

June 6, 2023

Licensee  
Avalyn Care, LLC  
7306 Parrish Avenue Northeast  
Otsego, MN 55330

RE: Project Number(s) SL38709016

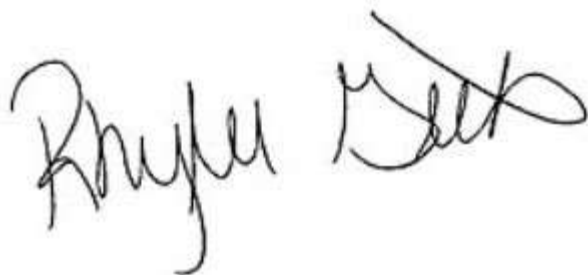
Dear Licensee:

On May 22, 2023, the Minnesota Department of Health completed a follow-up survey of your agency to determine if orders from the February 22, 2023, survey were corrected. This follow-up survey verified that the agency is in substantial 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,

A handwritten signature in black ink, appearing to read "Rhylee Gilb". The signature is written in a cursive, flowing style.

Rhylee Gilb, Supervisor  
State Rapid Response Team  
Email: [rhylee.gilb@state.mn.us](mailto:rhylee.gilb@state.mn.us)  
Telephone: 218-232-8285 Fax: 651-215-6894

PMB



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

Electronically Delivered

April 11, 2023

Licensee

Avalyn Care, LLC

7306 Parrish Avenue Northeast

Otsego, MN 55330

RE: Project Number SL38709016

Dear Licensee:

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

The Minnesota Department of Health completed an initial evaluation on February 22, 2023, for the purpose of assessing compliance with state licensing statutes. At the time of the evaluation(s) the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

#### **STATE LICENSING ORDERS**

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 . . ."

In accordance with Minn. Stat. § 144A.474, Subd. 11, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this evaluation of your agency.**

### **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 by the correction order date. 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 of the correction order receipt date.

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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

Avalyn Care, LLC

April 11, 2023

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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 "Rhylee Gilb". The signature is written in a cursive, flowing style with a large initial 'R' and a prominent flourish at the end.

Rhylee Gilb, Supervisor

State Rapid Response Team

85 East Seventh Place, Suite 220

P.O. Box 64970

St. Paul, MN 55164-0970

Telephone: 218-232-2185 Fax: 651-215-6894

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H38709</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVALYN CARE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7306 PARRISH AVENUE NORTHEAST OTSEGO, MN 55330</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>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are 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:</p> <p>#SL38709016</p> <p>On February 21, thorough February 22, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one client receiving services under the provider's Comprehensive license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 940 SS=F	144A.4792, Subd. 9 Documentation of Medication Setup	0 940		

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

Minnesota Department of Health

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0 940	<p>Continued From page 1</p> <p>Subd. 9.Documentation of medication setup. Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one client (C1) 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 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>During the entrance conference on February 21, 2023, at 9:50 a.m., owner (OW)-A/registered nurse (RN)confirmed the licensee provided medication management services which included medication setup by the RN for C1.</p> <p>Review of C1's medical record revealed C1's diagnoses included, but were not limited to, dementia and depression.</p> <p>C1's Medication/Treatment/Therapy Management Plan and Service Plan dated December 16, 2022, indicated C1 received medication management services including weekly medication setup.</p>	0 940		

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0 940	<p>Continued From page 2</p> <p>C1's February 2023, medication administration record (MAR) included a blood thinner, three supplements, two medications for pain, one anti-seizure medication, and one medication to assist with breathing.</p> <p>Review of C1's records lacked documentation by the licensed nurse at the time of medication setup to include: documentation of the dates of medication setup, the name of the medication, quantity of dose, times to be administered, route of administration and the name of the person completing medication setup.</p> <p>On February 21, 2023, at 10:10 a.m., OW-A/RN verified the licensee set up C1's medications and the licensee did not document all of the required content.</p> <p>The licensee's "Medication set up policy" policy (undated) stated the licensed nurse would setup the medications into the client's dosage boxes. When the licensed nurse had completed setting up the medications into the dosage box, the setup would be documented on the client's MAR.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 940		
01245 SS=F	<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</p>	01245		

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01245	<p>Continued From page 3</p> <p>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 interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include a completed facility TB risk assessment 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 failure that has affected or has potential to affect a large portion or all of the clients). The findings include:</p> <p>On February 21, 2023, at 11:00 a.m., the owner (OW)-A/registered nurse (RN), confirmed the licensee lacked a TB risk assessment as required.</p> <p>The licensee's "Tuberculosis screening" policy undated, noted a home care provider must</p>	01245		



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01245	<p>Continued From page 4</p> <p>establish and maintain a TB prevention and control program based on the most current guidelines issued by the Centers of Disease Control and Prevention (CDC).</p> <p>No further information was provided.</p> <p>Time period for correction: Twenty-one (21) days.</p>	01245		