



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Email: [ckrage@winonahealth.org](mailto:ckrage@winonahealth.org)

May 14, 2018

Ms. Cheryl Krage, Administrator  
Manor Living HC & Watkins Manor  
175 East Wabasha  
Winona, MN 55987

Re: Enclosed State Licensing Orders - Project Number SL20822010

Dear Ms. Krage:

On April 25, 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 February 1, 2018, with orders received by you on February 20, 2018. At this time these correction orders were found corrected and are listed on the attached State Form: **Revisit Report**.

If you have questions, contact Jonathan Hill at (651) 201-3993.

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

Sincerely,

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

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



Enclosure

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

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H20822	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/25/2018
NAME OF FACILITY MANOR LIVNG HC & WATKINS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 175 EAST WABASHA WINONA, MN 55987	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00265	Correction	ID Prefix 00870	Correction	ID Prefix 01035	Correction
Reg. # 144A.44, Subd. 1(2)	Completed	Reg. # 144A.4791, Subd. 9(f)	Completed	Reg. # 144A.4793, Subd. 3	Completed
LSC	04/25/2018	LSC	04/25/2018	LSC	04/25/2018
ID Prefix 01065	Correction	ID Prefix 01245	Correction	ID Prefix	Correction
Reg. # 144A.4794, Subd. 1(b)	Completed	Reg. # 144A.4798, Subd. 1	Completed	Reg. #	Completed
LSC	04/25/2018	LSC	04/25/2018	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY: MDH <input type="checkbox"/>	REVIEWED BY (INITIALS): PMB	DATE: 5/14/18	SIGNATURE OF SURVEYOR: 31217	DATE: 4/25/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/1/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



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

Email: RHOEG@WINONAHEALTH.ORG  
Certified Mail # 7016 3560 0000 0169 9485

February 16, 2018

Ms. Cheryl Krage, Administrator  
Manor Living HC & Watkins Manor  
175 East Wabasha  
Winona, MN 55987

Re: Enclosed State Licensing Orders - Project Number SL20822010

Dear Ms. Krage:

A survey of the Home Care Provider named above was completed on February 1, 2018 for the purpose of assessing compliance with State licensing regulations. At the time of survey, staff from the Minnesota Department of Health noted one or more violations of these regulations that are issued in accordance with Minn. Stat. 144A.43 to 144A.484. If, upon follow-up, it is found that the correction order(s) cited herein are not corrected, a fine for each order not corrected may be assessed in accordance with a schedule of fines described in Minn. Stat. 144A.474, subd. 11.

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

#### DOCUMENTATION OF ACTION TO COMPLY

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

#### CORRECTION ORDER RECONSIDERATION PROCESS

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

Manor Living HC & Watkins Manor

February 16, 2018

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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:

Rena 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  
Winona County Social Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H20822</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/01/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANOR LIVNG HC &amp; WATKINS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>175 EAST WABASHA WINONA, MN 55987</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p><b>HOME CARE PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL20822010</p> <p>On January 30, 31, 2018, and February 1, 2018, a surveyor of this Department's staff, visited the above Comprehensive home care provider and the following correction orders are issued. At the time of the survey, there were 59 clients receiving services under the Comprehensive license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144A.474, subd.11 (b) (1) (2).</p>	
0 265 SS=D	<p>144A.44, Subd. 1(2) Up-To-Date Plan/Accepted Standards Practice</p> <p>Subdivision 1. Statement of rights. A person who</p>	0 265		

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

Minnesota Department of Health

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0 265	<p>Continued From page 1</p> <p>receives home care services has these rights: (2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the care and services were provided according to accepted infection control standards for one of one employee (G) observed during client cares.</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 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 G (unlicensed personnel/U LP) did not wash her hands and/or change gloves when providing toileting for client B1 to decrease the risk of cross-contamination.</p> <p>On February 1, 2018, at approximately 1:00 p.m. employee G was observed to assist client B1 with toileting. The following was observed: - Employee G washed her hands and applied gloves. While the client was sitting on the toilet the employee removed the client's incontinent</p>	0 265		

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0 265	<p>Continued From page 2</p> <p>brief, folded it, and threw it into the garbage. The incontinent brief was observed to be saturated with urine. Without washing her hands and changing gloves the employee touched the clients pants, as she placed a clean incontinent pad. Employee G verified the observation.</p> <p>On February 1, 2018, at approximately 1:30 p.m., employee B (assisted living director) verified the ULP should have removed the soiled gloves, washed her hands and donned clean gloves before touching the clients pants.</p> <p>The licensee's "Hand Hygiene" policy and procedure, dated January 2013, indicated hand hygiene should be performed after contact with contaminated secretions.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 265		
0 870 SS=F	<p>144A.4791, Subd. 9(f) Contents of Service Plan</p> <p>(f) The service plan must include:</p> <p>(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;</p> <p>(2) the identification of the staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring reviews or assessments of the client;</p>	0 870		

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0 870	<p>Continued From page 3</p> <p>(4) the frequency of sessions of supervision of staff and type of personnel who will supervise staff; and</p> <p>(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 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 three of three clients (A1, A2, and B1) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic</p>	0 870		



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0 870	<p>Continued From page 4</p> <p>failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>Client A1, A2, and B1's service plan failed to include the schedule and methods of monitoring reviews or assessments of the client, and the frequency of supervision of staff. In addition, client A1's service plan failed to include a contingency plan that included identification of and information as to who has authority to sign for the client in an emergency.</p> <p>Client A1's "Watkins Manor Home Care Service Plan" dated April 7, 2017, indicated the client required the assistance of staff with medication and treatment management services.</p> <p>Client A2's "Watkins Manor Home Care Service Plan" dated September 7, 2017, indicated the client required the assistance of staff with bathing, medication and treatment management services.</p> <p>Client B1's "Watkins Manor Home Care Service Plan" dated August 10, 2017, indicated the client required the assistance of staff with dressing, grooming, bathing, toileting, transfers, and medication management services.</p> <p>Client A1, A2, and B1's service plans lacked the schedule and methods of monitoring initial, and on-going reviews or assessments of the client, and the initial 30 day supervision of staff.</p> <p>In addition, client A1's service plan lacked a contingency plan that included identification of and information as to who has authority to sign for the client in an emergency.</p>	0 870		

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0 870	<p>Continued From page 5</p> <p>On February 1, 2018, at approximately 1:30 p.m., employee B (assisted living director) indicated the service plan form used for clients A1, A2, and B1 was the same service plan form used for all clients. The employee verified client A1, A2, and B1, and all other client service plans lacked the schedule and methods of monitoring initial, and on-going reviews or assessments of the client, and the initial 30 day supervision of staff. Employee B verified client A1's service plan was not completed to include a contingency plan as noted above. The employee was aware of the requirement.</p> <p>The licensees "Contents of Service Plans" policy and procedure dated, March 2015, indicated the service plan would include the above noted content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 870		
01010 SS=A	<p>144A.4792, Subd. 22 Disposition of Medications</p> <p>Subd. 22. Disposition of medications. (a) Any current medications being managed by the comprehensive home care provider must be given to the client or the client's representative when the client's service plan ends or medication management services are no longer part of the service plan. Medications that have been stored in the client's private living space for a client who is deceased or that have been discontinued or that have expired may be given to the client or the client's representative for disposal.</p> <p>(b) The comprehensive home care provider will</p>	01010		

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01010	<p>Continued From page 6</p> <p>dispose of any medications remaining with the comprehensive home care provider that are discontinued or expired or upon the termination of the service contract or the client's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of the disposition of medications was complete for one of two discharged clients (#2) who received medication management services, with records reviewed.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>Client #2's record lacked documentation that identified the method of disposition of the client's medications at the time of discharge. In addition, the client's record lacked documentation of the</p>	01010		

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01010	<p>Continued From page 7</p> <p>medication at the time of discharge, including the medication's name, strength, prescription number, quantity, to whom the medications were given if applicable, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>Client #2 was admitted for services, on January 19, 2015, and was discharged on July 10, 2017. The client's service plan, dated January 19, 2017, indicated the client received medication management services.</p> <p>Client #2's diagnoses included, but were not limited to, congestive heart failure (CHF), hypertension, and diabetes. The client's prescriber's orders dated February 15, 2017, included, but were not limited to, anti-hypertensive, blood thinning, and anti-diabetic medications.</p> <p>Client #2's discharge summary form dated, July 17, 2017, indicated the client was transferred to the hospital due to CHF complications and expired on July 10, 2017. The client's discharge summary form included an area that noted "Status of medication upon discharge," immediately following was a hand written o with slash through it. No further information for medication disposition was noted.</p> <p>Client #2's records lacked documentation of the disposition of the medications as identified above.</p> <p>On February 1, 2018, at approximately 4:37 p.m., employee B (assisted living director) confirmed the licensee managed medications for client #2. The employee verified the client's records lacked documentation of the disposition of the medications as identified above. The employee</p>	01010		

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01010	<p>Continued From page 8</p> <p>was aware of the requirement.</p> <p>The licensee's "Disposition/Destruction of Medication" policy and procedure, dated September 2014, indicated medications secured by the licensee would be given to the client, or the client's representative when the client's medication management services were terminated, and medication left with the provider after death or termination of services would be destroyed. The policy indicated documentation of the disposition or disposal of the medication would be included in the client's record. In addition, the policy and procedure indicated, upon disposition documentation of the medication in the client record would include the above noted content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01010		
01035 SS=F	<p>144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan</p> <p>Subd. 3. Individualized treatment or therapy management plan. For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following:</p> <p>(1) a statement of the type of services that will be</p>	01035		

Minnesota Department of Health

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01035	<p>Continued From page 9</p> <p>provided;</p> <p>(2) documentation of specific client instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain a current individualized treatment and therapy management record to include all required content for one of one client (A1) who had a prescribed treatment or therapy.</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</p>	01035		

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01035	<p>Continued From page 10</p> <p>failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>Client A1's diagnosis included, but was not limited to, diabetes. The client's prescriber's order dated, March 24, 2017, included, check blood sugars daily.</p> <p>Client A1's "Watkins Manor Home Care Service Plan" dated April 7, 2017, indicated the client services included, but were not limited to, diabetes management daily.</p> <p>Client A1's record lacked a treatment or therapy plan to include the following content:</p> <ul style="list-style-type: none"> <li>- identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</li> <li>- procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</li> <li>- any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</li> </ul> <p>On February 1, 2018, at approximately 4:30 p.m., employee B (assisted living director) confirmed the licensee managed blood sugar checks for client A1, and six (6) other clients. The employee verified the above noted findings, and confirmed 7 clients received treatment management services, and would not have a treatment or therapy management plan as noted above. The employee was unaware of the requirement.</p> <p>The licensee's "Implementation of Medication</p>	01035		

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01035	Continued From page 11  Prescriptions and Treatment and Therapy Orders" policy and procedure dated May 2017, was provided; however, the policy and procedure did not include treatment and therapy management plan content.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01065 SS=D	144A.4794, Subd. 1(b) Protecting Client Records  (b) Client records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The home care provider shall establish and implement written procedures to control use, storage, and security of client's records and establish criteria for release of client information.  This MN Requirement is not met as evidenced by: Based on observation, and interview, the licensee failed to ensure one of seven client (B3) records was protected from unauthorized disclosure in compliance with state and federal laws by leaving the client record opened, and unsupervised in an unlocked public area.  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	01065		



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01065	<p>Continued From page 12</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>On February 1, 2018, at approximately 12:30 p.m., employee G (unlicensed personnel) was observed to administer medication to client B3. The medication administration record (MAR) was located on a counter in the gated kitchen area. After preparing the clients medication for administration, employee G failed to close the client's MAR, and failed to close the kitchen gate after leaving the kitchen area to administer the medication. Two clients were sitting in the area just outside of the kitchen at that time. The room was not being supervised by any of the licensee's employees at the time. Employee G verified the findings.</p> <p>On February 1, 2018, at approximately 1:00 p.m., employee B (assisted living director) indicated employee G should have closed the MAR, and the kitchen gate to prevent other clients and/or visitors from accessing the MAR.</p> <p>The licensee's "Security and Retention of Client Records," policy dated March 2015, indicated client records and client information would be kept confidential and accessible only to authorized personnel.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01065		
01245 SS=F	144A.4798, Subd. 1 TB Prevention and Control	01245		

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01245	<p>Continued From page 13</p> <p>Subdivision 1. Tuberculosis (TB) prevention and control. A home care provider must establish and maintain a TB prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). Components of a TB prevention and control program include screening all staff providing home care services, both paid and unpaid, at the time of hire for active TB disease and latent TB infection, and developing and implementing a written TB infection control plan. The commissioner shall make the most recent CDC standards available to home care providers on the department's Web site.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure a Tuberculosis (TB) facility risk assessment was completed based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>On January 30, 2018, at approximately 12:00</p>	01245		

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01245	<p>Continued From page 14</p> <p>p.m. during the entrance conference, a request was made to employee B (assisted living director) for the licensee's TB facility risk assessment.</p> <p>The licensee provided a document titled "TB Risk Assessment 2017." #1. b. of the document indicated the community profile included inpatient and outpatient settings. In addition, the form indicated the risk classification applied to all of Winona Health entities including clinics, dialysis, and senior services.</p> <p>CDC "Guidelines for Preventing the transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005," page 9., included, but was not limited to the following information: every health-care setting should conduct initial and ongoing evaluations of the risk for transmission of TB, regardless of whether or not patients with suspected or confirmed TB disease are expected to be encountered in the setting; the TB risk assessment determines the types of administrative, environmental and respiratory protection controls needed for a setting; and the TB Risk Assessment Worksheet (Appendix B) could be used as a guide for conducting a risk assessment.</p> <p>Minnesota Department of Health (MDH) TB guideline indicated care settings licensed by MDH could use either the MDH TB risk assessment worksheet, or Appendix B worksheet published by the CDC.</p> <p>According to the MDH facility TB risk assessment worksheet guideline, a separate Facility TB Risk Assessment Worksheet is required for each type of license.</p> <p>According to the CDC Appendix B worksheet</p>	01245		

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01245	<p>Continued From page 15</p> <p>guideline, facilities with more than one type of setting would need to apply the worksheet to each setting.</p> <p>The risk assessment document provided by the licensee, identified above, did not identify which risk assessment worksheet had been used to complete the assessment. In addition, the document indicated the risk assessment was completed for multiple Winona Health settings.</p> <p>On January 31, 2018, at approximately 10:30 a.m., employee B verified the TB risk assessment document was completed for all Winona Health care settings located in Winona. The employee was unaware of the requirement. Employee B was unable to report which risk assessment worksheet had been used to complete the licensee's TB risk assessment document.</p> <p>On February 1, 2018, at approximately 5:00 p.m., employee A (vice president of senior services) verified the above noted content.</p> <p>The licensee's "Tuberculosis" policy and procedure, dated March 2016, indicated facility risk assessment would be completed annually; however the policy and procedure did not indicate a separate risk assessment would be completed for each type of setting.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01245		