Electronically Delivered

March 19, 2024

Licensee
All About Caring Home Care LLC
460 South Eliot Avenue
Rush City, MN 55069

RE: Project Number(s) SL24069012

Dear Licensee:

On March 15, 2024, the Minnesota Department of Health completed a follow-up survey of your agency to determine if orders from the January 11, 2024, survey were corrected. This follow-up survey verified that the agency is back in compliance.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

Electronically Delivered

January 19, 2024

Licensee
All About Caring Home Care, LLC
460 South Eliot Avenue
Rush City, MN 55069

RE: Project Number(s) SL24069012

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 11, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state 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 may be 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), MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment.
MDH may impose a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subd. 2, 9, 17. MDH 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), 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, the following fines are assessed pursuant to this survey:

St - 0 - 0265 - 144a.44, Subd. 1(a)(2) - Up-To-Date Plan/accepted Standards Practice = $3,000.00

The total amount you are assessed is $3,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted 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 client(s)/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 MDH within 15 business days of the correction order receipt date.

A state correction 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.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this

section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and Subd. 7, a request for a hearing must be in writing and received by MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **https://forms.web.health.state.mn.us/form/HRDAppealsForm**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H24069	A. BUILDING: _____ B. WING _____	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL ABOUT CARING HOME CARE LLC	460 SOUTH ELIOT AVENUE RUSH CITY, MN 55069

(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	Initial Comments *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL24069012 On January 8, 2024, through January 11, 2024, a surveyor of this Department's staff conducted a full survey at the above Comprehensive home care provider, and the following correction orders are issued. At the time of the survey, there were 109 clients receiving services under the provider's Comprehensive license. An immediate correction order was identified on January 10, 2024, issued for SL24069012, tag identification 0265, and immediacy was removed as confirmed by supervisor review on January 11, 2024, however, noncompliance remains at a scope and level of three, widespread (I).	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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).	
0 265 SS=I	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice	0 265		

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0 265	Continued From page 1 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 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 acceptable health care and medical, or nursing standards for three of three clients (C1, C2, C4) utilizing a hospital bed with bedrails, were assessed with all required information. This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: This resulted in an immediate correction order on January 10, 2024. C1 C1's diagnoses included anoxic (lack of oxygen) brain damage, mild intellectual disabilities, and spastic quadriplegic cerebral palsy (affects movement and posture in all four limbs). C1's Service Plan-Home Care Nursing, signed June 7, 2022, indicated C1 received services including mobility with wheelchair, use of full body	0 265		

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0 265	Continued From page 2 lift, communication, recreation and social planning, assistance with making appointments, supervision, exercises, treatments, medication administration, household safety, bathing, grooming, dressing assistance, continence assistance, tube feedings, housekeeping, and laundry. On January 8, 2024, at 4:15 p.m., the surveyor observed C1 sitting in the fitted wheelchair in the living room, near the television. A hospital bed with attached bilateral bedrails was noted in the living room. The bedrails had four horizontal bars. Licensed practical nurse (LPN)-E stated nursing staff provided all cares for C1 during the day shift and C1's mother provided cares during the evening and night, and when staff were not available or on holidays. LPN-E stated the hospital bed in the living room was used as a "day bed" for C1, if needed, for "tummy time" and naps. LPN-E stated C1 had a hospital bed in the bedroom, as well, that was not used during the day when staff were caring for C1; however, C1 slept in the bedroom during the night and the bed also had bed rails. Review C1's record included an assessment, dated December 1, 2023, which included under Safety, "Bedrails are used during tummy time to keep client free from falling out of his bed. Side rails have been used throughout the day when nurse not with client at bedside. No changes to the rails." The assessment lacked documentation of a bedrail assessment. C2 C2's diagnoses included dementia. C2's Service Plan, signed February 14, 2023, indicated C2 received services including	0 265		

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0 265	Continued From page 3 assistance with bathing, grooming, dressing, continence, laundry, housekeeping, and food preparation. On January 9, 2024, at 9:00 a.m., the surveyor observed C2 sitting in the recliner in her living room, watching television. A hospital bed with attached bilateral bedrails was noted in the living room area. The head of the bed was raised approximately 45 degrees, with the right bedrail in the raised position, and the left bedrail in the lowered position. The bedrails were tightly attached and had ten vertical bars. Unlicensed personnel (ULP)-F stated the hospital bed was provided by the hospice agency about a year ago, and C2's husband raised the bedrails when C2 was in bed at night. ULP-F stated C2 slept in the hospital bed every night and stated C2 did not actively use the bedrails when getting in and out of bed or to turn from side to side. ULP-F stated C2 had a chair alarm during the day and an alarm on the bed at night, and there were motion alarms near the bed at night because C2 was "quick" and would attempt to get up on her own. Review of C2's Initial Home Care Assessment, dated April 1, 2022, indicated under Bed Rail Assessment, bed rails were in use and were "used to prevent falling out of bed due to Dementia." Also included, C2 was "confused" and had memory issues. The questions regarding whether the client was given a statement of understanding and bed rail risks, alternatives tried, incontinence issues, and bed mobility, were left blank. C2's RN Supervision, identified as a 90 day assessment, dated October 24, 2023, indicated the bed rails were in use, and noted "x 1 [one side]/upper, use for repositioning." Mental status was identified as confused, forgetful. Questions regarding reviewing of fall risk and bed	0 265		

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0 265	Continued From page 4 rail risk with client, representative or unlicensed personnel was left blank. C2's record lacked documentation of a bed rail assessment. C4 C4's diagnoses included spastic quadriplegic cerebral palsy, cortical blindness, and seizure disorder. C4's Service Plan, signed June 7, 2021, indicated C4 received services including medication administration, treatments including tube feedings, vest treatments, cough assist, suprapubic catheter and nebulizer treatments, assistance with bathing, grooming, dressing, continence, transfers and mobility, housekeeping and laundry. On January 9, 2024, at 11:00 a.m., the surveyor observed C4 in the fitted wheelchair, while LPN-H played music and interacted with C4. LPN-H stated the licensee provided 24 hours/day total care for C4. C4's mother provided a tour of C4's bedroom and accommodations. C4's bed was a hospital bed, with attached bilateral bedrails, in the raised position. The horizontal rails covered the length of the bed. C4's mother stated the bedrails were always raised when C4 was in bed, and "seizure mats" were placed on the inside of the bedrails to prevent C4 from getting a limb caught in the bedrails during seizures. Review of C4's record included Review of Systems, dated December 18, 2023 through December 24, 2023, identified as the comprehensive assessment, indicated under Issues/Concerns, "Bedrails continue to be used. Seizure pads placed on rails for protection." C4's record lacked documentation of a bed rail assessment.	0 265		

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0 265	Continued From page 5 On January 9, 2024, at 12:15 p.m., director of nursing (DON)-A stated she was familiar with the Food and Drug Administration guidelines for bedrail use and had been working on developing a bedrail assessment. DON-A stated she had added an area to the initial assessment and to the ongoing assessments, to include the bedrail assessment; however, stated she had not included measurements as part of the assessments. On January 10, 2024, at 9:20 a.m., DON-A stated she had not completed bedrail assessments on C1 or C4, and stated C2's record included some information but was not complete and did not include an assessment of the bed rail to include measurements. C1, C2, and C4's records lacked evidence the licensee had completed an individualized bedrail assessment to include the purpose and intention of the bedrails measurements of the bedrails, documentation of risk versus benefits discussion with the client or their representative, condition and description of the bedrail, and whether the bed rail was FDA compliant. The licensee's Bed Rails policy, undated, directed before implementing bed rails for a client, the registered nurse (RN) would conduct a bed rail assessment which would include level of consciousness, level of cognition, level of mobility including bed mobility, presence of orthostatic hypotension (low blood pressure when standing up), and vision. If the need for bed rails is indicated and the client/family agree to their use, the RN will provide education related to the bed rails and will document the purpose of the bed rails and the education provided. The client/family	0 265		

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0 265	Continued From page 6 will sign the document agreeing to the benefits and risks of the bed rails. Further, the policy indicated the RN was responsible to ensure that the bed rails in use are of a safe design and properly maintained. Measurements would be taken of the different zones for bed rails. If the bed rails do not meet the safety test, the RN would recommend to the client/family that they not use them. Bed rails would be used consistently with the manufacturer's recommendations. If the manufacturer's recommendations are not available, the RN will use appropriate nursing judgement related to the implementation of the bed rails and document findings. The need for bed rails will be assessed and documented as needed, but not less than 90 days during the nurse visit. The Food and Drug Administration (FDA) "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE Immediacy was removed as confirmed by supervisor review on January 11, 2024, however, noncompliance remains at a scope and level of	0 265		

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0 265	Continued From page 7 three, widespread (I).	0 265		
0 715 SS=F	144A.476, 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. (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure background studies were conducted and affiliated prior to staff providing services for two of two employees (unlicensed personnel (ULP)-F, ULP-G). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion, or all, of the residents). The findings include: ULP-F	0 715		

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0 715	Continued From page 8 ULP-F was hired October 5, 2020, to provide direct care and services to the licensee's clients. On January 9, 2024, at 9:00 a.m., the surveyor observed while ULP-F interacted with C2 in C2's living room. ULP-F's employee record contained a background study, submitted through a separate license operated by the same owner, dated March 12, 2023. ULP-F's employee record lacked evidence the licensee submitted a background study for this license. ULP-G ULP-G was hired March 28, 2023, to provide direct care and services to the licensee's clients. On January 10, 2024, at 4:50 p.m., the surveyor observed while ULP-G interacted with C5 in C5's apartment. ULP-G's employee record contained a background study, submitted through a separate license operated by the same owner, dated March 20, 2023. ULP-G's employee record lacked evidence the licensee submitted a background study for this license. On January 11, 2024, at 10:50 a.m., the NETStudy website was reviewed by general manager (GM)-D and noted ULP-F and ULP-G's background studies were not affiliated with the licensee's comprehensive license number. GM-D stated only employees providing "nursing" services were affiliated with the licensee's	0 715		

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0 715	Continued From page 9 comprehensive license number and stated she had spoken to someone from the Department of Human Services and was directed to submit the background studies for all employees providing services under both licenses, under the other license number. The licensee's Background Study Policy, undated, indicated background checks would be conducted on all job applicants, and the licensee would ensure that all background checks were conducted in compliance with all applicable federal and state statutes. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 715		
0 815 SS=E	144A.479, Subd. 7 Employee Records The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement	0 815		

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0 815	Continued From page 10 needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the employee record contained all of the required content for two of four employees (unlicensed personnel (ULP)-F, ULP-G). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-F and ULP-G's employee records lacked evidence of the following: - records of competency evaluations.	0 815		

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	H24069	A. BUILDING: _____ B. WING _____	01/11/2024

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0 815	Continued From page 11 ULP-F ULP-F was hired October 5, 2020, to provide direct care and services to the licensee's clients. On January 9, 2024, at 9:00 a.m., the surveyor observed while ULP-F interacted with C2 in C2's living room. ULP-F's employee record contained training records; however, lacked evidence of demonstrated competency of standby assistance techniques and how to perform them, as required. ULP-G ULP-G was hired March 28, 2023, to provide direct care and services to the licensee's clients. On January 10, 2024, at 4:50 p.m., the surveyor observed while ULP-G interacted with C5 in C5's apartment. ULP-G's employee record contained training records; however, lacked evidence of demonstrated competency of the following: - appropriate and safe techniques in personal hygiene and grooming, including hair care and bathing, care of teeth, gums, and oral prosthetic devices, care and use of hearing aids, dressing and assisting with toileting, and standby assistance techniques and how to perform them, as required. On January 11, 2024, at 10:50 a.m., general manager (GM)-D and registered nurse (RN)-C stated all new employees received the required training and competency testing, and a certificate was placed in their employee records to show evidence of this; however, they could not explain why this was missing from ULP-F and ULP-G's	0 815		

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0 815	Continued From page 12 records. The licensee's Staff Competency policy, undated, indicated unlicensed personnel may not work for the licensee until they have successfully passed the written and demonstration competency evaluation, including the required contents. The licensee's Delegation of Home Care Tasks policy, undated, indicated the home health staff competence would be documented in his/her personnel file. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 815		
0 855 SS=D	144A.4791, Subd. 7 Basic Individualized Client Review/Monitoring (a) When services being provided are basic home care services, an individualized initial review of the client's needs and preferences must be conducted at the client's residence with the client or client's representative. This initial review must be completed within 30 days after the date that home care services are first provided. (b) Client monitoring and review must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the date of the last review. The monitoring and review 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:	0 855		

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0 855	Continued From page 13 Based on observation, interview, and record review, the licensee failed to ensure client review and monitoring was completed at least every 90 days for one of one client (C2) who received basic home care services. 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: During the entrance conference on January 8, 2024, at 11:09 a.m., director of nursing (DON)-A stated once intake was received on a new client, the initial assessment was completed as soon as possible, and subsequent assessments were completed every 60 days, or more often with change of condition. C2's diagnoses included dementia. C2's Service Plan, signed February 14, 2023, indicated C2 received services including assistance with bathing, grooming, dressing, continence, laundry, housekeeping, and food preparation. On January 9, 2024, at 9:00 a.m., the surveyor observed while unlicensed personnel (ULP)-F interacted with C2 in C2's living room. ULP-F stated she worked with C2 every weekday, from 8:00 a.m., to 12:00 p.m., and provided assistance with activities of daily living, housekeeping and	0 855		

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0 855	Continued From page 14 laundry. ULP-F stated C2's husband performed the "hands on" tasks and provided medications to C2. C2's assessment dates were as follows: -February 14, 2023; -May 24, 2023, 99 days between assessments; and -September 30, 2023, 129 days between assessments. On January 10, 2024, at 12:26 p.m., DON-A stated C2's assessments were not completed timely and exceeded 90 days from the last review. The licensee's Assessment - Basic Services policy, undated, indicated an appropriately qualified employee would provide the admission visit and conduct a review of the client's needs and preferences upon admit and within 14 days after the initiation of home care services, in the client's residence, and monitoring and review would be conducted every 60-90 days or sooner if the client's needs changed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 855		
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	0 870		

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0 870	Continued From page 15 staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; 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; 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for four of four clients (C1, C2, C4, C6). 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).	0 870		

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0 870	Continued From page 16 The findings include: C1, C2, C4, and C6's service plans lacked the following required content: - methods of monitoring staff supervision. C1 C1's diagnoses included anoxic (lack of oxygen) brain damage, mild intellectual disabilities, and spastic quadriplegic cerebral palsy (affects movement and posture in all four limbs). C1's Service Plan-Home Care Nursing, signed June 7, 2022, indicated C1 received services including mobility with wheelchair, use of full body lift, communication, recreation and social planning, assistance with making appointments, supervision, exercises, treatments, medication administration, household safety, bathing, grooming, dressing assistance, continence assistance, tube feedings, housekeeping, and laundry. C2 C2's diagnoses included dementia. C2's Service Plan, signed February 14, 2023, indicated C2 received services including assistance with bathing, grooming, dressing, continence, laundry, housekeeping, and food preparation. C4 C4's diagnoses included spastic quadriplegic cerebral palsy, cortical blindness, and seizure disorder. C4's Service Plan-Home Care Nursing, signed June 7, 2021, indicated C4 received services including medication administration, treatments	0 870		

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0 870	Continued From page 17 including tube feedings, vest treatments, cough assist, suprapubic catheter and nebulizer treatments, assistance with bathing, grooming, dressing, continence, transfers and mobility, housekeeping and laundry. C6 C6's diagnoses included lung cancer, Parkinson's disease, and macular degeneration (eye disease that affects vision). C6's PCA (personal care assistant) Service Plan, signed November 21, 2023, indicated C6 received services including bathing assistance, laundry, housekeeping, and food preparation. On January 10, 2024, at 11:20 a.m., director of nursing (DON)-A stated she was unaware of this requirement, and stated all clients' service plans lacked the required content as indicated above. The licensee's Assessment - Comprehensive Services policy, undated, directed the registered nurse would complete a comprehensive assessment on new clients and would update the evaluation of the client and services no more than 14 days after initiation of services; however, the policy did not include the required content of the service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 870		

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0 000	Integrated License (HCBS) Initial Comments INITIAL COMMENTS: SL24069012 On January 8, 2024, through January 11, 2024, surveyors of this Department's staff, visited the above provider. At the time of the survey, there were 92 clients that were receiving services under the Home and Community Based integrated licensure. As a result of the survey, no orders were issued.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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)	