



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Email: LPASSEL@CAREANDREHAB.ORG

January 31, 2018

Mr. Larry Passel, Administrator
Roseview Court Care Agency
425 North Badger Street
Caledonia, MN 55921

Re: Enclosed State Licensing Orders - Project Number SL20196012

Dear Mr. Passel:

On January 10, 2018, 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 4, 2017, with orders received by you on May 25, 2017; and follow-up survey completed on July 27, 2017, with orders including penalties received by you on August 26, 2017; and follow-up survey completed on October 20, 2017, with orders including penalties received by you on November 20, 2017. 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



Enclosure

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

An equal opportunity employer.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H20196	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/10/2018
NAME OF FACILITY ROSEVIEW COURT CARE AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 425 NORTH BADGER STREET CALEDONIA, MN 55921

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 00870	Correction	ID Prefix 00905	Correction
Reg. # 144A.474, Subd. 8	Completed	Reg. # 144A.4791, Subd. 9(f)	Completed	Reg. # 144A.4792, Subd. 2	Completed
LSC	01/10/2018	LSC	01/10/2018	LSC	01/10/2018
ID Prefix 00920	Correction	ID Prefix 01035	Correction	ID Prefix	Correction
Reg. # 144A.4792, Subd. 5	Completed	Reg. # 144A.4793, Subd. 3	Completed	Reg. #	Completed
LSC	01/10/2018	LSC	01/10/2018	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: 1/31/18	SIGNATURE OF SURVEYOR: 31217	DATE: 1/10/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/4/2017		<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

Email: LPETERSON@CAREANDREHAB.ORG
Certified Mail # 7015 3010 0001 4648 4329

November 16, 2017

Mrs. Lorri Peterson, Administrator
Roseview Court Care Agency
425 North Badger Street
Caledonia, MN 55921

Re: Enclosed State Licensing Orders - Project Number SL20196012

Dear Mrs. Peterson:

On October 20, 2017, 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 4, 2017, with orders received by you on May 30, 2017; and follow-up survey completed on July 27, 2017, with orders including penalties received by you on August 26, 2017,

State licensing orders issued pursuant to the survey completed on July 27, 2017, found corrected at the time of the October 20, 2017 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:

\$500.00 Level/2; Scope/Widespread
Contents of Service Plan, Minn. Stat. 144A.4791, subd. 9 (f)

\$500.00 Level/2; Scope/Widespread
Prov of Med Mgmt Svs, Minn. Stat. 144A.4792, subd. 2

\$500.00 Level/2; Scope/Widespread
Indiv Med Mgmt Plan, Minn. Stat. 144A.4792, subd. 5

\$300.00 Level/2; Scope/Pattern
Indiv Treatment/Therapy Mgmt Plan, Minn. Stat. 144A.4793, subd. 3

Total = \$1,800.00

The details of the violations noted at the time of this follow-up survey completed on October 20, 2017, (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 \$1,800.00. This amount is to be paid by check within 15 calendar days of the receipt of this notice and made payable to the Minnesota Department of Health and sent to:

Minnesota Department of Health
Health Regulation Division
P.O. Box 3879
85 East 7th Place, Suite 220
St. Paul, Minnesota 55101

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 October 20, 2017, 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, it is found that the correction order(s) cited herein are not corrected, a fine for each order not corrected shall be assessed 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 must be received by the Commissioner within 15 calendar days of the correction order receipt date.** In an effort to accurately review each citation challenged, please also submit **all supporting documents within the same 15 calendar days** of the correction order receipt date. The Commissioner shall then begin reviewing the request for reconsideration and supporting documents. 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 Commissioner's response is completed will not be considered. You are required to send your written request and all supporting documents to renae.dressel@state.mn.us; or, if you prefer you can mail it to:

Renae Dressel, Senior Health Program Representative
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.

Roseview Court Care Agency

November 16, 2017

Page 4

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
Houston County Social Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/20/2017
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NAME OF PROVIDER OR SUPPLIER ROSEVIEW COURT CARE AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 425 NORTH BADGER STREET CALEDONIA, MN 55921
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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: SL20196012</p> <p>On October 19, and 20, 2017, 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 May 4, 2017, and July 27, 2017. At the time of the survey, there were 15 clients receiving services under the comprehensive license. 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, subd.11 (b) (1) (2).</p>	
0 560 SS=F	144A.474, Subd. 8 Correction Orders This MN Requirement is not met as evidenced	0 560		

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

Minnesota Department of Health

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0 560	<p>Continued From page 1</p> <p>by: Based on interview and record review, the licensee failed to have sufficient documentation with actions taken to comply with the correction orders from a survey completed on May 4, 2017, and a revisit survey completed on July 27, 2017.</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 October 19, 2017, at approximately 10:45 a.m., a request was made to employee F (assisted living coordinator/unlicensed personnel) for a documented plan for compliance with the correction orders that were issued on May 4, 2017, and July 27, 2017.</p> <p>Review of the licensee's client records lacked evidence to indicate that the licensee had corrected all of the orders issued on May 4, 2017, and July 27, 2017.</p> <p>On October 20, 2017, at approximately 9:00 a.m., employee F stated all employee records had been reviewed, and required training and competency had been completed for compliance with the written orders issued on May 4, 2017, and July 27, 2017; however, client records had not been corrected.</p> <p>On October 20, 2017, at approximately 9:00 a.m., employee L (registered nurse) verified the above</p>	0 560		

Minnesota Department of Health

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0 560	Continued From page 2 noted findings. The employee was aware of the requirement. No further information was provided.	0 560		
{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 if there is a significant adverse change in the client's condition, including identification of and information	{0 870}		

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{0 870}	<p>Continued From page 3</p> <p>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 ensure service plans included all of the required content for two of two clients (#1, and #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 October 19, 2017, at approximately 10:45 a.m., a request was made to employee F (assisted living coordinator/unlicensed personnel) for a documented plan for compliance with the correction orders that were issued on May 4, 2017, and July 27, 2017, to include service plan content for clients #1, and #2.</p> <p>On October 20, 2017, at approximately 9:00 a.m., employee F stated client records had not been corrected. The employee indicated the service plan form used for client #1, and #2, was the same service plan form used for all 15 clients.</p>	{0 870}		
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Minnesota Department of Health

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{0 870}	<p>Continued From page 4</p> <p>Client #1's diagnoses included, but were not limited to, hypertension (HTN), congestive heart failure (CHF), depression, weakness, and insomnia. The client's service plan form dated, January 18, 2017, indicated the client received medication management services.</p> <p>Client #2's diagnoses included, but were not limited to, HTN, CHF, and depression. The client's service plan form dated, February 3, 2017, indicated the client received bathing, medication and treatment management services.</p> <p>Client #1 and client #2's service plans lacked the following content:</p> <ul style="list-style-type: none"> - fees for services; - the schedule and methods of monitoring reviews or assessments of the client; - frequency of sessions of supervision of staff and type of personnel who would supervise 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; information and a method for a client or client's representative to contact the home care provider; 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 of and information as to who had authority to sign for the client in an emergency; and the circumstances in which emergency medical services were not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. <p>On October 20, 2017, at approximately 10:30 a.m., employee F verified client #1, #2, and all other clients service plans lacked the above</p>	{0 870}		

Minnesota Department of Health

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{0 870}	Continued From page 5 noted content. On October 20, 2017, at approximately 10:30 a.m., employee L (registered nurse) verified the above noted findings. The employee was aware of the requirement. The licensee's "Contents of Service Plan" policy (undated), indicated the service plan would include the above listed content. No further information was provided.	{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.	0 905		

Minnesota Department of Health

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{0 905}	<p>Continued From page 6</p> <p>"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 assessment to include all required content for one of one client (#1) 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 October 19, 2017, at approximately 10:45 a.m., a request was made to employee F (assisted living coordinator/unlicensed personnel) for a documented plan for compliance with the correction orders that were issued on May 4, 2017, and July 27, 2017, which included the medication assessment for client #1.</p> <p>On October 19, 2017, at approximately 1:45 p.m., employee F provided client #1's "Medication Self-Administration" assessment form, dated December 29, 2014, that was provided during the surveys on May 4, 2017, and July 27, 2017. The</p>	0 905		

Minnesota Department of Health

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{0 905}	<p>Continued From page 7</p> <p>employee indicated the medication assessment form used for client #1 was the same medication assessment form used for all 15 of 15 clients who received medication management services.</p> <p>Client #1's diagnoses included, but were not limited to, hypertension (HTN), congestive heart failure (CHF), and pain. The client's service plan form dated, January 18, 2017, indicated the client received medication management services.</p> <p>Client #1's prescriber's orders dated, February 1, 2017, indicated the client's medications included, but were not limited to, the following: one diuretic; and one narcotic analgesic.</p> <p>Client #1's record lacked evidence the RN had conducted a face to face assessment with the client and/or the client's representative to include an identification and review of all the 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.</p> <p>On October 20, 2017, at approximately 10:30 a.m., employee F verified client #1, and all other clients' medication assessment forms lacked the above noted content.</p> <p>On October 20, 2017, at approximately 10:30 a.m., employee L (RN) verified the above noted findings. The employee was aware of the requirement.</p> <p>The licensee's "Initial and On-Going Nursing Assessments of Clients" policy (undated), indicated, the medication assessment would be completed by the RN and would include the</p>	0 905		

Minnesota Department of Health

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{0 905}	Continued From page 8 above noted content. 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: H20196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/20/2017
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NAME OF PROVIDER OR SUPPLIER ROSEVIEW COURT CARE AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 425 NORTH BADGER STREET CALEDONIA, MN 55921
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{0 920}	<p>Continued From page 9</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 develop and maintain a current individualized medication management plan for one of one client (#1) 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 October 19, 2017, at approximately 10:45 a.m., a request was made to employee F (assisted living coordinator/unlicensed personnel) for a documented plan for compliance with the correction orders that were issued on May 4, 2017, and July 27, 2017, which included the medication management plan for client #1; However, no documentation was provided, and no documentation was found in the client's record.</p>	{0 920}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/20/2017
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{0 920}	<p>Continued From page 10</p> <p>Client #1's diagnoses included, but were not limited to, hypertension (HTN), congestive heart failure (CHF), and pain. The client's "Individualized Service Plan," dated January 18, 2017, indicated the client received medication management services.</p> <p>Client #1's prescriber's orders dated, February 1, 2017, indicated the client's medications included, but were not limited to, the following: one diuretic; and one narcotic analgesic.</p> <p>Client #1's records lacked evidence to indicate an individualized medication management plan had been developed to include:</p> <ul style="list-style-type: none"> -identification of persons responsible for monitoring medication supplies and ensuring that medication refills were ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel; -procedures for staff notifying a registered nurse (RN) or appropriate licensed health professional when a problem arose with medication management services; and -any client-specific requirements relating to documenting medication administration, verifications that all medications were administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. <p>On October 19, 2017, at approximately 1:45 p.m., employee F indicated client records for 15 of 15 clients who received medication management services would lack the above noted content.</p> <p>On October 20, 2017, at approximately 10:30 a.m., employee L (RN) verified the above noted findings. The employee was aware of the</p>	{0 920}		

Minnesota Department of Health

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{0 920}	Continued From page 11 requirement. The licensee's "Development of the Individualized Medication Management Plan and Individualized Medication Record" policy (undated), indicated the RN would develop an individualized medication management plan for each client to include the above noted content. No further information was provided.	{0 920}		
{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}		

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{01035}	<p>Continued From page 12</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 to include all required content for one of one client (#2) reviewed for treatments or therapies managed by the provider.</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 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>On October 19, 2017, at approximately 10:45 a.m., a request was made to employee F (assisted living coordinator/unlicensed personnel) for a documented plan for compliance with the correction orders that were issued on May 4, 2017, and July 27, 2017, which included the treatment management plan for client #2. However, no documentation was provided, and</p>	{01035}		

Minnesota Department of Health

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{01035}	<p>Continued From page 13</p> <p>no documentation was found in the client's record.</p> <p>Client #2's diagnoses included, but were not limited to, hypertension, and congestive heart failure. The client's prescriber's orders dated, October 17, 2016, indicated the client's treatments included, but were not limited to, leg wraps to both lower extremities daily, in the morning, and remove in the evening.</p> <p>Client #2's service plan form dated February 3, 2017, indicated the client received assistance for leg wraps. The client lacked a treatment or therapy management plan to include: -procedures for notifying a registered nurse (RN) or appropriate licensed health professional when a problem arose 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 possible complications or adverse reactions.</p> <p>On October 20, 2017, at approximately 8:45 a.m., employee F indicated seven (7) of 15 clients received treatment or therapy management services. The employee verified client #2, and all clients who received treatment or therapy management services would lack the above noted content.</p> <p>On October 20, 2017, at approximately 10:30 a.m., employee L (RN) verified the above noted findings. The employee was aware of the requirement.</p> <p>The licensee's "Development of the Individualized</p>	{01035}		

Minnesota Department of Health

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{01035}	Continued From page 14 Treatment Management Plan" policy (undated), indicated the RN would develop an individualized treatment plan for each client to include the above noted content No further information was provided.	{01035}		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H20196	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/20/2017	Y3
NAME OF FACILITY ROSEVIEW COURT CARE AGENCY			STREET ADDRESS, CITY, STATE, ZIP CODE 425 NORTH BADGER STREET CALEDONIA, MN 55921		

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 00815	Correction	ID Prefix 00835	Correction	ID Prefix 00935	Correction
Reg. # 144A.479, Subd. 7	Completed	Reg. # 144A.4791, Subd. 3	Completed	Reg. # 144A.4792, Subd. 8	Completed
LSC	10/20/2017	LSC	10/20/2017	LSC	10/20/2017
ID Prefix 01045	Correction	ID Prefix 01145	Correction	ID Prefix 01150	Correction
Reg. # 144A.4793, Subd. 5	Completed	Reg. # 144A.4795, Subd. 7(b)	Completed	Reg. # 144A.4795, Subd. 7(c)	Completed
LSC	10/20/2017	LSC	10/20/2017	LSC	10/20/2017
ID Prefix 01165	Correction	ID Prefix 01190	Correction	ID Prefix 01225	Correction
Reg. # 144A.4796, Subd. 1	Completed	Reg. # 144A.4796, Subd. 6	Completed	Reg. # 144A.4797, Subd. 3	Completed
LSC	10/20/2017	LSC	10/20/2017	LSC	10/20/2017
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: 11/16/17	SIGNATURE OF SURVEYOR: 31217	DATE: 10/20/17
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/4/2017		<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

Email: MRAUK@CAREANDREHAB.ORG
Certified Mail # 7015 1730 0001 7737 1974

May 25, 2017

Ms. Marian Rauk, Administrator
Roseview Court Care Agency
425 North Badger Street
Caledonia, MN 55921

Re: Enclosed State Licensing Orders - Project Number SL20196012

Dear Ms. Rauk:

A survey of the Home Care Provider named above was completed on May 4, 2017 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 Minnesota Statutes, sections 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 Minnesota Statutes, section 144A.474, subdivision 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

In accordance with Minnesota Statutes, section 144A.474, subdivision 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 Minnesota Statutes, section 144A.474, subdivision 12, you have one opportunity to

Roseview Court Care Agency

May 25, 2017

Page 2

challenge the correction order issued, including the level and scope, and any fine(s) assessed. **The written request for reconsideration must be received by the Commissioner within 15 calendar days of the correction order receipt date.** In an effort to accurately review each citation challenged, please also submit **all supporting documents within the same 15 calendar days** of the correction order receipt date. The Commissioner shall then begin reviewing the request for reconsideration and supporting documents. 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 Commissioner's response is completed will not be considered. You are required to send your written request and all supporting documents to the following:

Home Care Correction Order Reconsideration Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
85 East 7th Place, Suite 220
St. Paul, Minnesota 55164-0900

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

 **Minnesota**
Department of Health



Enclosure(s)

cc: Home Care and Assisted Living Program File
Cheryl Hennen, Office of the Ombudsman for Long Term Care
Houston County Social Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2017
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NAME OF PROVIDER OR SUPPLIER ROSEVIEW COURT CARE AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 425 NORTH BADGER STREET CALEDONIA, MN 55921
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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:</p> <p>On May 1, 2, 3, and 4, 2017, 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 12 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>	
0 815 SS=E	<p>144A.479, Subd. 7 Employee Records</p> <p>Subd. 7. Employee records. The home care provider must maintain current records of each</p>	0 815		

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

Minnesota Department of Health

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0 815	<p>Continued From page 1</p> <p>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:</p> <p>(1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff providing supervision;</p> <p>(4) documentation of annual performance reviews which identify areas of improvement 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</p>	0 815		

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0 815	<p>Continued From page 2</p> <p>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 observation, interview, and record review, the licensee failed to ensure one of one employee (B) record contained all required records of orientation. In addition, the licensee failed to ensure an annual performance review was completed for one of one employee (D) with records reviewed and who had been employed greater than one year.</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 is issued at a pattern scope (when more than a limited number of clients are affected, when 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>RECORD OF ORIENTATION Employee B (registered nurse/director of nursing) was hired on June 2, 2016.</p> <p>The employee's record lacked documentation to indicate the employee had received the following orientation to home care: -an overview of sections 144A.43 to 144A.4798; -introduction and review of all the provider's policies and procedures related to the provision of home care services; -handling of emergencies and use of emergency services;</p>	0 815		

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0 815	<p>Continued From page 3</p> <ul style="list-style-type: none"> -compliance with and reporting of the maltreatment of vulnerable adults under sections 626.557; -home care bill of rights under section 144A.44; -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; -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 -review of the types of home care services the employee will be providing and the provider's scope of licensure. <p>On May 3, 2017, at 1:00 p.m., employee B stated her own orientation at the time hire included the required content as noted above, however was unable to locate documentation the orientation had been provided.</p> <p>ANNUAL PERFORMANCE REVIEW</p> <p>Employee D (unlicensed personnel), was hired to provide direct home care services on September 12, 1996.</p> <p>Employee D was observed to provide home care services to client #1, and, client #2 on May 3, 2017.</p> <p>The employee's record lacked evidence an annual performance review had been completed to identify areas of improvement needed and training needs.</p>	0 815		

Minnesota Department of Health

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0 815	Continued From page 4 On May 3, 2017, at 1:00 p.m., employee B verified employee D's record did not include an annual performance review. The licensee's "Personnel records" policy (undated), indicated, a personnel file would be maintained for each employee to include records of orientation, and documentation of annual performance reviews which identify areas of improvement needed and training needs. 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:	0 835		

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0 835	<p>Continued From page 5</p> <p>Based on interview and record review, the licensee failed to ensure a written statement of home care services was provided to the client and/or the client's representative for two of two clients (#1, and #2) 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 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>Client #1, and #2's records lacked evidence the client and/or the client's representative was provided with a written statement that identified the licensee as a Comprehensive home care provider, and the services provided under the license.</p> <p>On May 4, 2017, at approximately 10:15 a.m., employee B (registered nurse/director of nursing) verified the clients' records lacked a written statement that identified services provided under their comprehensive home care license.</p> <p>A policy and procedure for statement of comprehensive home care services was requested and not provided.</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 0 860 SS=D	Continued From page 6 144A.4791, Subd. 8 Comprehensive Assessment and Monitoring 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. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services. (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. 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) completed an initial assessment for one of two clients (#2) within five days after initiation of services.	0 860 0 860		

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0 860	<p>Continued From page 7</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 #2 was admitted for services on June 30, 2016, with diagnoses which included, but were not limited to, hypertension (HTN), congestive heart failure (CHF), and depression. The client's service plan, dated June 30, 2016, indicated the client received bathing, medication and treatment management services.</p> <p>Client #2's record included an "Admission Assessment" dated, June 27, 2016, three days prior to initiation of services. The client's record lacked evidence an individualized initial assessment had been completed by the RN within five days after the initiation of services.</p> <p>On May 3, 2017, at approximately 8:00 a.m., client #2 was observed for medication, and treatment administration.</p> <p>On May 3, 2017, at approximately 1:00 p.m., employee B (registered nurse/RN/director of nursing) verified client #2's record lacked evidence an individualized initial assessment was completed within five days after initiation of services.</p> <p>The licensee's "Initial and On-Going Nursing Assessments of Clients" policy (undated), indicated, the RN would complete an assessment</p>	0 860		

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0 860	Continued From page 8 for each client within five days of the initiation of services. No further information provided. TIME PERIOD FOR CORRECTION: Twenty one (21) days	0 860		
0 870 SS=E	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 9</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 interview and record review, the licensee failed to ensure service plans included all of the required content for two of two clients (#1, and #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), and is issued at a pattern scope (when more than a limited number of clients are affected, when 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>Client #1's diagnoses included, but were not limited to, hypertension (HTN), congestive heart failure (CHF), depression, weakness, and insomnia. The client's "Individualized Service Plan," dated January 18, 2017, indicated the client received medication administration services.</p> <p>Client #2's diagnoses included, but were not limited to, HTN, CHF, and depression. The client's "Individualized Service Plan," dated June 30, 2016, indicated the client received bathing,</p>	0 870		

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0 870	<p>Continued From page 10</p> <p>medication administration, and treatment management services.</p> <p>Client #1, and client #2's service plans lacked the following content: -fees for services; -the schedule and methods of monitoring reviews or assessments of the client; -frequency of sessions of supervision of staff and type of personnel who will supervise staff; and -contingency plan that includes: 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; information and a method for a client or client's representative to contact the home care provider; 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 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>On May 4, 2017, at approximately 9:30 a.m., employee B (registered nurse/RN/director of nursing) verified client #1, and #2's service plans did not include the above listed content as required.</p> <p>The licensee's "Contents of Service Plan" policy (undated), indicated, the service plan would include the above listed content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One</p>	0 870		

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0 870	Continued From page 11 (21) days	0 870		
0 880 SS=D	144A.4791, Subd. 11 Client Complaint and Investigative Process Subd. 11. Client complaint and investigative process. (a) The home care provider must have a written policy and system for receiving, investigating, reporting, and attempting to resolve complaints from its clients or clients' representatives. The policy should clearly identify the process by which clients may file a complaint or concern about home care services and an explicit statement that the home care provider will not discriminate or retaliate against a client for expressing concerns or complaints. A home care provider must have a process in place to conduct investigations of complaints made by the client or the client's representative about the services in the client's plan that are or are not being provided or other items covered in the client's home care bill of rights. This complaint system must provide reasonable accommodations for any special needs of the client or client's representative if requested. (b) The home care provider must document the complaint, name of the client, investigation, and resolution of each complaint filed. The home care provider must maintain a record of all activities regarding complaints received, including the date the complaint was received, and the home care provider's investigation and resolution of the complaint. This complaint record must be kept for each	0 880		

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0 880	<p>Continued From page 12</p> <p>event for at least two years after the date of entry and must be available to the commissioner for review.</p> <p>(c) The required complaint system must provide for written notice to each client or client's representative that includes:</p> <p>(1) the client's right to complain to the home care provider about the services received;</p> <p>(2) the name or title of the person or persons with the home care provider to contact with complaints;</p> <p>(3) the method of submitting a complaint to the home care provider; and</p> <p>(4) a statement that the provider is prohibited against retaliation according to paragraph (d).</p> <p>(d) A home care provider must not take any action that negatively affects a client in retaliation for a complaint made or a concern expressed by the client or the client's representative.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of one client (#2) record contained documentation of complaints received and resolution . 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>	0 880		

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0 880	<p>Continued From page 13</p> <p>Client #2's record lacked documentation the client had reported a complaint to the director of nursing (DON).</p> <p>On May 3, 2017, at approximately 8:15 a.m., employee D (unlicensed personnel/ULP) was observed to provide medication administration to client #2. Prior to the medication administration the ULP attempted to check the client's blood pressure (BP) with an automatic digital BP monitor. The BP monitor failed to work. The ULP indicated the BP monitor had a history of not working properly. The ULP stated she would find a different monitor and left the clients apartment.</p> <p>On May 3, 2017, at 8:25 a.m., client #2 stated, "because of these machines I haven't had my blood pressure taken for a week." The client indicated the ULP had been unable to consistently monitor the client's BP for approximately one month. The client stated, a complaint had been made to the DON, however the client had not been notified the complaint had been investigated or resolved. The client's record lacked documentation of the complaint.</p> <p>On May 3, 2017, at 12:33 p.m., employee B (registered nurse/DON) confirmed the client had notified her of the above complaint, and that documentation had not been entered in the clients record related to the complaint.</p> <p>The licensee's "Complaint Policy and Procedure" policy (undated), indicated, the RN or designee would investigate all submitted complaints, provide a response within an appropriate time frame, and complete a complaint form which</p>	0 880		

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0 880	Continued From page 14 would be kept in the client's file.	0 880		
0 905 SS=D	<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 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.</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 observation, interview and record</p>	0 905		

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0 905	<p>Continued From page 15</p> <p>review, the licensee failed to ensure the registered nurse (RN) conducted a medication assessment to include all required content for one of two clients (#1) 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 #1's record lacked evidence the RN had conducted a face to face assessment with the client and/or the client's representative to include an identification and review of all the 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.</p> <p>On May 3, 2017, at 8:50 a.m., client #1 was observed receiving medication administration from employee D (unlicensed personnel/ULP) .</p> <p>Client #1's diagnoses included, but were not limited to, hypertension (HTN), congestive heart failure (CHF), depression, weakness, and insomnia. The client's "Individualized Service Plan," dated January 18, 2017, indicated the client received medication management services.</p> <p>Client #1's prescriber's orders dated, February 1, 2017, indicated the client's medications included, but were not limited to, the following: one</p>	0 905		

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0 905	<p>Continued From page 16</p> <p>anti-depressant; one narcotic analgesic; one hormone for control of sleep and wake cycle; one anti-hypertensive; and one bronchodilator.</p> <p>Client #1's "Medication Self-Administration" assessment form, dated December 29, 2014, noted "Family & Resident defer med administration to staff," the assessment area was left blank. The second page of the assessment included a form titled "Services needed based on Assessment" which indicated the client received medication administration. The assessment lacked evidence to indicate a medication management assessment had been completed.</p> <p>On May 4, 2017, at, approximately 9:30 a.m. employee B (registered nurse/RN/director of nursing) verified client #1 did not have a medication management assessment to include all required content.</p> <p>The licensee's "Initial and On-Going Nursing Assessments of Clients" policy (undated), indicated, the medication assessment would be completed by the RN to determine the client medication management needs prior to the initiation of the task. The face to face assessment would include, identification and review of all medications the client is known to be taking, indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues, and interventions needed to prevent diversion of medication by the client or others who may have access to the medications.</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 SS=E	<p>144A.4792, Subd. 5 Individualized Medication Mgt Plan</p> <p>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:</p> <p>(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 prescribed, and monitoring of medication use to</p>	0 920		

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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
0 920	<p>Continued From page 18</p> <p>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 develop and maintain a current individualized medication management plan for two of two clients (#1, and #2) who received medication management.</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 is issued at a pattern scope (when more than a limited number of clients are affected, when 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>On May 3, 2017, between 8:00 a.m., and 9:00 a.m., employee D (unlicensed personnel/ULP) was observed to administer medication for client #1, and #2.</p> <p>Client #1, and #2's records lacked evidence to indicate an individualized medication management plan had been developed.</p> <p>Client #1's diagnoses included, but were not limited to, osteoarthritis, hypertension (HTN), congestive heart failure (CHF), depression, weakness, and insomnia. The client's "Individualized Service Plan," dated January 18, 2017, indicated the client received medication</p>	0 920		

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0 920	<p>Continued From page 19</p> <p>management services.</p> <p>Client #1's prescriber's orders dated, February 1, 2017, indicated the client's medications included, but were not limited to, the following: one anti-depressant; one narcotic analgesic; one hormone for control of sleep and wake cycle; one anti-hypertensive; and one bronchodilator.</p> <p>Client #1's record lacked evidence to indicate an individualized medication management plan had been developed and maintained to include:</p> <ul style="list-style-type: none"> -identification of persons responsible for monitoring medication supplies and ensuring that medication refills were ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel; -procedures for staff notifying a registered nurse (RN) or appropriate licensed health professional when a problem arose with medication management services; and -any client-specific requirements relating to documenting medication administration, verifications that all medications were administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. <p>Client #2's diagnoses included, but were not limited to, HTN, CHF, and depression. The client's "Individualized Service Plan," dated June 30, 2016, indicated the client received medication management services.</p> <p>Client #2's prescriber's orders dated, October 31, 2016, indicated the client's medications included, but were not limited to, the following: one anti-depressant; one anti-hypertensive; and one diuretic.</p>	0 920		

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0 920	<p>Continued From page 20</p> <p>Client #2's record lacked evidence to indicate an individualized medication management plan had been developed and maintained to include:</p> <ul style="list-style-type: none"> -identification of persons responsible for monitoring medication supplies and ensuring that medication refills were ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel; -procedures for staff notifying an RN or appropriate licensed health professional when a problem arose with medication management services; and -any client-specific requirements relating to documenting medication administration, verifications that all medications were administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. <p>On May 4, 2017, at approximately 9:30 a.m., employee B (registered nurse/RN/director of nursing) verified a medication management plan had not been developed for clients' #1, and #2 to include the above noted content.</p> <p>The licensee's "Development of the Individualized Medication Management Plan and Individualized Medication Record" policy (undated), indicated, the RN would develop an individualized medication management plan for each client to include, the medication management services to be provided, description of medication storage, specific client instructions relating to the administration of medications, identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered timely, identification of tasks that may be delegated to ULP, procedures for staff to notify the RN or LPN when a problem arises with medication management services, and any</p>	0 920		
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0 920	Continued From page 21 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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 935 SS=E	144A.4792, Subd. 8 Documentation of Administration of Medication Subd. 8. Documentation of administration of medications. Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan. This MN Requirement is not met as evidenced	0 935		

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0 935	<p>Continued From page 22</p> <p>by: Based on observation, interview and record review, the licensee failed to ensure administered medication was documented in the client's record, for two of two clients (#1, and #2) who received medication management services.</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 is issued at a pattern scope (when more than a limited number of clients are affected, when 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>On May 3, 2017, between 8:00 a.m., and 9:00 a.m., employee D (unlicensed personnel/ULP) was observed to administer client #1 and #2's medications. Multiple areas on the clients' medication administration records (MAR) lacked documentation medication had been administered.</p> <p>On May 3, 2017, at 1:00 p.m., employee B (registered nurse/RN/director of nursing) stated, client records included paper and electronic charting. The employee indicated if staff were unable to document medication administration in the electronic record, the paper record would be used.</p> <p>Client #1's diagnoses included, but were not limited to, pain, insomnia, depression, congestive heart failure (CHF), hypertension (HTN), gastric ulcer, weakness, and hypothyroidism. The client's "Individualized Service Plan," dated January 18, 2017, indicated the client received medication administration services.</p>	0 935		

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0 935	<p>Continued From page 23</p> <p>Client #1's prescriber's orders dated, February 1, 2017, indicated the client's medications included, but were not limited to, the following:</p> <ul style="list-style-type: none"> -Lortab (narcotic pain analgesic) 10 milligram (mg) -325 mg tablet every four hours; -Melatonin (hormone to regulate sleep wake cycles) 3 mg daily at hour of sleep (HS); -mirtazapine (antidepressant) 7.5 mg daily; -Lasix (diuretic) 20 mg twice daily (BID); -carvedilol (for heart failure and antihypertensive) 6.25 mg BID; -Lisinopril (antihypertensive) 5 mg daily; -omeprazole (gastric ulcer) 40 mg daily; -Levothyroxine Sodium (for hypothyroid) 125 micrograms (mcg) daily; and -Vitamin D supplement once weekly. <p>Client #1's February, March, and April, 2017, electronic MAR lacked documentation of medication administration for the following:</p> <p>February 2017</p> <ul style="list-style-type: none"> -Lortab lacked documentation 27 of 28 days. -Melatonin lacked documentation 12 of 28 days. -mirtazapine lacked documentation 12 of 28 days. -Lasix lacked documentation nine of 28 days. -carvedilol lacked documentation 28 of 28 days. -Lisinopril lacked documentation eight of 28 days. -omeprazole lacked documentation eight of 28 days. -Levothyroxine lacked documentation one of 28 days. -Vitamin D supplement lacked documentation one of four times administered. <p>March 2017</p> <ul style="list-style-type: none"> -Lortab lacked documentation 30 of 31 days. -Melatonin lacked documentation 17 of 31 days. -mirtazapine lacked documentation 17 of 31 days. 	0 935		

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0 935	<p>Continued From page 24</p> <ul style="list-style-type: none"> -Lasix lacked documentation 14 of 31 days. -carvedilol lacked documentation 31 of 31 days. -Lisinopril lacked documentation 13 of 31 days. -omeprazole lacked documentation 14 of 31 days. -Levothyroxine lacked documentation 12 of 31 days. -Vitamin D supplement lacked documentation one of four times administered. <p>April 2017</p> <ul style="list-style-type: none"> -Lortab lacked documentation 29 of 30 days. -Melatonin lacked documentation 26 of 30 days. -mirtazapine lacked documentation 26 of 30 days. -Lasix lacked documentation 21 of 30 days. -carvedilol lacked documentation 30 of 30 days. -Lisinopril lacked documentation 21 of 30 days. -omeprazole lacked documentation 21 of 30 days. -Levothyroxine lacked documentation of 30 days. -Vitamin D supplement lacked documentation three of four times administered. <p>The client's paper MAR's were not provided.</p> <p>On May 3, 2017, at approximately 9:15 a.m., client #1 stated, all medication had been administered as scheduled.</p> <p>Client #2's diagnoses included but were not limited to HTN, CHF, depression, and gastroesophageal reflux disease (GERD). The client's "Individualized Service Plan," dated June 30, 2016, indicated the client received medication administration services.</p> <p>Client #2's prescriber's orders dated, October 31, 2016, indicated the client's medications included, but were not limited to, the following:</p> <ul style="list-style-type: none"> -Sertraline (antidepressant) 150 mg daily; 	0 935		

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0 935	<p>Continued From page 25</p> <ul style="list-style-type: none"> -Simvastatin (for cholesterol) 40 mg daily; -Aspirin 81 mg daily; -Lasix (diuretic) 20 mg daily; and -Omeprazole (for GERD) 20 mg daily. <p>In addition client #2's prescriber's order dated, November 17, 2016, included, but was not limited to, the following:</p> <ul style="list-style-type: none"> -Carvedilol 12.5 mg, twice daily. <p>Client #2's February, and April, 2017, electronic and paper MAR's, and March 2017, electronic MAR's, lacked documentation of medication administration for the following:</p> <p>February 2017</p> <ul style="list-style-type: none"> -Sertraline lacked documentation two of 28 days. -Simvastatin lacked documentation 12 of 28 days. -Aspirin lacked documentation two of 28 days. -Lasix lacked documentation 19 of 28 days. -Omeprazole lacked documentation two of 28 days. -Carvedilol lacked documentation 26 of 28 days. <p>March 2017</p> <ul style="list-style-type: none"> -Sertraline lacked documentation of 31 days. -Simvastatin lacked documentation 17 of 31 days. -Aspirin lacked documentation 12 of 31 days. -Lasix lacked documentation 16 of 31 days. -Omeprazole lacked documentation 12 of 31 days. -Carvedilol lacked documentation 22 of 31 days. <p>April 2017</p> <ul style="list-style-type: none"> -Sertraline lacked documentation 16 of 30 days. -Simvastatin lacked documentation 26 of 30 days. -Aspirin lacked documentation 19 of 30 days. -Lasix lacked documentation 24 of 30 days. -Omeprazole lacked documentation 16 of 30 days. 	0 935		

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0 935	<p>Continued From page 26</p> <p>-Carvedilol lacked documentation 27 of 30 days.</p> <p>On May 3, 2017, at 8:25 a.m., client #2 stated, all medication had been administered as scheduled.</p> <p>On May 4, 2017, at approximately 10:40 a.m., employee B verified the licensee's unlicensed personnel had administered medication to client #1, and #2, and further verified documentation for the administration of client's medication had not been completed.</p> <p>The licensee's "Documentation of Medication Management Services" policy (undated), indicated, staff would document each instance of medication administration on the client's medication record immediately after the task is completed to include medication name, dosage, date and time of administration, method and route of administration, signature and title of the person administering the medication.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 935		
0 940 SS=F	<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>	0 940		

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0 940	<p>Continued From page 27</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure documentation was completed at the time of medication setup for two of two clients (#1, and #2) who had medications pre setup by a licensed practical nurse (LPN).</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 3, 2017, between 8:00 a.m., and 9:00 a.m., employee D (unlicensed personnel/ULP) was observed to administer medication for client #1, and #2 that had been setup by the LPN.</p> <p>Client #1, and #2's records lacked evidence to indicate documentation was completed at the time of setup to include the name of the medications, quantity of dose, times to be administered, route of administration, and the name of the person who setup the medications.</p> <p>On May 4, 2017, at 10:40 a.m., employee B (register nurse/RN, director of nursing) verified there was no documentation for the setup of client #1, #2, and all other clients that had their medication set up by the LPN. The employee was unaware of the requirement.</p> <p>The licensee's "Documentation of Medication</p>	0 940		

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0 940	Continued From page 28 Management Services" policy (undated), indicated, the RN or LPN would document the date, name, quantity of dose, dates and times to be administered, route of administration, specific direction for the medication for the client, and name of person completing medication setup for each medication as it is set up. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 945 SS=F	144A.4792, Subd. 10(a) Medication Mgt for Clients Away from Home Subd. 10.Medicament 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 policy and procedures must state that: (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; (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	0 945		

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0 945	<p>Continued From page 29</p> <p>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: 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</p>	0 945		

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0 945	<p>Continued From page 30</p> <p>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 May 1, 2017, at approximately 1:35 p.m., employee B (registered nurse/RN, director of nursing) stated all clients received medication management services, and did not have access to their medication. Employee B verified some clients would occasionally go out on a planned or unplanned time away and either the licensed nurses or the unlicensed personnel/ULP would place the client's medications in an envelope labeled with the client's name, the name of the medications, the dates and times to take the medications, and then would document in the clients record. The employee stated if the ULP sent medication with the client, the nurse would be notified. The "Comprehensive Home Care Provider Current Client Roster" provided by employee B, indicated 12 of the current 12 clients received medication management services.</p> <p>On May 3, 2017, at 9:15 a.m., employee D (ULP) stated clients often left the establishment for planned and unplanned times away. The employee verified ULP would set up and send medication with clients. The employee stated no training had been provided.</p> <p>The licensee's "Medication for a Client who will be away from home when Medications are scheduled" policy, (undated) did not identify the following: -the specific written information that would be</p>	0 945		

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0 945	<p>Continued From page 31</p> <p>provided to the client and/or the client's representative on medications; -the specific type of container or containers that would be used to send the medications appropriate to the provider's medication system; -how the container or containers must be labeled; and -the written information about the medications to be given to the client or client's representative.</p> <p>On May 3, 2017, at 2:30 p.m. employee B confirmed the above findings, and stated she was unaware the ULP could not setup and provide medications to clients who go out on a planned time away.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 945		
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</p>	0 950		

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0 950	<p>Continued From page 32</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 33</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 two of two unlicensed personnel/ULP (D, and E) were 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 RN failed to develop a complete written procedure for the ULP to follow for client unplanned times away.</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 entrance conference on May 1, 2017, at approximately 1:35 p.m. employee B (registered nurse/RN, director of nursing) stated all clients received medication management services, and did not have access to their medication. Employee B verified some clients would occasionally go out on a planned or unplanned time away and either the licensed nurses or the unlicensed personnel/ULP would place the client's medications in an envelope labeled with the client's name, the name of the medications, the dates and times to take the medications, and then would document in the clients record. The employee stated if the ULP sent medication with the client, the nurse would</p>	0 950		

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0 950	<p>Continued From page 34</p> <p>be notified. The "Comprehensive Home Care Provider Current Client Roster" provided by employee B, indicated 12 of the current 12 clients received medication management services.</p> <p>On May 3, 2017, at 9:15 a.m., employee D stated, clients often left the establishment for planned and unplanned times away. The employee verified ULP would set up and send medication with clients. The employee stated no training had been provided.</p> <p>Employees D, and, E, were hired to provide direct home care services to clients, which included medication administration, on September 12, 1996, and May 19, 2016, respectively.</p> <p>The employees' records lacked evidence the employees had been trained, and had demonstrated competency to setup and give medications to clients for unplanned times away from home.</p> <p>In addition, a complete written procedure had not been developed for the ULP by the RN to address: -the specific written information that would be provided to the client and/or the client's representative on medications; -the specific type of container or containers that would be used to send the medications appropriate to the provider's medication system; -how the container or containers must be labeled; and -the written information about the medications to be given to the client or client's representative.</p> <p>On May 3, 2017, at 2:30 p.m. employee B confirmed employee D, E, and all other ULP, had not been formally trained to setup and give</p>	0 950		

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0 950	Continued From page 35 medications to clients for unplanned times away. Employee B verified the licensee did not have a complete written procedure for the ULP for giving accurate and current medications to clients for unplanned times away from home. The employee was unaware of the requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 950		
01010 SS=D	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. (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. (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	01010		

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01010	<p>Continued From page 36</p> <p>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 was complete for one of two discharged clients (#4) reviewed who received medication management services.</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 was admitted for services, which included medication management, on March 1, 2013, and was discharged from the agency on October 3, 2016. The client's record lacked documentation which identified the medication name, strength, prescription number, quantity, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>Client #4's diagnoses included, but were not limited to, back pain, osteoarthritis, atrial fibrillation, allergies, and hypothyroidism. The client's service plan, dated March 1, 2016, indicated the client received medication management services.</p>	01010		

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01010	<p>Continued From page 37</p> <p>Client #4's prescriber's orders dated March 4, 2016, included, but were not limited to, one narcotic pain reliever, one non-narcotic pain reliever, one antihypertensive, one antihistamine, and one hormone.</p> <p>Client #4's discharge note dated, October 3, 2016, indicated the client had moved and the medications were given to the client. The record lacked documentation of the disposition of the medications to include the above noted content.</p> <p>On May 2, 2017, at approximately 1:15 p.m., employee B (registered nurse/RN/director of nursing) confirmed the licensee managed medications for client #4. The employee verified the client's record lacked documentation of the disposition of the medications as identified above.</p> <p>The licensee's "Disposition or Disposal of Medication" policy (undated), indicated, the disposition of medication upon termination of services would be documented in the client record using form 05-605 [as noted below].</p> <p>The licensee's "Record of the Inventory and Destruction of Controlled and Uncontrolled Substances" form 05-605, included documentation of prescription number, the medication name, strength, quantity, date of disposition, to whom the medications were given, and names of staff and other individuals involved in the disposition.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01010		

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01035 01035 SS=D	Continued From page 38 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 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.	01035 01035		

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01035	<p>Continued From page 39</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to prepare and include in the service plan a written statement of the treatment or therapy services to include all required content for one of one client (#2) reviewed for treatments or therapies managed by the provider.</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 #2's records lacked evidence to indicate an individualized treatment management plan had been developed as required.</p> <p>Client #2's diagnoses included, but were not limited to, hypertension, and congestive heart failure.</p> <p>Client #2's prescriber's orders dated, October 17, 2016, indicated the client's treatments included, but were not limited to, leg wraps to both lower extremities daily, in the morning, and remove in the evening.</p> <p>On May 3, 2017, at approximately 8:30 a.m., employee D (unlicensed personnel) was observed to provide application of client #2's leg wraps.</p>	01035		

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01035	<p>Continued From page 40</p> <p>Client #2's "Individualized Service Plan," dated June 30, 2016, indicated the client received assistance for leg wraps. The client lacked a treatment or therapy management plan to include: -procedures for notifying a RN or appropriate licensed health professional when a problem arose 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 possible complications or adverse reactions.</p> <p>On May 4, 2017, at approximately 9:30 a.m., employee B (registered nurse/RN/ director of nursing) verified a treatment management plan had not been developed for client #2 to include the above noted content.</p> <p>A request was made to review the licensees policy related to treatment and therapy management plans but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01035		
01040 SS=D	<p>144A.4793, Subd. 4 Administration of Treatments/Therapy</p> <p>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</p>	01040		

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01040	<p>Continued From page 41</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 one of one unlicensed personnel/UPL (D) was instructed in the proper methods and demonstrated the ability to competently follow the procedures for one of one client (#2) reviewed for treatments or therapies managed by the provider.</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</p>	01040		

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01040	<p>Continued From page 42</p> <p>situation has occurred only occasionally). The findings include:</p> <p>On May 3, 2017, at approximately 8:30 a.m., employee D (unlicensed personnel) was observed to provide application of client #2's leg wraps. During the observation, client #2 stopped the process twice and prompted the employee for the specific steps for application of the wraps. The employee indicated training had not been provided for the specific task, and stated "I just watched the other girl that trained me and [client #2] tells me." The employee verified the registered nurse (RN) had not provided training for the application of the client's leg wraps.</p> <p>On May 4, 2017, at approximately 9:30 a.m., employee B (RN, director of nursing) verified employee D's lacked training and demonstrated competency to apply client #2's leg wraps.</p> <p>A request was made to review the licensees policy related to treatment and therapy management but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01040		
01045 SS=D	<p>144A.4793, Subd. 5 Documentation of Treatment/Therapy</p> <p>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</p>	01045		

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01045	<p>Continued From page 43</p> <p>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 observation, interview and record review, the licensee failed to ensure administration of treatments or therapies were documented for one of one client (#2) reviewed with treatments or therapies managed by the provider.</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 #2's record lacked documentation to indicate the unlicensed personnel (ULP) were consistently managing the client's leg wraps as prescribed.</p> <p>Client #2's diagnoses included, but were not limited to, hypertension, and congestive heart failure.</p> <p>Client #2's prescriber's orders dated, October 17, 2016, indicated the client's treatments included, but were not limited to, leg wraps to both lower</p>	01045		

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01045	<p>Continued From page 44</p> <p>extremities daily, in the morning, and remove in the evening.</p> <p>On May 3, 2017, at approximately 8:30 a.m., employee D (ULP) was observed to provide application of client #2's leg wraps.</p> <p>Client #2's February, and April, 2017, electronic and paper MAR's, and March 2017, electronic MAR's, lacked documentation the leg wraps were applied and removed as followed:</p> <p>February 2017 -application of leg wraps lacked documentation three of 28 days. -removal of leg wraps lacked documentation eleven of 28 days.</p> <p>March 2017 -application of leg wraps lacked documentation 12 of 31 days. -removal of leg wraps lacked documentation 24 of 31 days.</p> <p>April 2017 -application of leg wraps lacked documentation 19 of 30 days. -removal of leg wraps lacked documentation 17 of 30 days.</p> <p>On May 4, 2017, at approximately 10:40 a.m., employee B (registered nurse/RN/ director of nursing) verified documentation for the administration of client's leg wraps had not been completed.</p> <p>A request was made to review the licensees policy related to treatment and therapy management plans but not provided.</p>	01045		

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01045	Continued From page 45 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01045		
01080 SS=E	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; (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; (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate	01080		

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01080	<p>Continued From page 46</p> <p>supervisor or health care professional; (10) documentation that services have been provided as identified in the service plan; (11) documentation that the client has received and reviewed the home care bill of rights; (12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3; (13) documentation of complaints received and resolution; (14) discharge summary, including service termination notice and related documentation, when applicable; and (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 observation, interview and record review, the licensee failed to ensure one of one client (#2) record contained documentation of complaints received and resolution, and failed to ensure the client record contained a discharge summary for two of two discharged clients (#4, and #5) 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), and is issued at a pattern scope (when more than a limited number of clients are affected, when 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>	01080		

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01080	<p>Continued From page 47</p> <p>DISCHARGE SUMMARY Client #4's and #5's records lacked evidence to indicate a discharge summary had been completed.</p> <p>Client #4 was admitted for services on March 1, 2013, and was discharged from the agency on October 3, 2016.</p> <p>The client's service plan, dated March 1, 2016, indicated the client received medication management, and bathing services. In addition the client received meal preparation, and housekeeping.</p> <p>Client #4's record included a note titled "Discharge To: Discharged Date:" dated, October 3, 2016, the note indicated the client had moved closer to family. The record lacked evidence a discharge summary was completed to include relevant information related to the client's services, and status at the time of discharge.</p> <p>Client #5 was admitted for services on September 19, 2016, and was discharged from the agency on January 31, 2017.</p> <p>The client's service plan, dated September 19, 2016, indicated the client received medication management, hearing aid assist, and bathing services. In addition the client received meal preparation.</p> <p>Client #5's record lacked evidence a discharge summary was completed.</p> <p>On May 3, 2017, at 2:30 p.m., employee B verified client #4's record lacked a completed discharge summary, and verified client #5's</p>	01080		

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01080	Continued From page 48 record lacked a discharge summary. A request was made to review the licensees policy related to client discharge but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty One (21) days	01080		
01145 SS=E	144A.4795, Subd. 7(b) Training/Competency Evals All Staff (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	01145		

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01145	<p>Continued From page 49</p> <p>reminders;</p> <p>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</p> <p>(10) preparation of modified diets as ordered by a licensed health professional;</p> <p>(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;</p> <p>(12) awareness of confidentiality and privacy;</p> <p>(13) understanding appropriate boundaries between staff and clients and the client's family;</p> <p>(14) procedures to utilize in handling various emergency situations; and</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, the licensee failed to ensure two of two unlicensed personnel/ULP (D, and E) received complete training and competency evaluations to include all of the 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 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>Employees D, and E, were hired on September 12, 1996, and May 19, 2016, respectively.</p> <p>Employee D was observed to provide direct care</p>	01145		

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01145	<p>Continued From page 50</p> <p>services to clients, including medication administration and application of client #2's leg wraps on May 3, 2017.</p> <p>Employee D's record lacked evidence to indicate the employee had completed training and/or competency, in the following areas: -documentation requirements for all services provided; -reports of changes in the client's condition to the supervisor designated by the home care provider; -maintenance of a clean and safe environment; -appropriate and safe techniques in personal hygiene and grooming, including: hair care and bathing, care and use of hearing aids, and dressing and assisting with toileting; -standby assistance techniques and how to perform them; -medication, exercise, and treatment reminders; -preparation of modified diets as ordered by a licensed health professional; and -awareness of commonly used health technology equipment and assistive devices.</p> <p>Employee E's record lacked evidence to indicate the employee had completed training and/or competency, in the following areas: -documentation requirements for all services provided; -reports of changes in the client's condition to the supervisor designated by the home care provider; -maintenance of a clean and safe environment; -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; -standby assistance techniques and how to perform them; and -medication, exercise, and treatment reminders.</p>	01145		

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01145	<p>Continued From page 51</p> <p>On May 4, 2017, at approximately 10:00 a.m., employee B (registered nurse/RN/director of nursing) confirmed the above employees provided medication administration and treatment to clients. The employee verified employee D, and E had not received training, and had not been evaluated for competency, in the above listed areas.</p> <p>The licensee's "Training and Competency Evaluation of Unlicensed Staff" policy (undated), indicated, unlicensed staff would be trained, and competency evaluations completed to include the above noted content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	01145		
01150 SS=E	<p>144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff</p> <p>(c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include:</p> <p>(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;</p>	01150		

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01150	<p>Continued From page 52</p> <p>(5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record, the licensee failed to ensure two of two unlicensed personnel/ULP (D and E) received complete training and competency evaluations to include all of the 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 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>Employees D, and E, were hired on September 12, 1996, and May 19, 2016, respectively.</p> <p>Employee D was observed to provide direct care services to clients, including medication administration, and application of client #2's leg wraps on May 3, 2017.</p> <p>Employees D, and E's records lacked evidence to indicate the employees had completed training and/or competency, in the following areas: -observation, reporting, and documenting of client status; -basic knowledge of body functioning and changes in body functioning, injuries, or other</p>	01150		

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01150	<p>Continued From page 53</p> <p>observed changes that must be reported to appropriate personnel; -recognizing physical, emotional, cognitive, and developmental needs of the client; and -administering treatments.</p> <p>In addition, employee E's record lacked evidence to indicate the employee had completed training and/or competency, in the following areas: -reading and recording temperature, pulse, and respirations of the client; -safe transfer techniques and ambulation; and -range of motioning and positioning.</p> <p>On May 4, 2017, at approximately 10:00 a.m., employee B (registered nurse/director of nursing) confirmed the above employees provided medication administration and treatment to clients. The employee verified employee D and E had not received training, and had not been evaluated for competency, in the above listed areas.</p> <p>The licensee's "Medication Management Services" policy (undated), indicated, unlicensed staff would be trained, and competency evaluations completed to perform all delegated medication management tasks. The policy further indicated the training and competency evaluations would be documented in the personnel file.</p> <p>The licensee's "Training and Competency Evaluation of Unlicensed Staff" policy (undated), indicated, unlicensed staff would be trained, and competency evaluations completed to include the above noted content.</p> <p>No further information was provided.</p>	01150		

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01150	Continued From page 54 TIME PERIOD FOR CORRECTION: Twenty One (21) days	01150		
01170 SS=E	144A.4796, Subd. 2 Content of Orientation Subd. 2. Content. 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 scope of licensure. This MN Requirement is not met as evidenced	01170		

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01170	<p>Continued From page 55</p> <p>by: Based on observation, interview and record review, the licensee failed to ensure two of two employees (D, and E) received all required content for orientation to home care licensing requirements and regulations before providing home care services to clients.</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 is issued at a pattern scope (when more than a limited number of clients are affected, when 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>Employee D, (unlicensed personnel/ULP) was hired on September 12, 1996.</p> <p>On May 3, 2017, employee D was observed to provide home care services to client #1 and client #2.</p> <p>Employees D's record lacked evidence the employee had received orientation to home care upon conversion to comprehensive license on October 15, 2014, to include the following content:</p> <ul style="list-style-type: none"> -introduction and review of all the provider's policies and procedures related to the provision of home care services; -home care bill of rights under section 144A.44; -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; -consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of 	01170		

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01170	<p>Continued From page 56</p> <p>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 -review of the types of home care services the employee will be providing and the provider's scope of licensure.</p> <p>Employee E, (ULP) was hired on May 19, 2016.</p> <p>Employees E's record lacked evidence the employee had received orientation to home care to include the following content: -an overview of sections 144A.43 to 144A.4798; -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; -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 -review of the types of home care services the employee will be providing and the provider's scope of licensure.</p> <p>On May 4, 2017, at approximately 10:30 a.m., employee B (registered nurse/director of nursing) verified the above employees, had not completed the training related to orientation to home care as noted above.</p> <p>The licensee's "Home Care Orientation" policy (undated), indicated, all comprehensive home care employees would complete orientation to home care prior to providing home care services</p>	01170		

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01170	Continued From page 57 to clients to include the above noted content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		
01187 SS=F	144D.065 Training In Dementia Care Required 144D.065 TRAINING IN DEMENTIA CARE REQUIRED. (a) If a housing with services establishment registered under this chapter has a special program or special care unit for residents with Alzheimer's disease or other dementias or advertises, markets, or otherwise promotes the establishment as providing services for persons with Alzheimer's disease or other dementias, whether in a segregated or general unit, employees of the establishment and of the establishment's arranged home care provider must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the	01187		

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01187	<p>Continued From page 58</p> <p>requirements under paragraph (b), or a supervisor meeting the requirements in clause (1), must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>(3) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and</p> <p>(4) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.</p> <p>(b) Areas of required training include:</p> <p>(1) an explanation of Alzheimer's disease and related disorders;</p> <p>(2) assistance with activities of daily living;</p> <p>(3) problem solving with challenging behaviors; and</p> <p>(4) communication skills.</p> <p>(c) The establishment shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. This information satisfies the disclosure requirements of section 325F.72, subdivision 2, clause (4).</p> <p>(d) Housing with services establishments not included in paragraph (a) that provide assisted living services under chapter 144G must meet the following training requirements:</p> <p>(1) supervisors of direct-care staff must have at</p>	01187		

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01187	<p>Continued From page 59</p> <p>least four hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;</p> <p>(2) direct-care employees must have completed at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial four hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or supervisor meeting the requirements under paragraph (a), clause (1), must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>(3) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and</p> <p>(4) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	01187		

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01187	<p>Continued From page 60</p> <p>licensee failed to ensure three of three employees (B, E, and D) received the required hours of training in the required time frame related to dementia care in accordance with 144D.065.</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 B (registered nurse/director of nursing) was hired to provide direct home care services, and supervision of direct care staff, on June 2, 2016.</p> <p>Employee B's record lacked evidence the employee had completed at least four hours of training as required related to persons with dementia within 120 working hours of the employment start date.</p> <p>Employee E (unlicensed personnel/UPL) was hired to provide direct home care services to clients on May 19, 2016.</p> <p>Employee E's record lacked evidence to indicate the employee had completed at least four hours of training as required related to persons with dementia within 160 working hours of the employment start date.</p> <p>Employee D (UPL), was hired to provide direct home care services to clients on September 12,</p>	01187		

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01187	<p>Continued From page 61</p> <p>1996.</p> <p>Employee D's record lacked evidence to indicate the employee had completed at least two hours of training as required related to persons with dementia within the last 12 months of employment.</p> <p>On May 4, 2017, at approximately 10:30 a.m., employee B verified the above employees, and all other employees had not completed the required hours of training related to dementia care.</p> <p>The licensee's "Dementia Training and Disclosure" policy (undated), indicated Dementia training education would be provided to all direct care staff and supervisors in the following:</p> <ul style="list-style-type: none"> a. Current explanation of Alzheimer's disease and related disorders; b. Effective approaches to use to problem solve when working with a client's challenging behavior; c. How to communicate with clients who have Alzheimer's or other dementia's; and d. Other topics as determined necessary or helpful. <p>The policy did not address how many hours of training would be provided upon hire and within how many working hours of the employment start date, and how many hours of training would be provided annually as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days</p>	01187		
01190 SS=E	144A.4796, Subd. 6 Required Annual Training	01190		

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01190	<p>Continued From page 62</p> <p>Subd. 6. Required annual training. 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:</p> <p>(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;</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; and 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>	01190		

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01190	<p>Continued From page 63</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 one unlicensed personnel/ULP (D), received a minimum of eight hours of annual training for each 12 months of employment 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 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>Employees D was hired on September 12, 1996. The employee's record lacked evidence the employee received more than eight hours of annual training in all required areas for the year 2016.</p> <p>On May 3, 2017, between 8:00 a.m., and 9:00 a.m., employee D (ULP) was observed to provide medication administration to clients.</p> <p>Employee D's record lacked documentation to indicate the employee had received annual training in the following: -review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures; -training on reporting of maltreatment of vulnerable adults; and -review of the home care bill of rights.</p>	01190		

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01190	Continued From page 64 On May 4, 2017, at approximately 10:00 a.m., employee B (registered nurse/director of nursing) confirmed the above findings. The licensee's "Annual In-Service Training" policy (undated), indicated, all staff must complete at least eight hours of training for each 12 months of employment to include a review of the provider's policies and procedures relating to the provision of home care services, reporting of maltreatment of vulnerable adults; and review of the home care bill of rights. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty One (21) days	01190		
01225 SS=D	144A.4797, Subd. 3 Supervision of Staff - Comp 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.	01225		

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01225	<p>Continued From page 65</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 a registered nurse (RN) provided supervision of staff performing delegated tasks within 30 days of hire for one of one new unlicensed personnel/ULP (E).</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 was hired on May 19, 2016. The employee's record lacked evidence of direct supervision by the RN of the employee within 30 days of performing a delegated task.</p> <p>On May 4, 2017, at approximately 9:30 a.m., employee B (registered nurse/RN/director of nursing), verified employee E had not been supervised completing a delegated task within 30 days of beginning work.</p>	01225		

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01225	<p>Continued From page 66</p> <p>The licensee's "Supervision of Licensed and Unlicensed Personnel" (undated), indicated the RN would supervise the ULP providing delegated nursing tasks, within 30 days after beginning work.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	01225		