



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Email: IRENE@ALLSEASONSHHC.COM

April 10, 2018

Ms. Irene Njoroge, Administrator  
All Seasons Home Health  
10601 Sunset Road North  
Brooklyn Park, MN 55443

Re: Enclosed State Licensing Orders - Project Number SL32830001

Dear Ms. Njoroge:

On March 14, 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 December 19, 2017, with orders received by you on January 13, 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  
Hennepin County, Case Management/Adult Protection - Tim Sullivan

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H32830	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/14/2018
NAME OF FACILITY ALL SEASONS HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 10601 SUNSET ROAD NORTH BROOKLYN PARK, MN 55443	

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 00715	Correction	ID Prefix 00790	Correction	ID Prefix 00815	Correction
Reg. # 144A.476, Subd. 2	Completed	Reg. # 144A.479, Subd. 3	Completed	Reg. # 144A.479, Subd. 7	Completed
LSC	03/14/2018	LSC	03/14/2018	LSC	03/14/2018
ID Prefix 00860	Correction	ID Prefix 00865	Correction	ID Prefix 00870	Correction
Reg. # 144A.4791, Subd. 8	Completed	Reg. # 144A.4791, Subd. 9(a-e)	Completed	Reg. # 144A.4791, Subd. 9(f)	Completed
LSC	03/14/2018	LSC	03/14/2018	LSC	03/14/2018
ID Prefix 01165	Correction	ID Prefix 01185	Correction	ID Prefix 01245	Correction
Reg. # 144A.4796, Subd. 1	Completed	Reg. # 144A.4796, Subd. 5	Completed	Reg. # 144A.4798, Subd. 1	Completed
LSC	03/14/2018	LSC	03/14/2018	LSC	03/14/2018
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: 4/10/18	SIGNATURE OF SURVEYOR: 14811	DATE: 3/14/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/19/2017		<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: IRENENDEGWA66@HOTMAIL.COM  
Certified Mail # 7016 3560 0000 0170 0280

January 9, 2018

Ms. Irene Njoroge, Administrator  
All Seasons Home Health  
10601 Sunset Road North  
Brooklyn Park, MN 55443

Re: Enclosed State Licensing Orders - Project Number SL32830001

Dear Ms. Njoroge:

This letter serves as your **official notice** that you have been **granted your comprehensive home care license**. Your license effective and expiration dates remain the same as on your temporary license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 45 days prior to your expiration date, please contact us at (651) 201-5273.

An initial full survey of your temporary comprehensive home care license was completed on December 19, 2017 for the purpose of assessing compliance with State licensing regulations. At the time of survey, staff from the Minnesota Department of Health (MDH) noted one or more violations of these regulations that are issued in accordance with Minn. Stat. 144A.43 to 144A.482. If, upon follow-up, it is found that the correction order(s) cited herein are not corrected, a civil fine for each order not corrected shall 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 MDH order form. MDH 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."

#### 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

According to 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](mailto: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. 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  
Hennepin County, Case Management/Adult Protection - Tim Sullivan

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H32830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALL SEASONS HOME HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10601 SUNSET ROAD NORTH BROOKLYN PARK, MN 55443</b>
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0 000	<p>Initial Comments</p> <p>*****ATTENTION***** HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, (this/these) correction order(s) (has/have) been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: Project #SL32830001</p> <p>On December 18, and 19, 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 was one (1) client that received services under the temporary 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 SUBDIVISION 11 (b)(1)(2)</p>	
0 715 SS=D	144A.476, Subd. 2 Employees, Contractors, and Volunteers	0 715		

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

Minnesota Department of Health

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0 715	<p>Continued From page 1</p> <p>Subd. 2. Employees, contractors, and volunteers. (a) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.</p> <p>(b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits.</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 two employees (B) who provided direct care services had a background study completed as required.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to 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 B's employee record lacked evidence</p>	0 715		

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0 715	<p>Continued From page 2</p> <p>to indicate a background study had been completed.</p> <p>Employee B (registered nurse/RN) was hired on August 19, 2017. Employee B was observed on December 19, 2017, at 9:00 a.m. to provide activity of daily living (ADL) cares to client #1, including incontinence care and gavage feeding (feeding through a stomach tube passed through the nostrils). The employee's record lacked evidence a background study had been completed.</p> <p>On December 19, 2017, at 12:00 p.m. employee A (administrator/RN) stated she had initiated a background study for employee B; however, could not find and/or obtain an electronic record of the result of the study.</p> <p>The policy and procedure "Background Studies" not dated, identified the agency required background screenings to be completed on all final candidates for employment and employees would not be able to start working with clients until the background check clearance had been received by the agency.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 715		
0 790 SS=C	<p>144A.479, Subd. 3 Quality Management</p> <p>Subd. 3. Quality management. The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care</p>	0 790		

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0 790	<p>Continued From page 3</p> <p>provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management appropriate to the size of the home care provider and relevant to the type of home care services provided.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>On December 18, 2017, at approximately 11:00 a.m., during the entrance conference with employee A (administrator/registered nurse/RN), a request was made to review documentation of the licensee's quality management activities.</p>	0 790		



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0 790	Continued From page 4  Employee A stated she had not implemented a quality management program.  The policy and procedure "Quality Management Program" not dated, identified the agency would develop a quality management program to identify and support quality improvement efforts to provide quality care to clients.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 790		
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	0 815		

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0 815	<p>Continued From page 5</p> <p>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 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 a current job description was in the employee record for one of two employees (B) 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</p>	0 815		

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0 815	<p>Continued From page 6</p> <p>situation has occurred only occasionally). The findings include:</p> <p><b>EMPLOYEE B</b> Employee B (registered nurse/RN) was hired to provide direct care nursing services to clients on August 19, 2017. Employee B was observed on December 19, 2017, at 9:00 a.m. to provide activity of daily living (ADL) cares to client #1, including incontinence care and gavage feeding (feeding through a stomach tube passed through the nostrils). The employee's record lacked evidence of a current job description, including qualifications, and responsibilities.</p> <p>On December 19, 2017, at approximately 12:00 p.m. employee A (administrator/RN) verified employee B's record lacked a current job description.</p> <p>The policy and procedure "Personnel Records" not dated, identified personnel files would be established and maintained for all employees and information in the personnel records included a current job description that included qualifications, responsibilities, and the level of staff providing supervision.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 815		
0 860 SS=F	<p>144A.4791, Subd. 8 Comprehensive Assessment and Monitoring</p> <p>Subd. 8. Comprehensive assessment, monitoring, and reassessment. (a) When the</p>	0 860		

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0 860	<p>Continued From page 7</p> <p>services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after initiation of home care services.</p> <p>(b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services.</p> <p>(c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure comprehensive assessments, monitoring and reassessments were completed at the required time intervals for one of one client (#1) who currently received home care 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</p>	0 860		

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0 860	<p>Continued From page 8</p> <p>cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p><b>CLIENT #1</b> Client #1 lacked an initial five day assessment, a fourteen day reassessment, and any 90 day reassessments.</p> <p>Client #1 was admitted by the licensee on August 14, 2017. Client #1's diagnosis included, but was not limited to, epilepsy.</p> <p>On December 19, 2017, at 9:00 a.m. client #1 was observed to receive activity of daily living (ADL) cares, including incontinence care and gavage feeding (feeding through a stomach tube passed through the nostrils) by employee B (registered nurse/RN).</p> <p>Client #1's record lacked evidence to indicate an initial assessment had been completed by the RN within five days after the initiation of services; within 14 days after the initiation of services; and that ongoing monitoring and reassessment was conducted as needed based on changes in the needs of the client not to exceed 90 days.</p> <p>On December 19, 2017, at approximately 12:00 p.m. employee A (administrator/RN) verified the assessments completed for client #1 were not done at the required time intervals.</p> <p>The policy and procedure "Comprehensive Client Assessment" dated 2014, identified the initial assessment would be completed within five days</p>	0 860		

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0 860	Continued From page 9  after the initiation of services. The policy further indicated, monitoring and reassessment must be conducted in the client's home no more than 14 days after the initiation of services and ongoing client monitoring and reassessment must be conducted on an as needed basis not to exceed 90 days from the last date of the assessment.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty One (21) days	0 860		
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions  Subd. 9. Service plan, implementation, and revisions to service plan. (a) No later than 14 days after the initiation of services, a home care provider shall finalize a current written service plan.  (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care.	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H32830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALL SEASONS HOME HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10601 SUNSET ROAD NORTH BROOKLYN PARK, MN 55443</b>
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0 865	<p>Continued From page 10</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the service plan for one of one (#1) client included a signature or other authentication by the home care provider. In addition, the service plan was not finalized with a written plan within 14 days after the initiation of 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>Client #1 was the licensee's only current client. Client #1's service plan dated August 10, 2017, failed to include a signature or other authentication by the home care provider</p>	0 865		

Minnesota Department of Health

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0 865	<p>Continued From page 11</p> <p>documenting agreement on the services to be provided. In addition, the service plan was dated prior to the initiation of services.</p> <p>Client #1's was admitted for services on August 14, 2017. Client #1's diagnoses included, but were not limited to, congenital malformation and epilepsy.</p> <p>Client #1's service plan was signed by the client's representative on August 10, 2017. The service plan lacked a signature or other authentication by the home care provider.</p> <p>On December 19, 2017, at 9:00 a.m. client #1 was observed to receive assistance with activity of daily living (ADL) including, incontinence cares and gavage feeding (feeding with a stomach tube inserted through the nostrils) by employee B (registered nurse/RN).</p> <p>On December 19, 2017, at 12:00 p.m. employee A (administrator/RN) verified client #1's service plan lacked a signature or other authentication by the home care provider and verified the service plan was not initiated within 14 days after the initiation of services.</p> <p>The policy and procedure "Service Plan" dated 2014, indicated the service plan and any revisions must include a signature or there authentication by the home care provider and a service plan would be developed with all clients no later than 14 days after the start of services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 865		



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H32830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2017</b>
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0 870	Continued From page 12	0 870		
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 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	0 870		

Minnesota Department of Health

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0 870	<p>Continued From page 13</p> <p>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 one of one client (#1) with a record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>Client #1 was the licensee's only current client.</p> <p>Client #1's "Service Plan" signed by the client's representative on August 10, 2017, failed to include the following:</p> <ul style="list-style-type: none"> <li>- an individualized description of the majority of the home care services to be provided; and the frequency of most services, according to the client's current review or assessment and client preferences;</li> <li>* a contingency plan that included: <ul style="list-style-type: none"> <li>- 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;</li> <li>- information and a method for a client or client's representative to contact the home care provider;</li> <li>- 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</li> </ul> </li> </ul>	0 870		

Minnesota Department of Health

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0 870	<p>Continued From page 14</p> <p>client's condition, including identification of and information as to who had authority to sign for the client in an emergency; and</p> <p>- 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> <p>On December 19, 2017, at approximately 12:00 p.m. employee A (administrator, registered nurse/RN) verified client #1's service plan did not include all of the required content.</p> <p>The policy and procedure "Service Plan" dated 2014, indicated the content of the service plan included: a description and frequency of the home care services to be provided, and a contingency action plan with all the required content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	0 870		
01165 SS=F	<p>144A.4796, Subd. 1 Orientation of Staff and Supervisors</p> <p>Subdivision 1. Orientation of staff and supervisors to home care. All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and regulations before providing home care services to clients. The orientation may be incorporated into the training required under subdivision 6. The orientation need only be completed once for each staff</p>	01165		

Minnesota Department of Health

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01165	<p>Continued From page 15</p> <p>person and is not transferable to another 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 two of two employees (B and C) who provided direct care received the orientation to home care 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, 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/RN) and C (RN) were hired to provide direct care nursing services to clients on August 19, 2017, and August 10, 2017, respectively.</p> <p>Employee B and C's records lacked evidence the employees had received any orientation to home care licensing requirements and regulations before providing home care services to clients to include the following:</p> <ul style="list-style-type: none"> <li>- an overview of sections 144A.43 to 144A.4798;</li> <li>- introduction and review of all the provider's policies and procedures related to the provision of home care services;</li> <li>- handling of emergencies and use of emergency services;</li> </ul>	01165		

Minnesota Department of Health

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01165	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>- compliance with and reporting of the maltreatment of minors or vulnerable adults under sections 626.556 and 626.557;</li> <li>- home care bill of rights under section 144A.44;</li> <li>- 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;</li> <li>- 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</li> <li>- review of the types of home care services the employee would be providing and the provider's scope of licensure.</li> </ul> <p>On December 19, 2017, at approximately 12:00 p.m. employee A (administrator/RN) stated she thought she had covered some of the information required in the orientation to home care, but was unable to verbalize what might have been completed, and could not provide any documentation. Employee A verified employee B and C were currently the only active employees and verified the orientation to home care requirements was not done.</p> <p>The policy and procedure "Agency Employee Orientation" not dated, indicated all employees of the comprehensive home care agency, including those who provided direct care, supervision of direct care, or management of services for the agency shall complete an orientation to home care requirements before providing home care services to clients. The policy identified the content of the orientation which included all</p>	01165		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H32830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2017</b>
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01165	Continued From page 17 required topics.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty One (21) days	01165		
01185 SS=F	144A.4796, Subd. 5 Alzheimer's/Dementia Training Required  Subd. 5. Training required relating to Alzheimer's disease and related disorders. For home care providers that provide services for persons with Alzheimer's or related disorders, all direct care staff and supervisors working with those clients must receive training that includes a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with a client's challenging behaviors, and how to communicate with clients who have Alzheimer's or related disorders.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two employees (B and C) received training on Alzheimer's disease and related disorders as required.  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	01185		

Minnesota Department of Health

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01185	<p>Continued From page 18</p> <p>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 December 18, 2017, at 10:00 a.m. employee A (administrator, registered nurse/RN) indicated the licensee would accept clients with diagnoses of Alzheimers disease or related disorders even though the licensee did not advertise. The current client who received cares had diagnoses that included epilepsy and congenital malformation. In addition, the client was non-verbal.</p> <p>Employee B (registered nurse/RN) and C's (RN) employee records lacked evidence to indicate training on Alzheimers and related disorders was completed.</p> <p>Employee B and C were hired on August 19, and August 10, 2017, respectively. The employees were hired to provide direct care services to clients in the community.</p> <p>Employees B and C's records lacked evidence to indicate any training was completed on Alzheimer's disease and related disorders.</p> <p>On December 19, 2017, at approximately 12:00 p.m. employee A verified there was no training completed in Alzheimer's disease or related disorders. In addition, employee A verified employee B and C were currently the only active employees of the licensee.</p> <p>The policy and procedure "Dementia Training and Disclosure" not dated, indicated the agency provided dementia training to all direct care staff and their supervisors. The topics included: A current explanation of Alzheimer's disease and</p>	01185		

Minnesota Department of Health

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01185	Continued From page 19  related disorders; Effective approaches to use to problem solve when working with a client's challenging behaviors; How to communicate with clients who have Alzheimer's or other dementia's; and Other topics as determined necessary or helpful.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01185		
01245 SS=F	144A.4798, Subd. 1 TB Prevention and Control  Subdivision 1. Tuberculosis (TB) prevention and control. A home care provider must establish and maintain a TB prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). Components of a TB prevention and control program include screening all staff providing home care services, both paid and unpaid, at the time of hire for active TB disease and latent TB infection, and developing and implementing a written TB infection control plan. The commissioner shall make the most recent CDC standards available to home care providers on the department's Web site.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a	01245		



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H32830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2017</b>
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01245	<p>Continued From page 20</p> <p>tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). In addition, two of two employees (B and C) lacked documentation to indicate a two-step tuberculin skin test (TST) was done.</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 December 18, 2017, at 10:00 a.m. employee A (administrator/registered nurse/RN) verified the licensee had not developed a written TB infection control program to include:</p> <ul style="list-style-type: none"> <li>- a written TB risk assessment;</li> <li>- written infection control policies and procedures for handling infectious TB clients; and</li> <li>- the specific content of TB training for healthcare workers including basic information about TB pathogenesis and transmission, handling a potentially infectious TB client, and the employee's role in the TB infection control program.</li> </ul> <p>Employee A stated she was aware a history and symptom screen and a two-step TST was required to be completed on all new employees, but was unaware of the other CDC guidelines. In addition, employee A stated education regarding TB was not provided in the new employee</p>	01245		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H32830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2017</b>
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01245	<p>Continued From page 21</p> <p>orientation.</p> <p>Employee B (RN) was hired on August 19, 2017. Employee B's record identified a first step TST was completed on July 19, 2017, with a negative reading. There was no further documentation that identified a second TST was completed.</p> <p>Employee C (RN) was hired on August 10, 2017. Employee C's record identified a first step TST was completed on November 30, 2017, with a negative reading. There was no further documentation that identified a second TST was completed.</p> <p>On December 19, 2017, at 12:00 p.m. employee A verified employee B and C were the only current employees of the licensee. Employee A also verified there was no documentation that a second step TST was done for either employee.</p> <p>The policy and procedure "Tuberculosis Screening" not dated, identified all employees providing direct client care shall have evidence of baseline TB screening that consisted of: Assessing for current symptoms of TB; and testing for the presence of infection by administering either a two-step TST or a single TB blood test.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01245		