



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

July 28, 2020

Administrator  
Prelude Home & Services, LLC  
10018 Raleigh Road  
Woodbury, MN 55129

RE: Project Number SL27917011 and HL27917012C

Dear Administrator:

The Minnesota Department of Health completed a survey on July 16, 2020, for the purpose of assessing compliance with state licensing statutes. At the time of the OR survey the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

In addition, an investigation was conducted of complaint number HL27917012C. The following correction order was issued at tag identification 1252.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by ..."

#### **IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144A.474, subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

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

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

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

In accordance with Minn. Stat. § 144A.474, subd. 11(a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, subds. 2, 9, 17.

The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144A.474, subd. 11(a)(6), immediate fine imposition is authorized for both surveys and investigations conducted. When a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, no immediate fines are assessed.

#### **DOCUMENTATION OF ACTION TO COMPLY**

Per Minn. Stat. § 144A.474, subd. 8(c), the licensee must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's clients/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144A.474, subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days.

A state licensing order under Minn. Stat. § 144A.44 subd. 1(14), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to Paula at: **paula.bastian@state.mn.us**.

Please address your cover letter for general reconsideration requests to:

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

Free from Maltreatment reconsideration requests should be addressed to:

Lindsey Krueger, Director  
Office of Health Facility Complaints  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

*Prelude Home & Services, LLC*

*July 28, 2020*

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You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Cummins", with a long horizontal flourish extending to the right.

Jeri Cummins, Supervisor  
Home Care and Assisted Living Program  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Telephone: 651-336-9362 Fax: 651-281-9697

mpm

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H27917</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRELUDE HOME &amp; SERVICES LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10018 RALEIGH ROAD WOODBURY, MN 55129</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders 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: SL27917011 and HL27917012C</p> <p>On July 14, 2020 through July 16, 2020, a surveyor of this Department's staff visited the above Comprehensive licensed provider and the following correction orders were issued. At the time of the survey, there were 70 clients receiving services under the Comprehensive license.</p> <p>In addition, an investigation was conducted of complaint #HL27917012C. The following correction order is issued for HL27917012C, tag identification 1252.</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>	
0 475 SS=F	<p>144A.472, Subd. 3 License Renewal</p> <p>Subd. 3. License renewal. (a) Except as provided</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>in section 144A.475, a license may be renewed 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 record review, the licensee failed to ensure the management officials who were in charge of the day-to-day operations; and responsible for the clients' home care services, understood all of the home care provider regulations; and the licensee failed to</p>	0 475			

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0 475	<p>Continued From page 2</p> <p>ensure policies and procedures were developed and/or implemented.</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 is 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>The licensee had last renewed their comprehensive home care license on April 5, 2020, and had verified they read and understood the Comprehensive home care laws.</p> <p>During the entrance conference on July 14, 2020, at 10:15 a.m., employee B (housing director) stated she has read and was "somewhat" familiar with the home care regulations.</p> <p>The licensee failed to develop or implement the following required policies and procedures:</p> <ul style="list-style-type: none"> <li>-development of a quality management program</li> <li>-medication management-conducting face-to-face medication assessments</li> <li>- supervision of unlicensed personnel/ULP performing delegated home care tasks</li> <li>- orientation, training (to include dementia training) and competency evaluations of home care staff, and a process for evaluating staff performance</li> <li>- conducting ongoing client evaluations (14-day assessments)</li> <li>- infection control practices</li> <li>-Tuberculosis facility risk assessment and employee screening</li> </ul>	0 475		

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0 475	<p>Continued From page 3</p> <p>Refer to licensing order at Statute 144A.479 Subd. 3 Quality Management not initiated appropriate to the size of the home care provider and relevant to the type of services the home care provider provides.</p> <p>Refer to licensing order at Statute 144A.4791 Subd. 8. The required 14-day assessments for three of four clients (#1, #2, and #4) with records reviewed were not completed.</p> <p>Refer to licensing order at Statute 144A.4791 Subd. 9 Service plans lacked documentation of a contingency plan to include the action to be taken by the home care provider and the client or client's representative if services cannot be provided for four of four clients (#1, #2, #3, and #4)..</p> <p>Refer to licensing order at Statute 144A.4795, Subd. 2(b)(c). training, and competency evaluations for one of two ULP (BD) lacked the required content.</p> <p>Refer to licensing order at Statute 144A.4797, Subd. 3 Supervision of staff not completed for two of two unlicensed personnel/ULP (BD and CG) as required.</p> <p>Refer to licensing order at Statute 144A.4792 Subd. 2 Medication management plans lacked a face-to-face assessment with licensee clients to identify and review all medications the client is known to be taking for four of four clients (#1, #2, #3, and #4).</p> <p>Refer to licensing order at Statute 144A.4797 Subd. 1 Tuberculosis infection control program lacked a facility TB risk assessment for each licensee housing with services, TB training and</p>	0 475			

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0 475	Continued From page 4  symptom screening, and TB testing to include either a two-step tuberculin skin test (TST) or single TB blood test for one of two unlicensed personnel/ULP (BD).  Refer to licensing order at Statute 144A.4798 Subd. 3. Employee BD lacked acceptable infection control standards for handwashing with client cares observed.  On July 16, 2020, during a 11:25 a.m., interview, employee A (chief operating officer), employee B (housing director) and employee C (registered nurse/RN) verified the above orders lacked, they required content and policies, and the licensee would ensure the orders were corrected and updated for all licensee clients and employees.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 475		
0 790 SS=F	144A.479, Subd. 3 Quality Management  Subd. 3. Quality management. The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management	0 790		



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0 790	<p>Continued From page 5</p> <p>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 activities appropriate to the size of the home care provider and relevant to the type of services the home care provides.</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 is 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 July 14, 2020, at 10:15 a.m., during the entrance conference with employee B (housing director), a request was made to review documentation of the licensee's quality management activities. Employee B stated the licensee had a management meeting scheduled, prior to the Covid-19 outbreak, to initiate the quality management program, but, due to the pandemic the initiation of the quality management program did not occur.</p> <p>The licensee's "Quality Assurance" policy dated June 22, 2010, directed "we will work to evaluate the quality of our homes and services on an on-going basis and will act upon each opportunity to improve as those opportunities present themselves. We will actively evaluate our performance against the expectations of our</p>	0 790			

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0 790	Continued From page 6  residents and their families, as well as those of our regulators, our staff members and our peers."  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 790			
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring  Subd. 8.Comprehensive assessment, monitoring, and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided.  (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided.  (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.  This MN Requirement is not met as evidenced by:	0 860			

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0 860	<p>Continued From page 7</p> <p>Based on interview and document review, the licensee failed to ensure that 14 day required nursing assessments were completed for three of four clients (#1, #2, and #4) reviewed for nursing assessments.</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, #2, and #4's client records lacked documentation of 14-day assessments completed by the licensed nurse.</p> <p>Client #1 was admitted for services on August 14, 2019. Client #1's "Master Care Plan" dated June 11, 2020, indicated diagnoses to include Dementia without Behavioral Disturbance, and services to include assistance with dressing and grooming, assistance with transfers in/out of bed, and medication administration.</p> <p>Client #2 was admitted for services on November, 15, 2019. Client #2's "Master Care Plan" dated March 27, 2020, indicated diagnoses to include Dementia, and services to include assistance with dressing and grooming, assistance with toileting, medication administration, and behavior monitoring.</p> <p>Client #4 was admitted for services on December 11, 2019. Client #4's "Master Care Plan" dated June 11, 2020, indicated diagnoses to include</p>	0 860		

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0 860	Continued From page 8  Dementia, and services to include assistance with dressing and grooming, and medication administration.  On July 16, 2020, during a 11:25 a.m., interview, employee C (registered nurse/RN) stated she did not complete 14-day reassessments of any client, and stated she didn't realize it was the requirement.  The "Service Plan" policy dated July 15, 2020, directed "the RN [registered nurse] must monitor and reassess the client in the client's home no more than 14 days after initiation of Comprehensive home care services by our agency, and thereafter the monitoring and reassessment visits cannot exceed 90 days from the date of the last visit. The RN will determine the frequency of monitoring and reassessment visits based on the client's needs and the complexity of the client's services at a minimum of every 90 days.  No other information provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 860		
0 870 SS=F	144A.4791, Subd. 9(f) Content 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;	0 870		

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0 870	<p>Continued From page 9</p> <p>(3) the schedule and methods of monitoring reviews or assessments of the client;</p> <p>(4) the schedule and methods of monitoring staff providing home care services; and</p> <p>(5) a contingency plan that includes:</p> <p>(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;</p> <p>(ii) information and a method for a client or client's representative to contact the home care provider;</p> <p>(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; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure client service plans contained all required content for four of four clients (#1, #2, #3, and #4) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a</p>	0 870		

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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
0 870	<p>Continued From page 10</p> <p>client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:</p> <p>Client #1, #2, #3, and #4's "Service Plan" dated August 14, 2019, November 15, 2019, July 8, 2020, and December 11, 2019 respectively lacked a contingency plan that included the action to be taken by the licensee and the client or client's representative if the scheduled services cannot be provided, and an accurate nursing and monitoring assessment schedule for licensee clients.</p> <p>Client #1's "Master Care Plan" dated June 11, 2020 indicated diagnoses to include Dementia without Behavioral Disturbance, and services to include assistance with dressing and grooming, assistance with transfers in/out of bed, and medication administration.</p> <p>Client #2's "Master Care Plan" dated March 27, 2020, indicated diagnoses to include Dementia, and services to include assistance with dressing and grooming, assistance with toileting, medication administration, and behavior monitoring.</p> <p>Client #3's "Master Care Plan" dated July 2, 2020, indicated diagnoses to include "Late Onset Alzheimer's Disease with Behavioral Disturbances" and services to include medication administration, assistance with dressing and grooming, and behavior monitoring.</p> <p>Client #4's "Master Care Plan" dated June 11, 2020, indicated diagnoses to include Dementia,</p>	0 870		

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0 870	Continued From page 11  and services to include assistance with dressing and grooming, assistance with transfers in/out of bed, and medication administration.  On July 16, 2020, during a 11:25 a.m., interview, employee A (chief operating officer), employee B (housing director) and employee C (registered nurse/RN) verified the service plan lacked a contingency plan and verification a 14-day assessment would be included in the client assessments.  The licensee's "Contents of Service Plans" policy dated February 16, 2015, indicated the service plan would include a contingency plan to include "the action to be taken by our agency, the client and/or representative if the scheduled service cannot be provided" and "the schedule and methods of monitoring reviews or re-assessments of the client."  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	0 870		
0 905 SS=F	144A.4792, Subd. 2 Provision of Medication Mgt Services  Subd. 2.Provision of medication management services. (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided.	0 905		

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0 905	<p>Continued From page 12</p> <p>This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must:</p> <p>(1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and</p> <p>(2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications.</p> <p>"Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure the registered nurse (RN) conducted a timely face-to-face medication management assessment to determine what medication management services would be provided, and how the services would be provided for four of four clients (#1, #2, #3, and #4) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to</p>	0 905		



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0 905	<p>Continued From page 13</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>On July 14, 2020, during a 10:15 a.m. entrance conference, employee B (housing director/HD) verified the licensee provided medication management services to licensee clients.</p> <p>Client #1, #2, #3, and #4's client records lacked evidence the RN conducted a medication assessment and review of all the medications the client was known to be taking to include: indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>On July 15, 2020, from 7:00 a.m., through 9:30 a.m., observations of client cares was completed to include: dressing and grooming, assistance with transfers, and medication administration in two licensee housing with services.</p> <p>Client #1's "Master Care Plan" dated June 11, 2020 indicated diagnoses to include Dementia without Behavioral Disturbance, and services to include medication administration.</p> <p>"Physician Orders" dated July 1, 2020, included orders for an analgesic to be administered every hour and as needed for pain.</p> <p>Client #2's "Master Care Plan" dated March 27, 2020, indicated diagnoses to include Dementia, and services to include assistance with medication administration.</p>	0 905		

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0 905	<p>Continued From page 14</p> <p>Client #2's "Medication Administration Summary" dated July 2020, included medications to include an analgesic, an anti-diabetic, and a nutritional supplement.</p> <p>Client #3's "Master Care Plan" dated July 2, 2020, indicated diagnoses to include "Late Onset Alzheimer's Disease with Behavioral Disturbances" and services to include medication administration.</p> <p>Physician orders, dated July 13, 2020, included orders for a stool softener to be given every other day for constipation.</p> <p>Client #4's "Master Care Plan" dated June 11, 2020, indicated diagnoses to include Dementia, and services to include medication administration.</p> <p>Client #4's "Medication Administration Summary" dated July 2020, included medications to include a narcotic pain medication, and an antipsychotic.</p> <p>On July 16, 2020, during a 11:25 a.m. interview, employee C (registered nurse/RN) stated she did not complete a face-to-face medication assessment with clients upon admission or with medication changes. The employee stated she was not aware of the requirement, and would ensure the procedure was implemented for licensee clients.</p> <p>The licensee's "Medication Management Services" policy dated April 6, 2015, indicated "the RN is responsible for the implementation of our agency's medication management policies and procedures. Based on the nursing assessment, the RN will develop an individualized medication management plan for each client receiving any type of medication management</p>	0 905		

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0 905	Continued From page 15  services, consistent with current practice standards and guidelines, and will develop specific procedures for medication management services that staff will provide." The policy did not include a face-to-face medication assessment with the client.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
01145 SS=D	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;	01145		

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01145	Continued From page 16  (iii) care and use of hearing aids; and  (iv) dressing and assisting with toileting;  (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls;  (7) standby assistance techniques and how to perform them;  (8) medication, exercise, and treatment reminders;  (9) basic nutrition, meal preparation, food safety, and assistance with eating;  (10) preparation of modified diets as ordered by a licensed health professional;  (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family;  (12) awareness of confidentiality and privacy;  (13) understanding appropriate boundaries between staff and clients and the client's family;  (14) procedures to utilize in handling various emergency situations; and  (15) awareness of commonly used health technology equipment and assistive devices.  This MN Requirement is not met as evidenced by: Based on observation interview and record the licensee failed to ensure training and competency	01145		

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01145	<p>Continued From page 17</p> <p>evaluations were completed as required for one of two unlicensed personnel/ULP (BD) 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 BD's employee record lacked documentation of required training.</p> <p>Employee BD (ULP) had a hire date of December 16, 2019.</p> <p>On July 15, 2020, from 7:00 a.m., to 8:15 a.m., employee BD was observed to provide cares and services to the licensee's clients to include medication administration, and dressing and grooming assistance.</p> <p>Employee records for employee BD lacked evidence to indicate the employee had successfully completed training in the following areas:</p> <ul style="list-style-type: none"> <li>-documentation requirements for all services provided</li> <li>-reports of changes in the client's condition to the supervisor designated by the home care provider</li> <li>-maintenance of a clean and safe environment</li> <li>-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</li> </ul>	01145			

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01145	Continued From page 18  On July 16, 2020, during a 11:25 a.m., interview, employee A (chief operating officer), employee B (housing director) and employee C (registered nurse/RN) verified employee BD's record lacked all required training, and would review and ensure all training and competency evaluations were included in the employee records.  The licensee's "Training and Competency Evaluation of Unlicensed Staff" dated March 16, 2015, verified the above required training and competency testing would be included in the training for ULP's.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01145		
01150 SS=D	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;	01150		

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01150	<p>Continued From page 19</p> <p>(4) recognizing physical, emotional, cognitive, and developmental needs of the client;</p> <p>(5) safe transfer techniques and ambulation;</p> <p>(6) range of motioning and positioning; and</p> <p>(7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by: Based on observation interview and record the licensee failed to ensure training and competency evaluations were completed as required for one of two unlicensed personnel/ULP (BD) 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 BD's employee record lacked documentation of required training.</p> <p>Employee BD (ULP) had a hire date of December 16, 2019.</p> <p>On July 15, 2020, from 7:00 a.m., to 8:15 a.m., employee BD was observed to provide cares and services to the licensee's clients to include medication administration, and dressing and grooming assistance.</p>	01150		

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01150	Continued From page 20  Employee record for employee BD lacked evidence to indicate the employee had successfully completed training in the following areas: -observation, reporting, and documenting of client status -recognizing physical, emotional, cognitive, and developmental needs of the client  On July 16, 2020, during a 11:25 a.m., interview, employee A (chief operating officer), employee B (housing director) and employee C (registered nurse/RN) verified employee D's record lacked all required training, and would review and ensure all training and competency evaluations were included in the employee records.  The licensee's "Training and Competency Evaluation of Unlicensed Staff" dated March 16, 2015, verified the above required training and competency testing would be included in the training for ULP's.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01150		
01187 SS=D	144D.065 Training In Dementia Care Required  144D.065 TRAINING IN DEMENTIA CARE REQUIRED.  (a) If a housing with services establishment registered under this chapter has a special program or special care unit for residents with Alzheimer's disease or other dementias or advertises, markets, or otherwise promotes the	01187		



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01187	<p>Continued From page 21</p> <p>establishment as providing services for persons with Alzheimer's disease or other dementias, whether in a segregated or general unit, employees of the establishment and of the establishment's arranged home care provider must meet the following training requirements:</p> <p>(1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;</p> <p>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b), or a supervisor meeting the requirements in clause (1), must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>(3) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start</p>	01187		

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01187	Continued From page 22  date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and  (4) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.  (b) Areas of required training include:  (1) an explanation of Alzheimer's disease and related disorders;  (2) assistance with activities of daily living;  (3) problem solving with challenging behaviors; and  (4) communication skills.  (c) The establishment shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. This information satisfies the disclosure requirements of section 325F.72, subdivision 2, clause (4).  (d) Housing with services establishments not included in paragraph (a) that provide assisted living services under chapter 144G must meet the following training requirements:  (1) supervisors of direct-care staff must have at least four hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics	01187		

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01187	<p>Continued From page 23</p> <p>related to dementia care for each 12 months of employment thereafter;</p> <p>(2) direct-care employees must have completed at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial four hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or supervisor meeting the requirements under paragraph (a), clause (1), must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>(3) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and</p> <p>(4) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of two</p>	01187		

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NAME OF PROVIDER OR SUPPLIER  <b>PRELUDE HOME &amp; SERVICES LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10018 RALEIGH ROAD</b> <b>WOODBURY, MN 55129</b>		
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01187	<p>Continued From page 24</p> <p>unlicensed personnel/ULP (BD) received the required amount of dementia care training in the required time frame in accordance with 144D.065.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>The licensee was a registered housing with services (HWS) that provided assisted living services under a comprehensive home care license.</p> <p>Employee BD (ULP) had a hire date of December 16, 2019.</p> <p>On July 15, 2020, from 7:00 a.m., to 8:15 a.m., employee BD was observed to provide cares and services to the licensee's clients to include medication administration, and dressing and grooming assistance.</p> <p>Employee BD's employee record included documentation of four hours of dementia training completed on December 16, 2019. The record lacked evidence the employee completed an additional four hours of dementia training to include all required topics:</p> <ul style="list-style-type: none"> <li>-an explanation of Alzheimer's disease and related disorders</li> <li>-assistance with activities of daily living</li> <li>-problem solving with challenging behaviors; and</li> </ul>	01187		

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01187	Continued From page 25  -communication skills.  On July 16, 2020, during a 11:25 a.m., interview, employee A (chief operating officer), employee B (housing director) and employee C (registered nurse/RN) stated the employee record should have included the dementia training for employee D. The employees verified they were unable to locate the training.  The licensee's "Training and Competency Evaluation of Unlicensed Staff" policy dated March 16, 2015, verified "all direct care staff and supervisors working with client with Alzheimer's disease or related dementia's 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 disease and related disorders." The policy did not include documentation of the required eight hours of initial training.  No further information was provided.  TIME PERIOD FOR CORRECTION: Fourteen (14) days	01187		
01225 SS=F	144A.4797, Subd. 3 Supervision of Staff - Comp  Subd. 3. Supervision of staff providing delegated nursing or therapy home care tasks. (a) Staff who perform delegated nursing or therapy home care tasks must be supervised by an appropriate licensed health professional or a registered nurse periodically where the services are being provided to verify that the work is being	01225		

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01225	<p>Continued From page 26</p> <p>performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the client.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 days after the date on which the individual begins working for the home care provider and first performs delegated tasks for clients 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 documentation of direct supervision of staff for two of two unlicensed personnel/ULP (BD and CG) with employee 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>Employee BD and CG (ULP) employee records lacked documentation of registered nurse (RN)</p>	01225		

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01225	<p>Continued From page 27</p> <p>supervision of staff performing delegated nursing tasks.</p> <p>Employee BD and CG had hire dates of December 16, 2019, and April 6, 2020, respectively, and were observed to provide cares and services to the licensee's clients to include medication administration.</p> <p>On July 16, 2020, during a 11:25 a.m., interview, employee A (chief operating officer), employee B (housing director) and employee C (registered nurse/RN) verified both employee records lacked documentation of supervision of staff performing delegated nursing tasks. Employee C stated supervision of ULP's is completed within 90 days of hire, and not within 30 days of hire, as required.</p> <p>The licensee's "Delegation of Nursing Tasks, Treatments, or Therapy Tasks" policy dated March 20, 2015, indicated "The RN will establish, implement and update a system to communicate up-to-date information to the RN or Licensed Health Professional regarding the current available staff and their competencies so the RN or Licensed Professional has sufficient information to determine the appropriateness of delegating tasks to meet the individual client's needs and preferences." The policy did not address the requirement for supervision of ULP's performing delegated tasks with 30 days after the ULP begins working for the licensee.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01225		

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01245	Continued From page 28	01245		
01245 SS=D	<p>144A.4798, Subd. 1 TB Infection Control</p> <p>Subdivision 1.Tuberculosis (TB) infection control. (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The home care provider must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain a TB (tuberculosis) prevention and control program based on the most current guidelines issued by the centers for Disease Control and Prevention (CDC) to include a current facility TB risk assessment for all licensee sites, a TB history and symptom screening and a two-step tuberculin skin test (TST) or single TB blood test for one of two unlicensed personnel/ULP (BD) 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</p>	01245  01245		



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01245	<p>Continued From page 29</p> <p>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><b>TB FACILITY RISK ASSESSMENT</b> The licensee's TB facility risk assessment was completed April 6, 2020, and the licensee was determined to be low risk.</p> <p><b>EMPLOYEE SCREENING</b> Employee BD (ULP) had a hire date of December 16, 2019, and was observed to provide direct cares and services to licensee clients.</p> <p>Employee BD's employee record lacked documentation of a TB history and symptom screening, a IGRA (blood test, interferon gamma release assay) or TST (two-step) blood test and TB training upon hire.</p> <p>On July 16, 2020, during a 11:25 a.m., interview, employee A (chief operating officer), employee B (housing director) and employee C (registered nurse/RN) verified employee BD's employee record lacked the above required information. Employee A stated all employees are required to complete the history and symptom screening, blood testing, and TB training upon hire, and was unsure why the record did not include the information.</p> <p>The licensee's "TB Prevention and Control" policy dated April 6, 2020, included "The Director of Nursing is responsible for the TB infection control program" and indicated the program would include a TB history and symptom screening, training upon hire, and screening of licensee staff for active TB. The policy indicated an "annual review and revision as needed of the TB risk</p>	01245		

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01245	Continued From page 30  assessment for the agency."  The Minnesota Department of Health (MDH) guidelines "Regulations for Tuberculosis Control in Minnesota Health Care Settings" updated June 24, 2020, and based on CDC guidelines, indicated a TB risk assessment should be completed initially and then for low-risk settings the risk assessment should be updated every other year. Each agency should have written TB infection control policies and procedure, and TB training. The TB screening includes: assessing for current symptoms of active TB disease, assessing TB history, and testing for the presence of infection by administering either a two-step tuberculin skin test (TST) or single TB blood test.  No further information was provided.  Time period for correction: Twenty-one (21) days.	01245		
01252 SS=D	144A.4798, Subd. 3 Infection Control Program  Subd. 3. Infection control program. A home care provider must establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control.  This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control related to handwashing.	01252		

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01252	<p>Continued From page 31</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 BD failed to ensure infection control standards were followed when completing cares for client #5</p> <p>On July 15, 2020, at approximately 7:30 a.m., employee BD performed hand hygiene upon entering client #5's room. The employee applied gloves, and washed the client's face with a wet washcloth. While the client was in her bed, the employee placed lotion on both of the client's legs. Employee BD partially removed the client's brief, and turning the client onto her left side, employee BD removed the client's brief. The brief was observed to be wet. Employee BD washed the client's buttocks and placed a clean brief under client #5. The employee turned the client onto her back and washed the client's peri area with a washcloth, and secured the client's brief. Without removing her gloves or washing her hands, the employee continued to dress the client, placed the EZ stand sling under the client, and assisted the client from the EZ stand to the wheelchair. Without washing her hands or removing her gloves, employee BD combed the client's hair, assisted the client with her blouse, and placed the client's shoes. Employee BD removed her gloves, and washed her hands, and wheeled the client out to the dining room.</p>	01252		

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01252	<p>Continued From page 32</p> <p>On July 16, 2020, at 8:00 a.m., employee BD confirmed she should have changed gloves and performed hand hygiene after removing the client's brief and washing the client's buttocks. The employee verified she had been trained on infection control procedures by the licensee.</p> <p>On July 16, 2020, during a 11:25 a.m., interview, employee A (chief operating officer), employee B (housing director) and employee C (registered nurse/RN) verified employee BD should have washed her hands and changed her gloves following cleaning of the client's buttocks and peri area, and removal of the client #5's brief. Employee C stated she would review the procedure with employee BD.</p> <p>The licensee's "Handwashing" policy verified "hands should be washed or decontaminated before and after direct contact with a client; and if moving from a contaminated-body site to a clean-body site during client care."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01252		