, a list of any hospitalized residents, a list of discharged residents, a policy and procedure table of contents and a list of grievances. OW-A indicated there were no grievances, no incident reports and no vulnerable adult reports. OW-A said R1's family member (FM)-B often complained about cares and "picked at the nurses". The MDH surveyor asked if the concerns were documented or tracked and OW-A said "not really, just in text messages." The MDH surveyor requested screenshots of the text messages.</p> <p>During the entrance conference, the MDH surveyor asked OW-A if she had a director of nursing. OW-A said no, the only registered nurse (RN) she had was RN-F.</p> <p>On July 12, 2023, at 10:29 a.m. the MDH surveyor had not received any of the records she requested at 9:20 a.m. OW-A said she had computer problems and might need to go back to her office and log into the computer from there. The MDH surveyor provided OW-A with a handwritten list of records she required for the investigation. OW-A took a picture of the list on her cell phone.</p> <p><b>Staff Schedules and Rosters</b></p> <p>During an observation on July 12, 2023, at 9:00 a.m., LPN-E was checking on a resident seated in his wheelchair in the livingroom. LPN-E said there were no staff schedules posted and she only had access to her own schedule on her phone. If she had schedule questions she called OW-A.</p> <p>On July 12, 2023, at 11:35 a.m., the MDH</p>	0 545		
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0 545	<p>Continued From page 7</p> <p>surveyor asked OW-A if she had a copy of the staff schedule available. OW-A said there was no staff schedule information at the licensee, she texted schedules to staff phones. She would email the MDH surveyor the staff schedules once she went back to her office and fixed the computer issue. OW-A said she is new to the business and process.</p> <p>On July 12, 2023, at 12:00 p.m., OW-A said another nurse would come in to work at 3:00 p.m. so she could go to the office and email the MDH surveyor all the requested records. The MDH surveyor left the facility at 12:00 p.m. since no requested records were available after four hours on site.</p> <p>On July 13, 2023, at 3:42 p.m. OW-A emailed the MDH surveyor a list of six employee names and contact numbers. Unlicensed personnel (ULP)-C and director of nursing (DON)-H were not on the list.</p> <p>On July 13, 2023, at 3:50 p.m., OW-A emailed the MDH surveyor a spreadsheet containing 13 employee names and columns titled "affiliated" and "background study number".</p> <p>On July 13, 2023, at 4:44 p.m. OW-A emailed the MDH surveyor a list of seven staff names and hires dates. ULP-C was not on the list.</p> <p>On July 14, 2023, at 8:11 a.m., OW-A emailed the MDH surveyor a spreadsheet listing the names of 13 employees. ULP-C was not on the roster.</p> <p>On July 17, 2023, at 2:31 p.m. the MDH surveyor sent OW-A an email indicating she still did not have a list of policies and procedures and still needed background studies for OW-A, LPN-D,</p>	0 545		

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0 545	<p>Continued From page 8</p> <p>ULP-C, and RN-F. A spreadsheet was not not a background study clearance letter.</p> <p>On July 18, 2023, at 1:34 p.m., OW-A sent an email to the MDH surveyor that read: I am not in charge of the PCA (personal care attendant) company, however I have asked the company to send me a copy of her background check so I can forward it to you."</p> <p>On August 1, 2023, at 1:22 p.m., the MDH surveyor emailed OW-A requesting staff schedules for July 2, 3 and 12, 2023.</p> <p>On August 1, 2023, at 4:28 p.m. and 4:40 p.m., OW-A emailed the MDH surveyor screenshot's of the Scheduling Dashboard [sic] for dates July 1, 2, and 3:</p> <p>07/01/23: showed OW-A assigned to R1 8:00 a.m. - 7:00 p.m. and a staff person not on the employee rosters 7:00 p.m. - 7:00 a.m.</p> <p>07/02/23: showed LPN-D assigned to R1 7:00 a.m.- 7:00 p.m. and RN-J assigned 7:00 p.m. - 8:00 a.m.</p> <p>07/03/23: lacked R1's name or staff assigned to her.</p> <p>A staff schedule for July 12, 2023, was requested but not provided.</p> <p>During an interview on July 12, 2023, at 11:35 a.m. OW-A said she only had residents since May 15 and was new to this process. OW-A said the PCA was not really her employee, she worked through an agency.</p> <p>During an interview on August 1, 2023, at 9:00</p>	0 545		

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NAME OF PROVIDER OR SUPPLIER  <b>JUBILEE HOME CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 68TH LANE NORTH BROOKLYN CENTER, MN 55430</b>
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0 545	<p>Continued From page 9</p> <p>a.m., RN-F said she is a case manager, there is another nurse who is the DON.</p> <p>During an interview on August 1, 2023, at 10:02 a.m., OW-A said the staff member not on the staff rosters was an LPN who had "rolled over" from another company. The LPN was new and she had not added him to the roster yet.</p> <p>During an interview on August 1, 2023, at 11:28 a.m., DON-H said they did not use PCAs. When asked about ULP-C, who identified herself as a PCA and who OW-A called a PCA, DON-H said she came from a PCA agency but was not their employee.</p> <p>The MDH surveyor did not receive a background study for ULP-C.</p> <p>Toe Wound and Safety Checks</p> <p>R1's clinical nursing note, completed by OW-A, dated May 24, 2023, 7:00 a.m. - 7:00 p.m., indicated R1 had "pruritis" in the skin condition section of the form. "Client agitated and weepy. Client oximeter probe taken off her leg. There was redness and a bruise found on her oximeter probe area on the right big toe." OW-A check marked boxes that indicated she coordinated with family and the RN Case manager.</p> <p>During an interview on July 27, 2023, at 11:44 a.m., FM-B said she did not know about R1's toe wound and infection until she was at a physician's appointment. FM-B said she asked OW-A and the nurses to avoid waking R1 if she was sleeping when she did the safety checks. She did not tell them to avoid providing cares if R1 was asleep. FM-B said OW-A "begged" her to let R1 stay and the nurses would check R1 every hour.</p>	0 545		

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0 545	<p>Continued From page 10</p> <p>FM-B said the licensee staff were the same from Olidia, they just changed the company name to Jubilee, but the same care concerns were present.</p> <p>During an interview on August 1, 2023, at 9:00 a.m., RN-F said she is a case manager, there is another nurse who is the DON. RN-F said safety checks are every two hours but did not recall where those are documented.</p> <p>During an interview on August 1, 2023, at 10:02 a.m., OW-A said staff check R1 every hour but they do not have a check box on their forms to indicate a safety check was done. OW-A said staff are always in R1's room, she has medications almost every hour. OW-A said she did not notify FM-B about R1's toe wound "because it was not life threatening." OW-A said FM-B told her staff if R1 was sleeping they did not have to do her cares because that would wake R1. OW-A did not have that request documented in R1's record.</p> <p>Resident Records</p> <p>R1's record lacked a service plan. R1 admitted to a hospital on July 3, 2023 and did not return to the facility.</p> <p>An email to the MDH surveyor, dated July 14, 2023, at 9:32 a.m., indicted R1's family took the copy to sign and send back but never did.</p> <p>An email to the MDH surveyor from OW-A, on July 14, 2023, at 2:02 p.m., indicated attached was R1's Care Plan. OW-A wrote she finally got the primary nurse to get the doctor to sign it.</p> <p>On August 1, 2023, at 5:46 p.m., OW-A sent the</p>	0 545		

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0 545	<p>Continued From page 11</p> <p>MDH surveyor an email indicating an attachment was the copy of the service agreement served to FM-B for R1 and it was not signed. The attachment was an undated document titled Service Agreement.</p> <p>During an interview on August 1, 2023, at 11:28 a.m., DON-H was asked by the MDH surveyor where in the clinical notes are safety checks and incidents documented. DON-H said they had all kinds of documentation on R1, they had clinical notes, progress notes for managers, treatment sheets and flowsheets. If the MDH surveyor asked for R1's nursing notes or progress notes, that's all the licensee would supply. The MDH surveyor would have had to ask for R1's complete client record to get all the documentation. DON-H said they did complete grievance reports on FM-B's concerns for R1. DON-H did not know why OW-A would say there were no grievance reports on R1.</p> <p>Time Period to Correct: Two (2) Days</p>	0 545		
0 715 SS=F	<p>144A.476, Subd. 2 Employees, Contractors, and Volunteers</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</p>	0 715		

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0 715	<p>Continued From page 12</p> <p>unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on record review, observation and interview, the licensee failed to conduct nor verify a background study for one of four employees (unlicensed personel (ULP)-C) before she began employment. ULP-C was hired through an agency and had contact with and provided services to three of three residents (R1, R2 and R3).</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>The licensee's application for temporary comprehensive homecare (TCOMP), signed and dated by owner (OW)-A on September 12, 2022, indicated OW-A read and understood the Minnesota Home Care Statutes. OW-A acknowledged with her initials that she had home care policies and procedures in place and if issued a license, would implement the polices and procedures and keep them current. One of the requirements was: conducting and handling background studies on employees.</p> <p>During a complaint investigation entrance interview on July 12, 2023 at 9:20 a.m., the MDH surveyor requested staff schedules and a staff roster. The MDH surveyor indicated the staff</p>	0 715		

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0 715	<p>Continued From page 13</p> <p>roster needed to include the names and contact information of anyone employed, volunteering or agency staff. OW-A was unable to provide the staff schedule or staff roster due to computer problems.</p> <p>During an observation on July 12, 2023, at 10:00 a.m., ULP-C arrived for her shift. She greeted R2, who was in his room, and R3, seated in the livingroom watching TV. ULP-C sat on couch, watched TV and checked her cell phone. R2 called out and ULP-C went to his room to check on him.</p> <p>On July 17, 2023 at 2:31 p.m., the MDH surveyor sent OW-A an email indicating she still needed a background study for ULP-C.</p> <p>On July 18, 2023, at 1:34 p.m., OW-A sent an email to the MDH surveyor that read: "I am not in charge of the PCA company, however I have asked the company to send me a copy of her background check so I can forward it to you."</p> <p>During an interview on July 12, 2023, at 10:45 a.m., ULP-C said she had worked at the licensee about one month. ULP-C said she worked for Jubilee Home Care and had training from the licensee nurses, but came from a PCA agency. Her job was to be "extra eyes and hands" for the nurses. She did housekeeping tasks and assisted the nurses when needed, such as 2 person transfers. ULP-C said she had cared for R1 when she still lived at the licensee.</p> <p>During an interview on August 1, 2023, at 10:02 a.m., OW-A said R1 had PCA hours, the PCA came from Olydia Home Care, the licensee works with them. Olydia has all the paperwork, training and background studies for the licensee.</p>	0 715		
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0 715	<p>Continued From page 14</p> <p>During an interview on August 1, 2023, at 11:28 a.m., director of nursing (DON)- H said the background study is done by the company supplying the staff. It was not part of their process to verify credentials.</p> <p>A policy titled Scope of Service, dated April 24, 2023, indicated unlicensed personnel would provide hands-on assistance with transfers and mobility, treatments and therapies, assistance with eating, dressing, grooming hygiene, toileting and bathing. The RN was responsible to assure all staff providing service to the resident are competent to perform the tasks.</p> <p>The MDH surveyor did not receive a background study for ULP-C.</p> <p>The licensee lacked a policy and procedure for background studies.</p> <p><b>TIME PERIOD TO CORRECT: IMMEDIATE</b></p>	0 715		
0 785 SS=F	<p><b>144A.479, Subd. 2 Advertising</b></p> <p>Home care providers shall not use false, fraudulent, or misleading advertising in the marketing of services. For purposes of this section, advertising includes any verbal, written, or electronic means of communicating to potential clients about the availability, nature, or terms of home care services.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee's website used misleading advertising and failed to accurately depict cares available as</p>	0 785		

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0 785	<p>Continued From page 15</p> <p>a comprehensive home care provider when the licensee advertised that clients could receive 1:1 staff cares in their homes.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents).</p> <p>Findings include:</p> <p>A website, titled Jubilee Home Care, indicated their "extensive experience in complex care nursing" included: Home Health, Pediatric Health, Respiratory Services, Military and Veterans Care, Home Lab Services, Home Care Nursing, Residential Care, Durable Medical Equipment, Care Management and Hospice Service. The website advertised that the home care patient could get 1:1 attention by a highly trained caregiver and remain in their home.</p> <p>During an on site complaint investigation entrance conference on July 12, 2023, at 9:20 a.m., the owner (OW)-A said she did not do in home client cares, she currently rented the home from a sister company called Olidia and clients lived onsite.</p> <p>During an interview on August 1, 2023, at 9:00 a.m., registered nurse (RN)-F said they are short staffed once in awhile and there is just one nurse for 2 or 3 clients and an unlicensed personnel (ULP) staff member would come in to work.</p>	0 785		

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0 785	Continued From page 16  During an interview on August 1, 2023, at 11:28 a.m., director of nursing (DON)-H said they do not always have 24 hour 1:1 staff scheduling. Staffing depended on the nursing shortage and it could be one nurse to two clients.  Time Period to Correct: Seven (7) Days	0 785		
0 815 SS=I	144A.479, 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: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be	0 815		

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0 815	<p>Continued From page 17</p> <p>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 record review, observation and interview, the licensee failed to maintain a current employee record for unlicensed personnel (ULP)-C hired through a personal care attendant (PCA) agency. This had the potential to affect all residents, staff and visitors.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident'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 potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>The licensee's application for temporary comprehensive homecare (TCOMP), signed and dated by owner (OW)-A on September 12, 2022, indicated OW-A read and understood the Minnesota Home Care Statutes. OW-A acknowledged with her initials that she had home care policies and procedures in place and if issued a license, would implement the polices and procedures and keep them current.</p> <p>During a complaint investigation entrance interview on July 12, 2023, at 9:20 a.m., the MDH surveyor requested staff schedules and a staff roster. The MDH surveyor indicated the staff</p>	0 815		

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0 815	<p>Continued From page 18</p> <p>roster needed to include the names and contact information of anyone employed, volunteering or agency staff. OW-A was unable to provide the staff schedule or staff roster due to computer problems.</p> <p>During an observation on July 12, 2023 ,at 10:00 a.m., ULP-C arrived for her shift. She greeted R2, who was in his room, and R3, seated in the livingroom watching TV. ULP-C sat on couch, watched TV and checked her cell phone. R2 called out and ULP-C went to his room to check on him.</p> <p>During an interview on July 12, 2023 at 10:45 a.m., ULP-C said she had worked at the licensee about one month. ULP-C said she worked for Jubilee Home Care and had training from the licensee nurses, but came from a PCA agency. Her job was to be "extra eyes and hands" for the nurses. She did housekeeping tasks and assisted the nurses when needed, such as 2 person transfers. ULP-C said she had provided cares for R1 when she still lived at the licensee.</p> <p>R1's record was reviewed. R1's diagnoses included tracheo-esophageal fistula following tracheotomy, restrictive lung disease, spastic quadriplegic cerebral palsy, blindness, and static encephalopathy from presumed metabolic neurodegenerative disorder.</p> <p>R1's Service Agreement, undated and unsigned, indicated the agency provided mechanical ventilation, weaning from mechanical ventilation, tracheostomy care, oxygen therapy, tube feedings personal cares and medication administration. The service agreement was not tailored to R1's assessed needs.</p>	0 815		

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0 815	<p>Continued From page 19</p> <p>R2's record was reviewed. R2's diagnoses included diabetes, epilepsy, tracheostomy and spastic quadriplegic cerebral palsy. R2's Service Agreement lacked a description of his services.</p> <p>During obseravtion on July 12, 2023, R2 was wheelchair bound, required a total body mechanical lift for transfer and had a feeding tube.</p> <p>R3's record was reviewed. R3's diagnoses included epilepsy, gastrostomy, unilateral primary osteoarthritis. R3's Service Agreement lacked a description of his services.</p> <p>During observation on July 12, 2023, R3 was wheelchair bound, required a total body mechanical lift for transfers and had a feeding tube.</p> <p>ULP-C's record lacked:</p> <ul style="list-style-type: none"> <li>- evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules;</li> <li>- records of orientation, required annual training and infection control training, and competency evaluations;</li> <li>-current job description, including qualifications, responsibilities, and identification of staff providing supervision;</li> <li>- documentation of annual performance reviews which identify areas of improvement needed and training needs;</li> <li>- for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and</li> <li>- documentation of the background study as</li> </ul>	0 815		

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NAME OF PROVIDER OR SUPPLIER  <b>JUBILEE HOME CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 68TH LANE NORTH BROOKLYN CENTER, MN 55430</b>
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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	<p>Continued From page 20</p> <p>required under section 144.057.</p> <p>On July 13, 2023, at 3:42 p.m. OW-A emailed the MDH surveyor a list of six employee names and contact numbers. ULP-C was not on the list.</p> <p>On July 17, 2023, at 2:31 p.m., the MDH surveyor sent OW-A an email indicating she still needed a background study for ULP-C.</p> <p>On July 18, 2023, at 1:34 p.m., OW-A sent an email to the MDH surveyor that read: "I am not in charge of the PCA company, however I have asked the company to send me a copy of her background check so I can forward it to you."</p> <p>During an interview on August 1, 2023 at 10:02 a.m., OW-A said R1 had a PCA, ULP-C, and she came from an agency called Olydia Home Care. OW-A said the agency trained ULP-C and OW-A did not do anything with her records.</p> <p>During an interview on August 1, 2023 at 11:28 a.m., director of nursing (DON)- H said the background study is done by the company supplying the staff. It was not part of their process to verify credentials. The agency oriented ULP-C and licensee nurses told PCA's what do to.</p> <p>A policy titled Staff Competency, dated April 24, 2023, indicated all clients will receive quality service delivered by staff who are educated and competent in the delivery of home care services. Jubilee is committed to meeting or exceeding current practice standards. The Admininstrator and DON ar responsible for assessing competency through out the orientation processs. All contractors and temporary staff providing home care services will provde proof of meeting same competency requirements as employees.</p>	0 815		

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0 815	Continued From page 21	0 815		
0 840 SS=G	<p><b>144A.4791, Subd. 4 Acceptance of Clients</b></p> <p>No home care provider may accept a person as a client unless the home care provider has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in the service plan and that are within the provider's scope of practice.</p> <p>This MN Requirement is not met as evidenced by: Based on record review, observation, and interview, the licensee failed to ensure they had staff sufficient in qualifications and competency to adequately provide 1:1 staffing for one of three residents (R1).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident'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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>R1's record was reviewed. R1's diagnoses included tracheo-esophageal fistula following tracheotomy, restrictive lung disease, spastic quadriplegic cerebral palsy, blindness, and static encephalopathy from presumed metabolic neurodegenerative disorder.</p>	0 840		

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0 840	<p>Continued From page 22</p> <p>R1's Service Agreement, undated and unsigned, indicated the agency provided mechanical ventilation, weaning from mechanical ventilation, tracheostomy care, oxygen therapy, tube feedings personal cares and medication administration. The service agreement was not tailored to R1's assessed needs.</p> <p>During an observation on July 12, 2023, at 9:00 a.m., licensed practical nurse (LPN)-E said there were no staff schedules posted and she only had access to her own schedule on her phone. If she had schedule questions, she called OW-A.</p> <p>During an interview July 12, 2023, at 11:35 a.m., OW-A said there was no staff schedule information at the licensee, she texted schedules to staff phones. She would email the MDH surveyor the staff schedules once she went back to her office and fixed the computer issue. OW-A said she is new to the business and process.</p> <p>On August 1, 2023, at 1:22 p.m., the MDH surveyor emailed owner (OW)-A requesting staff schedules for July 2, 3 and 12, 2023.</p> <p>On August 1, 2023, at 4:28 p.m. and 4:40 p.m., OW-A emailed the MDH surveyor screenshot's of the Scheduling Dashboard [sic] for dates July 1, 2, and 3, 2023.</p> <p>July 1, 2023: showed OW-A assigned to R1 8:00 a.m. - 7:00 p.m. and a staff person not on the employee roster scheduled 7:00 p.m. - 7:00 a.m.</p> <p>July 2, 2023: showed LPN-D assigned to R1 7:00 a.m. - 7:00 p.m. and registered nurse (RN)-J assigned 7:00 p.m. - 8:00 a.m.</p> <p>July 3, 2023: did not show R1 or staff assigned to</p>	0 840		

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0 840	<p>Continued From page 23</p> <p>her.</p> <p>A staff schedule for July 12, 2023 was requested but not provided.</p> <p>During an interview on July 27, 2023, at 11:44 a.m., family member (FM)-B said the licensee did not have enough staff on shifts to care for R1. There was no staff schedule to see who worked. R1 should have 1:1 nursing care but that never happened, there was only one nurse for three residents with heavy cares. FM-B said when she brought concerns to OW-A she was told the nurses did not want to be scheduled to care for R1.</p> <p>During an interview on August 1, 2023, at 9:00 a.m., RN-F said they were short staffed once in a while, with one nurse to the three residents. Then two unlicensed staff would come in to work.</p> <p>During an interview on August 1, 2023, at 11:28 a.m., director of nursing (DON)-H said depending on the nursing shortage if they staff 24 hour cares, they have a PCA (personal care attendant) come in to help. In the group home setting, they had one nurse to two residents and R1 had 1:1 staffing for cares about 90 percent of the time. When R1 lived at the licensee, there were three residents and sometimes they had two or three nurses staffed.</p> <p>During an interview on August 1, 2023 at 3:00 p.m., social worker (SW)-I said all of R1's body systems are compromised because of her significant diagnoses. SW-I said FM-B called to get R1 seen at the specialty clinic. SW-I said R1 had significant skin breakdown, irritated areas and feces everywhere. SW-I said it appeared R1 was not toileted, cleaned adequately and infection</p>	0 840		

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0 840	<p>Continued From page 24</p> <p>was a concern. Many of the R1's issues could have been handled as outpatient status but they admitted R1 to the hospital because they did not feel it was safe to return her to the licensee.</p> <p>During an interview on August 2, 2023, at 4:00 p.m., medical doctor of pediatric complex care (MD)-G said R1 had only been with the licensee about a week before she had a toe wound and cellulitis. MD-G prescribed an antibiotic for the wound. R1 was already on vancomycin as prophylaxis for recurrent infections.</p> <p>A policy titled Acceptance of Clients dated April 24, 2023, indicated the Director of Nursing evaluates the licensee's ability to meet the home care needs of the resident and the administrator evaluates the agency's ability to meet the staffing needs of the resident.</p> <p>Time Period to Correct: Two (2) Day</p>	0 840		
0 860 SS=G	<p>144A.4791, Subd. 8 Comprehensive Assessment and Monitoring</p> <p>(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 the date that home care services are first provided.</p> <p>(b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided.</p>	0 860		

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0 860	<p>Continued From page 25</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 record review and interview, the licensee failed to reassess one of three residents (R1) after a change in condition when she suffered a tourniquet injury to her right big toe when her pulse oximeter tubing wrapped around her toe.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident'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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>The licensee began services for R1 on May 15, 2023. R1's diagnoses included tracheo-esophageal fistula following tracheotomy, restrictive lung disease, spastic quadriplegic cerebral palsy, blindness, and static encephalopathy from presumed metabolic neurodegenerative disorder</p> <p>R1's Service Agreement, undated and unsigned, indicated the agency provided mechanical</p>	0 860		

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0 860	<p>Continued From page 26</p> <p>ventilation, weaning from mechanical ventilation, tracheostomy care, oxygen therapy, tube feedings personal cares and medication administration. The service agreement was not tailored to R1's assessed needs.</p> <p>R1's Master Assessment Template dated May 15, 2023, indicated R1 had a gastrostomy and diarrhea, had a rash around her stoma site, scratches on her skin, scar on abdominal wall from surgery and itched her skin. R1 had a tracheostomy, and a history of frequent hospitalizations. She required staff assist of two for transfers and bed mobility. R1 had bowel and bladder incontinence and required nursing staff to empty and change her ostomy bags. R1 was assessed as a fall risk and required fall safety checks. R1 was assessed as needing skin condition monitoring.</p> <p>R1's Home Health Certification and Plan of Care, dated July 14, 2023, indicated R1's start of care date as May 15, 2023 with a care certification period of May 15 to July 14, 2023. R1's assessments indicated she was a medically complex minor who required up to 24 hours complex nursing care four to seven days a week. Treatments included: -incontinent product changes every one to two hours to keep skin dry; -change G-tube every three months on the 1st of the month; -change suction tubing and filters twice a month EACH on the 1st and 15th of the month and prn (as needed) if defective or yellow; -oxygen as needed for SOB (shortness of breath) or low O2 saturation, pulse oximeter on at all times; -colostomy bag to be changed every five days and empty as needed;</p>	0 860		

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0 860	<p>Continued From page 27</p> <ul style="list-style-type: none"> <li>-Monitor site for redness and inflammation; provide G tube cares twice daily, wash with normal saline and pat dry;</li> <li>-Apply butt paste twice a day and PRN. Keep open to air;</li> <li>-Change Mickey Button every three months at bed side by trained nurse. Last changed on 09/08/21;</li> <li>-Vesicostomy, apply Aquaphor four times a day and PRN to site; Skin: cover abdominal scar with mepilex dressing and change Monday, Wednesday and Friday and PRN;</li> <li>-Monitor intake and output, weigh incontinent brief and record weight on chart;</li> <li>-Elbow restraints on and off every two hours, nurse to check skin right after elbow splints removed, give at least 10 minute break every 2 hours and assess skin for breakdown. If there is any breakdown document and report to R1's mother and case manager;</li> <li>-Repositioning every two hours, check all bony prominences for breakdown;</li> <li>-For rash at vesicostomy site and incontinent product, mix topicals Nystatin cream and mupirocin ointment 1:1 in palm of gloved hand then apply to affected skin on abdomen around vesicostomy but not on vesicostomy tissues, and in perineal region three times daily;</li> <li>-Seek medical care immediately if skin worsens (new redness, drainage) or clinical status changes (fever, lethargy). R1 required total assistance for all care;</li> <li>-Chronic recurrent C. difficile enterocolitis plan is to continue with with chronic vancomycin prophylaxis;</li> <li>-R1 tends to pull on tubing, caregiver to monitor her closely and put on her mittens/gloves to prevent her from grabbing on tubes, she will decannulate herself.</li> </ul>	0 860		

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0 860	<p>Continued From page 28</p> <p>R1's clinical nursing note, completed by registered nurse (RN)-F, dated May 15, 2023, indicated R1 had no skin problems and her skin was intact.</p> <p>R1's clinical nursing note, completed by owner (OW)-A, dated May 24, 2023, indicated R1 had "pruritis" in the skin condition section of the form. OW-A wrote "Client agitated and weepy. Client oximeter probe taken off her leg. There was redness and a bruise found on her oximeter probe area on the right big toe." OW-A indicated she coordinated with family and the RN Case manager by checking boxes on the clinical nursing note.</p> <p>R1's clinical nursing note, completed by licensed practical nurse (LPN)-D, dated May 24-25, 2023, on the night shift, indicated R1 had a "rash" in the skin section of the form, there was no other reference to the right toe wound.</p> <p>R1's clinical nursing note, completed by OW-A, dated May 26, 2023, indicated "pruritis" and "pale" in the skin condition section and wrote "Client agitated and weepy. Client oximeter probe taken off her leg. There was redness and a bruise found on her oximeter probe area on the right big toe." "Took off probe, applied backtracking [sic] to the site."</p> <p>R1's clinical nursing note, completed by OW-A, dated May 26 - May 27, 2023, indicated "pruritis" and "pale" in the skin condition section, "Client agitated and weepy. Client oximeter probe taken off her leg. There was redness and a bruise found on her oximeter probe area on the right big toe." "Took off probe, applied backtracking [sic] to the site. Had at the phalanx clinic."</p>	0 860		

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0 860	<p>Continued From page 29</p> <p>R1's record lacked a RN assessment to address R1's right big toe infection.</p> <p>On May 26, 2023, at 12:11 a.m., photos of R1's right foot, taken by family member (FM)-B, showed reddened and swollen tissue around the joint. Bottom and side views of R1's right big toe showed reddened swollen tissue with a band of white blistered skin. A text message accompanying the photos indicated R1 had an appointment today and found a "huge" infection in her right big toe caused by a tourniquet injury from her pulse oximeter.</p> <p>During an interview on July 12, 2023, at 9:20 a.m., OW-A said R1's cares at the licensee began May 15, 2023. OW-A said the nurses checked R1 every two hours and FM-B knew that. FM-B took R1 to the hospital on July 3, 2023 because FM-B was unhappy with the cares and staff.</p> <p>During an interview on July 27, 2023, at 11:44 a.m., FM-B said R1 is a minor. FM-B said R1 already had a toe infection because the nurses did not check R1's pulse oximeter tubing. It was wrapped so tightly around her right big toe it caused a tourniquet injury and skin breakdown. FM-B took R1 to a children's hospital and she was admitted for evaluation and treatment.</p> <p>During an interview on August 1, 2023, at 10:00 a.m., OW-A said R1's oximeter was on her toe. R1 moves around and can wrap her legs around the oximeter tubing. OW-A said she came in, checked R1 and took the oximeter off her toe and it was red. OW-A had a colleague look at it. OW-A stated she did not call FM-B that day because it was not life threatening. The next day R1 saw the doctor and was prescribed antibiotics</p>	0 860		

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0 860	<p>Continued From page 30</p> <p>and an appointment with a wound nurse.</p> <p>During an interview on August 1, 2023, at 3:00 p.m., social worker (SW)-I said all of R1's body systems are compromised because of her significant diagnoses. SW-I said FM-B called to get R1 seen at the specialty clinic. SW-I said R1 had significant skin breakdown, irritated areas, and feces everywhere. SW-I said it appeared R1 was not toileted, cleaned adequately and infection was a concern. Many of R1's issues could have been handled as outpatient status but they admitted R1 to the hospital because they did not feel it was safe to return her to the licensee.</p> <p>During an interview on August 2, 2023, at 4:00 p.m., medical doctor of pediatric complex care (MD)-G said R1 had only been with the licensee about a week before she had a toe wound and cellulitis. MD-G prescribed an antibiotic for the wound. R1 was already on vancomycin as prophylaxis for recurrent infections.</p> <p>A policy titled Complex Home Care Nursing, dated April 24, 2023, indicated complex home care nursing services require the nurse to observe, monitor and assess client to determine appropriate interventions and maintain or improve the health status.</p> <p>Time Period to Correct: Two (2) Day</p>	0 860		
0 865 SS=I	<p>144A.4791, Subd. 9(a-e) Service Plan, Implementation &amp; Revisions</p> <p>(a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan.</p>	0 865		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H39801</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JUBILEE HOME CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 68TH LANE NORTH BROOKLYN CENTER, MN 55430</b>
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0 865	<p>Continued From page 31</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 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 record review and interview, the licensee failed to finalize a current written service plan no later than 14 days after the date that the home care services are first provided and documentation services were provided for three of three residents (R1, R2 and R3).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident'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 potential to affect a large portion or all of the residents).</p>	0 865		

Minnesota Department of Health

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0 865	<p>Continued From page 32</p> <p>Findings include:</p> <p>R1's record was reviewed. R1's diagnoses included tracheo-esophageal fistula following tracheotomy, restrictive lung disease, spastic quadriplegic cerebral palsy, blindness, and static encephalopathy from presumed metabolic neurodegenerative disorder.</p> <p>R1's Service Agreement, undated and unsigned, indicated the agency provided mechanical ventilation, weaning from mechanical ventilation tracheostomy care, oxygen therapy, tube feedings personal cares and medication administration. The service agreement was not tailored to R1's assessed needs.</p> <p>R1's Home Health Certification and Plan of Care dated July 14, 2023, indicated R1's start of care date as May 15, 2023 with a care certification period of May 15 to July 14, 2023.</p> <p>R1's assessments indicated she was a medically complex minor who required up to 24 hours complex nursing care four to seven days a week. Treatments included:</p> <ul style="list-style-type: none"> <li>-incontinent product changes every one to two hours to keep skin dry;</li> <li>-change G-tube every three months on the 1st of the month;</li> <li>-change suction tubing and filters twice a month EACH on the 1st and 15th of the month and prn (as needed) if defective or yellow;</li> <li>-oxygen as needed for SOB (shortness of breath) or low O2 saturation, pulse oximeter on at all times;</li> <li>-colostomy bag to be changed every five days and empty as needed;</li> <li>-Monitor site for redness and inflammation; provide G tube cares twice daily, wash with</li> </ul>	0 865		

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0 865	<p>Continued From page 33</p> <p>normal saline and pat dry; -Apply butt paste twice a day and PRN. Keep open to air; -Change Mickey Button every three months at bed side by trained nurse. Last changed on 09/08/21; -Vesicostomy, apply Aquaphor four times a day and PRN to site; Skin: cover abdominal scar with mepilex dressing and change Monday, Wednesday and Friday and PRN; -Monitor intake and output, weigh incontinent brief and record weight on chart; -Elbow restraints on and off every two hours, nurse to check skin right after elbow splints removed, give at least 10 minute break every 2 hours and assess skin for breakdown. If there is any breakdown document and report to R1's mother and case manager; -Repositioning every two hours, check all bony prominences for breakdown; -For rash at vesicostomy site and incontinent product, mix topicals Nystatin cream and mupirocin ointment 1:1 in palm of gloved hand then apply to affected skin on abdomen around vesicostomy but not on vesicostomy tissues, and in perineal region three times daily; -Seek medical care immediately if skin worsens (new redness, drainage) or clinical status changes (fever, lethargy). R1 required total assistance for all care; -Chronic recurrent C. difficile enterocolitis plan is to continue with with chronic vancomycin prophylaxis; -R1 tends to pull on tubing, caregiver to monitor her closely and put on her mittens/gloves to prevent her from grabbing on tubes, she will decannulate herself.</p> <p>R1's record lacked documentation services were provided as required by her assessed needs.</p>	0 865		

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0 865	<p>Continued From page 34</p> <p>An email to the MDH surveyor dated July 14, 2023, at 9:32 a.m., from owner (OW)-A included the service agreements for R2 and R3. The email indicated R1's mom took the service agreement to sign and copy, but never did.</p> <p>An email to the MDH surveyor from OW-A, on July 14, 2023, at 2:02 p.m., indicated the primary nurse finally got the doctor to sign the attached care plan for R1.</p> <p>During an interview on August 1, 2023, at 11:28 a.m., director of nursing (DON)-H said they need a service agreement to start services, however it was different with R1 because she transferred from Olidia homecare.</p> <p>R2's record was reviewed. R2's diagnoses included diabetes, epilepsy, tracheostomy and spastic quadriplegic cerebral palsy. R2's Service Agreement lacked a description of his services.</p> <p>R2's service agreement, undated, and signed July 15, 2023, lacked a description of the home care services to be provided, the frequency of each service according to the client's current review or assessment and client preferences and staff identified to provide the services.</p> <p>R2's record lacked documentation services were provided as required by his assessed needs.</p> <p>During observation on July 12, 2023, R2 was wheelchair bound, required a total body mechanical lift for transfer and had a feeding tube.</p> <p>R3's record was reviewed. R3's diagnoses included epilepsy, gastrostomy, unilateral primary</p>	0 865		

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0 865	<p>Continued From page 35</p> <p>osteoarthritis.</p> <p>R3's service agreement, undated, and signed July 15, 2023, lacked a description of the home care services to be provided, the frequency of each service according to the client's current review or assessment and client preferences and staff identified to provide the services.</p> <p>During observation on July 12, 2023, R3 was wheelchair bound, required a total body mechanical lift for transfers and had a feeding tube.</p> <p>R3's record lacked documentation services were provided as required by his assessed needs.</p> <p>During an interview on August 1, 2023, at 9:00 a.m., registered nurse (RN)-F said they do not use service plans, they work off of care plans.</p> <p>A policy titled Service Plan, dated April 24, 2023, indicated an individualized service plan is implemented for all residents. The licensee will provide all services required by the current service plan.</p> <p>TIME PERIOD TO CORRECT: TWO (2) DAY</p>	0 865		
0 870 SS=F	<p>144A.4791, Subd. 9(f) Content of Service Plan</p> <p>(f) The service plan must include:</p> <p>(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;</p> <p>(2) the identification of the staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring</p>	0 870		

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0 870	<p>Continued From page 36</p> <p>reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; 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; 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 record review, observation, and interview, the licensee failed to ensure service plans included all the required components for three of three residents (R1, R2 and R3) reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents).</p> <p>Findings include:</p>	0 870		

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0 870	<p>Continued From page 37</p> <p>R1's diagnoses included tracheo-esophageal fistula following tracheotomy, restrictive lung disease, spastic quadriplegic cerebral palsy, blindness, and static encephalopathy from presumed metabolic neurodegenerative disorder</p> <p>R1's Service Agreement, undated and unsigned, indicated the agency provided mechanical ventilation, weaning from mechanical ventilation, tracheostomy care, oxygen therapy, tube feedings personal cares and medication administration. The service agreement was not tailored to R1's assessed needs and lacked:</p> <ul style="list-style-type: none"> <li>- a description of the home care services to be provided for R1;</li> <li>- the frequency of each service, according to the client's current review or assessment and client preferences;</li> <li>- the identification of the staff or categories of staff who will provide the services;</li> <li>-there was no information about unlicensed personnel (ULP) providing services</li> <li>- the schedule and methods of monitoring reviews or assessments of the client;</li> <li>- the schedule and methods of monitoring staff providing home care services;</li> <li>- 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;</li> <li>-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</li> </ul> <p>R2's record was reviewed. R2's diagnoses included diabetes, epilepsy, tracheostomy and spastic quadriplegic cerebral palsy. R2's facesheet indicated his services began May 15,</p>	0 870		

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0 870	<p>Continued From page 38</p> <p>2023.</p> <p>R2's service agreement, undated, and signed July 15, 2023, lacked:</p> <ul style="list-style-type: none"> <li>- a description of the home care services to be provided;</li> <li>- the frequency of each service, according to the client's current review or assessment and client preferences;</li> <li>- the identification of the staff or categories of staff who will provide the services;</li> <li>-there was no information about unlicensed personnel (ULP) providing services</li> <li>- the schedule and methods of monitoring reviews or assessments of the client;</li> <li>- the schedule and methods of monitoring staff providing home care services;</li> <li>- 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;</li> <li>-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.</li> </ul> <p>R3's record was reviewed. R3's diagnoses included epilepsy, gastrostomy, unilateral primary osteoarthritis. R3's facesheet indicated R3's services began May 15, 2023.</p> <p>R3's service agreement, undated, and signed June 23, 2023, lacked:</p> <ul style="list-style-type: none"> <li>- a description of the home care services to be provided;</li> <li>- the frequency of each service, according to the client's current review or assessment and client preferences;</li> <li>- the identification of the staff or categories of staff who will provide the services;</li> </ul>	0 870		

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0 870	<p>Continued From page 39</p> <ul style="list-style-type: none"> <li>-there was no information about unlicensed personnel (ULP) providing services</li> <li>- the schedule and methods of monitoring reviews or assessments of the client;</li> <li>- the schedule and methods of monitoring staff providing home care services;</li> <li>- 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;</li> <li>-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.</li> </ul> <p>An email to the MDH surveyor dated July 14, 2023, at 9:32 a.m., included service agreements for R2 and R3. The email indicated R1's mom took the service agreement to copy to sign and send back, but never did.</p> <p>A policy titled Service Plan dated April 24, 2023, indicated an individualized service plan is implemented for all residents. The licensee will provide all services required by the current service plan. The service plan and all revisions are entered into the resident's clinical record. Staff providing home care services are oriented to the written service plan.</p> <p>TIME PERIOD TO CORRECT: TWO (2) DAY</p>	0 870		
0 880 SS=D	<p>144A.4791, Subd. 11 Client Complaint and Investigative Process</p> <p>(a) The home care provider must have a written policy and system for receiving, investigating, reporting, and attempting to resolve complaints from its clients or clients' representatives. The</p>	0 880		

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0 880	<p>Continued From page 40</p> <p>policy should clearly identify the process by which clients may file a complaint or concern about home care services and an explicit statement that the home care provider will not discriminate or retaliate against a client for expressing concerns or complaints. A home care provider must have a process in place to conduct investigations of complaints made by the client or the client's representative about the services in the client's plan that are or are not being provided or other items covered in the client's home care bill of rights. This complaint system must provide reasonable accommodations for any special needs of the client or client's representative if requested.</p> <p>(b) The home care provider must document the complaint, name of the client, investigation, and resolution of each complaint filed. The home care provider must maintain a record of all activities regarding complaints received, including the date the complaint was received, and the home care provider's investigation and resolution of the complaint. This complaint record must be kept for each event for at least two years after the date of entry and must be available to the commissioner for review.</p> <p>(c) The required complaint system must provide for written notice to each client or client's representative that includes:</p> <ol style="list-style-type: none"> <li>(1) the client's right to complain to the home care provider about the services received;</li> <li>(2) the name or title of the person or persons with the home care provider to contact with complaints;</li> <li>(3) the method of submitting a complaint to the home care provider; and</li> <li>(4) a statement that the provider is prohibited against retaliation according to paragraph (d).</li> </ol> <p>(d) A home care provider must not take any</p>	0 880		

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0 880	<p>Continued From page 41</p> <p>action that negatively affects a client in retaliation for a complaint made or a concern expressed by the client or the client's representative.</p> <p>This MN Requirement is not met as evidenced by: Based on record review, observation and interview, the licensee failed to document complaints and resolution to complaints for one of three residents (R1) reviewed. The licensee also failed to ensure R1's family member (FM)-B was not retaliated against for complaints or concerns about R1's cares.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>R1's record was reviewed. R1's diagnoses included tracheo-esophageal fistula following tracheotomy, restrictive lung disease, spastic quadriplegic cerebral palsy, blindness, and static encephalopathy from presumed metabolic neurodegenerative disorder.</p> <p>R1's Service Agreement, undated and unsigned, indicated the agency provided mechanical ventilation, weaning from mechanical ventilation, tracheostomy care, oxygen therapy, tube feedings personal cares and medication administration. The service agreement was not tailored to R1's assessed needs.</p>	0 880		

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0 880	<p>Continued From page 42</p> <p>R1's Master Assessment Template, dated May 5, 2023, indicated R1 had a gastrostomy and diarrhea, had a rash around her stoma site, scratches on her skin, scar on abdominal wall from surgery and itched her skin. R1 had a tracheostomy, and a history of frequent hospitalizations. She required staff assist of 2 for transfers and bed mobility. R1 had bowel and bladder incontinence and required nursing staff to empty and change her ostomy bags. R1 was assessed as a fall risk and required fall safety checks. R1 was assessed as needing skin condition monitoring.</p> <p>During an on site complaint investigation entrance conference on July 12, 2023, at 9:20 a.m., the Minnesota Department of Health (MDH) surveyor requested records from owner, (OW)-A. OW-A is also a licensed practical nurse (LPN) working at the licensee. The MDH surveyor requested a list of grievances. OW-A indicated there were no grievances. OW-A said R1's family member (FM)-B often complained about cares and "picked at the nurses". The MDH surveyor asked if the concerns were documented or tracked and OW-A said "not really, just in text messages." The MDH surveyor requested screenshots of the text messages.</p> <p>OW-A emailed the MDH surveyor text messages exchanged between her and FM-B regarding R1's cares on July 2, 2023. The texts lacked time and date stamps.</p> <p>FM-B's text indicated she visited R1 and wrote R1 was soaked in urine, her ostomy bag leaked and was covered in stool. R1's skin was raw and bleeding. FM-B found several other areas of R1's</p>	0 880		

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0 880	<p>Continued From page 43</p> <p>skin concerns that she was not made aware of. FM-B stated she is tired of the excuses R1 scratches and said the care was "unbelievable", "disgusting" and not ok.</p> <p>OW-A's text reply indicated the night nurses washed R1 at 6:30 a.m. before they left. R1 sleeps until 11:00 a.m. or noon. The redness on her stomach had been present for "some days now." Staff had been applying ointment. OW-A wrote R1's ostomy bag burst without them knowing. If R1 is sleeping, staff let her sleep because some nights she is awake until 4:30 a.m. The nurse reported she checked on R1 but she was sleeping so she cared for R3. OW-A indicated she would instruct nurses to check on R1 at least every two hours even if she is sleeping moving forward.</p> <p>FM-B's text reply indicated the other marks on R1's skin did not happen overnight and staff should be checking her often due to her sensitive skin. FM-B stated she knows how little R1 sleeps and sleeps during the day, however that does not mean staff cannot do her cares.</p> <p>OW-A's text response indicated the red areas on her abdomen were from R1 scratching. OW-A wrote, yes, the bag needs to be checked more often and she would address it with the nurses again. Another text response indicated the licensee nurses no longer wanted to work with R1.</p> <p>During an interview on July 12, 2023, at 9:20 a.m., OW-A said R1's cares at the licensee began May 15, 2023. OW-A said the nurses checked R1 every two hours and FM-B knew that. FM-B took R1 to the hospital on July 3, 2023, because FM-B was unhappy with the cares</p>	0 880		

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0 880	<p>Continued From page 44 and staff.</p> <p>During an interview on July 12, 2023, at 12:00 p.m., OW-A said she did not have a grievance "poster" or forms available, they were back at her office.</p> <p>During an interview on July 27, 2023, at 11:44 a.m., FM-B said the more she voiced concerns to OW-A, the less it seemed the nurses wanted to care for R1. OW-A told her the nurses did not want to be scheduled with R1 anymore but did not give reasons why.</p> <p>During an interview on August 1, 2023, at 9:00 a.m., registered nurse (RN)-F said FM-B finds things to complain about every day. RN-F did not hear about any nurses not willing to care for R1 but maybe they went to OW-A and said that.</p> <p>During an interview on August 1, 2023, at 10:02 a.m., OW-A said FM-B was always looking for faults and problems.</p> <p>During an interview on August 1, 2023, at 11:28 a.m., director of nursing (DON)- H said there is a grievance form and they have completed one for R1. She did not know why OW-A would say there were no grievances filed.</p> <p>A policy titled Grievance Policy, dated April 24, 2023, indicated clients had the right to complain about home care services and the privacy of protected health information without retaliation. When a quality concern is initiated, the employee receiving the information documents the specific information.</p> <p>Time Period to Correct: Two (2) Day</p>	0 880		

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01075	Continued From page 45	01075		
01075 SS=F	<p><b>144A.4794, Subd. 2 Access to Records</b></p> <p>The home care provider must ensure that the appropriate records are readily available to employees or contractors authorized to access the records. Client records must be maintained in a manner that allows for timely access, printing, or transmission of the records.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to ensure appropriate records were readily available to employees or contractors authorized to access the records and maintained in a manner that allowed for timely access, printing or transmission. This had the potential to affect all residents, staff and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents).</p> <p>Findings include:</p> <p>During an on site complaint investigation entrance conference on July 12, 2023, at 9:20 a.m., the Minnesota Department of Health (MDH) surveyor requested records from owner (OW)- A. OW-A is also a licensed practical nurse (LPN) working at the licensee. The MDH surveyor requested staff schedules and assignments, staff contact information, a list of current residents and</p>	01075		

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01075	<p>Continued From page 46</p> <p>their services, a list of any hospitalized residents, a list of discharged residents, a policy and procedure table of contents and a list of grievances. OW-A indicated there were no grievances, then said R1's family member (FM)-B often complained about cares and "picked at the nurses". The MDH surveyor asked if the concerns were documented or tracked and OW-A said not really, just in text messages. The MDH surveyor requested screenshots of the text messages. OW-A produced paper copies of a facesheet and expired Home Health Certification and Plan of Care for R1 and a clinical nurse note on R1 from January 25, 2023. OW-A said the records were for emergency staff and had no other paper records on site.</p> <p>On July 12, 2023, at 10:29 a.m. the MDH surveyor had not received any of the records she requested at 9:20 a.m. OW-A said she had computer problems and might need to go back to her office and log into the computer from there. The MDH surveyor provided OW-A with a handwritten list of records she required for the investigation. OW-A took a picture of the list on her cell phone.</p> <p>On July 12, 2023, at 11:00 a.m., the MDH surveyor asked OW-A if she was able to access and email any of the records she requested at 9:20 a.m. OW-A said she tried to email the MDH surveyor a list of policies but it not work. OW-A said she would go to her office once she found a replacement nurse to cover her shift.</p> <p>On July 12, 2023, at 11:35 a.m., the MDH surveyor asked OW-A if she had a copy of the staff schedule available. OW-A said there was no staff schedule information at the licensee, she texted schedules to staff phones. She would</p>	01075		

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01075	<p>Continued From page 47</p> <p>email the MDH surveyor the staff schedules once she went back to her office and fixed the computer issue. OW-A said she is new to the business and process.</p> <p>On July 12, 2023, at 12:00 p.m., OW-A said another nurse would come in to work at 3:00 p.m. so she could go to the office and email the MDH surveyor all the requested records. The MDH surveyor left the facility at 12:00 p.m. since no requested records were available after four hours on site.</p> <p>On July 12, 2023, at 12:25 p.m. OW-A sent the MDH surveyor a web link to a service that housed background studies and wrote attached is the "rester" [sic] for Jubilee.</p> <p>On July 13, 2023, at 1:34 p.m., the MDH surveyor sent OW-A an email that read, "You're sending me a website page which is not what I requested, I need a copy of all your staff names, hires dates, phone numbers. I also need a list of all their background studies. Please do not send a website link."</p> <p>On July 12, 2023, at 3:47 p.m. the MDH surveyor received 18 emails from OW-A containing the text messages between OW-A and FM-B. The texts were not screenshots and lacked date and time stamps.</p> <p>On July 13, 2023 at 3:50 p.m., OW-A emailed the MDH surveyor a spreadsheet containing employee names and columns titled "affiliated" and "background study number".</p> <p>On July 17, 2023 at 2:31 p.m. the MDH surveyor sent OW-A an email indicating she still did not have a list of policies and procedures and still</p>	01075		

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01075	<p>Continued From page 48</p> <p>needed background studies for OW-A, LPN-D, unlicensed personnel (ULP)-E, and registered nurse (RN)-F. A spreadsheet was not not a background study record.</p> <p>On July 20, 2023 at 3:54 p.m., the MDH surveyor emailed OW-A a request for 14 policies listed on the licensee policy and procedure table of contents (TOC). The MDH surveyor also asked in the email if there were policies on four other topics that were not listed on the TOC.</p> <p>On July 24, 2023 at 2:05 p.m., OW-A sent an email to the MDH surveyor with an attachment of policies. The requested Personnel Records Policy was not included.</p> <p>During an interview on July 12, 2023 at 11:35 a.m. OW-A said she only had residents since May 15 and was new to this process. OW-A said she had a lot of the licensee files at her office.</p> <p>During an interview on August 1, 2023 at 11:28 a.m., director of nursing (DON)-H was asked by the MDH surveyor where are safety checks and incidents documented. DON-H said they had all kinds of documentation on R1, they had clinical notes, progress notes for managers, treatment sheets and flowsheets. If the MDH surveyor asked for R1's nursing notes or progress notes, that's all the licensee would supply. The MDH surveyor would have had to ask for R1's complete client record to get all the documentation.</p> <p>DON-H said they did complete grievance reports on FM-B's concerns for R1. DON-H did not know why other staff would say there were no grievance reports on R1.</p>	01075		

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01075	<p>Continued From page 49</p> <p>Review of the licensee's policies and procedures table of contents, undated, lacked a policy for access to records.</p> <p>The MDH surveyor did not receive a background study for ULP-E.</p> <p>Time Period to Correct: Seven (7) Days</p>	01075		