



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically Delivered

October 1, 2019

Administrator
Reflections Assisted Living
300 Second Street SW
Austin, MN 55912

Re: Project Number SL25944009

Dear Administrator:

On September 18, 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 May 24, 2019; and follow-up survey completed on August 7, 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
Mower County Social Services

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H25944	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/18/2019
NAME OF FACILITY REFLECTIONS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SECOND STREET SW AUSTIN, MN 55912	

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 00905	Correction	ID Prefix 00920	Correction
Reg. # 144A.474, Subd. 8	Completed	Reg. # 144A.4792, Subd. 2	Completed	Reg. # 144A.4792, Subd. 5	Completed
LSC	09/18/2019	LSC	09/18/2019	LSC	09/18/2019
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	
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: 10/1/19	SIGNATURE OF SURVEYOR: 31217	DATE: 9/18/19	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/24/2019		<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

September 3, 2019

Administrator
Reflections Assisted Living
300 Second Street SW
Austin, MN 55912

RE: Project Number SL25944009

Dear Administrator:

On August 7, 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 24, 2019. The follow-up survey determined your agency had not corrected all of the state licensing orders issued pursuant to the May 24, 2019 survey.

In accordance with Minn. Stat. § 144A.474, subd. 11, state licensing orders issued pursuant to the last survey completed on May 24, 2019, found not corrected at the time of the August 7, 2019 follow-up survey and subject to penalty assessment are as follows:

0905-Provision Of Medication Mgt Services-Minn. Stat. § 144A.4792, subd. 2 - \$500.00

0920-Individualized Medication Mgt Plan-Minn. Stat. § 144A.4792, subd. 5 - \$500.00

The details of the violations noted at the time of this follow-up survey completed on August 7, 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.** You will be invoiced within 15 days of the receipt of this notice.

Also, at the time of this follow-up survey completed on August 7, 2019, we identified the following violation(s):

0560-Correction Orders-Minn. Stat. § 144A.474, subd. 8

The details of the violation(s) noted at the time of this re-inspection are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these licensing orders. It is not necessary to develop a plan of correction.

DOCUMENTATION OF ACTION TO COMPLY

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. 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.

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:

Rena 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) 302-6139.

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
Mower County Social Services

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H25944	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/7/2019
NAME OF FACILITY REFLECTIONS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SECOND STREET SW AUSTIN, MN 55912	

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 00380	Correction	ID Prefix 00475	Correction	ID Prefix 00825	Correction
Reg. # 144A.441	Completed	Reg. # 144A.472, Subd. 3	Completed	Reg. # 144A.4791, Subd. 1	Completed
LSC	08/07/2019	LSC	08/07/2019	LSC	08/07/2019
ID Prefix 00835	Correction	ID Prefix 00945	Correction	ID Prefix 00950	Correction
Reg. # 144A.4791, Subd. 3	Completed	Reg. # 144A.4792, Subd. 10(a)	Completed	Reg. # 144A.4792, Subd. 10(b)	Completed
LSC	08/07/2019	LSC	08/07/2019	LSC	08/07/2019
ID Prefix 01010	Correction	ID Prefix 01145	Correction	ID Prefix 01150	Correction
Reg. # 144A.4792, Subd. 22	Completed	Reg. # 144A.4795, Subd. 7(b)	Completed	Reg. # 144A.4795, Subd. 7(c)	Completed
LSC	08/07/2019	LSC	08/07/2019	LSC	08/07/2019
ID Prefix 01170	Correction	ID Prefix 01225	Correction	ID Prefix 01245	Correction
Reg. # 144A.4796, Subd. 2	Completed	Reg. # 144A.4797, Subd. 3	Completed	Reg. # 144A.4798, Subd. 1	Completed
LSC	08/07/2019	LSC	08/07/2019	LSC	08/07/2019
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: 9/3/19	SIGNATURE OF SURVEYOR: 31217	DATE: 8/7/19	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/24/2019		<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: H25944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/07/2019
NAME OF PROVIDER OR SUPPLIER REFLECTIONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 300 SECOND STREET SW AUSTIN, MN 55912		
(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>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: #SL25944009</p> <p>On August 5, 6, and 7, 2019, a surveyor of this Department's staff conducted a revisit at the above Comprehensive Home Care provider to follow-up on orders issued pursuant to a survey completed on May 24, 2019. At the time of the survey, there were five 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, subd.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: H25944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/07/2019
NAME OF PROVIDER OR SUPPLIER REFLECTIONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 300 SECOND STREET SW AUSTIN, MN 55912		
(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
0 560	<p>Continued From page 1</p> <p>This MN Requirement is not met as evidenced by: Based on interview, document review, and record review, the licensee failed to comply with corrections orders from a previous survey completed on May 24, 2019.</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>On August 6, 2019, at approximately 9:30 a.m., employees B (housing specialist) reported steps had been taken to correct all orders from the previous survey completed on May 24, 2019.</p> <p>On August 6, and 7, 2019, a review of the licensee's correction order documentation, and client records lacked evidence the licensee had corrected all the licensing orders from the previous survey as noted above.</p> <p>On August 7, 2019, at approximately 11:00 a.m., employee A (registered nurse), and employee B verified the above findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 560		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER REFLECTIONS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 300 SECOND STREET SW AUSTIN, MN 55912		
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{0 905}	Continued From page 2	{0 905}			
{0 905} SS=F	<p>144A.4792, Subd. 2 Provision of Medication Mgt Services</p> <p>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 of 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 indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(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 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 the registered nurse</p>	{0 905}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/07/2019
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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
{0 905}	<p>Continued From page 3</p> <p>(RN) conducted a medication management assessment to include all the required content for one of one client (#2) 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's diagnoses included, but were not limited to, schizoaffective disorder, and hypertension. The client's "Service Plan," dated June 26, 2019, indicated the client received medication management services.</p> <p>Client #2's "Medication Assessment" dated June 26, 2019, lacked a review of all medications the client was known to be taking at the time of the assessment to include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>On August 7, 2019, at approximately 11:00 a.m., employee A (registered nurse), indicated the medication assessment form used for client #2 was the same form used for all clients. The employee was unaware of the requirement, and verified client #2 and all other client records lacked the above required content.</p> <p>A request was made to review the licensee policies related to assessment for clients</p>	{0 905}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/07/2019
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{0 905}	Continued From page 4 medications; however, none were provided. No further information was provided.	{0 905}		
{0 920} SS=F	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	{0 920}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/07/2019
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{0 920}	<p>Continued From page 5</p> <p>(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 ensure medication management plans included all required content for one of one client (#2) 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's diagnoses included, but were not limited to, schizoaffective disorder, and hypertension. The client's "Service Plan," dated June 26, 2019, indicated the client received medication management services.</p> <p>Client #2's records lacked a medication management plan based on the medication</p>	{0 920}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/07/2019
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{0 920}	<p>Continued From page 6</p> <p>assessment that included a review of all medications the client was known to be taking at the time of the assessment to include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>On August 7, 2019, at approximately 11:00 a.m., employee A (registered nurse), verified the above noted findings. The employee verified client #2 and all other client records lacked the above required content.</p> <p>A request was made to review the licensee policies related to medication management plan; however, none were provided.</p> <p>No further information was provided.</p>	{0 920}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Email: priscillaqcmi@charter.net; GTCORCORAN@CHARTER.NET

June 20, 2019

Mr. Gary Corcoran, Administrator
Reflections Assisted Living
300 Second Street Sw
Austin, MN 55912

Re: Enclosed State Licensing Orders - Project Number SL25944010

Dear Mr. Corcoran:

A survey of the Home Care Provider named above was completed on May 24, 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

We urge you to review these orders carefully. 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,



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
Mower County Social Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2019
NAME OF PROVIDER OR SUPPLIER REFLECTIONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 300 SECOND STREET SW AUSTIN, MN 55912		
(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>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: SL25944009</p> <p>On May 21, 22, 23, and 24, 2019, a surveyor of this Department's staff, visited the above provider and the following correction orders are issued. At the time of the survey, there were five 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.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144A.474, subd.11 (b) (1) (2).</p>	
0 380 SS=C	144A.441 Assisted Living Bill of Rights Addendum	0 380		

Minnesota Department of Health

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2019
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0 380	<p>Continued From page 1</p> <p>144A.441 ASSISTED LIVING BILL OF RIGHTS ADDENDUM.</p> <p>Assisted living clients, as defined in section 144G.01, subdivision 3, shall be provided with the home care bill of rights required by section 144A.44, except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section 144A.44, subdivision 1, clause (17):</p> <p>"(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where:</p> <p>(i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;</p> <p>(ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or</p> <p>(iii) the provider has not received payment for services, for which at least ten days' advance notice</p>	0 380		

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0 380	<p>Continued From page 2</p> <p>of the termination of a service shall be provided."</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide one of one client and/or clients representatives (#1) with a home care bill of rights to include the provision for a 30 day advance notice of termination of services for 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 and safety), 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>Client #1's record lacked evidence the clients or clients' representatives had been provided the current home care bill of rights to include the 30 day advance notice of the termination of a service by a provider.</p> <p>On May 22, 23, and 24, 2019, client #1 was periodically observed to receive home care services from employee D (unlicensed personnel).</p> <p>On May 22, 2019, at approximately 12:30 p.m., employee B (housing specialist) provided a copy of the "Minnesota Home Care Bill of Rights" dated January 2014, the licensee provided to their clients on admission. The bill of rights lacked the requirement of 30 days advance notice of the termination of a service by the</p>	0 380			

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0 380	Continued From page 3 provider. On May 23, 2019, at approximately 8:35 a.m., employee B verified client #1 and all other clients had not received the current home care bill of rights; to include, the required 30 day advance notice of the termination of a service by a provider. A request was made to review policies related to the home care bill of rights as required for assisted living clients; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 380		
0 475 SS=F	144A.472, Subd. 3 License Renewal Subd. 3. License renewal. (a) Except as provided in section 144A.475, a license may be renewed for a period of one year if the licensee satisfies the following: (1) submits an application for renewal in the format provided by the commissioner at least 30 days before expiration of the license; (2) submits the renewal fee in the amount specified in subdivision 7; (3) has provided home care services within the past 12 months; (4) complies with sections 144A.43 to	0 475		

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0 475	<p>Continued From page 4</p> <p>144A.4798;</p> <p>(5) provides information sufficient to show that the applicant meets the requirements of licensure, including items required under subdivision 1;</p> <p>(6) provides verification that all policies under subdivision 1 are current; and</p> <p>(7) provides any other information deemed necessary by the commissioner.</p> <p>(b) A renewal applicant who holds a comprehensive home care license must also provide verification that policies listed under subdivision 2 are current.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to develop and implement the required comprehensive home care policies and procedures upon conversion to the Comprehensive license on May 8, 2014.</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>	0 475		

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0 475	Continued From page 5 On May 22, 2019, at approximately 9:40 a.m., Comprehensive licensing policies and procedures were requested from employee B (housing specialist). The policies and procedures that were provided included, but were not limited to, state home care class F statutes. The licensee lacked policies regarding the following: - conducting initial five day assessments, and 90 day ongoing evaluations and assessments of the client's needs by a registered nurse (RN) or appropriate licensed health professional, including how changes in the client's conditions are identified, managed, and communicated to staff and other health care providers, as appropriate; supervision by the RN of unlicensed personnel performing delegated home care tasks; and -orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance. On May 23, 2019, at approximately 8:35 a.m., employee B verified the above noted findings. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 475		
0 825 SS=A	144A.4791, Subd. 1 HBOR Notification to Client Subdivision 1. Home care bill of rights; notification to client. (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the initiation of services to that client. The	0 825		

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0 825	<p>Continued From page 6</p> <p>provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.</p> <p>(b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices.</p> <p>"If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health.</p> <p>You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>The statement should include the telephone number, Web site address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, e-mail, telephone number, and name or title of the person at the provider to whom problems or</p>	0 825		

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0 825	<p>Continued From page 7</p> <p>complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint.</p> <p>(c) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide and obtain written acknowledgement of the receipt of the home care bill of rights for one of three clients (#2) upon conversion to the comprehensive license as required, 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 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 converted to a comprehensive home care provider on May 8, 2014.</p> <p>Client #2 was admitted for services on February</p>	0 825		

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0 825	Continued From page 8 16, 2013. The client's record lacked evidence to indicate the client and/or the client's representative were provided a copy of the current Minnesota home care bill of rights dated January, 2014, upon conversion to the comprehensive license. In addition, the client's record lacked evidence as to why the written acknowledgment had not be obtained. On May 22, 23, and 24, 2019, client #2 was periodically observed to receive home care services from employee D (unlicensed personnel). On May 24, 2019, at approximately 11:30 a.m., employee B (housing specialist) verified the above noted finding. A request was made to review policies related to the home care bill of rights as required for assisted living clients; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 825		
0 835 SS=C	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	0 835		

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0 835	<p>Continued From page 9</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a written statement of comprehensive home care services was provided to the client and/or the client's representative and/or document why an acknowledgment had not be obtained for one of one client (#1) 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 and safety), 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>On May 22, 23, and 24, 2019, client #1 was periodically observed to receive home care services from employee D (unlicensed personnel).</p> <p>Client #1 was admitted for home care services on August 11, 2014. The client's record lacked evidence to indicate the client and/or the client's representative were provided with a written statement that identified the licensee as a</p>	0 835		

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0 835	Continued From page 10 Comprehensive home care provider, and the services provided under the license. In addition, client #1's record lacked documentation why a written acknowledgment had not be obtained. On May 23, 2019, at approximately 8:35 a.m., employee B (housing specialist) verified client #1, and all other client records lacked evidence of the required information, as noted above. A request was made for the licensee's policies and/or procedures for the provision of the statement of services; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 835			
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,	0 905			

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0 905	<p>Continued From page 11</p> <p>contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(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 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 the registered nurse (RN) conducted a medication management assessment to include all the required content for one of one client (#2) 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>On May 23, 2019, at approximately 8:15 a.m., client #2 was observed receiving medication administration from employee D (unlicensed personnel).</p>	0 905		

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0 905	<p>Continued From page 12</p> <p>Client #2's diagnoses included, but were not limited to, schizoaffective disorder, and hypertension. The client's "Service Plan," dated November 19, 2018, indicated the client received medication management services.</p> <p>Client #2's prescriber's orders, dated November 21, 2018, included, but were not limited to: one antipsychotic, one antihypertensive; and one non-narcotic pain reliever.</p> <p>Client #2's "Medication Assessment" dated January 21, 2019, lacked following:</p> <ul style="list-style-type: none"> - identification if the assessment was conducted face-to face; and - review of all medications the client was known to be taking at the time of the assessment to include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issue. <p>On May 23, 2019, at approximately 10:30 a.m., employee A (RN) indicated the medication assessment form used for client #2 was the same form used for all clients. The employee verified client #2 and all other client records lacked the above required content.</p> <p>A request was made to review the licensee policies related to assessment for clients medications; however, none were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 905		

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0 920	Continued From page 13	0 920		
0 920 SS=F	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 documenting medication administration, verifications that all medications are administered as	0 920		

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0 920	<p>Continued From page 14</p> <p>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 observation, interview and record review, the licensee failed to ensure medication management plans included all required content for one of one client (#2) 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>On May 23, 2019, at approximately 8:15 a.m., client #2 was observed receiving medication administration from employee D (unlicensed personnel).</p> <p>Client #2's diagnoses included, but were not limited to, schizoaffective disorder, and hypertension. The client's "Service Plan," dated November 19, 2018, indicated the client received medication management services.</p> <p>Client #2's prescriber's orders, dated November</p>	0 920		

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NAME OF PROVIDER OR SUPPLIER REFLECTIONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 300 SECOND STREET SW AUSTIN, MN 55912		
(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
0 920	Continued From page 15 21, 2018, included, but were not limited to: one antipsychotic, one antihypertensive; and one non-narcotic pain reliever. Client #2's records lacked a medication management plan based on the medication assessment that included identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis. On May 23, 2019, at approximately 10:30 a.m., employee A (RN) verified the above noted findings. The employee verified client #2 and all other client records lacked the above required content. A request was made to review the licensee policies related to medication management plan; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 945 SS=F	144A.4792, Subd. 10(a) Medication Mgt for Clients Away from Home Subd. 10. Medication management for clients who will be away from home. (a) A home care provider who is providing medication management services to the client and controls the client's access to the medications must develop and implement policies and procedures for giving accurate and current medications to clients for planned or unplanned times away from home according to the client's individualized medication management plan. The	0 945		

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NAME OF PROVIDER OR SUPPLIER REFLECTIONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 300 SECOND STREET SW AUSTIN, MN 55912		
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0 945	<p>Continued From page 16</p> <p>policy and procedures must state that:</p> <p>(1) for planned time away, the medications must be obtained from the pharmacy or set up by the registered nurse according to appropriate state and federal laws and nursing standards of practice;</p> <p>(2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall give the client or client's representative medications in amounts and dosages needed for the length of the anticipated absence, not to exceed 120 hours;</p> <p>(3) the client or client's representative must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances;</p> <p>(4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the client's name and the dates and times that the medications are scheduled; and</p> <p>(5) the client or client's representative must be provided in writing the home care provider's name and information on how to contact the home care provider.</p> <p>This MN Requirement is not met as evidenced by:</p>	0 945		

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0 945	<p>Continued From page 17</p> <p>Based on interview and record review, the licensee failed to ensure policies and procedures were developed, for clients who received medication management services, for giving accurate and current medications to clients for planned times away from home. In addition, the licensee failed to ensure the policy and procedure for giving accurate and current medications to clients for unplanned times away from home was complete.</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), 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>On May 22, 2019, at 10:30 a.m., employee A (registered nurse/RN), stated all current clients received medication management services. The employee stated if a client had a unplanned time away from home, and required a scheduled medication, the unlicensed personnel would set-up the medication from the pharmacy medication bubble pack and would send the medications with the client. Employee A verified clients would go out on a planned time away, and some clients would occasionally go out on an unplanned time away.</p> <p>The licensee failed to develop and implement a policy and procedure for planned times away from home to address medications must be obtained from the pharmacy or set up by the RN according to appropriate state and federal laws and nursing standards of practice.</p>	0 945		

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0 945	<p>Continued From page 18</p> <p>In addition, the licensee failed to develop and implement a policy and procedure for unplanned times away from home to include the following:</p> <ul style="list-style-type: none"> - for unplanned times away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel (ULP) shall give the client or client's representative medications in amounts and dosages needed for the length of the anticipated absence, not to exceed 120 hours; - the client or client's representative must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; - the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the client's name and the dates and times that the medications are scheduled; and - the client or client's representative must be provided in writing the home care provider's name and information on how to contact the home care provider. <p>On May 24, 2019, at approximately 11:30 a.m., employee B (housing specialist) confirmed the licensee did not have a policy and procedure for giving accurate and current medications to clients for planned and unplanned times away from home.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 945		

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0 950	Continued From page 19	0 950		
0 950 SS=F	<p>144A.4792, Subd. 10(b) Medication Mgt for Clients - Unplanned</p> <p>(b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:</p> <p>(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</p> <p>(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 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</p>	0 950		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

REFLECTIONS ASSISTED LIVING

**300 SECOND STREET SW
AUSTIN, MN 55912**

(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
0 950	<p>Continued From page 20</p> <p>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 personnel.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one unlicensed personnel/ULP (D) was trained by the registered nurse (RN), and had demonstrated competency to setup and give medications to clients for unplanned times away from home. In addition, the written procedures had not been developed by the RN as required.</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</p>	0 950		

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0 950	<p>Continued From page 21</p> <p>a large portion or all of the clients). The findings include:</p> <p>On May 22, 2019, at 10:30 a.m., employee A (registered nurse/RN), stated all current clients received medication management services. The employee stated if a client had a unplanned time away from home, and required a scheduled medication, the unlicensed personnel would set-up the medication from the pharmacy medication bubble pack and would send the medications with the client. Employee A verified clients would go out on a planned time away, and some clients would occasionally go out on an unplanned time away.</p> <p>Employee D was hired by the licensee on May 31, 2017, to provide direct cares to client. The employee's records lacked evidence the employee had been trained by the RN and had demonstrated competency to sets up medications for clients with unplanned times away.</p> <p>In addition, the licensee failed to develop policies and procedure for the ULP to set up medications for clients for unplanned time away that addressed the following:</p> <ul style="list-style-type: none"> - the type of container or containers to be used for the medications appropriate to the provider's medication system; - how the container or containers must be labeled; - the written information about the medications to be given to the client or client's representative; - 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 	0 950		

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0 950	Continued From page 22 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; - 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 - a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel. On May 24, 2019, at approximately 11:30 a.m., employee B (housing specialist) verified the above noted findings. No further information was provided TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
01010 SS=F	144A.4792, Subd. 22 Disposition of Medications Subd. 22. Disposition of medications. (a) Any current medications being managed by the comprehensive home care provider must be given to the client or the client's representative when the client's service plan ends or medication management services are no longer part of the service plan. Medications that have been stored in the client's private living space for a client who is deceased or that have been discontinued or that have expired may be given to the client or the client's representative for disposal.	01010		

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01010	<p>Continued From page 23</p> <p>(b) The comprehensive home care provider will dispose of any medications remaining with the comprehensive home care provider that are discontinued or expired or upon the termination of the service contract or the client's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of the disposition of medications contained all the required information for one of one discharged client (#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>	01010		

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01010	<p>Continued From page 24</p> <p>Client #3 was discharged by the licensee on May 1, 2019. The client's record lacked documentation of the disposition of medications to include: medication name, strength, prescription number as applicable, quantity, and names of staff and other individuals involved in the disposition.</p> <p>Client #3's prescriber order dated January 9, 2019, included, but was not limited to, the following medications: one antipsychotic, two antihypertensive, and one non-narcotic pain reliever.</p> <p>Client #3's "Discharge Summary" dated May 1, 2019, indicated the client's medications were sent with the client at the time of discharge. The record lacked documentation of the disposition of the medications as noted above.</p> <p>On May 23, 2019, at approximately 10:30 a.m., employee A (registered nurse) and B (housing specialist) verified client #3's record lacked documentation of medication disposition to include all the required content.</p> <p>The licensee's "Disposition of Medication" policy, dated June 3, 2015, instructed staff to document the destruction, to include the above noted content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01010		
01145 SS=F	144A.4795, Subd. 7(b) Training/Competency Evals All Staff	01145		

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01145	Continued From page 25 (b) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the client's condition to the supervisor designated by the home care provider; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and clients and the client's family; (14) procedures to utilize in handling various emergency situations; and	01145		

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01145	<p>Continued From page 26</p> <p>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure competency evaluations were completed by the registered nurse (RN) in all the required areas for one of one unlicensed personnel/ULP (D).</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>On May 23, 2019, between 8:30 and 9:00 a.m., employee D was observed providing medication administration to clients.</p> <p>Employee D was hired on May 31, 2017. The employee's record lacked evidence competency evaluations had been completed by a RN prior to the provision of client care to include the following:</p> <ul style="list-style-type: none"> - appropriate and safe techniques in personal hygiene and grooming, including: hair care and bathing; care of teeth, gums, and oral prosthetic devices; care and use of hearing aids; and dressing and assisting with toileting; and - standby assistance techniques and how to perform them. 	01145		

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01145	Continued From page 27 On May 23, 2019, at approximately 10:30 a.m., employee A (RN) and B (housing specialist) verified the above noted findings. The employees were unaware of the requirement. A request was made to review the licensee's policies and procedures for training and competency evaluations of ULP for of the above noted topics; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty one (21) days	01145		
01150 SS=F	144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff (c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include: (1) observation, reporting, and documenting of client status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the client; (4) recognizing physical, emotional, cognitive, and developmental needs of the client; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required.	01150		

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NAME OF PROVIDER OR SUPPLIER REFLECTIONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 300 SECOND STREET SW AUSTIN, MN 55912		
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01150	<p>Continued From page 28</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure competency evaluations were completed by the registered nurse (RN) in all the required areas for one of one unlicensed personnel/ULP (D).</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>On May 23, 2019, between 8:30 and 9:00 a.m., employee D was observed providing medication administration to clients.</p> <p>Employee D was hired on May 31, 2017. The employee's record lacked evidence competency evaluations had been completed by an RN prior to the provision of client care to include the following:</p> <ul style="list-style-type: none"> - reading and recording temperature, pulse, and respirations of the client; - safe transfer techniques and ambulation; and - range of motioning and positioning. <p>On May 23, 2019, at approximately 10:30 a.m., employee A (RN) and B (housing specialist) verified the above noted findings. The employees were unaware of the requirement.</p> <p>A request was made to review the licensee's</p>	01150		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

REFLECTIONS ASSISTED LIVING

**300 SECOND STREET SW
AUSTIN, MN 55912**

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01150	Continued From page 29 policies and procedures for training and competency evaluations of ULP for of the above noted topics; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty one (21) days	01150		
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 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	01170		

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01170	<p>Continued From page 30</p> <p>scope of licensure.</p> <p>(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:</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 MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of three employees (D) received orientation to home care in all required areas.</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</p>	01170		

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01170	<p>Continued From page 31</p> <p>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 May 23, 2019, between 8:30 and 9:00 a.m., employee D was observed providing medication administration to clients.</p> <p>Employee D was hired to provide home care services to clients on May 31, 2017. The employee's record lacked documentation to indicate the employee had received the following orientation to home care training:</p> <ul style="list-style-type: none"> - an overview of sections 144A.43 to 144A.4798; and - review of the types of home care services the employee will be providing and the provider's scope of licensure. <p>On May 23, 2019, at approximately 10:30 a.m., employee A (registered nurse) and B (housing specialist) verified the above noted findings.</p> <p>A request was made to review the licensee's policies and procedures for home care orientation for of the above noted topics; however, none were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days</p>	01170		
01225 SS=F	144A.4797, Subd. 3 Supervision of Staff - Comp	01225		

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01225	<p>Continued From page 32</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 observation, interview and record review, the licensee failed to ensure a registered nurse (RN) provided supervision of staff performing delegated tasks within 30 days of hire for one of one unlicensed personnel/ULP (D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or</p>	01225		

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01225	<p>Continued From page 33</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 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 D was hired to provide home care services to clients on May 31, 2017. The employee's record lacked evidence direct supervision of delegated tasks had been completed by the RN within 30 days, after the employee had begun providing delegated home care services for the licensee's clients.</p> <p>On May 23, 2019, between 8:30 and 9:00 a.m., employee D was observed providing medication administration to clients.</p> <p>On May 23, 2019, at approximately 10:30 a.m., employee A (registered nurse) and B (housing specialist) verified direct supervision of staff had not been provided within 30 days for employee D and all other employees. The employees were unaware of the requirement.</p> <p>A request was made to review the licensee's policies and procedures for supervision of unlicensed personnel: however, none were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days</p>	01225		

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01245	Continued From page 34	01245		
01245 SS=F	<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 observation, 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) to include a facility risk assessment. In addition, the licensee failed to ensure one of five employees (D) had a two-step tuberculin skin testing (TST), completed as required.</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</p>	01245		

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01245	<p>Continued From page 35</p> <p>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>TB RISK ASSESSMENT On May 22, 2019, at approximately 12:00 p.m., employee B (Housing Specialist) and employee A (registered nurse) were unable to report components of the licensee's TB prevention and control program to include the facility risk assessment.</p> <p>TST Employee D was hired on May 31, 2017, the employee's record lacked evidence a two-step TST had been completed.</p> <p>On May 23, 2019, between 8:30 and 9:00 a.m., employee D was observed providing medication administration to clients.</p> <p>On May 23, 2019, at approximately 10:30 a.m., employee A and B verified the licensee had not developed a current written facility TB risk assessment. The employees were unaware of the requirement. In addition, employee A and B verified employee D had been working with clients since date of hire, and the employee's record lacked a two-step TST.</p> <p>A request was made to review the licensee policies related to TB prevention and control; although the licensee had policies for TB prevention and control, none were provided.</p> <p>No further information was provided.</p>	01245		

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01245	Continued From page 36 TIME PERIOD FOR CORRECTION: Seven (7) days	01245		