



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically Delivered

October 7, 2019

Administrator
Valley View Estates
1104 4th Avenue Northeast
Long Prairie, MN 56347

Re: Project Number SL20675014

Dear Administrator:

On September 23, 2019, staff of the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders found on the survey completed on March 7, 2019; and follow-up survey completed on May 9, 2019; and follow-up survey completed on July 17, 2019. At this time these correction orders were found corrected and are listed on the attached State Form: **Revisit Report**.

If you have questions, contact Jeri Cummins at (218) 302-6193.

It is your responsibility to share the information contained in this letter and the results of the visit with the President of your organization's Governing Body.

Sincerely,

A handwritten signature in blue ink that reads 'Paula M. Bastian'.

PAULA M. BASTIAN
Senior Health Program Representative
Health Regulation Division
Home Care & Assisted Living Program



cc: Cheryl Hennen, Office of the Ombudsman for Long Term Care
Todd County Social Services

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H20675	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/23/2019	Y3
NAME OF FACILITY VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00560	Correction	ID Prefix 00865	Correction	ID Prefix 01000	Correction
Reg. # 144A.474, Subd. 8	Completed	Reg. # 144A.4791, Subd. 9(a-e)	Completed	Reg. # 144A.4792, Subd. 20	Completed
LSC	09/23/2019	LSC	09/23/2019	LSC	09/23/2019
ID Prefix 01035	Correction	ID Prefix 01045	Correction	ID Prefix	Correction
Reg. # 144A.4793, Subd. 3	Completed	Reg. # 144A.4793, Subd. 5	Completed	Reg. #	Completed
LSC	09/23/2019	LSC	09/23/2019	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY: MDH <input type="checkbox"/>		REVIEWED BY (INITIALS): PMB		DATE: 10/07/2019	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		SIGNATURE OF SURVEYOR: 34170	
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 20, 2019

Administrator
Valley View Estates
1104 4th Avenue Northeast
Long Prairie, MN 56347

RE: Project Number SL20675014
DOCUMENTATION OF ACTION TO COMPLY REQUESTED

Dear Administrator:

On July 17, 2019, the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders found on the survey completed on May 9, 2019. The follow-up survey determined your agency had not corrected all of the state licensing orders issued pursuant to the survey.

In accordance with Minn. Stat. § 144A.474, subd. 11, state licensing orders issued pursuant to the last survey completed on May 9, 2019, found not corrected at the time of the July 17, 2019 follow-up survey and subject to penalty assessment are as follows:

0560-Correction Orders, Minn. Stat. § 144A.474, subd. 8 - \$500.00
1000-Prescription Drugs, Minn. Stat. § 144A.4792, subd. 20 - \$100.00
1035-Individualized Treatment/therapy Mgt Plan, Minn. Stat. § 144A.4793, subd. 3 - \$300.00
1045-Documentation Of Treatment/therapy, Minn. Stat. § 144A.4793, subd. 5 - \$100.00

The details of the violations noted at the time of this revisit completed on July 17, 2019 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, **the total amount you are assessed is \$1,000.00.** You will be invoiced within 15 days of the receipt of this notice.

DOCUMENTATION OF ACTION TO COMPLY REQUESTED

In accordance with Minn. Stat. § 144A.474, subd. 8(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order. At this time, the commissioner requests copies of your documentation and your responsive actions taken to correct the orders issued. **Please email this documentation within seven (7) days of your receipt of these orders to Jeri Cummins, Health Resource Supervisor at jeri.cummins@state.mn.us.**

IMPOSITION OF FINES:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144A.475 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144A.475.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475.

CORRECTION ORDER RECONSIDERATION PROCESS

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

Renae Dressel, Health Program Rep. Sr.
Home Care Assisted Living Program
Minnesota Department of Health
P.O. Box 3879
85 East Seventh Place
St. Paul, MN 55101

We urge you to review these orders carefully. If you have questions, please contact Jeri Cummins at 218-302-6193. Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your agency's Governing Body.

Sincerely,



PAULA M. BASTIAN
Senior Health Program Representative
Health Regulation Division
Home Care & Assisted Living Program

cc: Cheryl Hennen, Office of the Ombudsman for Long Term Care
Todd County Social Services

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H20675	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/17/2019	Y3
NAME OF FACILITY VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00870	Correction	ID Prefix 00910	Correction	ID Prefix 00920	Correction
Reg. # 144A.4791, Subd. 9(f)	Completed	Reg. # 144A.4792, Subd. 3	Completed	Reg. # 144A.4792, Subd. 5	Completed
LSC	07/17/2019	LSC	07/17/2019	LSC	07/17/2019
ID Prefix 01030	Correction	ID Prefix 01050	Correction	ID Prefix	Correction
Reg. # 144A.4793, Subd. 2	Completed	Reg. # 144A.4793, Subd. 6	Completed	Reg. #	Completed
LSC	07/17/2019	LSC	07/17/2019	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY: MDH <input type="checkbox"/>		REVIEWED BY (INITIALS): PMB		DATE: 8/20/19	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		SIGNATURE OF SURVEYOR: 34170	
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2019		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/17/2019
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: Project #SL20675014</p> <p>On July 17, 2019, a surveyor of this Department's staff conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on March 7, 2019, and a resurvey completed on May 9, 2019. At the time of the survey, there were 27 clients that were receiving comprehensive services. As a result of the revisit, the following orders were reissued.</p>	{0 000}	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes 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 surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER ' S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</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>	
{0 560} SS=F	144A.474, Subd. 8 Correction Orders	{0 560}		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/17/2019
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347			
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{0 560}	Continued From page 1 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to have sufficient documentation with actions taken to comply with the corrections orders from a survey completed on March 7, 2019, and a revisit survey completed on May 9, 2019, with records reviewed. 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). The findings include: During the revisit entrance conference on July 17, 2019, at approximately 9:30 a.m. employee A (director of nursing/registered nurse/RN/administrator) reported steps had been taken to correct the issues from the previous survey completed on May 9, 2019. A review of the licensee's client records, employee records, and policies and procedures during the survey, lacked evidence to indicate that the licensee had corrected all of the orders issued on May 9, 2019. On July 17, 2019, at approximately 3:30 p.m. employee A verified all corrections had not been made for the orders issued on May 9, 2019. No further information was provided.	{0 560}			
{0 865} SS=C	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions Subd. 9. Service plan, implementation, and	{0 865}			

Minnesota Department of Health

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{0 865}	<p>Continued From page 2</p> <p>revisions to service plan. (a) No later than 14 days after the initiation of services, a home care provider shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care.</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	{0 865}		

Minnesota Department of Health

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 865}	<p>Continued From page 3</p> <p>licensee failed to ensure that service plan revisions included 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 for three of seven clients (#5, #10 and #13) with records reviewed.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), 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). The findings include:</p> <p>The licensee failed to have the clients or responsible persons authenticate changed service plans and to update service plans when changes occurred.</p> <p>Clients #5, #10 and #13's service plans, dated April 4, 2019, March 19, 2019, and March 9, 2019, respectively, had changes made since the last survey on May 9, 2019, but didn't have a new signature dated after the last survey.</p> <p>A review of client #5, #10 and #13's records revealed the information that was missing on the service plans on the last survey of May 9, 2019, (the complete schedule and methods of monitoring reviews or assessments of the client) was present on page one of the four page documents. The signatures and dates of the signatures were on page four of the documents.</p> <p>On July 17, 2019, at approximately 9:45 a.m.,</p>	{0 865}		

Minnesota Department of Health

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{0 865}	Continued From page 4 employee A (director of nursing/registered nurse/RN/administrator) stated "If there is no new signature, it is because I just made the change to the first page and attached it to the old service plans without reviewing them with the clients and obtaining signatures for all the service plans that were missing the required information". The licensee's policy "Development and Revision of the Service Plan," dated March 27, 2019, noted: "All home care services are provided in accordance with a suitable and up-to-date, written service plan, based on the individual client's needs and preferences." "If a review of the service plan indicates that the client's service plan needs modification based on the client's needs, preferences, or changes in fees, the RN, therapist and/or other licensed health professional (as applicable) makes necessary changes to the service plan with name, title and date, and requests that the client and/or the client's representative sign and date the revised service plan." No further information was provided.	{0 865}		
{01000} SS=F	144A.4792, Subd. 20 Prescription Drugs Subd. 20. Prescription drugs. A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced	{01000}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/17/2019
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{01000}	<p>Continued From page 5</p> <p>by: Based on observation and interview, the licensee failed to date a time sensitive medication with the date it was opened for one of one client (#13) receiving medication services with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>On July 17, 2019, at approximately 1:30 p.m., the storage of medications managed by the licensee in the assisted living was observed with employee F (licensed practical nurse/LPN). Client #13's medications were stored in her bathroom in two separate locked cupboards. One cupboard contained the morning medications and the second cupboard contained the afternoon and evening medications. The second cupboard had an open bottle of lantoprost eye drops, which was not labeled with the date it was opened or the date it would expire.</p> <p>Manufacturer's recommendations are to throw away lantoprost eye drops six weeks after they are opened.</p> <p>At approximately 2:15 p.m., employee A (director of nursing/registered nurse/RN/administrator) verified the medication noted above was not</p>	{01000}		

Minnesota Department of Health

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{01000}	Continued From page 6 labeled with the date it was opened or the date it would expire. Employee A reported she was unaware of the need to date the lantoprost eye drops when opened, and verified the licensee had not been dating any time sensitive medications with the date they were opened or the date they would expire and did not have a policy instructing staff to do so. No further information was provided.	{01000}		
{01035} SS=E	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan Subd. 3. Individualized treatment or therapy management plan. For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy	{01035}		

Minnesota Department of Health

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{01035}	<p>Continued From page 7</p> <p>services; and</p> <p>(5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain a current individualized treatment and therapy management record for four of six clients (#2, #5, #10 and #13) with records reviewed.</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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include:</p> <p>Records for clients #2, #5, #10 and #13 lacked evidence individualized treatment and therapy management plans were developed that included all the treatments and therapies the clients were receiving, identification of the treatment or therapy tasks that would be delegated to unlicensed personnel, procedures for notifying a registered nurse or appropriate licensed health</p>	{01035}			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
(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
{01035}	<p>Continued From page 8</p> <p>professional when a problem arises with treatments or therapy services, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</p> <p>CLIENT #2 Client #2's diagnoses included osteoarthritis, history of urinary tract infections, and gout (a form of arthritis caused by excess uric acid in the bloodstream).</p> <p>Client #2 had prescriber's orders, dated April 2, 2019, for ace wrap (an elastic bandage used to decrease swelling and protect joints) to knee PRN (as needed).</p> <p>Client #2's record lacked a developed individualized treatment and therapy management plan to include any client-specific requirements relating to documentation of treatment and therapy received.</p> <p>CLIENT #5 Client #5 had diagnoses that included hypertension and congestive heart failure (CHF-a condition in which the heart's function as a pump is inadequate to meet the body's needs).</p> <p>Client #5 had prescriber's orders, dated April 1, 2019, for oxygen two liters per nasal cannula (a device used to deliver oxygen to a patient through a lightweight tube which on one end splits into two prongs that are placed in the nostrils and from which a mixture of air and oxygen flow). Other signed orders dated the same date included, the use of Thick-It in all liquids, ambulate (walk) two times each day, and</p>	{01035}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/17/2019
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
(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
{01035}	<p>Continued From page 9</p> <p>swallow exercises twice each day.</p> <p>Client #5's record lacked a developed individualized treatment and therapy management plan to include any client-specific requirements relating to documentation of treatment and therapy received for the swallow exercises and Thick-lt. In addition, the plan lacked any information regarding the oxygen use or the need to ambulate the client twice each day.</p> <p>CLIENT #10 Client #10 had diagnoses that included benign prostatic hypertrophy (BPH) with urinary retention and dementia.</p> <p>Client #10 had prescriber's orders, dated April 9, 2019, that included "thicken liquids" and warm pack application to right knee three times each day.</p> <p>Client #10's record lacked a developed individualized treatment and therapy management plan to include any client-specific requirements relating to documentation of treatment and therapy received.</p> <p>CLIENT #13 Client #13 had diagnoses that included positional hypotension (low blood pressure) and diabetes mellitus.</p> <p>Client #13 had prescriber's orders, dated July 11, 2018, that included the use of thromboembolism-deterrent hose (used in the treatment of edema).</p> <p>Client #13's record lacked a developed</p>	{01035}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/17/2019
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
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{01035}	<p>Continued From page 10</p> <p>individualized treatment and therapy management plan to include the thromboembolism-deterrent hose.</p> <p>On July 17, 2019, at approximately 12:00 p.m., employee A (director of nursing/registered nurse/RN/administrator) verified records for clients #2 and #10 did not contain a treatment and therapy management plan that included all the required content. Later the same day, at approximately 12:30 p.m., employee A also verified records for clients #5 and #13 did not contain a treatment and therapy management plan that included all the required content. Employee A reported she thought oxygen was a medication and not a treatment or therapy, but verified the medication management plan didn't contain the oxygen either.</p> <p>The licensee's policy "Delegation of Nursing Tasks, Treatments or Therapy Tasks" dated March 26, 2019, noted: "When a treatment or therapy is delegated or assigned to unlicensed personnel, the RN or authorized Licensed Health Professional must: a. Develop and maintain a current individualized treatment or therapy management record for each client that addresses the requirements of MN Statutes 144.4793, subd. 3."</p> <p>Another of the licensee's policies "Individual Treatment and Therapy Services" dated June 26, 2019, noted: "Based on the nursing assessment, the RN will develop an individualized treatment and therapy management plan for each resident receiving any type of treatment or therapy management services, consistent with current practice standards and guidelines, and will develop</p>	{01035}			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
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{01035}	Continued From page 11 specific procedures for treatments and therapy management services that staff will provide." No further information was provided.	{01035}			
{01045} SS=D	144A.4793, Subd. 5 Documentation of Treatment/Therapy Subd. 5. Documentation of administration of treatments and therapies. Each treatment or therapy administered by a comprehensive home care provider must be documented in the client's record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to administer a treatment (compression stockings) and did not document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs for one of six clients (#13) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a	{01045}			

Minnesota Department of Health

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{01045}	<p>Continued From page 12</p> <p>limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>The record for client #13 lacked evidence treatments and therapies were administered as prescribed, and did not include documentation of the reason why they were not administered, and any follow-up procedures that were provided to meet the client's needs.</p> <p>Client #13 had diagnoses that included positional hypotension (low blood pressure) and diabetes mellitus.</p> <p>Client #13 had prescriber's orders dated July 11, 2018, that included knee high compression stockings.</p> <p>Client #13's record lacked documentation of the administration of the compression stockings.</p> <p>On July 17, 2019, at approximately 1:30 p.m., employee F reported client #13 hadn't worn her compression stockings for about a week, but had worn them prior to that. Employee F didn't recall ever documenting the assistance with the compression stockings.</p> <p>On July 17, 2019, at approximately 1:45 p.m., client #5 reported she wore the compression stockings occasionally and sometimes needed assistance to put them on.</p> <p>Employee A (director of nursing/registered nurse/RN/administrator) reported she didn't think client #13 ever wore her compression stockings and indicated the administration of treatments would be documented on the "Service Recap</p>	{01045}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/17/2019
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
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{01045}	<p>Continued From page 13</p> <p>Summary". Employee A also verified the compression stockings were not being documented as provided, because they weren't noted on the service plan or anywhere else in Residex (computer software program).</p> <p>The "Service Recap Summary" lacked documentation that reflected staff had provided assistance with the compression stockings in June or July, 2019.</p> <p>The licensee's policy "Individual Treatment and Therapy Services" dated June 26, 2019, noted: "The Home Care Director/RN will determine which treatment or therapy services our agency will offer, which may include:</p> <ul style="list-style-type: none"> a. Staff that will perform task <ul style="list-style-type: none"> i. RN (documentation in Rtask/Residex) ii. LPN (Documentation in Rtask/Residex) iii. Physical Therapist (Outside Agency will provide documentation of services provided) iv. Other Licensed staff (Documentation in Rtask/Residex, or if outside agency, will provide documentation of services provided) v. Unlicensed staff (documentation in Rtask/Residex)" <p>No further information was provided.</p>	{01045}		



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Email: MARYDVORAK6@GMAIL.COM

June 5, 2019

Ms. Mary Dvorak, Administrator
Valley View Estates
1104 4th Avenue Northeast
Long Prairie, MN 56347

Re: Enclosed State Licensing Orders - Project Number SL20675014

Dear Ms. Dvorak:

On May 9, 2019, staff of the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders found on the survey completed on March 7, 2019.

State licensing orders issued pursuant to the survey completed on March 7, 2019, found corrected at the time of the May 9, 2019 follow-up survey, are listed on the attached State Form: **Revisit Report**.

State licensing orders are delineated on the attached Minnesota Department of Health order form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes for Home Care Providers.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by."

IMPOSITION OF FINES

Level 1, no fines or enforcement.

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

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

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

At the time of this survey it was determined, in accordance with Minn. Stat. 144A.474, subd. 11, the following fines were issued:

\$100.00	Level/2; Scope/Isolated Service Plan, Implementation & Revisions, Minn. Stat. 144A.4791, subd. 9 (a-e)
NO FINE	Level/1; Scope/Widespread Contents Of Service Plan, Minn. Stat. 144A.4791, subd. 9 (f)
\$100.00	Level/2; Scope/Isolated Individualized Medication Monitoring/reassess, Minn. Stat. 144A.4792, subd. 3
\$100.00	Level/2; Scope/Isolated Individualized Medication Mgt Plan, Minn. Stat. 144A.4792, subd. 5
\$100.00	Level/2; Scope/Isolated Prescription Drugs, Minn. Stat. 144A.4792, subd. 20
\$500.00	Level/2; Scope/Widespread Policies And Procedures, Minn. Stat. 144A.4793, subd. 2
\$500.00	Level/2; Scope/Widespread Individualized Treatment/therapy Mgt Plan, Minn. Stat. 144A.4793, subd. 3
\$100.00	Level/2; Scope/Isolated Documentation Of Treatment/therapy, Minn. Stat. 144A.4793, subd. 5
\$100.00	Level/2; Scope/Isolated Orders Or Prescriptions, Minn. Stat. 144A.4793, subd. 6

Total = **\$1,600.00**

The details of the violations noted at the time of this follow-up survey completed on April 9, 2019, (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stats. 144A.43 to 144A.484, the total amount that you are assessed is **\$1,600.00**. **An invoice will follow with information on how to submit your payment. Interest will be charged if fines are not paid by the invoiced due date.**

In accordance with Minn. Stat. 144A.475, subd. 4, you may request a hearing on any fines resulting from noncompliance with these orders provided that a written request is made to the Department within 15 calendar days of receipt of this notice.

Also, at the time of this follow-up survey completed on May 9, 2019, additional violations were cited as follows:

Level/2; Scope/Widespread
Correction Orders, Minn. Stat. 144A.474, subd. 8

They are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these licensing orders.

If, upon follow-up, MDH finds that the correction order(s) cited herein is/are not corrected, MDH will assess fine for each order not corrected in accordance with a schedule of fines described in Minn. Stat. 144A.474, subd. 11.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. 144A.474, subd. 8 (c), by the correction order date, the home care provider must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction orders in future surveys, upon a complaint investigation, and as otherwise needed.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. 144A.474, subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine(s) assessed. **The written request for reconsideration and all supporting documents must be received by the Commissioner within 15 calendar days of the correction order receipt date.** The Commissioner shall respond in writing to the request within 60 days of the date the provider requests a reconsideration. Any documentation received after the 15 calendar days will not be considered. You are required to send your written request and all supporting documents to Health.Homecare@state.mn.us; or, if you prefer you can mail it to:

Home Care Correction Order Reconsideration Process
Minnesota Department of Health/Health Regulation Division
P.O. Box 3879
85 East 7th Place, Suite 220
St. Paul, Minnesota 55101

NOTE: Do not send payments for fines to this address. Payments should be mailed to the address listed on the invoice that will be emailed to your company. **If you have any questions about the invoice when you receive it, contact MDH Finance at 651-201-3544.** This same number is listed directly on the invoice.

We urge you to review these orders carefully. **If you have questions regarding the written orders, contact Jeri Cummins at (218) 302-6193.**

It is your responsibility to share the information contained in this letter and the results of the visit

Valley View Estates

June 5, 2019

Page 4

with the President of your organization's Governing Body.

Sincerely,



PAULA M. BASTIAN

Senior Health Program Representative

Health Regulation Division

Home Care & Assisted Living Program



Enclosure

cc: Cheryl Hennen, Office of the Ombudsman for Long Term Care
Todd County Social Services

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H20675	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/9/2019	Y3
NAME OF FACILITY VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00265	Correction	ID Prefix 00790	Correction	ID Prefix 00805	Correction
Reg. # 144A.44, Subd. 1(2)	Completed	Reg. # 144A.479, Subd. 3	Completed	Reg. # 144A.479, Subd. 6(a)	Completed
LSC	05/09/2019	LSC	05/09/2019	LSC	05/09/2019
ID Prefix 00815	Correction	ID Prefix 00835	Correction	ID Prefix 00860	Correction
Reg. # 144A.479, Subd. 7	Completed	Reg. # 144A.4791, Subd. 3	Completed	Reg. # 144A.4791, Subd. 8	Completed
LSC	05/09/2019	LSC	05/09/2019	LSC	05/09/2019
ID Prefix 00905	Correction	ID Prefix 00940	Correction	ID Prefix 00950	Correction
Reg. # 144A.4792, Subd. 2	Completed	Reg. # 144A.4792, Subd. 9	Completed	Reg. # 144A.4792, Subd. 10(b)	Completed
LSC	05/09/2019	LSC	05/09/2019	LSC	05/09/2019
ID Prefix 01040	Correction	ID Prefix 01080	Correction	ID Prefix 01155	Correction
Reg. # 144A.4793, Subd. 4	Completed	Reg. # 144A.4794, Subd. 3	Completed	Reg. # 144A.4795, Subd. 7(d)	Completed
LSC	05/09/2019	LSC	05/09/2019	LSC	05/09/2019
ID Prefix 01170	Correction	ID Prefix 01190	Correction	ID Prefix 01225	Correction
Reg. # 144A.4796, Subd. 2	Completed	Reg. # 144A.4796, Subd. 6	Completed	Reg. # 144A.4797, Subd. 3	Completed
LSC	05/09/2019	LSC	05/09/2019	LSC	05/09/2019
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE		DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H20675	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/9/2019
NAME OF FACILITY VALLEY VIEW ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347	

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

ITEM		DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	01245	Correction	ID Prefix	02025	Correction			
Reg. #	144A.4798, Subd. 1	Completed	Reg. #	626.557, Subd. 4	Completed			
LSC		05/09/2019	LSC		05/09/2019			

REVIEWED BY STATE AGENCY: MDH <input type="checkbox"/>	REVIEWED BY (INITIALS): PMB	DATE: 6/5/19	SIGNATURE OF SURVEYOR: 34170	DATE: 5/9/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2019
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{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: Project #SL20675014</p> <p>On May 8 and 9, 2019, a surveyor of this Department's staff conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on March 7, 2019. At the time of the survey, there were 27 clients that were receiving services. As a result of the revisit, the following orders were reissued, and one new order was issued.</p>	{0 000}	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes 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 surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER ' S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</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>	
0 560 SS=F	144A.474, Subd. 8 Correction Orders	0 560		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2019
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0 560	<p>Continued From page 1</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to have sufficient documentation with actions taken to comply with the corrections orders from a survey completed on March 7, 2019, with records reviewed.</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). The findings include:</p> <p>During the revisit entrance conference on May 8, 2019, at approximately 9:00 a.m. employee A (director of nursing/registered nurse/RN/administrator) reported steps had been taken to correct the issues from the previous survey completed on March 7, 2019.</p> <p>A review of the licensee's client records, employee records, and policies and procedures during the survey, lacked evidence to indicate that the licensee had corrected all of the orders issued on March 7, 2019.</p> <p>On May 9, 2019, at approximately 4:00 p.m. employee A verified all corrections had not been made for the orders issued on March 7, 2019.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one</p>	0 560		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2019
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0 560	Continued From page 2 (21) days	0 560		
{0 865} SS=D	<p>144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions</p> <p>Subd. 9. Service plan, implementation, and revisions to service plan. (a) No later than 14 days after the initiation of services, a home care provider shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the 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>	{0 865}		

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 865}	<p>Continued From page 3</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee did not provide all services as noted on the service plan (medication set up) for one of five clients (#4) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>The licensee failed to provide services as indicated on the service plan.</p> <p>Client #4 was admitted on December 6, 2018, with diagnoses that included a history of stroke.</p> <p>Client #4's service plan was dated December 12, 2018, and was not updated when the client had a change in services. The service plan indicated client #4 received services that included medication administration and set-up, assist of one staff with all ADL's (activities of daily living), and assist of two staff for transfers and mobility assistance. The service plan had not been updated since the last survey on March 7, 2019.</p> <p>A review of client #4's record revealed an undated "Individualized Medication Management</p>	{0 865}		

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{0 865}	Continued From page 4 Plan", that also indicated client #4 received assistance by the RN with medication set-up weekly and as needed. On May 8, 2019, at approximately 4:30 p.m., employee A (director of nursing/registered nurse/RN/administrator) reported the licensee does not set-up medications for client #4 at this time, and the medication set-up should not be on the client's service plan. The licensee's policy "Development and Revision of the Service Plan" dated March 27, 2019, noted: "All home care services are provided in accordance with a suitable and up-to-date, written service plan, based on the individual client's needs and preferences." "If a review of the service plan indicates that the client's service plan needs modification based on the client's needs, preferences, or changes in fees, the RN, therapist and/or other licensed health professional (as applicable) makes necessary changes to the service plan with name, title and date, and requests that the client and/or the client's representative sign and date the revised service plan." No further information was provided.	{0 865}		
{0 870} SS=C	144A.4791, Subd. 9(f) Contents of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;	{0 870}		

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{0 870}	<p>Continued From page 5</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 reviews or assessments of the client;</p> <p>(4) the frequency of sessions of supervision of staff and type of personnel who will supervise staff; and</p> <p>(5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition, including identification of and information as to who has authority to sign for the client in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to include the required contents in the service plan for six of six clients (#2, #4, #5,</p>	{0 870}		

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{0 870}	<p>Continued From page 6</p> <p>#10, #11 and #12) receiving services with records reviewed.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), 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). The findings include:</p> <p>Service plans for clients #2, #4, #5, #10, #11 and #12 lacked the required content.</p> <p>CLIENT #2 Client #2 had diagnoses that included, but were not limited to, osteoarthritis, a history of urinary tract infections (UTI), and gout (a form of arthritis caused by excess uric acid in the bloodstream).</p> <p>Client #2's service plan, dated September 25, 2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), daily "Safety & Wellness Checks". The client's service plan lacked the methods of monitoring reviews or assessments of the client.</p> <p>CLIENT #4 Client #4 had diagnoses that included stroke (occurs when the blood supply to part of the brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients).</p> <p>Client #4's service plan, dated December 12, 2018, noted services that included medication administration, assist of one staff with all ADL's</p>	{0 870}		

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{0 870}	<p>Continued From page 7</p> <p>(activities of daily living), and "Medication Set up by RN weekly and PRN" [as needed]. The client's service plan lacked the methods of monitoring reviews or assessments of the client.</p> <p>CLIENT #5 Client #5 had diagnoses to include hypertension (high blood pressure) and congestive heart failure (CHF-a condition in which the heart's function as a pump is inadequate to meet the body's needs).</p> <p>Client #5's service plan, dated April 3, 2019, noted services that included medication administration, assist with all ADL's, oxygen assistance, and medication setup. The client's service plan lacked the complete schedule and methods of monitoring reviews or assessments of the client.</p> <p>CLIENT #10 Client #10 had diagnoses to include benign prostatic hypertrophy (BPH) with urinary retention and dementia.</p> <p>Client #10's service plan, dated March 19, 2019, noted services that included assist of one staff with all ADL's (activities of daily living). The client's service plan lacked the methods of monitoring reviews or assessments of the client.</p> <p>CLIENT #11 Client #11 had diagnoses to include dementia and diabetes mellitus.</p> <p>Client #11's service plan, dated March 19, 2019, noted services that included assist of one staff with all ADL's (activities of daily living). The client's service plan lacked a description of the</p>	{0 870}			

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{0 870}	<p>Continued From page 8</p> <p>home care services to be provided (diabetic diet) and the methods of monitoring reviews or assessments of the client.</p> <p>CLIENT #12 Client #12 had diagnoses to include polymyalgia rheumatica (an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders).</p> <p>Client #12's service plan, dated April 25, 2019, noted services that included assistance with medication administration and medication set-up by a registered nurse/RN. The client's service plan lacked the methods of monitoring reviews or assessments of the client.</p> <p>On May 8, 2019, at approximately 2:15 p.m., employee A (director of nursing, registered nurse/RN, administrator) verified all the required content was not included in service plans for clients #2, #4, #5, #10, #11 and #12 and stated "I'm sure all of our clients are missing the methods of monitoring reviews or assessments of the client."</p> <p>The licensee's policy, "Contents of the Service Plans", dated March 27, 2019, noted: "A service plan established after completion of full individualized initial assessment and each subsequent reassessment includes: a. A description of the home care services, including nursing and medication management services, treatments and or therapy services, to be provided by our agency." "f. The schedule and methods of monitoring reviews or re-assessments of the client."</p> <p>No further information was provided.</p>	{0 870}		

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{0 910} SS=D	<p>144A.4792, Subd. 3 Individualized Medication Monitoring/Reassess</p> <p>Subd. 3. Individualized medication monitoring and reassessment. The comprehensive home care provider must monitor and reassess the client's medication management services as needed under subdivision 2 when the client presents with symptoms or other issues that may be medication-related and, at a minimum, annually.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain an individualized medication management plan that was current for the services provided for one of two clients (#4) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #4's record lacked evidence the RN monitored and reassessed the client's medication management services as needed when the client no longer required medication setup by the RN.</p> <p>Client #4 had diagnoses that included stroke (occurs when the blood supply to part of the brain</p>	{0 910}		

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{0 910}	<p>Continued From page 10</p> <p>is interrupted or reduced, depriving brain tissue of oxygen and nutrients).</p> <p>Client #4's service plan, dated December 12, 2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), and "Medication Set up by RN weekly and PRN" [as needed]. Client #4's record lacked documentation of medication setup by the RN.</p> <p>A "Clinical Update Summary", by employee B (registered nurse/RN), dated March 25, 2019, noted "Needs full medication management and set up."</p> <p>On May 8, 2019, at approximately 4:30 p.m., employee A (director of nursing/RN/administrator) verified client #4 does not receive medication setup by the RN currently. Employee A reported that "staff doesn't recall when [client #4] stopped needing medication setup, or if she ever did." Employee A also verified the licensee did not reassess client #4's medication services as required.</p> <p>The licensee's policy "Development of the Individualized Medication Management Plan and Individualized Medication Record," dated March 27, 2019, noted:</p> <p>"3. The RN ensures that each client's Individualized Medication Management Plan is kept up-to-date and consistent with prescriber's orders and with the needs and preferences of the client."</p> <p>"5. The RN will monitor and reassess the client's medication management services:</p> <p>a. As needed at the nurse's periodic monitoring visits (at least every 90 days or more frequently</p>	{0 910}			

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{0 910}	Continued From page 11 based on the RN's judgement); and b. When the client presents with symptoms or other issues that may be medication related." No further information was provided.	{0 910}		
{0 920} SS=D	144A.4792, Subd. 5 Individualized Medication Mgt Plan Subd. 5. Individualized medication management plan. (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when	{0 920}		

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{0 920}	<p>Continued From page 12</p> <p>a problem arises with medication management services; and (7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to develop and maintain a complete and accurate individualized medication management plan that included all the required content (medication set up) for one of two clients (#4) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #4's medication management plan was not updated when the client no longer required medication setup by the RN.</p>	{0 920}			

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{0 920}	<p>Continued From page 13</p> <p>Client #4 had diagnoses that included stroke (occurs when the blood supply to part of the brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients).</p> <p>Client #4's service plan, dated December 12, 2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), and "Medication Set up by RN weekly and PRN" [as needed]. Client #4's record lacked documentation of medication setup by the RN.</p> <p>A "Clinical Update Summary", by employee B (registered nurse/RN), dated March 25, 2019, noted "Needs full medication management and set up."</p> <p>On May 9, 2019, at approximately 8:30 a.m., employee A (director of nursing/RN/administrator) verified client #4 does not currently receive medication setup by the RN. Employee A reported that "staff doesn't recall when [client #4] stopped needing medication setup, but it was prior to the last survey [on March 19, 2018]." Employee A also verified the licensee did not update the medication management plan as required when medication setup was discontinued.</p> <p>The licensee's policy "Development of the Individualized Medication Management Plan and Individualized Medication Record," dated March 27, 2019, noted: "3. The RN ensures that each client's Individualized Medication Management Plan is kept up-to-date and consistent with prescriber's orders and with the needs and preferences of the client."</p>	{0 920}			

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{0 920}	Continued From page 14 "5. The RN will monitor and reassess the client's medication management services: a. As needed at the nurse's periodic monitoring visits (at least every 90 days or more frequently based on the RN's judgement); and b. When the client presents with symptoms or other issues that may be medication related." No further information was provided.	{0 920}		
{01000} SS=D	144A.4792, Subd. 20 Prescription Drugs Subd. 20. Prescription drugs. A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to monitor the beyond-use date of a time-dated drug for one of six clients (#6) receiving medication services, and failed to ensure the medication label information was legible, including the expiration or beyond-use date of a time-dated drug. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The	{01000}		

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{01000}	<p>Continued From page 15</p> <p>findings include:</p> <p>On May 9, 2019, at approximately 10:30 a.m., the storage of medications managed by the licensee in the assisted living was observed with employee G (registered nurse/RN). It was noted that the following medications for client #6 had expired or the labels were illegible:</p> <ul style="list-style-type: none"> - metoprolol (decreases blood pressure) 25 mg (milligrams) had an expiration date that had been covered with black marker that noted "9 AM 3:30 AM". The expiration date of the medication was illegible. - prinivil (a prescription medication used to treat high blood pressure) 20 mg had an expiration date of February 25, 2019. <p>At approximately 11:00 a.m., employee A (director of nursing/RN/administrator) verified the medications noted above were expired, and verified the licensee lacked a process for monitoring expiration dates of the medications they manage.</p> <p>The licensee's policy "Medication Administration System-Dosage Box Set-Up", dated March 31, 2019, noted:</p> <p>"5. When setting up medications, the nurse will check the expiration date of the medication and will identify if a prescription needs to be renewed in the near future and will follow up with the prescriber and/or pharmacy if a new prescription or refill is needed."</p> <p>The licensee's policy "Storage of Medications", dated March 30, 2019, noted:</p> <p>"b. Until medication is set up for immediate or later administration by a nurse, a legend drug must be kept in its original container bearing the</p>	{01000}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2019
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
(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
{01000}	Continued From page 16 original prescription label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration date of time-dated drug, directions for use, client's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications." No further information was provided.	{01000}		
{01030} SS=F	144A.4793, Subd. 2 Policies and Procedures Subd. 2. Policies and procedures. (a) A comprehensive home care provider who provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines. (b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, monitoring and evaluating the treatment and therapy, and communicating with the prescriber. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to develop, implement, and	{01030}		

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
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{01030}	<p>Continued From page 17</p> <p>maintain up-to-date written treatment or therapy management policies and procedures that included the required content of documenting of treatment or therapy activities and educating and communicating with clients about treatments or therapy they were receiving, with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:</p> <p>A review of the licensee's treatment and therapy management policies revealed that they lacked the required content to address documenting of treatment or therapy activities and educating and communicating with clients about treatments or therapy they were receiving.</p> <p>On May 9, 2019, at approximately 10:35 a.m., employee A (director of nursing/registered nurse/RN/administrator) verified the licensee had not developed, implemented, or maintained current written treatment and therapy management policies and procedures that included documenting of treatment or therapy activities and educating clients and/or the clients' representatives about treatments and therapies they were receiving.</p> <p>No further information was provided.</p>	{01030}			

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{01035}	Continued From page 18	{01035}			
{01035} SS=F	<p>144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan</p> <p>Subd. 3. Individualized treatment or therapy management plan. For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific client instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p>	{01035}			

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{01035}	<p>Continued From page 19</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain a current individualized treatment and therapy management record for five of six clients (#2, #5, #10, #11 and #12). In addition, the licensee failed to prepare and include in the service plan a written statement of the treatment or therapy services that were being provided to the client for one of six clients (#11) with records reviewed.</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). The findings include:</p> <p>INDIVIDUALIZED TREATMENT AND THERAPY MANAGEMENT PLANS Records for clients #2 and #5 lacked evidence individualized treatment and therapy management plans were developed to include the required content as follows: - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent</p>	{01035}		

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
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{01035}	<p>Continued From page 20</p> <p>possible complications or adverse reactions.</p> <p>CLIENT #2 Client #2's diagnoses included osteoarthritis, history of urinary tract infections, and gout (a form of arthritis caused by excess uric acid in the bloodstream).</p> <p>Client #2 had prescriber's orders, dated October 10, 2018, for Ace wrap (an elastic bandage used to decrease swelling and protect joints) to knee PRN (as needed).</p> <p>Client #2's record lacked a developed individualized treatment and therapy management plan to include the required content noted above.</p> <p>CLIENT #5 Client #5 had diagnoses that included hypertension and congestive heart failure (CHF-a condition in which the heart's function as a pump is inadequate to meet the body's needs).</p> <p>Client #5 had prescriber's orders, dated June 15, 2017, for oxygen two liters per nasal cannula (a device used to deliver oxygen to a patient through a lightweight tube which on one end splits into two prongs that are placed in the nostrils and from which a mixture of air and oxygen flow).</p> <p>Client #5's record lacked a developed individualized treatment and therapy management plan to include the required content noted above.</p> <p>CLIENTS #10 and #12 Clients #10 and #12's records lacked evidence</p>	{01035}			

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{01035}	<p>Continued From page 21</p> <p>that an individualized treatment and therapy management plan was developed to include the required content as follows:</p> <ul style="list-style-type: none"> - verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. <p>CLIENT #10 Client #10 had diagnoses that included benign prostatic hypertrophy (BPH) with urinary retention and dementia.</p> <p>Client #10 had prescriber's orders, dated April 7, 2019, that included "thicken liquids".</p> <p>Client #10's record lacked a developed individualized treatment and therapy management plan to include the required content noted above.</p> <p>CLIENT #12 Client #12 had diagnoses that included polymyalgia rheumatica (an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders).</p> <p>Client #12 had prescriber's orders, dated March 23, 2019, that included monitoring blood glucose daily while on prednisone.</p> <p>Client #12's record lacked a developed individualized treatment and therapy management plan to include the required content noted above.</p> <p>CLIENT #11 Client #11's record lacked evidence that an individualized treatment and therapy</p>	{01035}			

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{01035}	<p>Continued From page 22</p> <p>management plan was developed to include the required content as follows:</p> <ul style="list-style-type: none"> - a statement of the type of services that will be provided (diabetic diet); - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; - verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. <p>Client #11 had diagnoses that included dementia and diabetes mellitus.</p> <p>Client #11 had prescriber's orders, dated January 26, 2019, that included a diabetic diet.</p> <p>Client #11's record lacked a developed individualized treatment and therapy management plan to include the required content noted above.</p> <p>On May 9, 2019, at approximately 8:30 am., employee A (director of nursing/registered nurse/RN/administrator) verified records for clients #2, #5, #10, #11 and #12 did not contain a treatment and therapy management plan that included all the required content, and reported that it was very likely that none of the licensee's clients would have that information in their records.</p> <p>SERVICE PLANS CLIENT #11 Client #11's service plan, dated May 1, 2019, lacked a written statement of the treatment or therapy services that were being provided to the</p>	{01035}		

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{01035}	Continued From page 23 client. Client #11 was receiving a modified diabetic diet as ordered by the prescriber. Client #11's service plan lacked the services for assistance with the diabetic diet. On May 9, 2019, at approximately 8:30 a.m., employee A verified the service plan for client #11 lacked a written statement of all the treatments that were provided. The licensee's policy "Delegation of Nursing Tasks, Treatments or Therapy Tasks" dated March 26, 2019, noted: "When a treatment or therapy is delegated or assigned to unlicensed personnel, the RN or authorized Licensed Health Professional must: a. Develop and maintain a current individualized treatment or therapy management record for each client that addresses the requirements of MN Statutes 144.4793, subd. 3." The licensee's policy "Contents of Service Plans", dated March 27, 2019, noted: "A service plan established after completion of full individualized initial assessment and each subsequent reassessment includes: a. A description of the home care services, including nursing and medication management services, treatments and or therapy services, to be provided by our agency." No further information was provided.	{01035}		
{01045} SS=D	144A.4793, Subd. 5 Documentation of Treatment/Therapy Subd. 5. Documentation of administration of	{01045}		

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
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{01045}	<p>Continued From page 24</p> <p>treatments and therapies. Each treatment or therapy administered by a comprehensive home care provider must be documented in the client's record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to administer treatments and therapies and did not document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs for one of three clients (#11) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>The record for client #11 lacked evidence treatments and therapies were administered as prescribed, and did not document the reason why they were not administered, and any follow-up procedures that were provided to meet the</p>	{01045}			

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{01045}	Continued From page 25 client's needs. Client #11 had diagnoses that included dementia and diabetes mellitus. Client #11 had prescriber's orders dated January 26, 2019, that included a diabetic diet. Client #11's record lacked documentation of the administration of a diabetic diet. On May 8, 2019, at approximately 2:00 p.m., employee A (director of nursing/registered nurse/RN/administrator) indicated the administration of treatments would be documented on the "Service Recap Summary". The "Service Recap Summary" lacked documentation that reflected staff had provided a diabetic diet during the months of April and May 2019. On May 8, 2019, at approximately 4:30 p.m., employee A verified the lack of documentation indicating staff provided the diabetic diet for client #11 as ordered by the prescriber. The licensee did not provide a policy regarding the documentation of treatments and therapies. No further information was provided.	{01045}			
{01050} SS=D	144A.4793, Subd. 6 Orders or Prescriptions Subd. 6. Orders or prescriptions. There must be an up-to-date written or electronically recorded order or prescription for all treatments and therapies. The order must contain the name of the client, a description of the treatment or	{01050}			

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{01050}	<p>Continued From page 26</p> <p>therapy to be provided, and the frequency and other information needed to administer the treatment or therapy.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to obtain accurate prescriptions for the treatments their staff was administering for one of five clients (#11) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #11 lacked current, accurate prescriber's orders for blood glucose testing.</p> <p>Client #11 had diagnoses that included dementia and diabetes mellitus.</p> <p>On May 8, 2019, at approximately 2:00 p.m., employee A (director of nursing/registered nurse/RN/administrator) was asked to provide a signed prescriber's order for the blood glucose testing being provided for client #11. Employee A reported she couldn't locate a prescriber's order for the blood glucose testing and stated "I guess we just do it at meals before her insulin."</p> <p>The licensee's policy, "Renewal of Medication, Treatment or Therapy Prescriptions and Orders",</p>	{01050}		

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{01050}	Continued From page 27 dated March 5, 2017, noted: "A medication prescription or a treatment or therapy order must current and must be renewed at least every 12 months or more frequently as indicated by the assessment of the client by the RN or the Licensed Health Professional." No further information was provided.	{01050}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Email: MARYDVORAK6@GMAIL.COM

March 28, 2019

Ms. Mary Dvorak, Administrator
Valley View Estates
1104 4th Avenue Northeast
Long Prairie, MN 56347

Re: Enclosed State Licensing Orders - Project Number SL20675014
Informal Conference Requested

Dear Ms. Dvorak:

A survey of the Home Care Provider named above was completed on March 7, 2019 for the purpose of assessing compliance with State licensing regulations. At the time of survey, staff from the Minnesota Department of Health noted one or more violations of these regulations that are issued in accordance with Minn. Stat. 144A.43 to 144A.484. If, upon follow-up, it is found that the correction order(s) cited herein are not corrected, a fine for each order not corrected may be assessed in accordance with a schedule of fines described in Minn. Stat. 144A.474, subd. 11.

State licensing orders are delineated on the attached Minnesota Department of Health order form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota 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 that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by."

DOCUMENTATION OF ACTION TO COMPLY

According to Minn. Stat. 144A.474, subd. 8 (c), by the correction order date, the home care provider must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction orders in future surveys, upon a complaint investigation, and as otherwise needed.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. 144A.474, subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine(s) assessed. **The written request for reconsideration and all supporting documents must be received by the Commissioner within 15 calendar days of the correction order receipt date.** The Commissioner shall respond in writing to the request within 60 days of the date the provider requests a reconsideration. Any documentation

received after the 15 calendar days will not be considered. You are required to send your written request and all supporting documents to Health.Homecare@state.mn.us; or, if you prefer you can mail it to:

Home Care Correction Order Reconsideration Process
Minnesota Department of Health/Health Regulation Division
P.O. Box 3879
85 East 7th Place, Suite 220
St. Paul, Minnesota 55101

INFORMAL CONFERENCE REQUESTED

At any time, the Commissioner of Health is authorized by Minn. Stat. 144A.475, subd. 8 to hold an informal conference to exchange information, clarify issues, or resolve issues. The Department wants to schedule an informal conference call with you.

Please contact Jeri Cummins, Health Resource Supervisor, at (218) 302-6193 within seven (7) days of your receipt of this letter to schedule an informal conference to discuss your written plan of correction and lack of ongoing compliance as authorized by law. Please be prepared to let us know who, at your agency, we need to include in the informal conference and provide their contact information. We anticipate your cooperation as we work through this critical time.

It is your responsibility to share the information contained in this letter and the results of the visit with the President of your organization's Governing Body.

Sincerely,



PAULA M. BASTIAN
Senior Health Program Representative
Health Regulation Division
Home Care & Assisted Living Program



Enclosure

cc: Cheryl Hennen, Office of the Ombudsman for Long Term Care
Todd County Social Services

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: Project #SL20675014</p> <p>On March 4, 5, 6, and 7, 2019, a surveyor of this Department's staff visited the above provider and the following correction orders were issued. At the time of the survey, there were 27 clients that were receiving services under the comprehensive license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes 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 surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER ' S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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>	
0 265 SS=F	<p>144A.44, Subd. 1(2) Up-To-Date Plan/Accepted Standards Practice</p> <p>Subdivision 1. Statement of rights. A person who</p>	0 265		

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

TITLE

(X6) DATE

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0 265	<p>Continued From page 1</p> <p>receives home care services has these rights: (2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to provide services according to accepted health care, medical or nursing standards, by not completing a comprehensive assessment for bed rail use for one of one client (#2) with record reviewed.</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). The findings include:</p> <p>BED RAILS Client #2 was not assessed for the functional use of bed rails, and the risks/benefits of the bed rails were not discussed with the client and/or the client's representative.</p> <p>Client #2 had diagnoses that included, but were not limited to, osteoarthritis, a history of urinary tract infections (UTI), and gout (a form of arthritis</p>	0 265		

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0 265	<p>Continued From page 2</p> <p>caused by excess uric acid in the bloodstream).</p> <p>On March 5, 2019, at approximately 7:25 a.m., employee E (unlicensed personnel/ULP) was observed providing personal cares for client #2 in the bathroom. The client's bed was noted to have bilateral (to both sides) bed rails attached and in the raised position.</p> <p>A review of client #2's record revealed a "Clinical Update Summary", dated December 21, 2018, that noted the client needed supervision to ensure safety with transfers due to unsteadiness and the assistance of one person with a transfer belt and walker when transferring or walking. In addition, the summary noted client #2 required assistance with toileting every two hours, had a history of falls, and was forgetful to day and time.</p> <p>On March 6, 2019, at approximately 2:00 p.m., employee A (administrator, registered nurse/RN, director of nursing) was observed measuring the bed rails for client #2. The widest horizontal opening of zone 1 (see guidance below) was 12 3/4 inches and the widest vertical measurement of zone 1 was 4 1/2 inches. The bed rails appeared to be securely attached to the bed frame. Employee A reported the bed rails came with the bed, and the client doesn't use them.</p> <p>Client #2 was also interviewed at the same time, and reported she used the bed rails to get in and out of the bed.</p> <p>Client #2's record lacked evidence to indicate the RN had assessed the client for the functional use of bed rails, and the risks and benefits of bed rails had been discussed with the client or the client's representative.</p>	0 265		

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0 265	<p>Continued From page 3</p> <p>On March 6, 2019, at approximately 3:00 p.m., employee A reported that the licensee had five clients with bed rails and verified that none of the five clients, including client #2, were assessed for the functional use of bed rails, and the risks and benefits of bed rails were not discussed with the clients and/or the clients' representatives.</p> <p>The March 10, 2006, U.S. Department of Health and Human Services and Food and Drug Administration (FDA) publication, "Hospital Bed System Dimensional and Assessment Guidance", noted the recommended maximum dimensions to reduce the risk of entrapment was 4 and 3/4 inches between the rails (Zone 1).</p> <p>The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p> <p>The licensee's policy "Assessing the Safety of Side Rails", dated March 5, 2017, noted "Staff will alert the RN if a client has any type of side rail or similar equipment and the RN will then evaluate whether the side rail appears to be safe for the client. The RN will educate the client, the client's representative and/or family members about the risks related to side rails, and if the client's side rail does not appear to meet FDA standards, the RN will recommend to the client, the client's</p>	0 265		

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0 265	Continued From page 4 representative, the client's involved family members that the side rail shall be removed and will recommend alternative options to reduce the risk of a fall out of bed. The RN will document these conversations and recommendations." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) day	0 265		
0 790 SS=C	144A.479, Subd. 3 Quality Management Subd. 3. Quality management. The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management	0 790		

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0 790	Continued From page 5 activities appropriate to the size of the home care provider, and relevant to the type of services the licensee provided, to evaluate the quality of care and determine whether changes in services, staffing, or other procedures needed to be made in order to ensure safe and competent services to clients. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), 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). The findings include: During the entrance conference on March 4, 2019, employee A (administrator, registered nurse/RN, director of nursing) reported the licensee had not initiated quality management activities and had no information about quality management available at the time of the survey. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 805 SS=D	144A.479, Subd. 6(a) Reporting Maltrx of Vulnerable Adults/Minors Subd. 6. Reporting maltreatment of vulnerable adults and minors. (a) All home care providers must comply with requirements for the reporting of maltreatment of minors in section 626.556 and the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. Each home	0 805		

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0 805	<p>Continued From page 6</p> <p>care provider must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to investigate injuries of unknown origin to determine if they should be reported to the Minnesota Adult Abuse Reporting Center (MAARC) for one of one client (#3) who sustained injuries with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #3 sustained injuries to the left arm, left hand, and right hip, and the licensee lacked evidence of an investigation to determine the source of the unknown injuries and if a report should be made to MAARC.</p> <p>CLIENT #3 Client #3 had diagnoses that included gouty arthritis, diabetes mellitus, and dementia. Client #3's "Service Plan", dated September 25, 2018, indicated services to include daily wellness and safety checks, behavior management, dressing reminders, medication administration, and</p>	0 805		

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0 805	<p>Continued From page 7</p> <p>medication setup.</p> <p>Client #3's "Clinical Update Summary", dated December 17, 2018, (the most recent assessment) noted the client was at risk to be abused, could be verbally abusive at times, was sometimes rude to staff and other residents, and, was disoriented occasionally.</p> <p>An "other injury" report, dated January 27, 2019, at 8:01 a.m., noted the client came to breakfast with a skin tear on the left arm. At 5:53 p.m., on the same day, employee B (registered nurse/RN) noted on the same form that client #3's left hand and fingers were bruised, three fingers were swollen, and a large bruise was on the right hip. The record indicated client #3 thought he fell on January 26, 2019, and at another time, he said he hurt it getting out of a chair. A fall was not witnessed.</p> <p>A "Resident Notes" form, dated January 28, 2019, and written by employee A (administrator, RN, director of nursing) noted "At this point with his hand being very swollen, increase in falls, and newly developing loose incontinent stools, we will have him seen in the clinic today for further assessment and to rule out an underlying condition that could be a contributing factor."</p> <p>The client's record lacked documentation to evidence an investigation was conducted by the RN to determine how the skin tear to the left arm, the left hand injury, and bruising to the right hip occurred. In addition, the record lacked evidence the injuries of unknown origin had been reported to MAARC.</p> <p>On March 5, 2019, at approximately 1:30 a.m., employee A (administrator, RN, director of</p>	0 805		

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0 805	<p>Continued From page 8</p> <p>nursing) was interviewed and reported the licensee had not done an investigation of the injuries sustained by client #3 to determine whether the injuries were unexplained and whether a report should be filed with MAARC. Employee A confirmed the unwitnessed injuries for client #3 were not reported to MAARC.</p> <p>On March 7, 2019, at approximately 11:00 a.m., client #3 was interviewed regarding the incident above. Client #3 reported he "falls many times", but doesn't recall how he hurt his hand or obtained any of the other bruises and abrasions on his body. It was difficult to determine how much of the interview was reliable since it was unknown if the words he was saying were what he intended to say due to his word-finding problem and dementia.</p> <p>The licensee's "Vulnerable Adult Reporting and Investigation Policy", dated March 5, 2017, noted, "Agency staff is required to report to the CEP [common entry point] when a client has sustained a physical injury which is not reasonably explained. Such physical injuries may include, but are not limited to, unexplained bruises, skin tears, lacerations, or fractures. Staff that observes an unexplained physical injury will immediately notify the RN [or home care director], who will conduct an internal investigation, as described below, to determine whether the injury is unexplained and whether a report to the CEP is required."</p> <p>In addition, the policy indicated "If it is unclear based on the witness' account of the incident whether maltreatment has occurred, the RN, in conjunction with the home care director, will immediately begin investigating the incident. If within 24 hours following the initial report, the RN is still unsure whether reportable maltreatment</p>	0 805		

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0 805	Continued From page 9 has occurred, the RN or home care director will make an oral report to the CEP." The licensee had not followed their policy to ensure that all cases of unexplained injury or suspected maltreatment were reported. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 805		
0 815 SS=D	144A.479, Subd. 7 Employee Records Subd. 7. Employee records. The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following 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	0 815		

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0 815	<p>Continued From page 10</p> <p>needed and training needs;</p> <p>(5) for individuals providing home care services, verification that required health screenings under section 144A.4798 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee record included the required content for one of one employee (A) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>The licensee lacked evidence an employee</p>	0 815		

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0 815	<p>Continued From page 11</p> <p>record was maintained for employee A that included a current job description which contained the required content for qualifications and identification of staff providing supervision, and documentation of an annual performance review which identified areas of improvement needed and training needs.</p> <p>Employee A (administrator, registered nurse/RN, director of nursing) was employed by the licensee on May 20, 2014.</p> <p>Employee A's employee record lacked a job description that included the required content noted above. In addition, the employee's record lacked documentation an annual performance review was completed in 2018.</p> <p>On March 6, 2019, at approximately 10:30 a.m., employee A verified her job description lacked the required content for qualifications and identification of staff providing supervision. In addition, employee A verified her employee record lacked documentation of an annual performance review having been completed in 2018.</p> <p>The licensee's policy "Personnel Records", dated March 5, 2017, noted: "Personnel records will be kept up-to-date, well organized and confidential and will comply with the home care law and other relevant laws." "2.The personnel record for each person will include:" "i. Performance evaluations which identify areas of improvement needed and training needs [performance reviews must be conducted at least annually]; j. Current job description, which includes qualifications, responsibilities and identification of</p>	0 815		

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0 815	Continued From page 12 supervisors." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty One (21) days	0 815		
0 835 SS=A	144A.4791, Subd. 3 Statement of Home Care Services Subd. 3. Statement of home care services. Prior to the initiation of services, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide to clients or client representatives a written statement of home care services which identified the licensee had a comprehensive home care license and the services it was authorized to provide for one of three clients (#3) with records reviewed. This practice resulted in a level one violation (a violation that has no potential to cause more than	0 835		

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0 835	<p>Continued From page 13</p> <p>a minimal impact on the client and does not affect health or safety), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #3 had diagnoses that included gouty arthritis, diabetes mellitus, and dementia. Client #3's "Service Plan" dated September 25, 2018, indicated services to include daily wellness and safety checks, behavior management, dressing reminders, medication administration, and medication setup.</p> <p>Client #3's record lacked evidence the client or the client's representative were provided a written statement which identified the provider had a comprehensive home care license and the services the provided under the license.</p> <p>On March 6, 2019, at approximately 2:00 p.m., employee A (administrator, registered nurse/RN, director of nursing) verified client #3 had not received a statement of home care services as required.</p> <p>The licensee's policy "Information About Our Home Care Agency", dated March 5, 2017, noted: "The RN/Administrator assures the accurate completion of the required Minnesota Department of Health form entitled "Statement of Home Care Services Comprehensive Home Care Provider" attached to this policy, as it may be updated from time to time."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	0 835		

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0 860 SS=E	<p>144A.4791, Subd. 8 Comprehensive Assessment and Monitoring</p> <p>Subd. 8. Comprehensive assessment, monitoring, and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after initiation of home care services.</p> <p>(b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services.</p> <p>(c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct ongoing client monitoring and reassessment as needed based on changes in the needs of the client for one of one client (#3) following a fall, and failed to provide an initial assessment within five days, and</p>	0 860		

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0 860	<p>Continued From page 15</p> <p>a reassessment within 14 days, after initiation of home care services for one of three clients (#4). In addition, the licensee failed to provide ongoing client monitoring and reassessment not exceeding 90 days from the date of the last assessment for two of two clients (#2 and #3) with records reviewed.</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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include:</p> <p>CHANGE IN CONDITION/FALLS Client #3's record lacked evidence the registered nurse (RN) conducted a comprehensive assessment of the client for a change in condition following three unwitnessed falls that resulted in various injuries.</p> <p>Client #3 had diagnoses that included gouty arthritis, diabetes mellitus, and dementia. Client #3's "Service Plan" dated September 25, 2018, indicated services to include daily wellness and safety checks, behavior management, dressing reminders, medication administration, and medication setup.</p> <p>Client #3's most recent comprehensive assessment, "Clinical Update Summary", dated December 17, 2018, didn't note the client's history of falls. The Summary noted that a "MAHC 10" (a multi-factorial, validated fall assessment especially designed for use with community</p>	0 860		

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0 860	<p>Continued From page 16</p> <p>dwelling patients) had been completed and indicated "resident is a risk for falls. He is a 4, but has a steady gait. He scored 6 on this, he is incontinent of urine at times, MACH is 8. His score is 10." The MAHC-10 indicated a fall risk with a score of 4 or more out of a 10 point scale.</p> <p>Client #3 had documentation of three falls since January 27, 2019.</p> <p>JANUARY 27, 2019 An "other injury" report, dated January 27, 2019, at 8:01 a.m., noted the client came to breakfast with a skin tear on the left arm. At 5:53 p.m., on the same day, employee B (registered nurse/RN) noted on the same form that client #3's left hand was bruised and he had three bruised and swollen fingers, and a large bruise on his right hip. The record indicated client #3 reported that he thought he fell on January 26, 2019, and at another time, he said he hurt it getting out of a chair. A fall was not witnessed.</p> <p>"Resident Notes", dated January 28, 2019, written by employee B noted the client was seen by a physician and X-rays were taken of his left hand that indicated "one finger was out of joint" but the client would not allow it to be put back in place. The client also refused to buddy tape the fingers together or apply ice as ordered by the physician.</p> <p>A "Resident Notes" document dated January 28, 2019, written by employee A (administrator, RN, director of nursing) noted "At this point with his hand being very swollen, increase in falls, and newly developing loose incontinent stools, we will have him seen in the clinic today for further assessment and to rule out an underlying, condition that could be a contributing factor."</p>	0 860		

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0 860	<p>Continued From page 17</p> <p>Further documentation on the "Resident Notes", dated February 4, 2019, written by employee B, indicated client #3 had been seen by the physician that day. Physician discontinued his lasix (antihypertensive), and will see him again in a month.</p> <p>FEBRUARY 24, 2019 An incident report, dated February 24, 2019, at 2:26 p.m., noted client #3 caught his foot in a chair and fell in the dining room with no injuries sustained.</p> <p>MARCH 4, 2019 A "Fall" report, dated March 4, 2019, at 5:24 p.m., completed by employee B, noted the client was trying to grab a TV remote control from another client and when he pushed at that client, he fell. Client #3 sustained abrasions to the back of his head and to his left elbow.</p> <p>The most current "Fall Risk Assessment" (MAHC-10) , dated March 4, 2019, completed by employee B, indicated client #3 had a score of 14 and had: - "Impaired cognition." - "Had 3 or more falls in the past 3 months." - "Ambulatory and incontinent." and - "Takes 1-2 of these medications (anesthetics, antihistamines, antihypertensives, antiseizure benzodiazepines, cathartics, diuretics, hypoglycemics, narcotics, psychotropics, sedatives/hypnotics) currently and/or within 7 days."</p> <p>On March 5, 2019, at approximately 1:30 p.m., employee A was interviewed and reported she didn't understand the documentation noted above regarding the MAHC-10 assessment and verified the licensee had not done a comprehensive</p>	0 860		

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0 860	<p>Continued From page 18</p> <p>assessment of client #3 for a change in condition following the unwitnessed falls that resulted in various injuries, consistent low blood pressures, and loose incontinent stools.</p> <p>On March 7, 2019, at approximately 11:00 a.m., client #3 was interviewed regarding the incidents noted above. Client #3 reported he "falls many times", but doesn't recall how he hurt his hand or obtained any of the other bruises and abrasions on his body. It was hard to determine how much of his interview was reliable since it was unknown if the words he was saying were what he intended to say due to his word-finding problem and dementia.</p> <p>INITIAL AND 14 DAY ASSESSMENTS CLIENT #4 Client #4's record lacked evidence the RN completed an initial comprehensive assessment within five days after initiation of home care services, and a reassessment no more than 14 days after initiation of services.</p> <p>Client #4 was admitted for services on December 6, 2018. The client's service plan, dated December 12, 2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), and "Medication Set up by RN weekly and PRN" [as needed].</p> <p>Client #4's record included a comprehensive assessment completed by the RN on December 14, 2018, (more than five days after admission). An additional assessment was completed on December 26, 2019, (more than 14 days after admission). The client's record lacked evidence assessments were completed as required.</p>	0 860		

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0 860	<p>Continued From page 19</p> <p>On March 5, 2019, at approximately 1:15 p.m., employee A verified the assessments were not completed within the required time frame for client #4.</p> <p>CLIENT MONITORING AND REASSESSMENT Records for clients #2 and #3 lacked evidence ongoing client monitoring and reassessment was conducted as needed based on changes in the needs of the client and did not exceed 90 days from the last date of the assessment.</p> <p>CLIENT #2 Client #2 had diagnoses that included, but were not limited to, osteoarthritis, a history of urinary tract infections (UTI), and gout (a form of arthritis caused by excess uric acid in the bloodstream).</p> <p>Client #2's service plan, dated September 25, 2018, noted services for medication administration, assist of one staff with all ADL's (activities of daily living), and daily "Safety & Wellness Checks."</p> <p>Client #2's record included comprehensive assessments completed by the RN on April 9, 2018, August 26, 2018 (more than 90 days from the last assessment), and December 21, 2018, (more than 90 days from the last assessment). The client's record lacked evidence ongoing monitoring and reassessment was completed as required.</p> <p>CLIENT #3 Client #3's record included comprehensive assessments completed by the RN on August 10, 2018, and December 17, 2018 (more than 90 days from the last assessment). The client's record lacked evidence ongoing monitoring and reassessment was completed as required</p>	0 860		

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0 860	Continued From page 20 On March 5, 2019, at approximately 1:15 p.m., employee A verified the reassessments were not completed within the required time frame for clients #2 and #3. The licensee's policy "Monitoring of Clients and Their Services", dated March 5, 2017, noted "The RN must monitor and reassess the client in the client's home no more than 14 days after initiation of Comprehensive home care services by our agency, and thereafter the monitoring and reassessment visits cannot exceed 90 days from the date of the last visit. The RN will determine the frequency of monitoring and reassessment visits based on the client's needs and the complexity of the client's services at a minimum of every 90 days." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 860		
0 865 SS=E	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions Subd. 9. Service plan, implementation, and revisions to service plan. (a) No later than 14 days after the initiation of services, a home care provider shall finalize a current written service plan. (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	0 865		

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0 865	<p>Continued From page 21</p> <p>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 observation, interview, and record review, the licensee failed to revise the service plan based on client review or reassessment for three of five clients (#2, #4, #10) with records reviewed.</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 pattern scope (when more than a limited number of clients are affected, more than</p>	0 865		

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0 865	<p>Continued From page 22</p> <p>a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include:</p> <p>Records for clients #2, #4, and #10 lacked evidence the client service plans were revised when a change in services occurred.</p> <p>CLIENT #2 Client #2 had diagnoses that included, but were not limited to, osteoarthritis, a history of urinary tract infections (UTI), and gout (a form of arthritis caused by excess uric acid in the bloodstream).</p> <p>Client #2's service plan, dated September 25, 2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), daily "Safety & Wellness Checks".</p> <p>Client #2's "Clinical Update Summary" completed by employee B (registered nurse/RN), dated December 21, 2018, noted "Client at risk of falling. Resident has a history of falls, and puts resident at risk for another fall", "safety checks done hourly." The client's service plan had not been updated to include the safety checks hourly.</p> <p>On March 4, 2019, at approximately 1:25 p.m., employee A (administrator, RN, director of nursing) verified client #2's service plan had not been updated since it was completed on September 25, 2018, and did not include the changes to have hourly safety and wellness checks.</p> <p>CLIENT #4 Client #4 had diagnoses that included stroke (occurs when the blood supply to part of the brain is interrupted or reduced, depriving brain tissue of</p>	0 865		

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0 865	<p>Continued From page 23</p> <p>oxygen and nutrients).</p> <p>Client #4's service plan, dated December 12, 2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), and "Medication Set up by RN weekly and PRN". The client's record lacked evidence of services for medication setup by the RN. The client's service plan was not updated when the client had a change in services.</p> <p>On March 6, 2019, at approximately 3:00 p.m., employee A verified client #4's service plan had not been updated to reflect the client did not receive medication setup. Employee A also verified client #4 does not currently receive medication setup by the RN. Employee A reported that "staff doesn't recall when [client #4] stopped receiving medication set up, or if she ever did have her medications set up by the RN."</p> <p>CLIENT #10 Client #10 had diagnoses to include benign prostatic hypertrophy (BPH) with urinary retention and dementia.</p> <p>Client #10's service plan, dated September 28, 2017, noted services that included assist of one staff with all ADL's (activities of daily living).</p> <p>Client #10's record included a "Clinical Update" completed by employee G (RN), dated November 15, 2018, that noted "Needs help taking medications (Med Admin). We give all medications." The client had prescriber orders, dated January 11, 2019, for "thickened liquids." Client #10's service plan lacked services for medication management and treatment management of thickened liquids.</p>	0 865		

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0 865	<p>Continued From page 24</p> <p>On March 5, 2019, at approximately 8:30 a.m., employee D (unlicensed personnel/ULP) was observed administering medications to client #10 along with water and juice thickened with "thick-it" (a thickener added to liquids for persons with a swallowing disorder).</p> <p>On March 7, 2019, at approximately 9:00 a.m., employee A verified client #10's service plan had not been updated since it was completed on September 25, 2018, to include the change in services for thickened liquids and medication management.</p> <p>The licensee's policy "Development and Revision of the Service Plan", dated March 5, 2017, noted: "All home care services are provided in accordance with a suitable and up-to-date, written service plan, based on the individual client's needs and preferences." "3. a. Each client's service plan is reviewed by the RN, therapist, or other licensed health professional (as applicable), as follows: i. During each regular client monitoring visit, which occurs at least every 90 days. ii. Whenever changes are needed to the services to be provided because of a change in the client's condition, after receipt of new or revised orders from the client's physician or other prescribing provider, following an incident, or following the client's return from a hospital or nursing home." "b. If a review of the service plan indicates that the client's service plan needs modification based on the client's needs, preferences, or changes in fees, the RN, therapist and/or other licensed health professional (as applicable) makes necessary changes to the service plan, signs the revised service plan with name, title and date, and requests that the client and/or the client's</p>	0 865		

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0 865	Continued From page 25 representative sign and date the revised service plan." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 865		
0 870 SS=F	144A.4791, Subd. 9(f) Contents of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the frequency of sessions of supervision of staff and type of personnel who will supervise staff; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or	0 870		

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0 870	<p>Continued From page 26</p> <p>if there is a significant adverse change in the client's condition, including identification of and information as to who has authority to sign for the client in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to ensure service plans included the required content for five of five clients (#2, #3, #4, #5, #10) with records reviewed.</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). The findings include:</p> <p>Service plans for clients #2, #3, #4, #5, and #10 lacked the required content.</p> <p>CLIENT #2 Client #2 had diagnoses that included, but were not limited to, osteoarthritis, a history of urinary tract infections (UTI), and gout (a form of arthritis caused by excess uric acid in the bloodstream).</p> <p>Client #2's service plan, dated September 25,</p>	0 870		

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 870	<p>Continued From page 27</p> <p>2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), daily "Safety & Wellness Checks". The client's service plan lacked the following required content:</p> <ul style="list-style-type: none"> - The frequency of each service, according to the client's current review or assessment and client preferences. (lacked current frequency of services for TED (thromboembolism-deterrent hose) used in the treatment of edema). - The complete schedule and methods of monitoring reviews or assessments of the client, - The accurate frequency of sessions of supervision of staff. And, - A contingency plan that included information and a method for a client or client's representative to contact the home care provider. <p>CLIENT #3 Client #3 had diagnoses that included gouty arthritis, diabetes mellitus, and dementia.</p> <p>Client #3's "Service Plan" dated September 25, 2018, indicated services to include daily wellness and safety checks, behavior management, dressing reminders, medication administration, and medication setup. The client's service plan lacked the following required content:</p> <ul style="list-style-type: none"> - A description of the home care services to be provided (diabetic diet), - The complete schedule and methods of monitoring reviews or assessments of the client, - The accurate frequency of sessions of supervision of staff, and - A contingency plan that included names and contact information of persons the client wished to have notified in an emergency or if there was a significant adverse change in the client's condition, including identification and information as to who had authority to sign for the client in an 	0 870		

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0 870	<p>Continued From page 28</p> <p>emergency.</p> <p>CLIENT #4 Client #4 had diagnoses that included stroke (occurs when the blood supply to part of the brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients).</p> <p>Client #4's service plan, dated December 12, 2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), and "Medication Set up by RN weekly and PRN" [as needed]. The client's service plan lacked the following required content:</p> <ul style="list-style-type: none"> - The complete schedule and methods of monitoring reviews or assessments of the client, - The accurate frequency of sessions of supervision of staff, and - A contingency plan that included: the action to be taken by the home care provider and by the client or client's representative if the scheduled service could not be provided; and the names and contact information of persons the client wished to have notified in an emergency or if there was a significant adverse change in the client's condition, including identification and information as to who had authority to sign for the client in an emergency. <p>CLIENT #5 Client #5 had diagnoses to include hypertension (high blood pressure) and congestive heart failure (CHF-a condition in which the heart's function as a pump is inadequate to meet the body's needs).</p> <p>Client #5's service plan, dated September 25, 2018, noted services that included medication administration, assist with all ADL's, oxygen assistance, and medication setup.</p>	0 870		

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0 870	<p>Continued From page 29</p> <p>The client's service plan lacked the following required content:</p> <ul style="list-style-type: none"> - The identification of the staff or categories of staff who would provide oxygen assistance, and the frequency of the oxygen assistance; - The complete schedule and methods of monitoring reviews or assessments of the client, - The accurate frequency of sessions of supervision of staff, and - A contingency plan that included identification and information as to who had authority to sign for the client in an emergency. <p>CLIENT #10</p> <p>Client #10 had diagnoses to include benign prostatic hypertrophy (BPH) with urinary retention and dementia.</p> <p>Client #10's service plan, dated September 28, 2017, noted services that included assist of one staff with all ADL's (activities of daily living). The client's service plan lacked the following required content:</p> <ul style="list-style-type: none"> - A description of the home care services to be provided. (thickened liquids and medication management), - The identification of the staff or categories of staff who would provide the oxygen assistance; - The complete schedule and methods of monitoring reviews or assessments of the client, - The accurate frequency of sessions of supervision of staff, and - A contingency plan that included identification and information as to who had authority to sign for the client in an emergency. <p>On March 7, 2019, at approximately 9:00 a.m., employee A (administrator, registered nurse/RN, director of nursing) verified all the required</p>	0 870		

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0 870	<p>Continued From page 30</p> <p>content was not included in service plans for clients #2, #3, #4, #5 and #10 and stated "I'm sure all of our clients are missing the complete schedule and methods of monitoring reviews or assessments of the client and the frequency of supervision of the unlicensed personnel."</p> <p>The licensee's policy, "Contents of the Service Plans", dated March 5, 2017, noted: "A service plan established after completion of full individualized initial assessment and each subsequent reassessment includes:</p> <ul style="list-style-type: none"> a. A description of the home care services, including nursing and medication management services, treatments and or therapy services, to be provided by our agency. b. The frequency of each service, according to the client's current assessment and preferences. c. The fees for the home care services our agency is providing. d. Identification of the expected source of payment (private pay by the client or client's representative, insurance, public programs, etc.). e. The identification of the staff or categories of staff that will provide the services. f. The schedule and methods of monitoring reviews or re-assessments of the client. g. The frequency of supervision of staff providing services and the identification of the supervisor(s) who will be providing the supervision. h. A contingency plan that includes: <ul style="list-style-type: none"> (i) the action to be taken by our agency, the client and/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 our agency. (iii) Names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition, including identification of and 	0 870		

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0 870	Continued From page 31 information as to who has authority to sign for the client in an emergency. (iv) The circumstances in which emergency medical services are not to be summoned pursuant to provider orders related thereto." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty one (21 days)	0 870		
0 905 SS=F	144A.4792, Subd. 2 Provision of Medication Mgt Services Subd. 2. Provision of medication management services. (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment ot determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indciations for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications. "Diversion of medications" means the misuse, theft, or illegal	0 905		

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0 905	<p>Continued From page 32</p> <p>or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted a face-to-face assessment, prior to providing medication management services, to determine what medication management services would be provided and how the services would be provided for three of three clients (#2, #3, #4) with records reviewed.</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). The findings include:</p> <p>Records for clients #2, #3 and #4 lacked evidence the RN had conducted a face-to-face assessment with the client or the client's representative to include an identification and review of all medications the client was known to be taking, indications for the medications, side effects, contraindications, allergic or adverse reactions, and interventions needed in the management of medications to prevent diversion of medications. In addition, client #4 lacked evidence an assessment was completed prior to receiving medication management services.</p>	0 905		

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0 905	<p>Continued From page 33</p> <p>CLIENT #2 Client #2 had diagnoses which included osteoarthritis, history of urinary tract infections, and gout (a form of arthritis caused by excess uric acid in the bloodstream).</p> <p>Client #2's service plan, dated September 25, 2018, noted services that included medication administration.</p> <p>The client's current medications managed by the licensee included: one medication for dementia, two antihypertensives, two vitamins, one antiinflammatory, one cholesterol medication, and one non-narcotic analgesic.</p> <p>Client #2's record included a "Clinical Update Summary", completed by employee B (RN), dated December 21, 2018, which noted the client "Needs help taking medications (Med admin) RN monitors and sets up medication." And, "Med Self-Admin is not applicable."</p> <p>The client's record lacked evidence an assessment was completed to include the required content noted above.</p> <p>CLIENT #3 Client #3 had diagnoses which included gouty arthritis, diabetes mellitus and dementia.</p> <p>The client's current medications managed by the licensee included: a medication for gout, a potassium supplement, an antidepressant, an antihypertensive and a blood thinner.</p> <p>A review of client #3's record revealed a "Clinical Update Summary" dated December 17, 2018, that was completed by employee B (registered</p>	0 905		

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0 905	<p>Continued From page 34</p> <p>nurse/RN) and noted the client "Needs full medication management and set up." And, "Med Self-Admin is not applicable."</p> <p>The client's record lacked evidence an assessment was completed to include the required content noted above.</p> <p>On March 5, 2019, at approximately 1:30 p.m., employee A reported the licensee had not conducted a face-to-face medication assessment with any of the licensee's clients to include the required content noted above.</p> <p>CLIENT #4 Client #4 was admitted for services on December 6, 2018, and had diagnoses which included stroke (occurs when the blood supply to part of the brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients).</p> <p>Client #4's service plan, dated December 12, 2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), and "Medication Set up by RN weekly and PRN" [as needed].</p> <p>The client's current medications managed by the licensee included: one cholesterol lowering medication, one antidepressant, five vitamin supplements, three antihypertensives, and an antacid.</p> <p>Client #4's record included an initial "Clinical Update Summary" completed by employee B, dated December 14, 2018, which noted the client "Needs help taking medications (Med Admin)." And, "Med Self-Admin is not applicable." The client's record lacked evidence an assessment was completed prior to the provision of</p>	0 905		

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0 905	Continued From page 35 medication management services, and included the required content noted above On March 5, 2019, at approximately 3:15 p.m., employee A (administrator, RN, director of nursing) verified that a medication assessment for client #4 was not completed prior to providing medication management services and the client lacked an assessment which included the required content. The licensee's policy "Development of the Individualized Medication Management Plan and Individualized Medication Record," dated March 5, 2017, noted: "Following completion of the nursing assessment, including an assessment of the client's need for medication management, the RN develops an individualized medication management plan for the client in conjunction with the client and/or the client's representative." The policy did not indicate that the assessment would be completed before medication management services were provided or that it would include an identification and review of all medications the client was known to be taking, and would include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
0 910 SS=D	144A.4792, Subd. 3 Individualized Medication Monitoring/Reassess	0 910		

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0 910	<p>Continued From page 36</p> <p>Subd. 3. Individualized medication monitoring and reassessment. The comprehensive home care provider must monitor and reassess the client's medication management services as needed under subdivision 2 when the client presents with symptoms or other issues that may be medication-related and, at a minimum, annually.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure ongoing monitoring and reassessment was conducted for changes in medication administration for two of three clients (#3 and #4) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>CLIENT #3 Client #3's record lacked evidence the registered nurse (RN) monitored and reassessed the client's medication management services as needed when the client's lasix (a diuretic that causes increased voiding to prevent retention and lowers blood pressure) was discontinued due to frequent falls and low blood pressure.</p> <p>Client #3 had diagnoses that included dementia and gouty arthritis. Client #3's "Service Plan",</p>	0 910		

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0 910	<p>Continued From page 37</p> <p>dated September 25, 2018, indicated services to include daily wellness and safety checks, behavior management, dressing reminders, medication administration, and medication setup.</p> <p>Client #3 had signed prescriber's orders, dated October 7, 2018, that included the discontinuation of lasix after the licensee had informed the prescriber of "frequent falls," ?? [question] if B/P [blood pressure] drops and he gets dizzy."</p> <p>Client #3's record lacked any additional documentation to evidence the RN had monitored and reassessed the client regarding medications in relation to the falls.</p> <p>A "Clinical Update Summary", dated December 17, 2018, completed by employee B (RN) still noted "Takes diuretic medication. Client is monitored for medication compliance and staff monitored for competency. Client is monitored for adverse effects of medication as well."</p> <p>On March 7, 2019, at approximately 10:30 a.m., employee A (administrator, RN, director of nursing) verified the licensee did not reassess client #3's medications after the discontinuation of the diuretic.</p> <p>CLIENT #4 Client #4's record lacked evidence the RN monitored and reassessed the client's medication management services as needed when the client no longer required medication setup by the RN.</p> <p>Client #4 had diagnoses that included stroke (occurs when the blood supply to part of the brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients).</p>	0 910		

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0 910	<p>Continued From page 38</p> <p>Client #4's service plan, dated December 12, 2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), and "Medication Set up by RN weekly and PRN" [as needed]. Client #4's record lacked documentation of medication setup by the RN.</p> <p>A "Clinical Update Summary", by employee B (RN), dated December 26, 2018, noted "Needs full medication management and set up."</p> <p>On March 6, 2019, at approximately 3:00 p.m., employee A verified client #4 does not receive medication setup by the RN currently. Employee A reported that "staff doesn't recall when [client #4] stopped needing medication setup, or if she ever did." Employee A also verified the licensee did not reassess client #4's medication services as required.</p> <p>The licensee's policy "Development of the Individualized Medication Management Plan and Individualized Medication Record," dated March 5, 2017, noted: "3. The RN ensures that each client's Individualized Medication Management Plan is kept up-to-date and consistent with prescriber's orders and with the needs and preferences of the client." "5. The RN will monitor and reassess the client's medication management services: a. As needed at the nurse's periodic monitoring visits (at least every 90 days or more frequently based on the RN's judgement); and b. When the client presents with symptoms or other issues that may be medication related."</p> <p>No further information was provided.</p>	0 910		

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0 910	Continued From page 39 TIME PERIOD FOR CORRECTION: Seven (7) days	0 910		
0 920 SS=D	144A.4792, Subd. 5 Individualized Medication Mgt Plan Subd. 5. Individualized medication management plan. (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any client-specific requirements relating to	0 920		

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
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0 920	<p>Continued From page 40</p> <p>documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain an individualized medication management plan that was current for the services provided for one of three clients (#4) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #4's medication management plan was not updated when the client no longer required medication setup by the RN.</p> <p>Client #4 had diagnoses that included stroke (occurs when the blood supply to part of the brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients).</p> <p>Client #4's service plan, dated December 12,</p>	0 920		

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0 920	<p>Continued From page 41</p> <p>2018, noted services that included medication administration, assist of one staff with all ADL's (activities of daily living), and "Medication Set up by RN weekly and PRN" [as needed]. Client #4's record lacked documentation of medication setup by the RN.</p> <p>A "Clinical Update Summary", by employee B (RN), dated December 26, 2018, noted "Needs full medication management and set up."</p> <p>On March 6, 2019, at approximately 3:00 p.m., employee A verified client #4 does not currently receive medication setup by the RN. Employee A reported that "staff doesn't recall when [client #4] stopped needing medication setup, or if she ever did." Employee A also verified the licensee did not update the medication management plan as required when medication setup was discontinued.</p> <p>The licensee's policy "Development of the Individualized Medication Management Plan and Individualized Medication Record," dated March 5, 2017, noted: "3. The RN ensures that each client's Individualized Medication Management Plan is kept up-to-date and consistent with prescriber's orders and with the needs and preferences of the client." "5. The RN will monitor and reassess the client's medication management services: a. As needed at the nurse's periodic monitoring visits (at least every 90 days or more frequently based on the RN's judgement); and b. When the client presents with symptoms or other issues that may be medication related."</p> <p>No further information was provided.</p>	0 920		

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0 920	Continued From page 42	0 920		
0 940 SS=F	<p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> <p>144A.4792, Subd. 9 Documentation of Medication Setup</p> <p>Subd. 9. Documentation of medication setup. Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to document the name of the medication, quantity of dose, times to be administered, and the route of administration at the time of medication setup for two of two clients (#2 and #3) with records reviewed.</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). The findings include:</p> <p>CLIENT #2 On March 5, 2019, at approximately 7:25 a.m. client #2's medications were observed with employee E (unlicensed personnel/ULP) to be in</p>	0 940		

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0 940	<p>Continued From page 43</p> <p>a locked cabinet in her bathroom. The medications were preset in a weekly dosage box. Employee E indicated the medications had been setup by an RN.</p> <p>A "Service Recap Summary" for January, February, and March 2019, noted "Med setup" and was documented as provided weekly by an initial of the nurse doing the medication setup on one day of each week. The documentation failed to note the names of medications, quantity of dose, times to be administered, and the route of administration of the medications the RN had setup.</p> <p>CLIENT #3 On March 5, 2019, at approximately 7:45 a.m. client #3's medications were observed with employee E to be in a locked cabinet in his bathroom. The medications were all in bubble packs from the pharmacy except for the client's warfarin (blood thinner) which was preset in a weekly dosage box. Employee E indicated the warfarin had been setup by an RN.</p> <p>A "Service Recap Summary" for January, February, and March 2019, noted "Med setup" and was documented as provided weekly by an initial of the nurse doing the medication setup on one day of each week. The documentation failed to note the name of the medication, quantity of dose, time to be administered, and the route of administration of the medication the RN had setup.</p> <p>On March 5, 2019, at approximately 3:00 p.m., employees A (administrator, RN, director of nursing) and B (RN) verified employee B setup the warfarin for client #3 and did not document the setup as required. In addition, employees A</p>	0 940		

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0 940	Continued From page 44 and B verified the licensee setup medications for five clients and hadn't documented the name of the medications, quantity of dose, times to be administered, and the route of administration of the medications the RN had setup for any of the clients. The licensee's policy, "Medication Administration System-Dosage Box Set-Up", dated March 5, 2017, noted: "7. When the RN or LPN [licensed practical nurse] has completed setting up the medications into the Dosage Box, the nurse will document each individual medication that has been set up on the MAR [Medication Administration Record]." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 950 SS=F	144A.4792, Subd. 10(b) Medication Mgt for Clients - Unplanned (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to clients; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the	0 950		

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0 950	<p>Continued From page 45</p> <p>client.</p> <p>The procedures must address:</p> <p>(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;</p> <p>(ii) how the container or containers must be labeled;</p> <p>(iii) the written information about the medications to be given to the client or client's representative;</p> <p>(iv) how the unlicensed staff must document in the client's record that medications have been given to the client or the client's representative, including documenting the date the medications were given to the client or the client's representative and who received the medications, the person who gave the medications to the client, the number of medications that were given to the client, and other required information;</p> <p>(v) how the registered nurse shall be notified that medications have been given to the client or client's representative and whether the registered nurse needs to be contacted before the medications are given to the client or the client's representative; and</p> <p>(vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed</p>	0 950		

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0 950	<p>Continued From page 46</p> <p>personnel.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed written procedures for unlicensed personnel (ULP) who provided medication management for clients having unplanned time away, and determined competency for ULP to perform the procedure. In addition, the licensee failed to document the name of the person who gave the medications to the client for one of one client (#4) with records reviewed.</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). The findings include:</p> <p>FAILURE TO DEVELOP PROCEDURE On March 4, 2019, during the entrance conference, at approximately 9:10 a.m. employee A (administrator, RN, director of nursing) reported the ULP had been providing medications for clients having unplanned time away when a nurse wasn't available. Employee A verified the licensee had not developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that were prescribed for the client.</p> <p>FAILURE TO EDUCATE ULP TO SET UP MEDICATIONS FOR TIME AWAY</p>	0 950		

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0 950	<p>Continued From page 47</p> <p>On March 6, 2019, at approximately 1:00 p.m., employee A verified the licensee had not provided education regarding providing medications for unplanned time away for the unlicensed staff and had not determined the unlicensed staff were competent to follow the procedures for giving medications to clients.</p> <p>FAILURE TO DOCUMENT CORRECTLY Client #4's record lacked complete documentation of medication setup for planned time away from the facility.</p> <p>A "Medication Setup Record", dated March 1, 2019, was unsigned by the person giving the medication to the client or their responsible person.</p> <p>The documentation indicated ten medications were to be administered at 9:00 a.m., on March 2, 2019, one medication was to be administered at 2:00 p.m., on March 2, 2019, and three medications were to be administered at 8:00 p.m., on March 1, 2019. The form indicated the medications were setup by employee G (RN) on February 28, 2019. The medications were documented as given to client #4's family member on March 1, 2019, at 3:04 p.m., but did not indicate the person who gave the medications to the client.</p> <p>On March 5, 2019, at approximately 3:15 p.m., employee A was asked if she knew who had given the medications to client #4 when she left the facility on March 1, 2019. Employee A said she did not know which ULP was working that day and verified the form did not indicate who the person was that gave the medications to the client.</p>	0 950		

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0 950	Continued From page 48 The licensee's policy "Medications For a Client Who Will be Away From Home When Medications are Scheduled," dated March 5, 2017, noted: 4.a. "The RN will establish written procedures for unlicensed staff to follow when giving medications to the client or client's representative to take when the client will be away from home." "b. The RN may delegate this task to unlicensed staff if: i. The RN has trained and competency tested the unlicensed staff on procedures to follow when giving medications to clients who will be away from home when medications are scheduled. ii. The RN has written procedures for the unlicensed staff to follow." 6. "When licensed or unlicensed staff gives medications to a client or client's representative to take when the client will be away from home when the medications are scheduled, the staff person will document the following:" "d) The name and title of the staff person who gave the medications to the client or client's representative." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 950		
01000 SS=E	144A.4792, Subd. 20 Prescription Drugs Subd. 20. Prescription drugs. A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.	01000		

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01000	<p>Continued From page 49</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to monitor the beyond-use date of time-dated drugs for three of ten clients (#7, #8, #9) receiving medication services. In addition, the licensee failed to maintain the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug for one of ten clients (#6) during medication review.</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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include:</p> <p>FAILURE TO MONITOR TIME SENSITIVE MEDICATIONS On March 6, 2019, at approximately 1:30 p.m., the storage of medications managed by the licensee in the assisted living were observed with employee C (registered nurse/RN). It was noted that the following medications had expired: - metoprolol (decreases blood pressure) 25 mg (milligrams) for client #7 had an expiration date of January 18, 2019. - ibuprophen (antiinflammatory/analgesic) 200 mg for client #9 had an expiration date of February 2019. - ibuprophen 200 mg for client #8 had an expiration date of August 2012. - Tylenol Arthritis (extended release analgesic)</p>	01000		

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01000	<p>Continued From page 50</p> <p>650 mg (stock medication) had an expiration date of April 2018.</p> <p>Employee C verified the medications noted above were expired and verified the licensee lacked a process for monitoring expiration dates of the medications they manage.</p> <p>FAILURE TO MAINTAIN THE LEGIBILITY OF THE ORIGINAL PRESCRIPTION LABEL On March 6, 2019, at approximately 1:30 p.m., the storage of medications managed by the licensee in the assisted living were observed with employee C. It was noted that the following medications had black thick writing on the label that covered the expiration date of time-dated drugs for the following medications for client #6: - metoprolol 25 mg; and - Prinivil (lowers blood pressure).</p> <p>Employee C verified the medications noted above had illegible expiration dates on the original prescription labels.</p> <p>The licensee's policy "Medication Administration System-Dosage Box Set-Up", dated March 5, 2017, noted: "5. When setting up medications, the nurse will check the expiration date of the medication and will identify if a prescription needs to be renewed in the near future and will follow up with the prescriber and/or pharmacy if a new prescription or refill is needed."</p> <p>The licensee's policy "Storage of Medications", dated March 5, 2017, noted: "b. Until medication is set up for immediate or later administration by a nurse, a legend drug must be kept in its original container bearing the original prescription label with legible information</p>	01000		

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01000	Continued From page 51 stating the prescription number, name of drug, strength and quantity of drug, expiration date of time-dated drug, directions for use, client's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01000		
01030 SS=F	144A.4793, Subd. 2 Policies and Procedures Subd. 2. Policies and procedures. (a) A comprehensive home care provider who provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines. (b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, monitoring and evaluating the treatment and therapy, and communicating with the prescriber. This MN Requirement is not met as evidenced by:	01030		

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01030	<p>Continued From page 52</p> <p>Based on interview and record review the licensee failed to develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures to address documenting of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, and monitoring and evaluating the treatment and therapy with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:</p> <p>A review of the licensee's treatment and therapy management policies revealed that they lacked the required content to address: documenting of treatment or therapy activities; educating and communicating with clients about treatments or therapy they are receiving; and monitoring and evaluating the treatment and therapy.</p> <p>On March 4, 2019, at approximately 1:15 p.m., employee A (administrator, registered nurse/RN, director of nursing) verified the licensee had not developed, implemented, or maintained current written treatment and therapy management policies and procedures that included documenting of treatment or therapy activities, educating clients and/or the clients' representatives about treatments and therapies and monitoring and evaluating the treatment and therapy.</p>	01030		

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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
01030	Continued From page 53 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01030		
01035 SS=F	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan Subd. 3. Individualized treatment or therapy management plan. For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and	01035		

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01035	<p>Continued From page 54</p> <p>therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and maintain a current individualized treatment and therapy management record for four of four clients (#2, #3, #5 and #10). In addition, the licensee failed to prepare and include in the service plan a written statement of the treatment or therapy services that was being provided to the client for two of four clients (#3 and #10) with records reviewed.</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). The findings include:</p> <p>INDIVIDUALIZED TREATMENT AND THERAPY MANAGEMENT PLANS Records for clients #2, #3, #5 and #10 lacked evidence individualized treatment and therapy management plans were developed to include the required content as follows: - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arose with treatments or therapy</p>	01035		

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01035	<p>Continued From page 55</p> <p>services; and</p> <ul style="list-style-type: none"> - any client-specific requirements relating to documentation of treatment and therapy received, verification all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. <p>CLIENT #2 Client #2's diagnoses included osteoarthritis, history of urinary tract infections, and gout (a form of arthritis caused by excess uric acid in the bloodstream).</p> <p>Client #2 had prescriber's orders, dated October 10, 2018, for Ace wrap (an elastic bandage used to decrease swelling and protect joints) to knee PRN (as needed).</p> <p>Client #2's record lacked a developed individualized treatment and therapy management plan to include the required content noted above.</p> <p>CLIENT #3 Client #3 had diagnoses that included dementia, diabetes mellitus, and gouty arthritis.</p> <p>Client #3 had prescriber's orders, dated May 8, 2017, for blood glucose monitoring twice a week and a diabetic diet.</p> <p>Client #3 had additional prescriber's orders, dated January 28, 2019, that included:</p> <ul style="list-style-type: none"> - Buddy tape and ice left hand, 4th digit, PRN - Ice [ordered to be used to the affected area to reduce swelling]. <p>Client #3's record lacked an individualized treatment and therapy management plan to</p>	01035		

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01035	<p>Continued From page 56</p> <p>include the required content noted above.</p> <p>CLIENT #5 Client #5 had diagnoses that included hypertension and congestive heart failure (CHF-a condition in which the heart's function as a pump is inadequate to meet the body's needs).</p> <p>Client #5 had prescriber's orders, dated June 15, 2017, for oxygen two liters per nasal cannula (a device used to deliver oxygen to a patient through a lightweight tube which on one end splits into two prongs that are placed in the nostrils and from which a mixture of air and oxygen flow). Use for the next month as needed and then reevaluate. The licensee was providing the oxygen at two liters continuous without a prescriber's order.</p> <p>On March 5, 2019, at approximately 8:30 a.m., employee D (unlicensed personnel/ULP) was observed administering medications to client #5. Client #5 had oxygen on via nasal cannula. The oxygen concentrator was set at 1.5 liters.</p> <p>Client #5's record lacked a developed individualized treatment and therapy management plan to include the required content noted above.</p> <p>CLIENT #10 Client #10 had diagnoses that included benign prostatic hypertrophy (BPH) with urinary retention and dementia.</p> <p>Client #10 had prescriber's orders ,dated January 11, 2019, that included "thicken liquids".</p> <p>On March 5, 2019, at approximately 8:45 a.m., employee D was observed administering</p>	01035		

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01035	<p>Continued From page 57</p> <p>medications to client #10 with thickened water and juice.</p> <p>Client #10's record lacked a developed individualized treatment and therapy management plan to include the required content noted above.</p> <p>On March 4, 2019, at approximately 1:30 pm., employee A (administrator, registered nurse/RN, director of nursing) verified records for clients #2, #3, #5 and #10 did not contain a treatment and therapy management plan that included all the required content, and reported that none of the licensee's clients would have that information in their records.</p> <p>SERVICE PLANS CLIENT #3 Client #3's service plan, dated September 25, 2018, lacked a written statement of the treatment or therapy services that were being provided to the client.</p> <p>Client #3 was receiving a modified diabetic diet as ordered by the prescriber. Client #3's service plan lacked the services for assistance with the diabetic diet.</p> <p>CLIENT #10 Client #10's service plan, dated September 28, 2017, lacked a written statement of the treatment or therapy services that were being provided to the client.</p> <p>Client #10 was receiving a modified diet that included thickened liquids as ordered by the prescriber. Client #10's service plan lacked the services for assistance with the thickened liquids.</p>	01035		

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01035	Continued From page 58 On March 7, 2019, at approximately 9:00 a.m., employee A verified service plans for clients #3 and #10 lacked a written statement of all the treatments that were provided. The licensee's policy "Delegation of Nursing Tasks, Treatments or Therapy Tasks" dated March 5, 2017, noted: "When a treatment or therapy is delegated or assigned to unlicensed personnel, the RN or authorized Licensed Health Professional must: a. Develop and maintain a current individualized treatment or therapy management record for each client that addresses the requirements of MN Statutes 144.4793, subd. 3." The licensee's policy "Contents of Service Plans", dated March 5, 2017, noted: "A service plan established after completion of full individualized initial assessment and each subsequent reassessment includes: a. A description of the home care services, including nursing and medication management services, treatments and or therapy services, to be provided by our agency." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01040 SS=F	144A.4793, Subd. 4 Administration of Treatments/Therapy Subd. 4. Administration of treatments and therapy. Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or	01040		

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01040	<p>Continued From page 59</p> <p>may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the home care provider must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each client and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each client and documented those instructions in the client's record; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the client.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) specified in writing, specific instructions for treatment services for two of two clients (#10, #3) with records reviewed; and to train and determine competency to perform the treatment services for one of one employee (D) with record reviewed.</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</p>	01040		

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01040	<p>Continued From page 60</p> <p>failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>FAILURE TO PROVIDE WRITTEN, SPECIFIC INSTRUCTIONS CLIENT #10 Client #10's record lacked written, specific instructions for treatment services of thick-it (a powder used to thicken liquids for clients with swallowing difficulties) administered by unlicensed personnel (ULP).</p> <p>Client #10 had diagnoses that included benign prostatic hypertrophy (BPH) with urinary retention and dementia.</p> <p>Client #10 had prescriber's orders, dated January 11, 2019, that included "thicken liquids".</p> <p>On March 5, 2019, at approximately 8:45 a.m., employee D (ULP) was observed to administer medications to client #10 with thickened water and juice.</p> <p>Client #10's record lacked specific written instructions for ULP for the use of thickened liquids.</p> <p>CLIENT #3 Client #3's record lacked written, specific instructions for ULP for a diabetic diet.</p> <p>Client #3 had diagnoses that included dementia, diabetes mellitus, and gouty arthritis.</p> <p>Client #3 had prescriber's orders, dated May 8, 2017, that included a diabetic diet.</p> <p>Client #3's record lacked specific written</p>	01040		

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01040	<p>Continued From page 61</p> <p>instructions for ULP regarding the client's diabetic diet.</p> <p>RN FAILURE TO INSTRUCT ULP EMPLOYEE D Employee D's employee record lacked documentation the RN had trained and determined competency for the employee to provide treatment services of thickened liquids.</p> <p>Employee D was employed by the licensee on February 8, 2016</p> <p>On March 5, 2019, at approximately 8:50 a.m., employee D reported she was unaware of specific written instructions for the administration of thickened liquids for client #10, or a diabetic diet for client #3, and had not received training and competency testing regarding thickened liquids.</p> <p>On March 5, 2019, at approximately 9:30 a.m., employee A (administrator, RN, director of nursing) verified there were no specific written instructions for thickened liquids or a diabetic diet and none of the licensee's staff had been trained to the use of thickened liquids.</p> <p>The licensee's policy "Delegation of Nursing Tasks, Treatments or Therapy Tasks" dated March 5, 2017, noted: "When a treatment or therapy is delegated or assigned to unlicensed personnel, the RN or authorized Licensed Health Professional must:" "b. Instruct the unlicensed personnel in the proper methods to provide the treatment or perform the task with respect to each client and determine that the unlicensed personnel have demonstrated the ability to competently follow procedures; c. Develop written instructions for each client and</p>	01040			

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01040	Continued From page 62 document those instructions in the client's record; and d. Communicated with the unlicensed personnel about the individual needs of the client." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01040		
01045 SS=D	144A.4793, Subd. 5 Documentation of Treatment/Therapy Subd. 5. Documentation of administration of treatments and therapies. Each treatment or therapy administered by a comprehensive home care provider must be documented in the client's record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee lacked evidence of documentation of administration of treatments and therapies that were provided to meet the client's needs for two of four clients (#3 and #10) with records reviewed. 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	01045		

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01045	<p>Continued From page 63</p> <p>client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>FAILURE TO DOCUMENT TREATMENTS PROVIDED Records for clients #3 and #10 lacked evidence treatments and therapies were administered as prescribed, or to document the reason why they were not administered, and any follow-up procedures that were provided to meet the client's needs.</p> <p>CLIENT #3 Client #3 had diagnoses that included dementia, diabetes mellitus and gouty arthritis. Client #3 had prescriber's orders dated May 8, 2017, that included a diabetic diet.</p> <p>Client #3's record lacked documentation of the administration of a diabetic diet.</p> <p>On March 5, 2019, at approximately 8:05 a.m., employee E (unlicensed personnel/ULP) was observed assisting client #3 with breakfast.</p> <p>On March 7, 2019, employee A (administrator, registered nurse/RN, director of nursing) indicated the administration of treatments would be documented on the "Service Recap Summary".</p> <p>The "Service Recap Summary" lacked documentation that reflected staff had provided a diabetic diet during the months of January, February, or March 2019.</p>	01045		

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01045	<p>Continued From page 64</p> <p>On March 7, 2019, at approximately 9:00 a.m., employee A verified the lack of documentation indicating staff provided the diabetic diet for client #3 as ordered by the prescriber.</p> <p>CLIENT #10 Client #10 had diagnoses that included benign prostatic hypertrophy (BPH) with urinary retention and dementia.</p> <p>Client #10 had prescriber's orders, dated January 11, 2019, that included "thicken liquids".</p> <p>Client #10's record lacked documentation of the administration of the thickened liquids.</p> <p>On March 5, 2019, at approximately 8:45 a.m., employee D (ULP) was observed administering medications to client #10 with thickened water and juice.</p> <p>On March 7, 2019, employee A indicated the administration of treatments would be documented on the "Service Recap Summary".</p> <p>The "Service Recap Summary" lacked documentation that reflected staff had provided the thickened liquids during the months of January, February or March, 2019.</p> <p>On March 7, 2019, at approximately 9:00 a.m., employee A verified the lack of documentation indicating staff provided the thickened liquids for client #10 as ordered by the prescriber.</p> <p>The licensee did not provide a policy regarding the documentation of treatments and therapies.</p> <p>No further information was provided.</p>	01045		

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01045	Continued From page 65	01045		
01050 SS=D	<p>144A.4793, Subd. 6 Orders or Prescriptions</p> <p>Subd. 6. Orders or prescriptions. There must be an up-to-date written or electronically recorded order or prescription for all treatments and therapies. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency and other information needed to administer the treatment or therapy.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to obtain current and accurate prescriptions for oxygen therapy administration for one of one client (#5) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #5 lacked current, accurate prescriber's orders for oxygen therapy administration.</p> <p>Client #5 had diagnoses that included hypertension and congestive heart failure (CHF-a</p>	01050		

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01050	<p>Continued From page 66</p> <p>condition in which the heart's function as a pump is inadequate to meet the body's needs).</p> <p>Client #5 had prescriber's orders, dated June 15, 2017, for "oxygen 2 liters per nasal cannula [a device used to deliver oxygen to a patient through a lightweight tube which on one end splits into two prongs that are placed in the nostrils and from which a mixture of air and oxygen flow]. Use for the next month as needed and then reevaluate".</p> <p>On March 5, 2019, at approximately 8:30 a.m., employee D (unlicensed personnel/ULP) was observed administering medications to client #5. Client #5 was receiving oxygen via a nasal cannula. Employee D said she had assisted client #5 to the lobby earlier and just brought the oxygen concentrator for the time being, and would transfer the oxygen tubing to an oxygen tank later. The oxygen concentrator was set at 1.5 liters. When asked about the liter flow of the oxygen, employee D verified it should be set at two liters continuous, employee set the oxygen to two liters, and reported it must have been bumped or something. Client #5's record lacked prescriber's orders for continuous oxygen at two liters the client was currently receiving.</p> <p>On March 5, 2019, at approximately 3:00 p.m., employee A (administrator, registered nurse/RN, director of nursing) verified client #5's oxygen should be set at two liters continuously, and also verified the licensee had not obtained written prescriber's orders for the continuous oxygen at two liters in 2017, after the month trial period.</p> <p>The licensee's policy, "Content of Medication Prescriptions and Treatment or Therapy Orders", dated March 5, 2017, noted:</p>	01050		

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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
01050	Continued From page 67 "An order for treatment or therapy must be dated, signed by the prescriber and must be current with the client's nursing assessment." "The RN or Licensed Health Professional will assure that the prescriber renews a medication prescription or treatment or therapy order at least every 12 months, or more frequently if determined based on the nursing assessment." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01050		
01080 SS=D	144A.4794, Subd. 3 Contents of Client Record Subd. 3. Contents of client record. Contents of a client record include the following for each client: (1) identifying information, including the client's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified; (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) client's advance directives, if any; (6) the home care provider's current and previous assessments and service plans; (7) all records of communications pertinent to the client's home care services;	01080		

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01080	<p>Continued From page 68</p> <p>(8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;</p> <p>(9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation that services have been provided as identified in the service plan;</p> <p>(11) documentation that the client has received and reviewed the home care bill of rights;</p> <p>(12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3;</p> <p>(13) documentation of complaints received and resolution;</p> <p>(14) discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the client's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the client record included the name, address, and telephone number of the client's health and medical service providers (speech therapy) and all records of communications pertinent to the client's home care services for one of one client (#10) with record reviewed.</p> <p>This practice resulted in a level two violation (a</p>	01080		

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01080	<p>Continued From page 69</p> <p>violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #10's record failed to include documentation of health information regarding the speech therapy provider and services.</p> <p>Client #10 had diagnoses that included benign prostatic hypertrophy (BPH) and dementia.</p> <p>Client #10's record included a prescriber's order, dated January 11, 2019, for a swallow evaluation to be completed by speech therapy. The client's record lacked any additional documentation regarding speech therapy or the swallow evaluation having been provided.</p> <p>On March 7, 2019, at approximately 9:00 a.m., employee A (administrator, registered nurse/RN, director of nursing) verified client #10's record did not contain documentation of swallow evaluation results or any communication with the speech therapist.</p> <p>The licensee's policy, "Content of Client Records", dated March 5, 2017, noted: "The client record will contain:" "c. Health information including: i. Medical history; ii. Primary diagnosis and any other relevant current diagnoses; iii. Allergies, if any; iv. Orders or prescriptions for medications,</p>	01080		

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01080	Continued From page 70 treatments or therapies that the agency will be managing; and v. Other relevant health records." "f. All records of communications pertinent to the client's home care services." No further information was provided. TIME PERIOD FOR CORRECTIONS: 21 days	01080		
01155 SS=F	144A.4795, Subd. 7(d) RN/LHP Responsibilities (d) When the registered nurse or licensed health professional delegates tasks, they must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks. If an unlicensed personnel has not regularly performed the delegated home care task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the client's record. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) had trained and determined competency for delegated tasks for two of two employees (D and E) with records	01155		

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01155	<p>Continued From page 71</p> <p>reviewed.</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). The findings include:</p> <p>Employee records for employees E and D lacked documentation the RN had trained and determined competency for the use of bed and chair alarms prior to the employees performing the delegated tasks. In addition, the employee record for employee D lacked documentation the RN had trained and determined competency for the employee to use a wrist blood pressure cuff.</p> <p>BED AND CHAIR ALARMS EMPLOYEE E Employee E (unlicensed personnel/ULP) had a hire date of August 17, 2018.</p> <p>On March 5, 2019, between 6:55 a.m. and 7:25 a.m., employee E was observed working with client #2 who used bed and chair alarms to alert staff when the client attempted getting out of the bed or chair without staff assist. Employee E reported she had not received training from the RN regarding the use of the bed and chair alarms.</p> <p>EMPLOYEE D Employee D (ULP) had a hire date of February 8, 2016.</p>	01155		

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01155	<p>Continued From page 72</p> <p>On March 5, 2019, between 7:25 a.m. and 9:00 a.m., employee D was observed working with clients #4 and #8 who used bed and chair alarms to alert staff when they attempted getting out of the bed or chair without staff assist. Employee D reported she had not received training from the RN regarding the use of the bed and chair alarms.</p> <p>WRIST BLOOD PRESSURE CUFF EMPLOYEE D</p> <p>On March 5, 2019, at approximately 7:40 a.m., employee D was observed checking client #4's blood pressure with an automatic wrist blood pressure cuff. Employee D reported she had not received specific training by the RN regarding the use of the wrist blood pressure cuff.</p> <p>On March 6, 2019, at approximately 10:30 a.m., employee A (administrator, RN, director of nursing) verified that employee records for employees D and E lacked documentation of training and competency evaluations by the RN, prior to providing the delegated tasks, for the use of the bed and chair alarms, and the wrist blood pressure cuff.</p> <p>In addition, employee A verified that the licensee had not provided training and competency evaluations for any ULP regarding the use of bed and chair alarms, and the wrist blood pressure cuff.</p> <p>The licensee's policy "Valley and Competency Evaluation of Unlicensed Staff", dated March 5, 2017, noted: "Unlicensed home care personnel will meet all orientation and training requirements and will be determined to be competent to perform all assigned tasks by the RN or other Licensed</p>	01155		

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01155	Continued From page 73 Health Professional, when appropriate, before unlicensed personnel may provide any service to a home care client." The policy lacked information regarding whether the unlicensed personnel were able to competently follow the procedures and perform the tasks. No further information was provided. TIME PERIOD FOR CORRECTION: 21 days	01155		
01170 SS=D	144A.4796, Subd. 2 Content of Orientation Subd. 2.Content. (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under sections 626.556 and 626.557; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human	01170		

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01170	<p>Continued From page 74</p> <p>Services, county managed care advocates, or other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to home care regulations and requirements included the required content for one of one employee (A) providing services to clients with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or</p>	01170		

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01170	<p>Continued From page 75</p> <p>safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Employee A (administrator, registered nurse/RN, director of nursing) was employed by the licensee on May 20, 2014.</p> <p>A review of employee A's employee record lacked evidence the employee received orientation to home care regulations and requirements that included:</p> <ul style="list-style-type: none"> -an overview of the sections 144A.43 to 144A.4798; -compliance with and reporting of the maltreatment of minors or vulnerable adults under sections 626.556 and 626.557; and -handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point. <p>On March 6, 2019, at approximately 8:30 a.m., employee A verified that she had not received orientation at the time of hire in the content noted above regarding an overview of the statutes, handling of clients' complaints, and reporting of maltreatment.</p> <p>The licensee's policy "Home Care Orientation", dated March 5, 2017, noted: "All Comprehensive home care employees, including those who provide direct care, who provide supervision of direct care, or who provide management services, must complete their</p>	01170		

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01170	Continued From page 76 orientation to home care requirements before providing home care services to clients." "At minimum, this orientation must include the following topics: a. An overview of Minnesota's home care law (MA Statutes 144A.43 to 144A.4798);" "f. Our program's system for receiving and responding to complaints, where to report complaints and information on the Office of Health Facility Complaints and the Common Entry Point and how clients, staff and others may contact these agencies with complaints;" No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01170		
01190 SS=D	144A.4796, Subd. 6 Required Annual Training Subd. 6.Required annual training. (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include: (1) training on reporting of maltreatment of minors under section 626.556 and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided; (2) review of the home care bill of rights in section 144A.44; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective	01190		

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01190	<p>Continued From page 77</p> <p>gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>(b) In addition to the topics listed in paragraph (a), annual training may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This LEVEL A is not met as evidenced by: Based on interview and record review, the licensee failed to ensure all staff who perform direct home care services completed the required eight hours of annual training for each 12 months</p>	01190		

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01190	<p>Continued From page 78</p> <p>of employment for one of two employees (D) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Employee D (unlicensed personnel/ULP) had a hire date of February 8, 2016.</p> <p>Employee D's employee record lacked documentation of annual training for 2017 and 2018 that included the following required content:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557,</p> <p>(2) review of the home care bill of rights in section 144A.44;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; reporting of communicable diseases; and</p> <p>(4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>On March 6, 2019, at approximately 1:00 p.m.,</p>	01190		

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01190	<p>Continued From page 79</p> <p>employee A (administrator, registered nurse/RN, director of nursing) verified employee D lacked the required annual training.</p> <p>The licensee's policy "Annual In-Service Training," dated March 5, 2017, noted:</p> <p>"1. All staff that performs direct home care services, including licensed staff, must complete at least eight hours of annual training for each 12 months of employment.</p> <p>2. The annual training for all staff performing direct home care services must include:</p> <p>a. Training on reporting of maltreatment of minors under section 626.556 and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided by our agency [Change this as appropriate to your agency's clientele.]</p> <p>b. Review of the Home Care Bill of Rights.</p> <p>c. Review of Infection control techniques in the home and implementation of infection control standards, including:</p> <p>i. A review of hand washing techniques;</p> <p>ii. The need for and use of protective gloves, gowns, and masks;</p> <p>iii. Appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;</p> <p>iv. Disinfecting reusable equipment;</p> <p>v. Disinfecting environmental surfaces; and</p> <p>vi. Reporting of communicable diseases."</p> <p>"f. Review of our agency's policies and procedures related to the provision of home care services."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: 21 days</p>	01190		

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347		
(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
01225	Continued From page 80	01225			
01225 SS=D	<p>144A.4797, Subd. 3 Supervision of Staff - Comp</p> <p>Subd. 3. Supervision of staff providing delegated nursing or therapy home care tasks. (a) Staff who perform delegated nursing or therapy home care tasks must be supervised by an appropriate licensed health professional or a registered nurse periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the client.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 days after the individual begins working for the home care provider and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure the registered nurse (RN) conducted direct supervision of staff performing delegated tasks within 30 days after the individual began working for one of one employee (E) with record reviewed.</p>	01225			

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01225	<p>Continued From page 81</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Employee E (unlicensed personnel/ULP) began providing services for the licensee on August 17, 2018.</p> <p>Employee E was observed providing delegated tasks during the survey process.</p> <p>Employee E's employee record lacked evidence the RN conducted direct supervision of the employee performing delegated tasks within 30 days after the individual began working for the home care provider.</p> <p>On March 6, 2019, at approximately 11:00 a.m., employee A (administrator, RN, director of nursing) verified direct supervision of employee E was not provided within 30 days as required.</p> <p>The licensee's policy "Supervision of Licensed and Unlicensed Personnel" dated March 5, 2017, noted: "Direct supervision of unlicensed staff providing delegated nursing tasks, delegated treatments or assigned therapy tasks must be performed within 30 days after the person begins work for our agency and has been trained and determined competent to perform all the tasks assigned."</p> <p>No further information was provided.</p>	01225		

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01225	Continued From page 82	01225		
01245 SS=F	<p>TIME PERIOD FOR CORRECTION: Twenty one (21) days</p> <p>144A.4798, Subd. 1 TB Prevention and Control</p> <p>Subdivision 1. Tuberculosis (TB) prevention and control. A home care provider must establish and maintain a TB prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). Components of a TB prevention and control program include screening all staff providing home care services, both paid and unpaid, at the time of hire for active TB disease and latent TB infection, and developing and implementing a written TB infection control plan. The commissioner shall make the most recent CDC standards available to home care providers on the department's Web site.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included developing and implementing a TB infection and control plan that included procedures for handling persons with active TB disease.</p> <p>This practice resulted in a level two violation (a</p>	01245		

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01245	<p>Continued From page 83</p> <p>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). The findings include:</p> <p>During the entrance conference, on March 4, 2019, at approximately 9:10 a.m., employee A (administrator, registered nurse/RN, director of nursing) provided the licensee's TB Risk Assessment, dated March 28, 2018, and infection control plan titled "TB Prevention and Control", dated March 5, 2017. The risk assessment indicated the licensee was at "low risk."</p> <p>Employee A verified the TB infection control plan was not completed to include procedures for handling persons with active TB disease.</p> <p>The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include, but was not limited to, written TB infection control procedures to include early recognition, isolation, and referral for persons with suspected TB.</p> <p>The licensee's policy, "TB Prevention and Control", dated March 5, 2017, noted: "The RN/Administrator is responsible for establishing and maintaining the TB prevention and control program. Responsibilities include:" "h. If a case of suspected or confirmed TB disease is identified among staff or clients, assure that appropriate actions are taken</p>	01245		

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01245	Continued From page 84 immediately;" The policy failed to indicate what the "appropriate actions" would be. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01245		
02025 SS=D	626.557, Subd. 4 Reporting Subd. 4.Reporting. (a) Except as provided in paragraph (b), a mandated reporter shall immediately make an oral report to the common entry point. Use of a telecommunications device for the deaf or other similar device shall be considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. A mandated reporter may disclose not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, to the extent necessary to comply with this subdivision. (b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified under Title 19 of the Social Security Act, a nursing home that is licensed under section 144A.02 and	02025		

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02025	<p>Continued From page 85</p> <p>certified under Title 18 or Title 19 of the Social Security Act, or a hospital that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code of Federal Regulations, title 42, section 482.66, may submit a report electronically to the common entry point instead of submitting an oral report. The report may be a duplicate of the initial report the facility submits electronically to the commissioner of health to comply with the reporting requirements under Code of Federal Regulations, title 42, section 483.13. The commissioner of health may modify these reporting requirements to include items required under paragraph (a) that are not currently included in the electronic reporting form.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to investigate injuries of unknown origin to determine if they should be reported to the Minnesota Adult Abuse Reporting Center (MAARC) for one of one client (#3) who sustained injuries with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a</p>	02025		

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02025	<p>Continued From page 86</p> <p>limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #3 sustained injuries to the left arm, left hand, and right hip, and the licensee lacked evidence of an investigation to determine the source of the unknown injuries and if a report should be made to MAARC.</p> <p>CLIENT #3 Client #3 had diagnoses that included gouty arthritis, diabetes mellitus, and dementia. Client #3's "Service Plan", dated September 25, 2018, indicated services to include daily wellness and safety checks, behavior management, dressing reminders, medication administration, and medication setup.</p> <p>Client #3's "Clinical Update Summary", dated December 17, 2018, (the most recent assessment) noted the client was at risk to be abused, could be verbally abusive at times, was sometimes rude to staff and other residents, and, was disoriented occasionally.</p> <p>An "other injury" report, dated January 27, 2019, at 8:01 a.m., noted the client came to breakfast with a skin tear on the left arm. At 5:53 p.m., on the same day, employee B (registered nurse/RN) noted on the same form that client #3's left hand and fingers were bruised, three fingers were swollen, and a large bruise was on the right hip. The record indicated client #3 thought he fell on January 26, 2019, and at another time, he said he hurt it getting out of a chair. A fall was not witnessed.</p> <p>A "Resident Notes" form, dated January 28, 2019, and written by employee A (administrator, RN,</p>	02025		

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02025	<p>Continued From page 87</p> <p>director of nursing) noted "At this point with his hand being very swollen, increase in falls, and newly developing loose incontinent stools, we will have him seen in the clinic today for further assessment and to rule out an underlying condition that could be a contributing factor."</p> <p>The client's record lacked documentation to evidence an investigation was conducted by the RN to determine how the skin tear to the left arm, the left hand injury, and bruising to the right hip occurred. In addition, the record lacked evidence the injuries of unknown origin had been reported to MAARC.</p> <p>On March 5, 2019, at approximately 1:30 a.m., employee A (administrator, RN, director of nursing) was interviewed and reported the licensee had not done an investigation of the injuries sustained by client #3 to determine whether the injuries were unexplained and whether a report should be filed with MAARC. Employee A confirmed the unwitnessed injuries for client #3 were not reported to MAARC.</p> <p>On March 7, 2019, at approximately 11:00 a.m., client #3 was interviewed regarding the incident above. Client #3 reported he "falls many times", but doesn't recall how he hurt his hand or obtained any of the other bruises and abrasions on his body. It was difficult to determine how much of the interview was reliable since it was unknown if the words he was saying were what he intended to say due to his word-finding problem and dementia.</p> <p>The licensee's "Vulnerable Adult Reporting and Investigation Policy", dated March 5, 2017, noted, "Agency staff is required to report to the CEP [common entry point] when a client has sustained</p>	02025		

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02025	<p>Continued From page 88</p> <p>a physical injury which is not reasonably explained. Such physical injuries may include, but are not limited to, unexplained bruises, skin tears, lacerations, or fractures. Staff that observes an unexplained physical injury will immediately notify the RN [or home care director], who will conduct an internal investigation, as described below, to determine whether the injury is unexplained and whether a report to the CEP is required."</p> <p>In addition, the policy indicated "If it is unclear based on the witness' account of the incident whether maltreatment has occurred, the RN, in conjunction with the home care director, will immediately begin investigating the incident. If within 24 hours following the initial report, the RN is still unsure whether reportable maltreatment has occurred, the RN or home care director will make an oral report to the CEP." The licensee had not followed their policy to ensure that all cases of unexplained injury or suspected maltreatment were reported.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02025		