

Protecting, Maintaining and Improving the Health of All Minnesotans

# **Electronically Delivered**

June 6, 2024

Licensee Altru Home Health 1380 S Columbia Road Grand Forks, ND 58201

RE: Project Number(s) SL03113016

Dear Licensee:

On May 24, 2024, the Minnesota Department of Health completed a follow-up survey of your agency to determine if orders from the April 11, 2024, survey were corrected. This follow-up survey verified that the agency is back in complinace.

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

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Protecting, Maintaining and Improving the Health of All Minnesotans

## **Electronically Delivered**

April 16, 2024

Licensee Altru Home Health 1380 South Columbia Road Grand Forks, ND 58201

RE: Project Number(s) SL03113016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 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

Altru Home Health April 16, 2024 Page 2

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 agency 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 - 0715 - 144a.476, Subd. 2 - Employees, Contractors, And Volunteers - \$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

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### **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. <u>Please note that you may request a reconsideration or a hearing, but not both</u>. 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.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <a href="https://forms.office.com/g/Bm5uQEpHVa">https://forms.office.com/g/Bm5uQEpHVa</a>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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.

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, Supervisor State Evaluation Team Email: jessie.chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

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Minnesota Department of Health

AND PLAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		H03113	B. WING	WING 04/		04/11/2024	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ALTRU H	IOME HEALTH		OLUMBIA RI ORKS, ND				
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0 000	Initial Comments		0 000				
	******ATTENTION** HOME CARE PROCORRECTION OR In accordance with 144A.43 to 144A.48 are issued pursuant Determination of whom corrected requires of requirements provious indicated below. Whom contains several ite of the items will be compliance.  INITIAL COMMENT SL#03113016  On April 9, 2024, the Minnesota Departments survey at the above correction orders are survey, there were under the provider's on April 10, 2024, and was issued for SL030715.  The immediacy of colifted by surveyor s	VIDER LICENSING DER(S)  Minnesota Statutes, section 32, these correction order(s) to a survey.  Mether a violation has been compliance with all ded at the Statute number nen Minnesota Statute ms, failure to comply with any considered lack of		Minnesota Department of Health is documenting the State Licensing Correction Orders using federal so Tag numbers have been assigned Minnesota State Statutes for Hom Providers. The assigned tag num appears in the far-left column entit Prefix Tag." The state Statute num the corresponding text of the state out of compliance is listed in the "Summary Statement of Deficienc column. This column also includes findings which are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the surve findings is the Time Period for Correction." This APPLIES THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES THE FEDERAL DEFICIENCIES ONLY. WILL APPEAR ON EACH PAGE.  THERE IS NO REQUIREMENT THE SUBMIT A PLAN OF CORRECTIONS OF MINNESOTA STATUTES.  THE LETTER IN THE LEFT COLUMN USED FOR TRACKING PURPOS REFLECTS THE SCOPE AND LEISSUED PURSUANT TO 144A.47 SUBDIVISION 11 (b)(1)(2).	oftware. to e Care ber led "ID ber and Statute ies" the e state This as eyors' rection. ON FOR ATE  JMN IS ES AND VEL		
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Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Minnesota Department of Health

AND DIANIOE CORRECTION TO IDENTIFICATION NI IMBER:		A. BUILDING:		` '	COMPLETED	
		H03113	B. WING		04/	11/2024
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0 715	home care provider background study rand may be disqual Nothing in this section prohibit a home car self-disclosure of crediance on informat paragraph (a) or sure confirmed convictions care provider to civil unemployment beneficially and the serious interview licensee failed to errecords contained a include a background to providing service (registered nurse (FORNS)-B, unlicense resulted in an immediate on April 10, 2024.  This practice resultation that harmen on April 10, 2024.  This practice resultation that harmen on a violation that harmen on a violation that harmen of a violat	tractors, and volunteers of a are subject to the equired by section 144.057, ified under chapter 245C. It is shall be construed to be provider from requiring riminal conviction information. In employee in good faith the tion or records obtained under bidivision 1, regarding a night does not subject the home if liability or liability for efits.  The entity is not met as evidenced and record review, the insure current employee all the required content to individually clearance letter prior is for three of five employees RN)-G, RN supervisor did personnel (ULP)-D). This ediate correction order issued and a level three violation (and a client's health or safety, is injury, impairment, or death, as the potential to lead to irment, or death), and was ead scope (when problems oresent a systemic failure that potential to affect a large clients).	0 715			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		ense. RNM-A further stated the			

licensee had a human resource department that was responsible for completing background

Minnesota Department of Health

Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER  ALTRU HOME HEALTH  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY)  O 715  Continued From page 3  studies on employees and with the legislative change (not completing a background study for licensed employees after January 2018) there may have been some confusion and RNM-A was aware a background study was required.  On April 10, 2024, at 2:09 p.m., human resource director (HRD)-H stated HRD-H believed HRD-H had removed RN-G and RNS-B from the Net Study 2.0 roster since RN-G and RNS-B were licensed staff. HRD-H further stated when HRD-H used the search name feature on the Net Study 2.0 roster website, no results were found for	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
ALTRU HOME HEALTH    1380 S COLUMBIA RD GRAND FORKS, ND 58201		H03113	B. WING		04/1	1/2024
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RN-G or RNS-B.  ULP-D  ULP- D was hired on July 17, 2023, to provide direct home care services to clients.  ULP-D was issued a certified nursing assistant (CNA) certificate on November 8, 2021.  ULP-D's employee record contained a 10 page "PASSED" Confidential Background Screening Report dated June 30, 2023.  ULP-D's employee record lacked a cleared background study from Net Study 2.0.  On April 9, 2024, from 2:12 p.m. through 2:18 p.m., RNM-A stated ULP-D's record did not contain a Net Study 2.0 background study. RNM-A stated human resources was responsible for completing the background study and human resources had understood a background study did not need to be completed for licensed staff who were issued a license after January 2018, including CNAs. RNM-A further stated ULP-D had last worked March 7, 2024, and was on family medical leave act (FMLA).	studies on employees change (not complet licensed employees may have been som aware a background.  On April 10, 2024, at director (HRD)-H stath had removed RN-G Study 2.0 roster sincensed staff. HRD-used the search nar 2.0 roster website, in RN-G or RNS-B.  ULP-D ULP-D was hired or direct home care se ULP-D was issued at (CNA) certificate on ULP-D's employee in "PASSED" Confiden Report dated June 3 ULP-D's employee in background study from the contain a Net Study RNM-A stated contain a Net Study RNM-A stated human for completing the beautiful to be contained in the contained of	es and with the legislative ting a background study for after January 2018) there he confusion and RNM-A was a study was required.  It 2:09 p.m., human resource ated HRD-H believed HRD-H and RNS-B from the Net be RN-G and RNS-B were he further stated when HRD-H he feature on the Net Study he results were found for a certified nursing assistant November 8, 2021.  In July 17, 2023, to provide rvices to clients.  In certified nursing assistant November 8, 2021.  In a certified nursing assistant November 8, 2021.  In cecord contained a 10 page tial Background Screening 30, 2023.  In ecord lacked a cleared om Net Study 2.0.  In 2:12 p.m. through 2:18 ULP-D's record did not 2.0 background study.  In resources was responsible ackground study and human rstood a background study ompleted for licensed stafficense after January 2018, M-A further stated ULP-D had 17, 2024, and was on family				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	( ),		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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Policy #3429 data licensee requires conducted on all those transferring conducted previous Direct NETStudy 2.0 Styr, 2023, page 7: An individual is well times of intervisafety of the personal times of the personal care, training, successions.	et Supervision defined in estem User Manual Updated July Continuous, Direct Supervision - eithin sight or hearing of the vising individual to the extent that pervising individual is capable at ening to protect the health and sons served by the program. ervices - Providing face-to-face pervision, counseling, nedication assistance to persons				
User Manual Upon Supervision State continuous, direct subject is determinated by DHS in provide unsupervision state supervision state Required" column programs are instantly notices for background study notices for back	led in NETStudy 2.0 System lated July 7, 2023, page 53: us Study subjects must be under the supervision until the study ined eligible of until the entity is hat the study subject may rised services while the lay is being completed. The lay is shown in the "Supervision of the for convenience. However, tructed to rely on background supervision status and other lay determination information."  Ation provided.  OR CORRECTION: Immediate layed as confirmed by				

Minnesota Department of Health							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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surveyor supervisor	r on April 11, 2024, at 7:05 5 tag remains at scope and	0 /15					