



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Email: OPTIONSPLUSHOMEHEALTHCARE@YAHOO.COM

March 15, 2019

Ms. Jenni Zimmerman, Administrator
Options Plus Home Care, LLC
51 W 4th St Suite 2
Winona, MN 55987

Re: Enclosed State Licensing Orders - Project Number SL25872009

Dear Ms. Zimmerman:

On November 15, 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 November 15, 2019.. At this time these correction orders were found corrected and are listed on the attached State Form: **Revisit Report**.

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

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

Sincerely,

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

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



Enclosure

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H25827	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/15/2019
NAME OF FACILITY OPTIONS PLUS HOME CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 51 W 4TH ST SUITE 2 WINONA, MN 55987

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 00475	Correction	ID Prefix 00810	Correction	ID Prefix 00815	Correction
Reg. # 144A.472, Subd. 3	Completed	Reg. # 144A.479, Subd. 6(b)	Completed	Reg. # 144A.479, Subd. 7	Completed
LSC	02/15/2019	LSC	02/15/2019	LSC	02/15/2019
ID Prefix 00825	Correction	ID Prefix 00835	Correction	ID Prefix 00870	Correction
Reg. # 144A.4791, Subd. 1	Completed	Reg. # 144A.4791, Subd. 3	Completed	Reg. # 144A.4791, Subd. 9(f)	Completed
LSC	02/15/2019	LSC	02/15/2019	LSC	02/15/2019
ID Prefix 00900	Correction	ID Prefix 00905	Correction	ID Prefix 00920	Correction
Reg. # 144A.4792, Subd. 1	Completed	Reg. # 144A.4792, Subd. 2	Completed	Reg. # 144A.4792, Subd. 5	Completed
LSC	02/15/2019	LSC	02/15/2019	LSC	02/15/2019
ID Prefix 00945	Correction	ID Prefix 01030	Correction	ID Prefix 01035	Correction
Reg. # 144A.4792, Subd. 10(a)	Completed	Reg. # 144A.4793, Subd. 2	Completed	Reg. # 144A.4793, Subd. 3	Completed
LSC	02/15/2019	LSC	02/15/2019	LSC	02/15/2019
ID Prefix 01145	Correction	ID Prefix 01150	Correction	ID Prefix 01170	Correction
Reg. # 144A.4795, Subd. 7(b)	Completed	Reg. # 144A.4795, Subd. 7(c)	Completed	Reg. # 144A.4796, Subd. 2	Completed
LSC	02/15/2019	LSC	02/15/2019	LSC	02/15/2019

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H25827	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/15/2019
NAME OF FACILITY OPTIONS PLUS HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51 W 4TH ST SUITE 2 WINONA, MN 55987	

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 01190	Correction	ID Prefix 01225	Correction		
Reg. # 144A.4796, Subd. 6	Completed	Reg. # 144A.4797, Subd. 3	Completed		
LSC	02/15/2019	LSC	02/15/2019		

REVIEWED BY STATE AGENCY: MDH <input type="checkbox"/>	REVIEWED BY (INITIALS): PMB	DATE: 3/15/19	SIGNATURE OF SURVEYOR: 20012	DATE: 2/15/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/15/2018		<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: OPTIONSPLUSHOMEHEALTHCARE@YAHOO.COM

December 13, 2018

Ms. Jenni Zimmerman, Administrator
Options Plus Home Care, LLC
51 W 4th St, Suite 2
Winona, MN 55987

Re: Enclosed State Licensing Orders - Project Number SL25827009

Dear Ms. Zimmerman:

A survey of the Home Care Provider named above was completed on November 15, 2018 for the purpose of assessing compliance with State licensing regulations. At the time of survey, staff from the Minnesota Department of Health noted one or more violations of these regulations that are issued in accordance with Minn. Stat. 144A.43 to 144A.484. If, upon follow-up, it is found that the correction order(s) cited herein are not corrected, a fine for each order not corrected may be assessed in accordance with a schedule of fines described in Minn. Stat. 144A.474, subd. 11.

State licensing orders are delineated on the attached Minnesota Department of Health order form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by."

DOCUMENTATION OF ACTION TO COMPLY

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

Options Plus Home Care, LLC

December 13, 2018

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request and all supporting documents to Health.Homecare@state.mn.us; or, if you prefer you can mail it to:

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

NOTE: Do not send payments for fines to this address. Payments should be mailed to the address listed on the invoice that will be emailed to your company.

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

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

Sincerely,



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



Enclosure

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25827	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
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NAME OF PROVIDER OR SUPPLIER OPTIONS PLUS HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51 W 4TH ST SUITE 2 WINONA, MN 55987
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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
0 000	<p>Initial Comments</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. 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: SL# 25827009</p> <p>On November 13, 14, and 15, 2018, 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 25 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>	
0 475 SS=F	<p>144A.472, Subd. 3 License Renewal</p> <p>Subd. 3. License renewal. (a) Except as provided in section 144A.475, a license may be renewed</p>	0 475		

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

Minnesota Department of Health

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0 475	<p>Continued From page 1</p> <p>for a period of one year if the licensee satisfies the following:</p> <p>(1) submits an application for renewal in the format provided by the commissioner at least 30 days before expiration of the license;</p> <p>(2) submits the renewal fee in the amount specified in subdivision 7;</p> <p>(3) has provided home care services within the past 12 months;</p> <p>(4) complies with sections 144A.43 to 144A.4798;</p> <p>(5) provides information sufficient to show that the applicant meets the requirements of licensure, including items required under subdivision 1;</p> <p>(6) provides verification that all policies under subdivision 1 are current; and</p> <p>(7) provides any other information deemed necessary by the commissioner.</p> <p>(b) A renewal applicant who holds a comprehensive home care license must also provide verification that policies listed under subdivision 2 are current.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure the managerial official in</p>	0 475		

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0 475	<p>Continued From page 2</p> <p>charge of the day-to-day operations had reviewed, and understood all comprehensive home care provider regulations upon conversion to the Comprehensive license on March 25, 2015. In addition, the licensee failed to develop and implement the required comprehensive home care policies and procedures.</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 November 13, 2018, at approximately 12:40 p.m., employee A (owner/licensed practical nurse) confirmed the licensee held a Comprehensive home care license, and verified she managed the day-to-day operations of the company.</p> <p>On November 14, 2018, at approximately 9:30 a.m., Comprehensive licensing policies were requested from employee A. The "Employee Handbook" was provided. In addition, employee A provided a stapled packet of documents titled "Client Policies."</p> <p>On November 15, 2018, at approximately 12:35 p.m., a request was made to employee A for the provider's Comprehensive home care policies and procedures that were not previously provided. Employee A provided a binder and stated the binder included all home care statutes that were followed. The binder included, but was not limited to, state home care class A statutes.</p>	0 475		

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0 475	<p>Continued From page 3</p> <p>At that time employee A verified the binder included home care class A statutes.</p> <p>Although the handbook, packet, and binder contained some Comprehensive licensing policies, there were no policies regarding the following:</p> <ul style="list-style-type: none"> - conducting initial and ongoing evaluations and assessments of the client's needs by a registered nurse (RN) or appropriate licensed health professional, including how changes in the client's conditions are identified, managed, and communicated to staff and other health care providers, as appropriate; - supervision of RN and licensed health professionals; and - supervision of unlicensed personnel performing delegated home care tasks. <p>-requirements in section 626.557-vulnerable adult assessment</p> <ul style="list-style-type: none"> -orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance -supervision of unlicensed personnel performing delegated home care tasks. <p>On November 15, 2018, at 1:30 p.m. employee A indicated she was unsure where the comprehensive home care statutes were located on the Minnesota Department of Health website. The employee verified the licensee did not have a "Home Care Laws" regulation book and confirmed she had not understood all of the comprehensive home care statutes when the licensee converted to the Comprehensive license on March 25, 2015. Employee A further verified the above noted policies and procedures were not developed and/or implemented to include all required content as required.</p>	0 475		

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0 475	Continued From page 4 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 475		
0 810 SS=E	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure client abuse prevention plans included specific measures to be taken to minimize the risk of abuse to the client or other vulnerable adults for three of three clients (#1, #2, and #3)with records reviewed. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a	0 810		

Minnesota Department of Health

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0 810	<p>Continued From page 5</p> <p>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>CLIENT #1 On November 15, 2018, at approximately 4:45 p.m., client #1 was observed for activities of daily living, and treatment management services. The client was observed receiving gastric tube feeding via feeding pump .</p> <p>Client #1's diagnoses included, but were not limited to, severe hypoxic-ischemic encephalopathy (brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood), dysphagia (difficulty swallowing), dystonia (involuntary muscle contractions that cause repetitive or twisting movements), and anxiety.</p> <p>The client's "Home Care Service Agreement," dated November 14, 2018, indicated the client received services from licensed and unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated October 21, 2018, indicated the client received bathing, dressing, grooming, toileting, mechanical lift transfer, positioning, medication and treatment management services. The client's treatment services included, but was not limited to enteral tube feeding management.</p> <p>Client #1's "Assessment for Vulnerability, and Safety" form, dated October 21, 2018, identified orientation, ability to give accurate information consistently, anxiety and depression, ambulation,</p>	0 810		

Minnesota Department of Health

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0 810	<p>Continued From page 6</p> <p>range of motion, endurance and strength, chronic conditions, pain and disability, speech and communication, telephone use, management of finances, ability to follow directions consistently, ability to report abuse and neglect, and behaviors as vulnerabilities. The assessment indicated the client was vulnerable, but there were no signs of abuse. The assessment noted areas of vulnerability would be addressed in the client's care plan.</p> <p>The assessment, and care plan lacked statements of specific measures to be taken to minimize the risk of abuse to that person in all identified vulnerabilities listed above, and the person's risk of abusing other vulnerable adults or minors.</p> <p>CLIENT #2 Client #2's diagnoses included, but were not limited to, juvenile muscular atrophy (muscular weakness and wasting).</p> <p>The client's "Home Care Service Agreement," dated May 11, 2016, indicated the client received services from unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated January 11, 2018, included, but were not limited to, the following services: bathing, dressing, grooming, toileting, mechanical lift transfer, and positioning.</p> <p>Client #2's "Assessment for Vulnerability, and Safety" form, dated January 11, 2018, identified anxiety, depression and mental illness, interest in the environment, ambulation, range of motion, endurance and strength, chronic conditions, pain and disability, telephone use, and management of finances as vulnerabilities. The assessment indicated the client was vulnerable, but there</p>	0 810		

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0 810	<p>Continued From page 7</p> <p>were no signs of abuse. The assessment noted areas of vulnerability would be addressed in the client's care plan.</p> <p>The assessment, and care plan lacked statements of specific measures to be taken to minimize the risk of abuse to that person for anxiety, depression and mental illness, interest in the environment, ambulation, range of motion, endurance and strength, chronic conditions, pain, telephone use, and management of finances. The assessment further lacked identification of the person's risk of abusing other vulnerable adults or minors.</p> <p>CLIENT #3 Client #3's diagnoses included, but were not limited to, mild intellectual disability.</p> <p>The client's "Home Care Service Agreement," February 13, 2018, indicated the client received services from unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated February 13, 2018, included, but were not limited to, the following services: bathing, dressing, and grooming.</p> <p>Client #3's "Assessment for Vulnerability, and Safety" form, dated February 15, 2018, identified endurance and strength, chronic conditions, pain and disability, management of finances, ability to report abuse and neglect, and clean safe environment as vulnerabilities. The assessment indicated the client was vulnerable, but there were no signs of abuse.</p> <p>The assessment lacked identification of the person's risk of abusing other vulnerable adults.</p> <p>On November 15, 2018, at 3:35 p.m., employee A</p>	0 810		

Minnesota Department of Health

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0 810	Continued From page 8 (owner/licensed practical nurse) verified the above noted findings. A request was made to review the licensee policies related to client abuse prevention plans; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 810		
0 815 SS=D	144A.479, Subd. 7 Employee Records Subd. 7. Employee records. The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance	0 815		

Minnesota Department of Health

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0 815	<p>Continued From page 9</p> <p>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 by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an annual performance review was completed for one of three employee (C) who had been employed greater than one year 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>	0 815		

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NAME OF PROVIDER OR SUPPLIER OPTIONS PLUS HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51 W 4TH ST SUITE 2 WINONA, MN 55987
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0 815	<p>Continued From page 10</p> <p>Employee C (unlicensed personnel), was hired on March 21, 2012, to provide services which included, but were not limed to, direct home care services to clients as needed.</p> <p>The employee's record lacked evidence an annual performance review had been completed for 2017, to identify areas of improvement needed and training needs.</p> <p>On November 15, 2018, at 3:35 p.m., employee A (owner/licensed practical nurse) verified the above noted findings.</p> <p>A request was made to review the licensee's policies related to annual performance reviews; however, none were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 815		
0 825 SS=A	<p>144A.4791, Subd. 1 HBOR Notification to Client</p> <p>Subdivision 1. Home care bill of rights; notification to client. (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the initiation of services to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.</p>	0 825		

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0 825	<p>Continued From page 11</p> <p>(b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices.</p> <p>"If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>The statement should include the telephone number, Web site address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, e-mail, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint.</p> <p>(c) The home care provider shall obtain written acknowledgment of the client's receipt of the</p>	0 825		

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0 825	<p>Continued From page 12</p> <p>home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to obtain written acknowledgement of the receipt of the home care bill of rights for one of three clients (#1) as required with records reviewed.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>CLIENT #1 Client #1 was not provided the Minnesota Home Care Bill of Rights for Assisted Living Clients, dated January 2014.</p> <p>On November 15, 2018, at approximately 4:45 p.m., client #1 was observed to receive activities of daily living, and treatment management services by employee D (unlicensed personnel).</p> <p>The client's "Home Care Service Agreement," dated November 14, 2018, indicated the client received services from licensed and unlicensed</p>	0 825		

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0 825	<p>Continued From page 13</p> <p>staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated October 21, 2018, indicated the client received bathing, dressing, grooming, toileting, mechanical lift transfer, positioning, medication and treatment management services.</p> <p>On November 15, 2018, at approximately 1:30 p.m., employee A (owner/licensed practical nurse) verified client #1, record did not have evidence of receiving a copy of the Home Care Bill of Rights in the time frame required.</p> <p>The licensees "Patient Bill of Rights" policy, located in the "Client Policies" packet, undated, indicated a complete copy of the bill of rights would be included in the client handbook and would be discussed with the client by the director of nursing. The policy further indicated the client would sign a waiver indicating the client received the bill of rights.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 825		
0 835 SS=C	<p>144A.4791, Subd. 3 Statement of Home Care Services</p> <p>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,</p>	0 835		

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0 835	<p>Continued From page 14</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to obtain written acknowledgement that the provider had provided a written statement of the type of home care license and the types of services the provider is able to provide for three of three clients (#1, #2, and #3) 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 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>Client #1, #2, and #3's records lacked evidence the client and/or the client's representative were provided with a written statement that identified the licensee as a Comprehensive home care provider, and the services provided under their license.</p> <p>On November 13, 2018, at approximately 12:40 p.m., employee A (owner/licensed practical nurse) confirmed the licensee held a Comprehensive home care license.</p>	0 835		

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0 835	<p>Continued From page 15</p> <p>On November 14, 2018, at approximately 9:30 p.m., a request was made to employee A for the written Statement of Home Care Services that was provided to the client or the client's representative. Employee A provided the "Service Descriptions" form. The employee indicated the form included the services that were provided under the comprehensive license, and was provided to all clients who received home care services.</p> <p>The "Service Descriptions" form undated, indicated the licensee provided services that included, but were not limited to, the following: companion care; meal preparation; light housekeeping; laundry; wound care; medication set up; medication administration; diabetic management; positioning and transfers; and assistance with bathing, dressing, and grooming.</p> <p>The form lacked a written statement which identified the provider had a comprehensive home care license, the services the provider is authorized to provide under a comprehensive license.</p> <p>Client #1's "Home Care Service Agreement," dated November 14, 2018, indicated the client received services from licensed and unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated October 21, 2018, indicated the client received bathing, dressing, grooming, toileting, mechanical lift transfer, positioning, medication and treatment management services.</p> <p>On November 15, 2018, at approximately 4:45 p.m., client #1 was observed to receive activities of daily living, and treatment management</p>	0 835		

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0 835	<p>Continued From page 16</p> <p>services by employee D (unlicensed personnel).</p> <p>Client #2's "Home Care Service Agreement," dated May 11, 2016, indicated the client received services from unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated January 11, 2018, included, but were not limited to, the following services: bathing, dressing, grooming, toileting, mechanical lift transfer, and positioning.</p> <p>Client #3's "Home Care Service Agreement," February 13, 2018, indicated the client received services from unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated February 13, 2018, included, but were not limited to, the following services: bathing, dressing, and grooming.</p> <p>On November 14, 2018, at approximately 10:30 a.m., employee A indicated client #3 had previously received treatment management services from the licensee.</p> <p>Client #1, #2, and #3's records lacked evidence the client and/or clients represented received a written statement which identified the provider's license type, the services the provider was authorized to provide.</p> <p>On November 15, 2018, at approximately 1:41 p.m. employee A verified clients #1, #2, #3, and all other client records did not have evidence of receiving the written statement of services as required. The employee stated "I've never done that" and confirmed she was unaware of the requirement.</p> <p>A request was made to review the licensee policies related to the statement of services;</p>	0 835		

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0 835	Continued From page 17 however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 835		
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	0 870		

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0 870	<p>Continued From page 18</p> <p>client's condition, including identification of and information as to who has authority to sign for the client in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure service plans included all of the required content for three of three clients (#1, #2, #3) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>CLIENT #1 On November 15, 2018, at approximately 4:45 p.m., client #1 was observed to receive activities of daily living, and treatment management services by employee D (unlicensed personnel).</p> <p>Client #1's "Home Care Service Agreement," dated November 14, 2018, indicated the client received services from licensed and unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated October 21, 2018, indicated the client received</p>	0 870		

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0 870	<p>Continued From page 19</p> <p>bathing, dressing, grooming, toileting, mechanical lift transfer, positioning, medication and treatment management services. The client's treatment services included, but was not limited to enteral tube feeding management.</p> <p>CLIENT #2 Client #2's "Home Care Service Agreement," dated May 11, 2016, indicated the client received services from unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated January 11, 2018, included, but were not limited to, the following services: bathing, dressing, grooming, toileting, mechanical lift transfer, and positioning.</p> <p>CLIENT #3 Client #3's "Home Care Service Agreement," February 13, 2018, indicated the client received services from unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated February 13, 2018, included, but were not limited to, the following services: bathing, dressing, and grooming.</p> <p>Client #1, #2, and #3's service agreements lacked the following required content: -frequency of each service, according to the client's current review or assessment and client preference; -identification of the staff or categories of staff who will provide each of the services; -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 -a contingency plan that included identification of and information as to who has authority to sign for the client in an emergency.</p>	0 870		

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0 870	<p>Continued From page 20</p> <p>On November 15, 2018, at approximately 1:30 p.m., employee A (owner/licensed practical nurse) stated the same service agreement forms were used for all clients. The employee verified client #1, #2 and 3's and all other client service agreements lacked the above noted content.</p> <p>The licensee's "Care Plans" policy, located in the client packet, undated, was provided; however the policy did not address the above noted content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 870		
0 900 SS=F	<p>144A.4792, Subd. 1 Medication Management; Comprehensive</p> <p>Subdivision 1. Medication management services; comprehensive home care license. (a) This subdivision applies only to home care providers with a comprehensive home care license that provide medication management services to clients. Medication management services may not be provided by a home care provider who has a basic home care license.</p> <p>(b) A comprehensive home care provider who provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse,</p>	0 900		

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0 900	<p>Continued From page 21</p> <p>licensed health professional, or pharmacist consistent with current practice standards and guidelines.</p> <p>(c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and client and client representative, if any; disposing of unused medications; and educating clients and client representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 22.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to develop and implement medication management policies and procedures under the supervision and direction of a registered nurse (RN), licensed health professional, or pharmacist consistent with current standards and guidelines for clients who</p>	0 900		

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0 900	<p>Continued From page 22</p> <p>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 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 November 13, 2018, at approximately 12:45 p.m., employee A (owner/licensed practical nurse) confirmed the licensee held a Comprehensive home care license, and could provide medication management services to client's who requested it.</p> <p>On November 14, 2018, at approximately 9:30 a.m., Comprehensive licensing policies were requested from employee A. The "Employee Handbook" was provided. In addition, employee A provided a stapled packet of documents titled "Client Policies."</p> <p>On November 15, 2018, at approximately 12:35 p.m., a request was made to employee A for the provider's Comprehensive home care policies and procedures that were not previously provided. Employee A provided a binder and stated the binder included all home care statutes that were followed.</p> <p>Although the handbook, packet, and binder contained some Comprehensive licensing policies, the policies and procedures lacked the following required information:</p> <ul style="list-style-type: none"> - requesting and receiving prescriptions for 	0 900		

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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
0 900	<p>Continued From page 23</p> <p>medications;</p> <ul style="list-style-type: none"> - preparing and giving medications; - verifying that prescription drugs are administered as prescribed; - monitoring and evaluating medication use; - resolving medication errors; - communicating with the prescriber, pharmacist, and client and client representative, if any; - educating clients and client representatives about medications; and - security and accountability for the overall management, control, and disposition of controlled substances. <p>On November 15, 2018, at approximately 1:30 p.m. employee A verified the licensee lacked the above noted policies.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 900		
0 905 SS=F	<p>144A.4792, Subd. 2 Provision of Medication Mgt Services</p> <p>Subd. 2. Provision of medication management services. (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment 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</p>	0 905		

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0 905	<p>Continued From page 24</p> <p>client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications. "Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a medication management assessment to include all the required content for one of one client (#1) who received medication management services with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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 November 13, 2018, at approximately 12:45 p.m., employee A (owner/licensed practical nurse)</p>	0 905		

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0 905	<p>Continued From page 25</p> <p>indicated client #1 was the only client who received medication management services. Employee A verified the licensee held a Comprehensive home care license, and could provide medication management services to clients who requested it.</p> <p>Client #1's record lacked evidence the RN conducted face-to face medication management assessments with the clients and/or the clients' representatives to include the following required content:</p> <ul style="list-style-type: none"> - how medication management services would be provided; - identification and review of all medications the client was known to be taking including indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues at the time the assessment was completed; and - interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications. <p>Client #1's diagnoses included, but were not limited to, severe hypoxic-ischemic encephalopathy (brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood), dysphagia (difficulty swallowing), dystonia (involuntary muscle contractions that cause repetitive or twisting movements), anxiety, and asthma.</p> <p>Client #1's "Home Care Service Agreement," dated November 14, 2018, indicated the client received services from licensed and unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated October 21, 2018, indicated the client received</p>	0 905		

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0 905	<p>Continued From page 26</p> <p>medication management services.</p> <p>Client #1's prescriber's orders, dated November 9, 2018, included, but were not limited to, one antianxiety; one bronchodilator; and one non-narcotic analgesic.</p> <p>On November 15, 2018, at approximately 1:30 p.m. employee A verified client #1's record lacked a medication assessment to include the above noted content.</p> <p>A request was made to review the licensee's policies related to medication management assessment; however, none were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 905		
0 920 SS=F	<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;</p>	0 920		

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0 920	<p>Continued From page 27</p> <p>(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;</p> <p>(3) documentation of specific client instructions relating to the administration of medications;</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure an individualized medication management plan was developed based on client assessment, to include all required content for one of one client (#1) who received medication management services with records reviewed.</p> <p>This practice resulted in a level two violation (a</p>	0 920		

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0 920	<p>Continued From page 28</p> <p>violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>On November 13, 2018, at approximately 12:45 p.m., employee A (owner/licensed practical nurse) indicated client #1 was the only client who received medication management services. Employee A verified the licensee held a Comprehensive home care license, and could provide medication management services to client's who requested it.</p> <p>Client #1's record lacked a medication management plan that included the following content:</p> <ul style="list-style-type: none"> - a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - 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 	0 920		

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0 920	<p>Continued From page 29</p> <p>reactions.</p> <p>Client #1's diagnoses included, but were not limited to, severe hypoxic-ischemic encephalopathy (brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood), dysphagia (difficulty swallowing), dystonia (involuntary muscle contractions that cause repetitive or twisting movements), anxiety, and asthma.</p> <p>Client #1's "Home Care Service Agreement," dated November 14, 2018, indicated the client received services from licensed and unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated October 21, 2018, indicated the client received medication management services.</p> <p>Client #1's prescriber's orders, dated November 9, 2018, included, but were not limited to, one antianxiety; one bronchodilator; and one non-narcotic analgesic.</p> <p>On November 15, 2018, at approximately 1:30 p.m. employee A verified client #1's record lacked a medication plan to include the above noted content.</p> <p>A request was made to review the licensee's policies related to medication management plan; however, none were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 920		

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0 945 0 945 SS=F	Continued From page 30 144A.4792, Subd. 10(a) Medication Mgt for Clients Away from Home Subd. 10. Medication management for clients who will be away from home. (a) A home care provider who is providing medication management services to the client and controls the client's access to the medications must develop and implement policies and procedures for giving accurate and current medications to clients for planned or unplanned times away from home according to the client's individualized medication management plan. The 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 dosages needed for the length of the anticipated absence, not to exceed 120 hours; (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; (4) the medications must be placed in a medication container or containers appropriate to the	0 945 0 945		

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0 945	<p>Continued From page 31</p> <p>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 and implemented, for clients who received medication management services, for giving accurate and current medications to clients for planned and unplanned times away from home.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:</p> <p>On November 13, 2018, at approximately 12:45 p.m., employee A (owner/licensed practical nurse) confirmed the licensee held a Comprehensive home care license, and could provide medication management services to clients who requested it. Employee A indicated all clients had the option to have the medication secured, without access upon request by the client or client representative. The employee stated if a client had a planned or unplanned time away from home, and required a</p>	0 945		

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0 945	<p>Continued From page 32</p> <p>scheduled medication, employee A would prepare the medication and would send the medications with the client. Employee A verified clients would go out on a planned and unplanned time away.</p> <p>The licensees "Medication Administration" policy undated, noted, "If your medications are filled by our licensed staff and contained in a locked med minder, your medications will be kept in a locked container, in a locked private records room, and locked inside the Options Plus Office. Provisions will need to be made for when you are away, or the staff will be away to make sure you have access to your medication during this time. For clients absences let the office know as soon as possible and the staff will prepare your meds outside of the lock box for that period." In addition, the policy noted, "If client experiences unplanned time away, they should contact the office immediately to see what accommodations need to be made." The policy indicated only the registered nurse and staff had access to the medication.</p> <p>The policy and procedure lacked the following: for planned time away, the medications must be obtained from the pharmacy or set up by the registered nurse according to appropriate state and federal laws and nursing standards of practice.</p> <p>In addition, the licensee failed to develop and implement a policy and procedure for unplanned times away from home to include the following: - for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall give the client or client's representative medications in amounts and dosages needed for the length of the anticipated absence, not to exceed 120</p>	0 945		

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0 945	<p>Continued From page 33</p> <p>hours;</p> <ul style="list-style-type: none"> - the client or client's representative must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; - the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the client's name and the dates and times that the medications are scheduled; and - the client or client's representative must be provided in writing the home care provider's name and information on how to contact the home care provider. <p>On November 15, 2018, at approximately 1:30 p.m. employee A verified the above noted findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 945		
01030 SS=F	<p>144A.4793, Subd. 2 Policies and Procedures</p> <p>Subd. 2. Policies and procedures. (a) A comprehensive home care provider who provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines.</p>	01030		

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01030	<p>Continued From page 34</p> <p>(b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, monitoring and evaluating the treatment and therapy, and communicating with the prescriber.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and implement written treatment or therapy management policies and procedures as required under the comprehensive license, 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 November 15, 2018, at approximately 4:45 p.m., client #1 was observed to receive assistance with tube feeding management by employee D (unlicensed personnel). The licensee lacked treatment and therapy management policies and procedures that included all required content.</p> <p>On November 13, 2018, at approximately 1:00</p>	01030		

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01030	<p>Continued From page 35</p> <p>p.m., employee A (owner/licensed practical nurse) confirmed the licensee held a Comprehensive home care license, and could provide treatment management services to clients who requested it.</p> <p>On November 14, 2018, at approximately 9:30 a.m., Comprehensive licensing policies were requested from employee A. The "Employee Handbook" was provided. In addition, employee A provided a stapled packet of documents titled "Client Policies."</p> <p>On November 15, 2018, at approximately 12:35 p.m., a request was made to employee A for the provider's Comprehensive home care policies and procedures that were not previously provided. Employee A provided a binder and stated the binder included all home care statutes that were followed.</p> <p>Although the handbook, packet, and binder contained some Comprehensive licensing policies, the policies and procedures lacked the following required information:</p> <ul style="list-style-type: none"> - requesting and receiving orders or prescriptions for treatments or therapies; - providing the treatment or therapy; - educating and communicating with clients about treatments or therapy they are receiving; - monitoring and evaluating the treatment and therapy; and - communicating with the prescriber. <p>On November 15, 2018, at approximately 1:30 p.m. employee A verified the licensee lacked the above noted policies.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	01030		

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01030	Continued From page 36 days	01030		
01035 SS=F	<p>144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan</p> <p>Subd. 3. Individualized treatment or therapy management plan. For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific client instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must</p>	01035		

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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
01035	<p>Continued From page 37</p> <p>be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the treatment management plan contained all required content for one of one client (#1) with prescribed treatment or therapy with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>On November 13, 2018, at approximately 12:40 p.m., employee A (owner/licensed practical nurse) indicated client #1 was the only client who received prescribed treatment or therapy services. Employee A verified the licensee held a Comprehensive home care license, and could provide treatment management services to clients who requested it.</p> <p>Client #1's record lacked a treatment management plan that included the following content:</p> <ul style="list-style-type: none"> - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and 	01035		

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NAME OF PROVIDER OR SUPPLIER OPTIONS PLUS HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51 W 4TH ST SUITE 2 WINONA, MN 55987
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01035	<p>Continued From page 38</p> <p>- 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>Client #1's diagnoses included, but were not limited to, severe hypoxic-ischemic encephalopathy (brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood), and dysphagia (difficulty swallowing).</p> <p>On November 15, 2018, at approximately 4:45 p.m., client #1 was observed to receive assistance with tube feeding management by employee D (unlicensed personnel).</p> <p>The client's "Home Care Service Agreement," dated November 14, 2018, indicated the client received services from licensed and unlicensed staff. The client's "Admission Assessment/Care Plan" (part of the service agreement) dated October 21, 2018, indicated the client received treatment management services.</p> <p>Client #1 had prescribers orders dated March 15, 2018, that included, but were not limited to, administer tube feeding via pump at rate of 64 ml (milliliters) per hour for ten hours.</p> <p>On November 15, 2018, at approximately 1:30 p.m. employee A verified client #1's record lacked a treatment plan to include the above noted content.</p> <p>A request was made to review the licensee's</p>	01035		

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01035	Continued From page 39 policies related to treatment or therapy management plans; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01035		
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 reminders; (9) basic nutrition, meal preparation, food safety,	01145		

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01145	<p>Continued From page 40</p> <p>and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and clients and the client's family; (14) procedures to utilize in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed in all the required areas for one of two unlicensed personnel/ULP (D) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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>On November 15, 2018, at approximately 4:45 p.m., employee D was observed providing assistance with activities of daily living and treatment management to client #1.</p> <p>Employee D was hired to provide home care</p>	01145		

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01145	<p>Continued From page 41</p> <p>services on March 6, 2017. The employee's personnel record lacked documented training and/or competency evaluations by a registered nurse (RN), prior to the provision of client care, to include the following:</p> <ul style="list-style-type: none"> - 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; - training on the prevention of falls for providers working with the elderly or individuals at risk of falls; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - 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; - understanding appropriate boundaries between staff and clients and the client's family; - procedures to utilize in handling various emergency situations; and - awareness of commonly used health technology equipment and assistive devices. <p>On November 15, 2018, at approximately 4:00 p.m., employee A (owner/licensed practical nurse) verified the above noted findings.</p> <p>The licensee's "PCA Training Requirements" policy, located in the employee handbook, undated, indicated training included DHS (department of human services) online training,</p>	01145		

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01145	Continued From page 42 completed on hire, and prior to starting work. A request was made to review the licensee's additional policies related to training and competency evaluations for unlicensed staff performing comprehensive home care services; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01145		
01150 SS=E	144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff (c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include: (1) observation, reporting, and documenting of client status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the client; (4) recognizing physical, emotional, cognitive, and developmental needs of the client; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by:	01150		

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01150	<p>Continued From page 43</p> <p>Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed in all the required areas for one of two unlicensed personnel/ULP (D) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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>On November 15, 2018, at approximately 4:45 p.m., employee D was observed providing assistance with activities of daily living and treatment management to client #1.</p> <p>Employee D was hired to provide home care services on March 6, 2017. The employee's personnel record lacked documented training and/or competency evaluations by a registered nurse (RN), prior to the provision of client care, to include the following:</p> <ul style="list-style-type: none"> - observation, reporting, and documenting of client status; - reading and recording temperature, pulse, and respirations of the client; - recognizing physical, emotional, cognitive, and developmental needs of the client; - administering medications or treatments as required. <p>On November 15, 2018, at approximately 4:00 p.m., employee A (owner/licensed practical nurse) verified the above noted findings.</p>	01150		

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01150	Continued From page 44 The licensee's "PCA Training Requirements" policy, located in the employee handbook, undated, indicated training included DHS (department of human services) online training, completed on hire, and prior to starting work. A request was made to review the licensee's additional policies related to training and competency evaluations for unlicensed staff performing comprehensive home care services; however, none were provided. No further information was provided. TIME PERIOD FOR CORRECTION: 21 days	01150		
01170 SS=E	144A.4796, Subd. 2 Content of Orientation Subd. 2.Content. (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under sections 626.556 and 626.557; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of	01170		

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01170	<p>Continued From page 45</p> <p>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</p> <p>(8) review of the types of home care services the employee will be providing and the provider's scope of licensure.</p> <p>(b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to ensure three of three employees (D, B, and C,) completed home care orientation to include all of the required topics</p>	01170		

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01170	<p>Continued From page 46</p> <p>with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include:</p> <p>Employee D (unlicensed personnel/ULP) was hired to provide home care services on March 6, 2017.</p> <p>On November 15, 2018, at approximately 4:45 p.m., employee D was observed providing assistance with activities of daily living and treatment management to client #1.</p> <p>The employee's personnel record lacked documentation of orientation to home care licensing requirements and regulations to include the following content:</p> <ul style="list-style-type: none"> - an overview of sections 144A.43 to 144A.4798; and - a review of the types of home care services the employee will be providing and the provider's scope of licensure. <p>Employee B (registered nurse/director of nursing), was hired to provide home care services to clients, and supervisory services on June 14, 2017.</p> <p>Employee C (ULP), was hired on March 21, 2012, to provide services which included, but were not limed to, direct home care services to clients as</p>	01170		

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01170	<p>Continued From page 47</p> <p>needed.</p> <p>Employee B and C's personnel records lacked documentation of orientation to home care licensing requirements and regulations to include the following content:</p> <ul style="list-style-type: none"> - 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 - a review of the types of home care services the employee will be providing and the provider's scope of licensure. <p>In addition, employee B's personnel record lacked documentation of orientation to home care licensing requirements and regulations to include compliance with and reporting of the maltreatment of minors or vulnerable adults under sections 626.556 and 626.557.</p> <p>On November 15, 2018, at approximately 4:00 p.m., employee A (owner/licensed practical nurse) verified the above noted findings.</p> <p>A request was made to review the licensee's policies related to orientation to home care; however, none were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One</p>	01170		

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01170	Continued From page 48 (21) days	01170		
01190 SS=D	144A.4796, Subd. 6 Required Annual Training Subd. 6.Required annual training. (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include: (1) training on reporting of maltreatment of minors under section 626.556 and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided; (2) review of the home care bill of rights in section 144A.44; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. (b) In addition to the topics listed in paragraph (a), annual training may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and	01190		

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01190	<p>Continued From page 49</p> <p>must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This LEVEL A is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one employee (C) received annual training in all required areas with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Employee C (unlicensed personnel), was hired on March 21, 2012, to provide services which included, but were not limed to, direct home care services to clients as needed.</p>	01190		

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01190	<p>Continued From page 50</p> <p>The employee's record lacked evidence of documentation that the employee's 2017 annual training included the following: - review of the home care bill of rights in section 144A.44; and - review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>On November 15, 2018, at approximately 4:00 p.m., employee A (owner/licensed practical nurse) verified the above noted findings.</p> <p>A request was made to review the licensee's policies related to annual performance reviews; however, none were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01190		
01225 SS=E	<p>144A.4797, Subd. 3 Supervision of Staff - Comp</p> <p>Subd. 3. Supervision of staff providing delegated nursing or therapy home care tasks. (a) Staff who perform delegated nursing or therapy home care tasks must be supervised by an appropriate licensed health professional or a registered nurse periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional</p>	01225		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25827	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
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NAME OF PROVIDER OR SUPPLIER OPTIONS PLUS HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51 W 4TH ST SUITE 2 WINONA, MN 55987
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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
01225	<p>Continued From page 51</p> <p>and must include observation of the staff administering the medication or treatment and the interaction with the client.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 days after the individual begins working for the home care provider and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) provided supervision of staff performing delegated tasks within 30 days of hire for one of one unlicensed personnel/ULP (D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or 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 November 15, 2018, at approximately 4:45 p.m., employee D was observed providing assistance with activities of daily living and treatment management to client #1.</p>	01225		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25827	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
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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
01225	<p>Continued From page 52</p> <p>Employee D was hired to provide home care services on March 6, 2017. The employee's record lacked evidence of direct supervision by the RN of the employee performing a delegated task within 30 days after beginning work for the home care provider.</p> <p>On November 15, 2018, at 3:35 p.m., employee A (owner/licensed practical nurse) verified the supervision was not completed by the RN within 30 days of hire as required.</p> <p>A request was made to review the licensee's policies related to supervision of licensed and/or unlicensed personnel; however, none were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01225		