



## Home Care Matters

June 19, 2019

10:00 – 11:30 am

# Agenda

Time	Topic
10:00 – 10:10	Welcome, Housekeeping, and Updates
10:10 – 10:25	Clostridium Difficile (C. Diff)
10:25 – 10:30	Licensing Tips
10:30 – 10:45	Office of Health Facility Complaints and HCALP
10:45 – 11:00	Survey Readiness Resources
11:00 – 11:25	Caller Questions
11:25 – 11:30	Closing



**Welcome, Housekeeping and Updates**

## **Collaborative Healthcare Association Infection Network (CHAIN)**

- **Janet Lilleberg**, Senior Planner

## **Office of Health Facility Complaints (OHFC)**

- **Matt Heffron**, Investigating Supervisor

## **Home Care and Assisted Living Program (HCALP)**

- **Jeri Cummins**, Survey Supervisor
- **Renaë Dressel**, Licensing Specialist
- **Cathy Griffin**, Program Manager
- **Jonathan Hill**, Survey Supervisor
- **Lari Anne Mazzitello**, Operations Coordinator
- **Cindy Vargas**, Communications and Policy Specialist

**Welcome**

Notice!

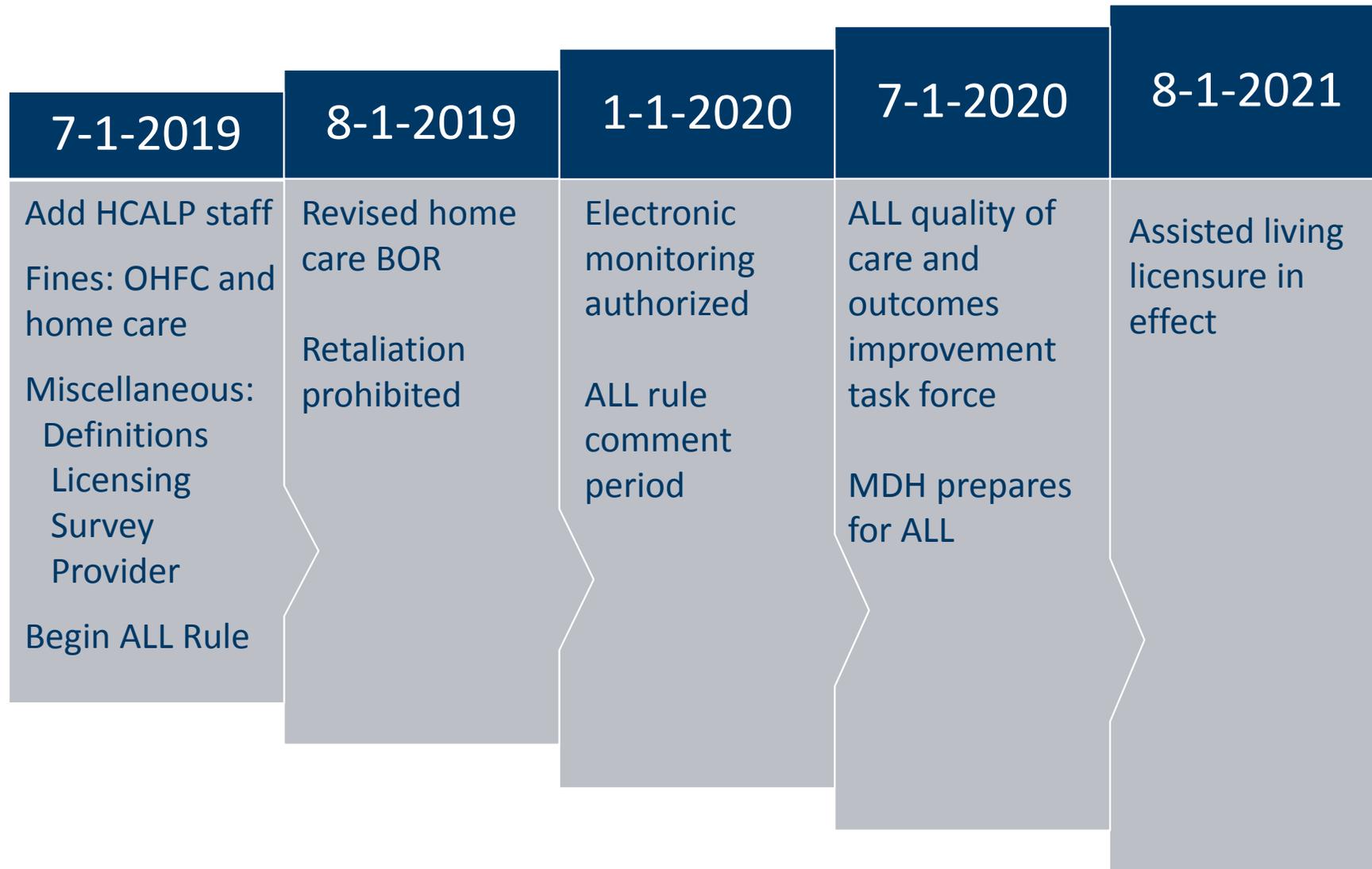
This WebEx is being recorded



# 2019 Legislative Updates

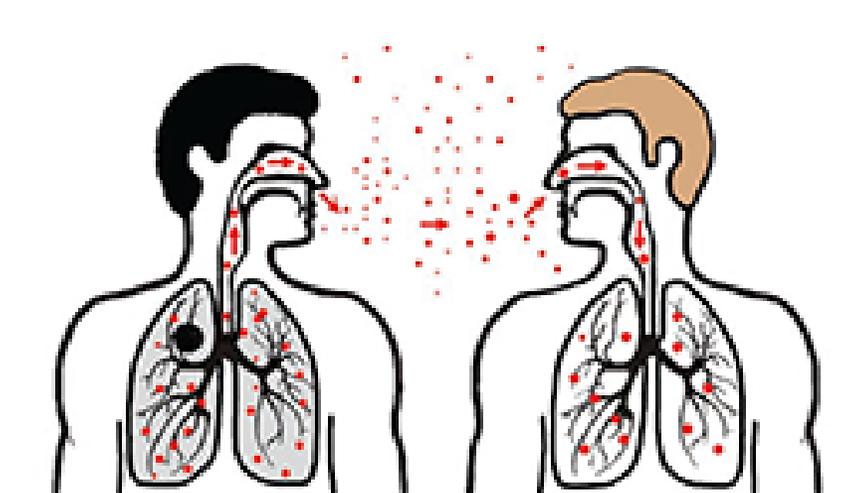
- Home Care (144A)
  - \$1,000 fine for failing to report
  - Immediate fines and increased fines
    - Level 2 \$500
    - Level 3 \$3,000
    - Level 4 \$5,000
    - Maltreatment \$1,000 or \$5,000
  - Revisions to Home Care BOR
  - Miscellaneous
  - Increased allocation
- Department of Health (144)
  - Can't prohibit electronic monitoring
    - Nursing facilities
    - Housing with services subject to 144G or special disclosed care unit
  - Assisted Living (144G) Now
    - Retaliation against employees and residents prohibited
  - Assisted Living Licensure (ALL) (144I) 8/01/2021

# 144I General Timeline



## National Tuberculin Shortage

- Expecting 3 – 10 months
- APLISOL = one of two antigens used for TB skin tests
- At time of hire:
  - Conduct TB symptom screen and individual TB risk assessment
  - Use IGRA if available
  - If no IGRA:
    - Do one TST
    - Defer second TST
  - If no tuberculin, defer both TSTs





# Clostridium Difficile (C. Diff)



# Long Term Care Facility *Clostridioides difficile* Toolkit

Janet Lilleberg, MPH | HAI / AR Unit

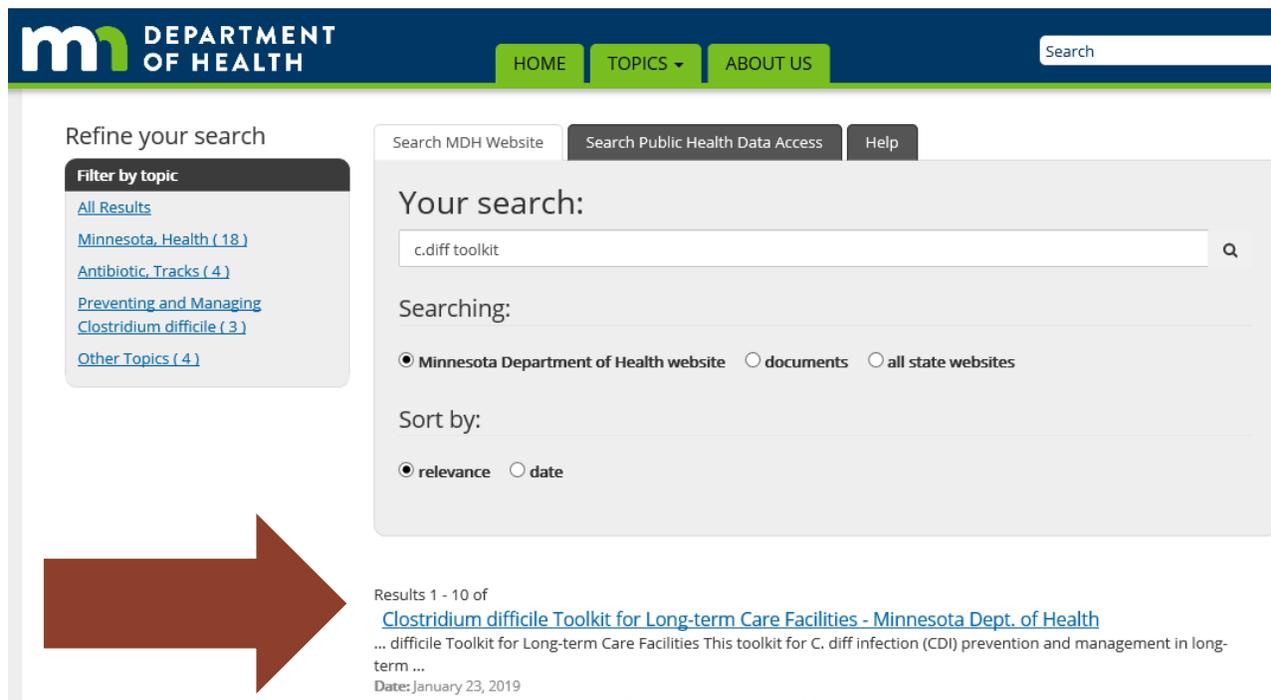
On Behalf of CHAIN

# How to Access It

- On the MDH website enter “C diff toolkit in the search bar



- The toolkit will be the first thing that opens up.





## Access to the Long-Term Care Facility *Clostridium difficile* Toolkit

[Long Term Care Facility Clostridium difficile Toolkit:](https://www.health.state.mn.us/diseases/cdiff/hcp/ltctoolkit/index.html)

<https://www.health.state.mn.us/diseases/cdiff/hcp/ltctoolkit/index.html>

Prepare

Detect

Contain

Clean

Prevent

Educate

- *C. diff* background
- **Current CDI Prevention and Response Activities:  
Early Identification and Containment Assessment  
Checklist**
- **Make a Team**
- **Example CDI Prevention and Control Policy**
- **CDI Response Algorithm**

**“By failing to prepare,  
you are preparing to  
fail”**

**- Benjamin Franklin**

# Prepare-What is *C. diff*?

- ❖ It can be present in the normal human digestive system
  - ❖ Vegetative/Spore forms
  - ❖ *C. diff* infections with complications ranging from uncomplicated diarrhea to toxic megacolon, sepsis and death.
  - ❖ Risk Factors
    - ❖ antibiotic use-Bacteria in the vegetative state are killed, but spores survive
    - ❖ Advanced age (95% of deaths in people 65 or older),
    - ❖ Immunocompromised
- 29,000 deaths annually in the USA**

# Current CDI Prevention and Response Activities: Early Identification and Containment Assessment Checklist

- The assessment is split into two sections:
  - Knowledge and competency
  - Infection prevention policies and infrastructure
- Each section contains questions about:
  - Early identification
  - Rapid containment

## Current activities survey:

SECTION 1. KNOWLEDGE AND COMPETENCY				
		YES	NO	N/A
Early identification				
Q1	Do direct care personnel* identify and communicate new or worsening diarrhea?			
Q2	Do nursing personnel* obtain a stool specimen for <i>C. difficile</i> testing only when a resident is having watery diarrhea?			
Q3	Do nursing personnel know the appropriate way to collect and submit a stool specimen for <i>C. difficile</i> testing?			
Q4	Do medical personnel* know the <i>C. difficile</i> testing (e.g., EIA "toxin" vs. molecular "PCR") being performed by the laboratory?			
Rapid containment				
Q5	Do healthcare personnel* know what precautions are used to prevent the spread of <i>C. difficile</i> ?			
Q6	Do nursing personnel know to implement contact precautions for residents known or suspected of having CDI?			
Q7	Do residents with CDI and their family members receive education about the use of hand washing and contact precautions to prevent transmission of CDI?			
SECTION 2. INFECTION PREVENTION POLICIES AND INFRASTRUCTURE				
		YES	NO	N/A
Early identification				
Q1	Is there a protocol for notifying medical personnel when a resident develops new or worsening diarrhea?			
Q2	Does your nursing home have a policy that allows nursing personnel to collect and order a stool for <i>C. difficile</i> testing?			
Q3	Is there a protocol for notifying medical personnel of the results of a <i>C. difficile</i> test?			
Rapid containment				
Q4	Does your nursing home have a policy that allows nursing personnel to implement contact precautions when a resident develops new or worsening diarrhea?			
Q5	Is there a visual tool (e.g., sign) used to communicate to healthcare personnel and visitors when contact precautions are in use for a resident with known or suspected CDI?			
Q6	Are there adequate supplies of gowns/gloves immediately available in all resident care areas*?			
Q7	Does your nursing home dedicate resident equipment when contact precautions for CDI are in use?			
Q8	Does your nursing home have a policy or procedure to provide separate toilets for residents with CDI who are sharing a room with residents without CDI?			

\* Healthcare personnel - All paid and unpaid persons working in the healthcare setting; Direct care personnel - All persons interacting with and/or providing hands-on care for residents; Nursing personnel - All persons who provide nursing care to residents including implementing orders and documenting resident condition in the record; Medical personnel - All persons who provide and document medical assessments and care to residents including writing orders and prescriptions; Resident care areas - Areas in the nursing home where direct resident care is provided (for example, resident rooms, common bathing room, therapy rooms, procedure/exam rooms, etc.)

# Example CDI Prevention and Control Policy

- Editable Microsoft Word document
  - Early recognition of CDI and laboratory testing
  - Contact Precautions
  - Room placement
  - Social and activity considerations
  - Environmental cleaning
  - Laundry
  - Prevention



DEPARTMENT  
OF HEALTH

## Example CDI Prevention and Control Policy

**Policy:** *Clostridium difficile* Infection (CDI) Prevention and Control and Treatment of Residents

**Purpose:** The purpose of this policy is to reduce the acquisition and transmission of *C. difficile* in this facility, and to provide guidelines for the care of residents with CDI.

**Facility Name:**

**Effective date:**

**Review date:**

**Approvals:** [Medical director, or other approving authority]

**Responsibility:** [nursing staff, environmental services/housekeeping, etc.]

### Background Information

- *Clostridium difficile* is an anaerobic, Gram-positive, spore-forming bacteria
  - *C. difficile* spores can remain in the environment for months if contaminated surfaces and/or items are not properly cleaned and disinfected
- The bacteria are found in feces, and transmitted via the fecal-oral route. Health care workers can spread the bacteria to other residents or contaminate surfaces through hand contact.
- Risk factors for CDI are:
  - Recent antibiotic use
  - Age >65 years
  - Other serious illnesses
- Signs and symptoms of CDI:
  - Watery, liquid diarrhea lasting for 3 or more days
  - Fever
  - Loss of appetite
  - Abdominal pain/cramps
  - Nausea

### Procedure

#### I. Early Recognition of CDI and laboratory testing

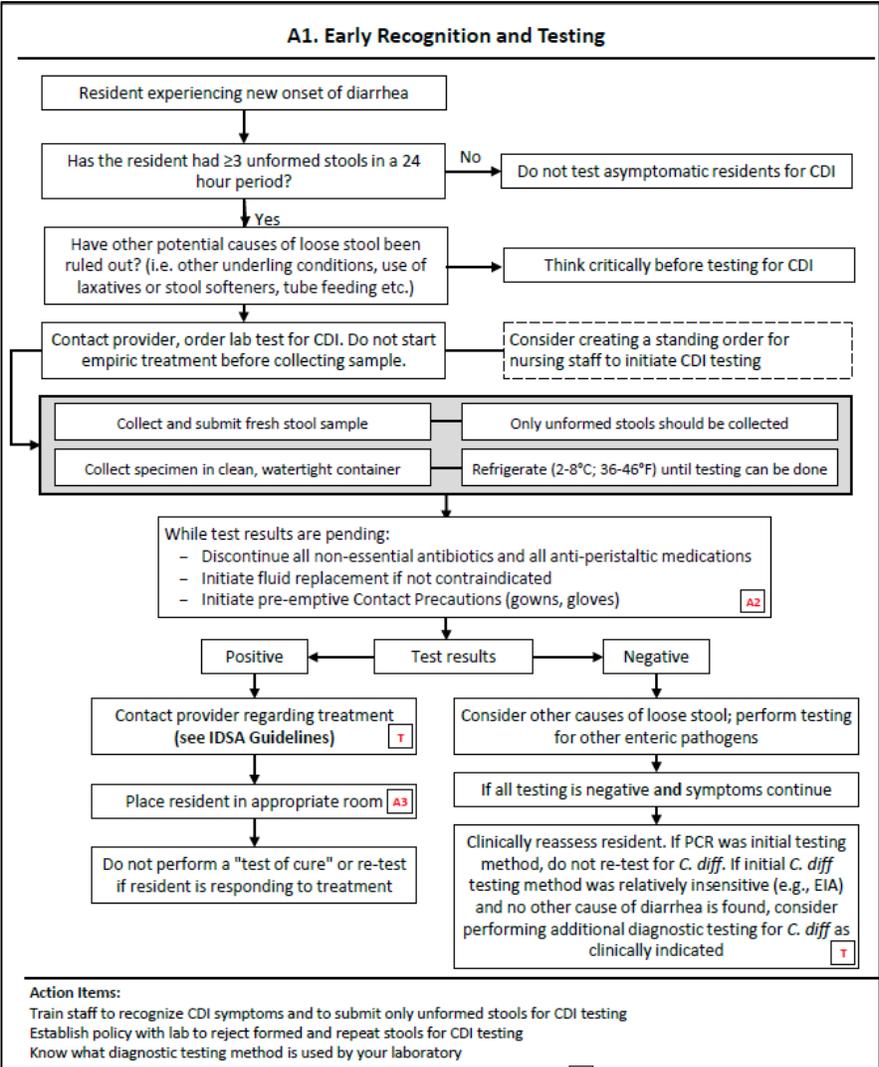
1. Consider CDI in a resident who has  $\geq 3$  unformed stools in a 24-hour period with no other known cause. Routine screening for CDI will not be performed.
2. Document symptoms in resident's medical record and contact provider to obtain an order for CDI lab testing.
3. Collect and submit an unformed, fresh stool sample for testing.
  - Testing will not be performed on formed or solid stool; do not send these specimens for testing.

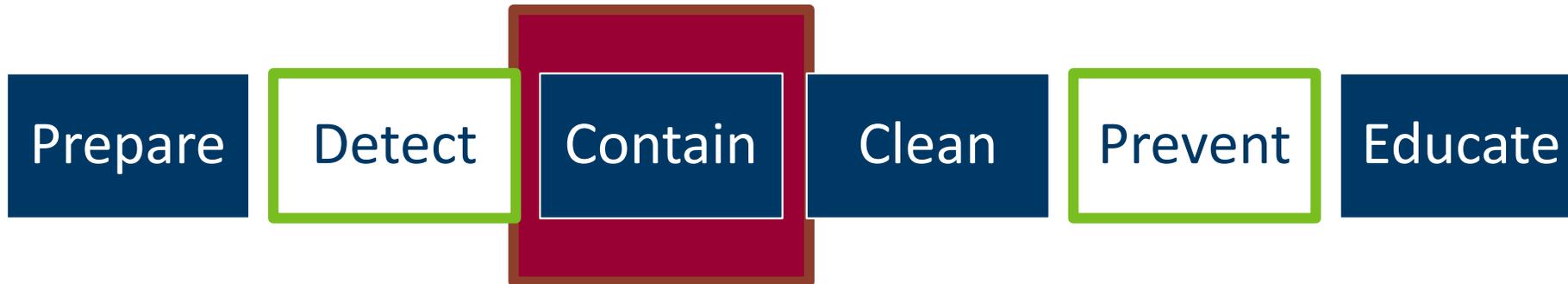


- Detection and Surveillance Self-Assessment
- **Early Recognition and Testing Algorithm**
- Surveillance
- Testing Recommendations
- **Bristol Stool Chart**
- Infections Tracking Tool



# Early Recognition and Testing Algorithm

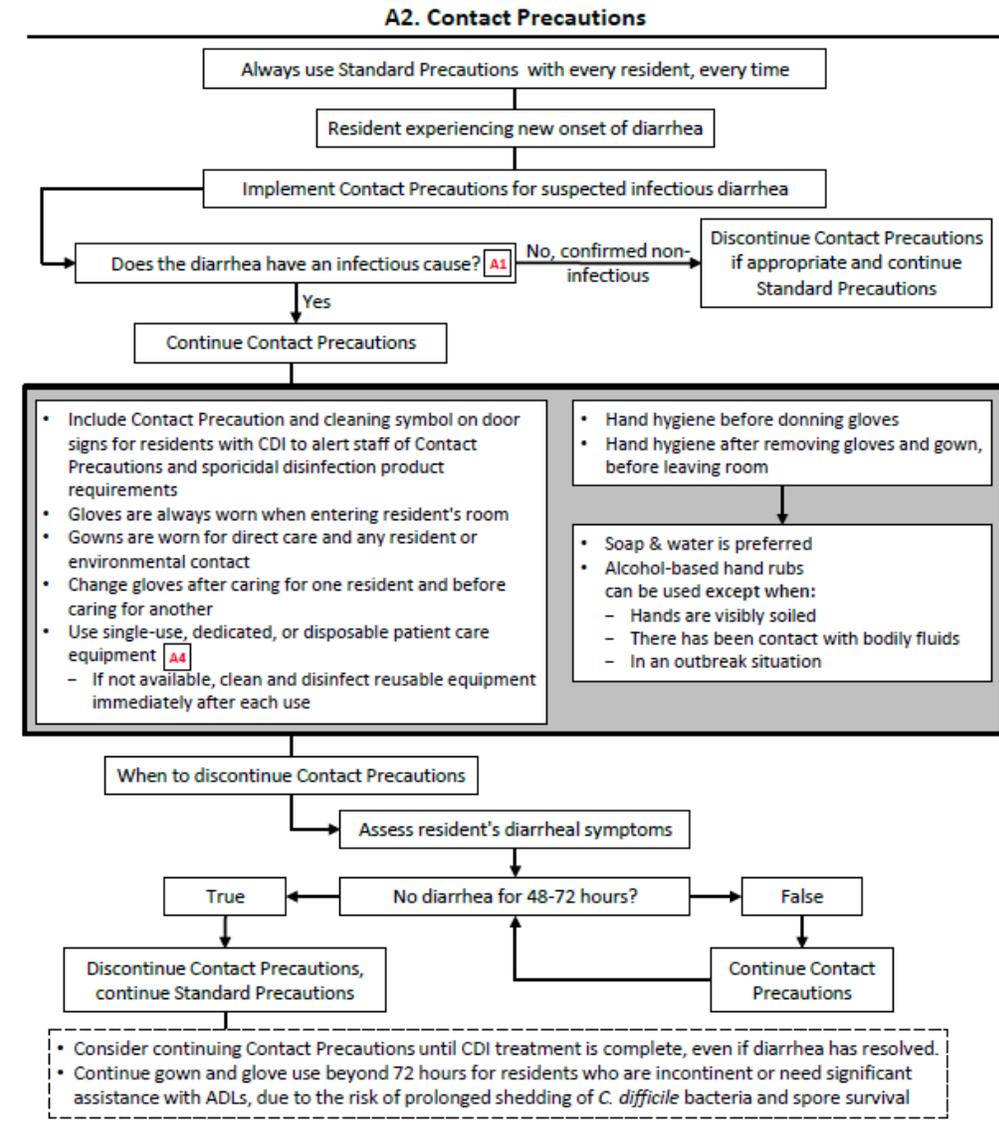




- **Contact Precautions Algorithm**
- **Hand Hygiene Resources**
- **Door Signage**
- **Personal Protective Equipment (PPE) Resources**
- **Transmission-Based Precautions Audit Tool**
- **Inter-Facility Infection Control Transfer Form**
- **Isolation Precautions**
- **Room Placement Algorithm**
- **Infection Prevention and Control Isolation Compliance Checklist**
- **Social and Activity Precautions**

# Contact precautions algorithm

The contact precautions algorithm guides facilities through initiating, continuing, and discontinuing contact precautions



# Personal protective equipment (PPE)

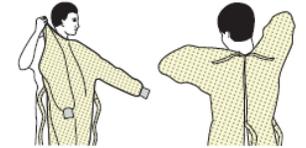
- PPE Assessment
- Donning and doffing recommendations

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



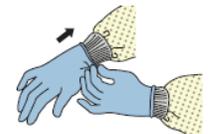
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown

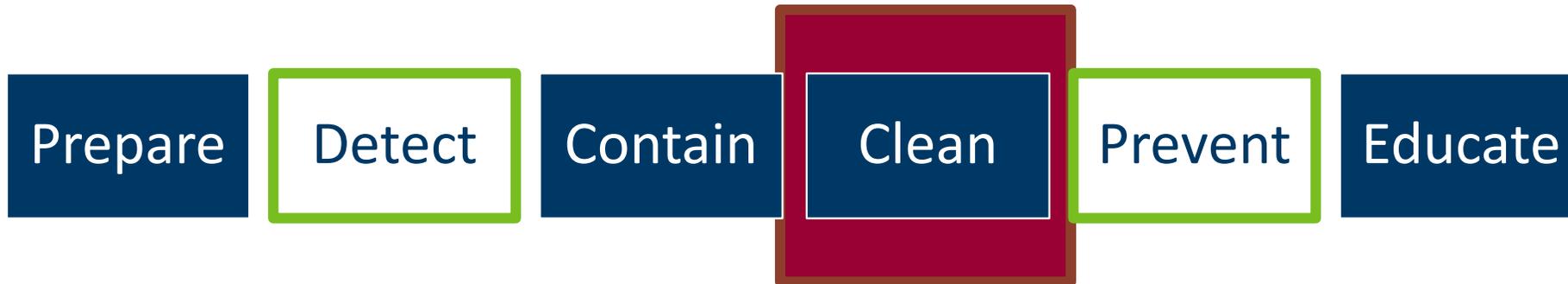


## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



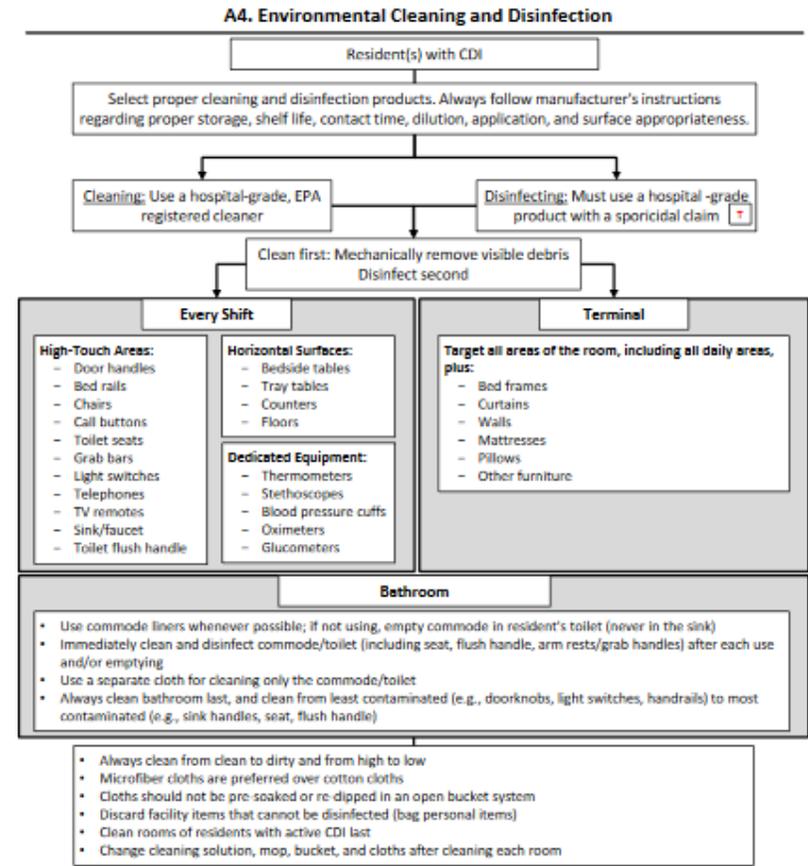




- **Environmental Cleaning Self-Assessment**
- **Environmental Cleaning and Disinfection Algorithm**
- **Cleaning Recommendations**
- **List K: Registered Antimicrobial Products Effective Against *C. difficile* Spores**
- ***C. difficile* Cleaning Audit Tool for Infection Prevention and Control**
- **CDC Environmental Checklist for Monitoring Terminal Cleaning**
- **Environmental Hygiene Daily Resident Room Skills Checklist**

# Environmental Cleaning and Disinfection Algorithm

- Cleaning responsibilities for every shift
- Terminal cleaning
- Cleaning the bathroom
- Other general recommendations



**Action Items:**

- Train Environmental Service staff on importance of cleaning and disinfection and the transmission of disease
- Establish responsibility for different elements of environmental cleaning and disinfection
- Provide Environmental Service staff with high touch cards for reference
- Include cleaning symbol on door signs for residents with CDI to alert Environmental Services staff of rooms requiring sporicidal disinfection products

- One of the most requested resources
- Three chemistries registered for hard surface disinfection
  - Bleach
  - Peroxyacetic acid (PAA)
  - Sodium dichloro Isocyanurate (NaDCC)



January 10, 2018

**LIST K: EPA's Registered Antimicrobial Products Effective against *Clostridium difficile* Spores**

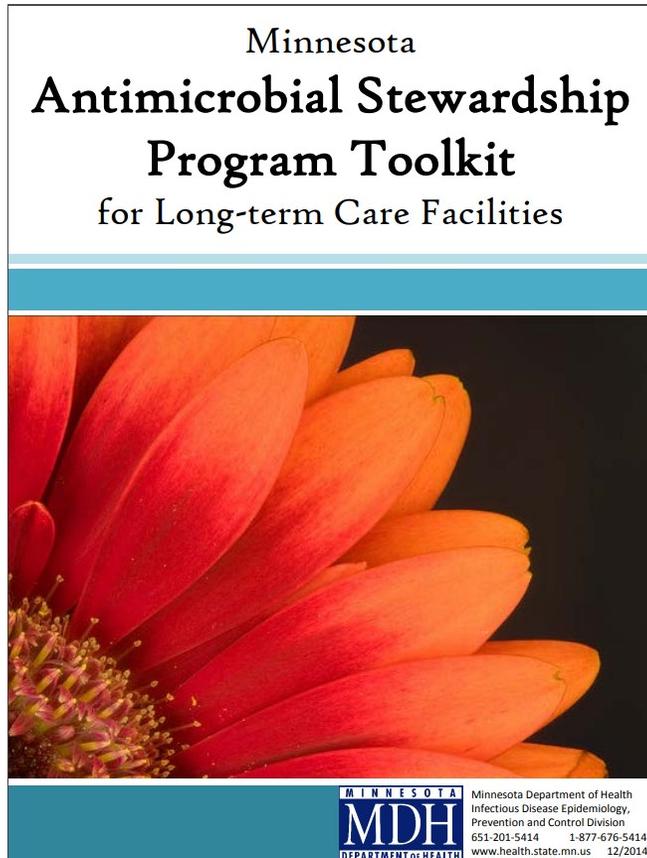
EPA Reg. No.	Primary Registered Product Name
777-83	LYSOL BRAND DISINFECTANT BLEACH PLUS
1043-124	HASTE-SSD-COMPONENT B
1043-125	HASTE-SSD-COMPONENT A
1872-85	AUSTIN A-1 ULTRA DISINFECTING BLEACH
1872-87	AUSTIN'S A-1 CONCENTRATED BLEACH 8.25%
1877-226	VIRASEPT
1877-235	BATH AND TILE DISINFECTING CLEANER
1877-237	FF-ATH
3573-77	CSP-3002-3
5741-28	DIFFENSE
5813-100	PUMA
9402-13	KIMTECH GERMICIDAL WIPE
9480-8	PDI SANI-CLOTH BLEACH WIPES
10324-214	MAGUARD 5826
11346-3	CLOROX HW
37549-1	MICRO-KILL BLEACH GERMICIDAL BLEACH WIPES
56392-7	DISPATCH HOSPITAL CLEANER DISINFECTANT WITH BLEACH
56392-8	DISPATCH HOSPITAL CLEANER DISINFECTANT TOWELS WITH BLEACH
67619-8	CPPC ULTRA BLEACH 2
67619-12	CPPC TSUNAMI
67619-27	BUSTER
69687-1	SUPER-CHLOR
70271-13	PURE BRIGHT GERMICIDAL ULTRA BLEACH
70271-20	PURE BRIGHT GERMICIDAL 160 BLEACH
70271-21	GERONIMO 160A
70271-22	METACOMET 160B
70271-23	WAMPATUCK C
70271-24	TECUMSEH B
70271-25	OSCEOLA 160C
70271-26	MASSASOIT A
70271-27	CROCKETT
70271-28	TUBBS
70590-1	HYPE-WIPE DISINFECTING TOWEL WITH BLEACH
70590-2	BLEACH RITE DISINFECTING SPRAY WITH BLEACH



- **Current Prevention Activities Assessment**
- **Minimum Criteria for Initiation of Antibiotics in Long-Term Care Residents (Loeb Criteria Risk Factors)**
- **Antimicrobial Stewardship for Prevention of CDI**
- **CDI Treatment**



# Prevent-Minnesota Antimicrobial Stewardship Program Resources



## Antimicrobial Stewardship Programs

ASP Home

For Long-term Care Facilities

For Acute Care

For Outpatient Clinics

## Antimicrobial Resistance and Stewardship

Antimicrobial Resistance Home

Antimicrobial Use and Resistance Basics

Minnesota Antibiotic Stewardship Data

Antibiotics and Environmental Health

For Health Professionals

For Animal Health

## Minnesota Antimicrobial Stewardship Program Toolkit for Long-term Care Facilities

### Frequently requested items:

- [Minnesota Sample Antibiotic Stewardship Policy for Long-Term Care Facilities \(PDF\) | \(Word\)](#)
  - [Companion Guide to Using the Minnesota Sample Antibiotic Stewardship Policy for Long-Term Care Facilities \(PDF\)](#)
- [Sample Newsletter Article for Long-term Care Facilities \(PDF\) | \(Word\)](#)
- [Minimum Criteria for Initiation of Antibiotics in Long-Term Care Residents](#)
- [Appendix L: Infection and Antibiotic Use Tracking Tool Instructions \(PDF\) | \(Excel\) updated 11/2018](#)

Recorded webinar in Infection Surveillance Tools section below.

## Overview

 Share This

 Subscribe to One Health Antibiotic Stewardship Collaborative Updates

 Subscribe to MN Healthcare-Associated Infections Updates



### Spotlight

[Antimicrobial Susceptibilities of Selected Pathogens \(Antibiogram\)](#)

The MDH Antibiogram includes a compilation of antimicrobial susceptibilities selected pathogens that have been submitted to the MDH Public Health Laboratory.

[One Health Antibiotic Stewardship Print Materials](#)  
Fact sheets, flyers, posters, brochures, and other print

[Minnesota Antimicrobial Stewardship Program Toolkit for Long-term Care Facilities](https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/index.html)  
[\[https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/index.html\]](https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/index.html)

# Prevent-Minimum Criteria for Initiating Antibiotics

## Minimum Criteria for Initiation of Antibiotics in Long-Term Care Residents

Suspected Lower Respiratory Tract Infection	Suspected Urinary Tract Infection
<ul style="list-style-type: none"><li>Fever <math>&gt;38.9^{\circ}\text{C}</math> [<math>102^{\circ}\text{F}</math>] and at least one of the following:<ul style="list-style-type: none"><li>Respiratory rate <math>&gt;25</math></li><li>Productive cough</li></ul></li><li>or</li><li>Fever <math>&gt;37.9^{\circ}\text{C}</math> [<math>100^{\circ}\text{F}</math>] or a <math>1.5^{\circ}\text{C}</math> [<math>2.4^{\circ}\text{F}</math>] increase above baseline temperature, but <math>\leq 38.9^{\circ}\text{C}</math> [<math>102^{\circ}\text{F}</math>] and cough and at least one of the following:<ul style="list-style-type: none"><li>Pulse <math>&gt;100</math></li><li>Rigors</li><li>Delirium</li><li>Respiratory rate <math>&gt;25</math></li></ul></li><li>or</li><li>Afebrile resident with COPD and <math>&gt;65</math> years and new or increased cough with purulent sputum production</li><li>or</li><li>Afebrile resident without COPD and new cough with purulent sputum production and at least one of the following:<ul style="list-style-type: none"><li>Respiratory rate <math>&gt;25</math></li><li>Delirium</li></ul></li><li>or</li><li>New infiltrate on chest X-ray thought to represent pneumonia and at least one of the following:<ul style="list-style-type: none"><li>Fever <math>&gt;37.9^{\circ}\text{C}</math> [<math>100^{\circ}\text{F}</math>] or a <math>1.5^{\circ}\text{C}</math> [<math>2.4^{\circ}\text{F}</math>] increase above baseline temperature)</li><li>Respiratory rate <math>&gt;25</math></li><li>Productive cough</li></ul></li></ul> <p>Chest X-ray and complete cell count with differential is reasonable for residents with fever, cough, and at least one of the following: pulse <math>&gt;100</math>, worsening mental status, rigors.</p>	<p><b>NO indwelling catheter:</b></p> <ul style="list-style-type: none"><li>Acute dysuria</li></ul> <p>or</p> <ul style="list-style-type: none"><li>Fever <math>&gt;37.9^{\circ}\text{C}</math> [<math>100^{\circ}\text{F}</math>] or a <math>1.5^{\circ}\text{C}</math> [<math>2.4^{\circ}\text{F}</math>] increase above baseline temperature) and at least one of the following: New or worsening:<ul style="list-style-type: none"><li>Urgency</li><li>Frequency</li><li>Suprapubic pain</li><li>Gross hematuria</li><li>Costovertebral angle tenderness</li><li>Urinary incontinence</li></ul></li></ul> <p><b>WITH indwelling catheter (Foley or suprapubic):</b></p> <ul style="list-style-type: none"><li>At least one of the following:<ul style="list-style-type: none"><li>Fever <math>&gt;37.9^{\circ}\text{C}</math> [<math>100^{\circ}\text{F}</math>] or a <math>1.5^{\circ}\text{C}</math> [<math>2.4^{\circ}\text{F}</math>] increase above baseline temperature)</li><li>New costovertebral tenderness</li><li>Rigors</li><li>New onset of delirium</li></ul></li></ul> <p>Note: Foul smelling or cloudy urine is not a valid indication for initiating antibiotics. Asymptomatic bacteriuria should not be treated with antibiotics.</p>
<h3>Fever with Unknown Focus of Infection</h3> <ul style="list-style-type: none"><li>Fever <math>&gt;37.9^{\circ}\text{C}</math> [<math>100^{\circ}\text{F}</math>] or a <math>1.5^{\circ}\text{C}</math> [<math>2.4^{\circ}\text{F}</math>] increase above baseline temperature) and at least one of the following:<ul style="list-style-type: none"><li>New onset delirium</li><li>Rigors</li></ul></li></ul> <p>Note: fever + mental status changes that do not meet delirium criteria (e.g. reduced functional activities, withdrawal, loss of appetite) need to be investigated but empiric antibiotics are not needed.</p>	<h3>Suspected Skin and Soft-tissue Infection</h3> <ul style="list-style-type: none"><li>New or increasing purulent drainage at a wound, skin, or soft-tissue site</li></ul> <p>or</p> <ul style="list-style-type: none"><li>At least 2 of the following:<ul style="list-style-type: none"><li>Fever <math>&gt;37.9^{\circ}\text{C}</math> [<math>100^{\circ}\text{F}</math>] or a <math>1.5^{\circ}\text{C}</math> [<math>2.4^{\circ}\text{F}</math>] increase above baseline temperature)</li><li>Redness</li><li>Tenderness</li><li>Warmth</li><li>New or increasing swelling</li></ul></li></ul>

Source: Loeb et al. Development of Minimum Criteria for the Initiation of Antibiotics in Residents of Long-Term Care Facilities: Results of a Consensus Conference. *Inf Control Hosp Epidemiol*. 2001

[Minimum Criteria for Initiation of Antibiotics in Long-Term Care Residents](https://www.health.state.mn.us/diseases/antibioticresistance/hcp/lcabxcard.html)

[\[https://www.health.state.mn.us/diseases/antibioticresistance/hcp/lcabxcard.html\]](https://www.health.state.mn.us/diseases/antibioticresistance/hcp/lcabxcard.html)



- Current facility education activities assessment tool
- Answers to common C. diff questions
- Resident and Family education
- Employee Environmental Cleaning Education
- Resources-C. diff infections



# Acknowledgements

- Kathie Nichols
- Dr. Stacy Holzbauer
- APIC LTCF Committee
- Medora Witwer
- Tory Whitten
- Maria Bye



Thank you!  
[janet.lilleberg@state.mn.us](mailto:janet.lilleberg@state.mn.us)



# Licensing Tips

# Change of Information, HCALP-F4040

- Change of Information – must report changes about:
  - Company name
  - Email/phone number/physical/mailing address
  - Adding/Dropping HWS
  - Hired employees and obtained workers comp
  - Designated agent
  - Other information required by department



# Application Screening

- Initial applications are screened for correct:
  - Payment
  - Application content
  - Attachments
  - Policies and procedures
- If rejected, MDH will return to applicant:
  - Checklist showing missing items
  - Payment
- MDH holds application for 30 calendar days



# Timelines

- **New application**

- Submit at least 3 to 6 months before you want to start business

- **Renewal**

- Requires at least 30 days before expires
- MDH recommends at least 60 days before expires

- **Change of Ownership (CHOW)**

- MDH recommends owner contacts MDH as soon as selling/changes are considered
- At least 60 days before sale/change is final



\*MDH has 60 days to issue/deny license once application is **complete**.

# License Renewal Responsibilities

## Licensees

- Renew **at least 30 days before** current license expires
- It is **illegal** to operate without a license



## MDH will

- Notify licensee if application appears complete OR
- Inform licensee if items are missing
- Process renewal applications within 60 days of receiving **complete** application



# Survey Readiness Resources

# Be Prepared for your Survey!

Survey Readiness Resources will help you:

- Understand requirements
- Know what to expect when MDH arrives
- Relax
- Be survey ready!



# Survey Readiness Resources

## Home Care and Assisted Living

Home Care and Assisted Living Home

Starting an Agency

Survey Forms and Self-audit Tools

Info for Providers

Info for Consumers, Families and Caregivers

Facility and Provider Database

Survey Results

Laws / Statutes

Advisory Council

Info for Surveyors

About Us

### Related Info

Facility Certification, Regulation and Licensing

Healthcare Facilities, Providers and Insurance

## Home Care and Assisted Living



### Starting a Home Care Agency

Information about starting a home care agency

### Survey Readiness Resources

Survey forms and self-audit tools

### Consumers, Families and Caregivers

Frequently asked questions

Home care bill of rights

Home care provider survey results



## Home Care Survey Forms and Self-Audit Tools

### Be Prepared for Your Survey

Minnesota home care laws require that the Minnesota Department of Health (MDH) survey licensed home care providers at least once every three years. Temporary licensed home care providers will have an initial full survey during the twelve-month temporary license period.

To prepare for a survey, providers can use the forms on these pages. These are the same forms MDH staff use when conducting a survey. Reviewing the forms will help providers and their staffs understand what MDH will look at when they visit.

# Tools Include

- Guide to the Survey Process for Temporary Licensees (HCALP-F2019)
- Guide to the Survey Process for Licensees (HCALP-F2020)
- Entrance Conference (HCALP-F5065B/C)
- Client Roster (HCALP-F5060B/C)
- Employee List (HCALP-F5066)
- Client Observation and Record Review (HCALP-F5022B/C)
- Employee Record Review (HCALP-F5021B/C)





**Office of Health Facility Complaints (OHFC)  
and How OHFC Relates to HCALP**

# Complaint Process

## Background Studies

Disqualification process, appeals

## Enforce

Licensing orders, follow-up visits, and fines

## Investigate

Conduct onsite maltreatment and compliance investigations

## Triage

Review and assess all reports and complaints

## Intake

Receive and process ~400 complaints and reports a week

# What Is MAARC?

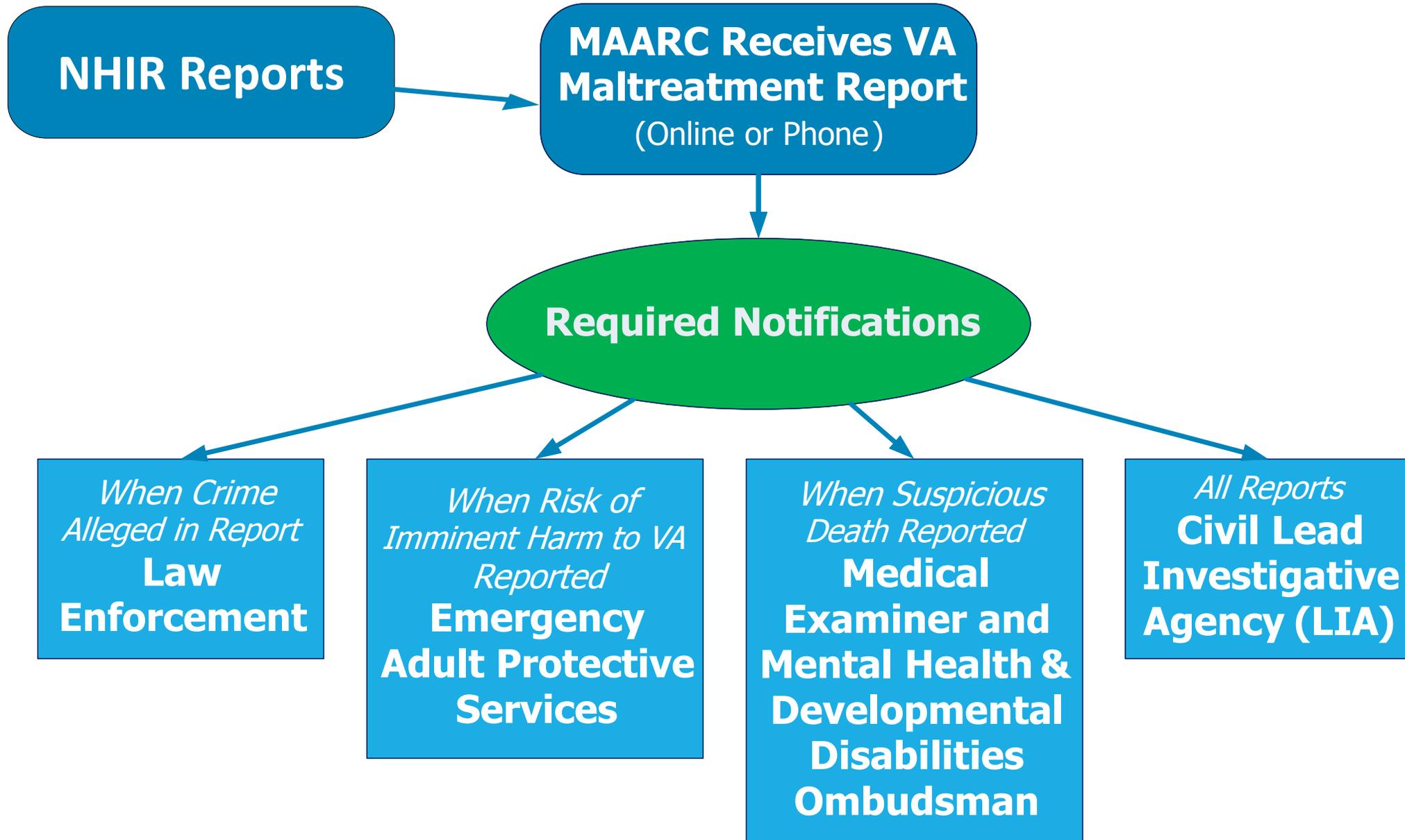
Minnesota Adult Abuse Reporting Center (MAARC) is the Common Entry Point (CEP) for reporting suspected maltreatment of VAs in Minnesota

- 24/7/365 reporting and processing
- Web reporting for Mandated Reporters (preferred): [Minnesota Adult Abuse Reporting Center \(MAARC\) \[mn.gov/dhs/reportadultabuse/\]](https://mn.gov/dhs/reportadultabuse/)
- Telephone reporting for Voluntary or Mandated Reporters: 1-844-880-1574

*Call 911 before making a MAARC report if emergency response is needed from police, fire, or medical personnel*



# MAARC Report Flow



# Office of Health Facility Complaints (OHFC)

- For home care providers, the lead investigative agency is MDH. If the case is selected for investigation, it will be conducted by OHFC.
- The OHFC investigator, or team of investigators, will usually be doing two functions:
  - The maltreatment investigation
  - An abbreviated survey, focused on what is relevant to the complaint
- That means you get two outcomes:
  - A set of correction orders or a letter saying there will be no correction orders
  - A maltreatment report

# OHFC + HCALP = Collaborative Enforcement

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# Questions and Discussion

Thank you  
for participating in  
Home Care Matters!

# Mark Your Calendars

Next Home Care Matters Call

**Wednesday, August 7, 2019**

**10:00 – 11:30 am**

**Home Care and Assisted Living Program**

**Website:**

[Home Care and Assisted Living \[https://www.health.state.mn.us/facilities/regulation/homecare/index.html\]](https://www.health.state.mn.us/facilities/regulation/homecare/index.html)

**Email:** [Health.Homecare@state.mn.us](mailto:Health.Homecare@state.mn.us)

**Phone:** (651) 201-5273

