Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
April 29, 2024

Licensee
2CARE4U, LLC
1107 4th Street Northwest
Grand Rapids, MN 55744

RE: Project Number(s) SL27332013

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 3, 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 . . ."

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

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

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: **https://forms.office.com/g/Bm5uQEpHVa**. 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.

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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27332	A. BUILDING: ______ B. WING ______	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
2CARE4U LLC	1107 4TH STREET NW GRAND RAPIDS, MN 55744

(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(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are 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: SL27332013 On April 1, 2024, through April 3, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 68 clients receiving services under the provider's comprehensive license.	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=F	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice	0 265		

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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 two of two clients (C2, C9) with hospital-style bedrails. In addition, the licensee failed to ensure the care and services were provided according to acceptable health care, medical, or nursing standards for two of two clients (C5, C8) with consumer bedrails.

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:

HOSPITAL BEDRAILS
C2
C2's diagnoses include diabetes, quadriplegia (paralysis that effects all a person's limbs and body from the neck down), intracranial injury with loss of consciousness, static encephalopathy (brain disorder) secondary to traumatic brain injury.

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0 265	Continued From page 2 C2's Service Plan dated January 31, 2024, indicated C2 received the following services: condom catheter (small flexible tube that is used to collect urine from the body/not inserted into the urethra), suctioning (when client is unable to effectively move secretions from the respiratory tract/suction machine), G-Tube (feeding, flushes, medication passes/a tube inserted through the wall of the abdomen directly into the stomach), blood glucose (sugar) testing. C2's POC (plan of care) dated January 31, 2024, indicated C2 received the following services: assist of one with Hoyer lift (mechanical device used to assist with transfers and movement of individuals who require support for mobility beyond the manual support provided by caregivers alone), change and reposition every two to three hours and as needed (PRN), grooming, hygiene, and dressing assist. C2's Nursing Assessment dated March 23, 2024, included: -DME (durable medical equipment) in C2's home included hospital bed -non-ambulatory: bedbound, chairbound. C2's record included: -a pamphlet titled A Guide to Bed Safety reviewed April 2010 -Bed Rail Consent form (unsigned) -bedrail measurements dated September 27, 2023, authenticated by registered nurse (RN)-N. C2's record did not include 90-day bedrail assessments. On April 1, 2024, at 2:16 p.m., RN-N stated bedrail assessments for C2 are completed "yearly."	0 265		

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On April 2, 2024, at 9:11 a.m., RN-C stated she was not aware bedrail assessments were required every 90 days, adding bedrail assessments are completed annually.

C9
C9's diagnoses include hypertension (HTN/high blood pressure), mild cognitive impairment, atrial fibrillation (abnormal, normally rapid heartbeat), and knee pain.

C9's Service Plan dated March 26, 2024, noted medication administration and medication set up, and cleaning support.

C9's POC dated February 22, 2024, indicated C9 received the following service: assist the client with transferring in and out of a chair or bed PRN.

On April 2, 2024, at 2:36 p.m., the surveyor observed unlicensed personnel (ULP)-L visiting with C9. ULP-L spoke about C9's medications and knee brace. In addition, ULP-L showed the surveyor C9's hospital bed and ULP-L talked about how she assisted C9 into and out of bed.

C9's prescriber's order dated March 19, 2024, noted:
-returned call to Veteran's daughter (ULP-L), who called to check on the status of the hospital bed that was ordered.

C9's Nursing Assessment dated March 26, 2024, noted:
-DME supplies, bedrails, grab bars, hospital bed
-client has a hospital bed and side rails (bedrails) for safety, bed mobility and independence
-family understands the risk of bedrail use: yes
-client has a hospital bed and side rails for safety,

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bed mobility and independence.

C9's record did not include bedrail measurements.

On April 3, 2024, at 8:58 a.m., operations coordinator/unlicensed personnel (OC/ULP)-F stated R9 had been sent home with a hospital bed with bedrails. OC/ULP-F said she could not find any bed measurements in C9's file, adding the risks of bedrails had been reviewed.

CONSUMER BEDRAILS
C5
C5's diagnoses include Lewy body dementia (abnormal deposits of protein in the brain, can lead to problems with thinking, movement, behavior, and mood.)

C5's Service Plan and POC dated February 22, 2024, indicated C5 received the following services dressing, foot care, transfers, toilet use, mobility, eating, bathing, housecleaning, laundry, and monitoring patient (client) safety.

On April 2, 2024, at 1:32 p.m., the surveyor observed a consumer bedrail on the side of the bed C5 exited from. C5's wife/ULP-K stated C5 used the bedrail to get into and out of bed. ULP-K demonstrated how C5 used the bedrail. ULP-K could not remember if the licensee spoke to her about C5's bedrail, but ULP-K said she was aware of the risks because C5 had been in a nursing home prior and the nursing home talked to her about bedrails.

C5's record included Admission/ Change in Condition Bundle dated December 28, 2023:
Side-Rail Use Assessment:
-is the client non-ambulatory? blank

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-does the client's level of consciousness fluctuate? blank
-does the client have alteration in safety awareness due to cognitive decline? blank
-does the client have a history of falls: blank
-has the client displayed poor bed mobility or difficulty moving to a sitting position on the side of the bed? blank
-does the client have difficulty with balance or poor trunk control? blank
-side rails are indicated and serve as an enabler to promote independence
-bed rail dimensions, as applicable: 1/2 rail
-bed rails are securely attached: yes
-the client/family understands the risks of bed rail use: yes

C5's record lacked a comprehensive assessment for the use of an assisted device (bedrail,) including installation and use of the device according to manufacturer's guidelines, lacked evidence of physical inspection of the bedrail and mattress for areas of entrapment, stability, correct installation of the device, and lacked evidence the licensee referred to the Consumer Product Safety Commission (CSPC) for bedrail recall information.

C8
C8's diagnoses include quadriplegic C1-C4 incomplete (when all four limbs are affected).

C8's Service Plan and POC dated February 22, 2024, indicated C8 received the following services: grooming, dressing, foot care, transfers, toilet use, eating, bathing, positioning, and housekeeping.

On April 2, 2024, at 8:57 a.m., C8's wife stated there is a bedrail "short" on one side of C8's bed.

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C8's wife stated C8 used the bedrail, "needs it." C8's wife added she does not remember the licensee speaking to her about C8's bedrail but stated the V.A. (Veteran's Administration) did. C8's wife said there is a pillow in front of C8's bedrail.

C8's record included Visit Detail documentation dated April 1, 2024, indicating ULP-J completed the following services which included: dressing, foot care, transfer, mobility, eating, other.

C8's record included Admission/ Change in Condition Bundle dated October 11, 2023:
Side-Rail Use Assessment:
-is the client non-ambulatory? blank
-does the client's level of consciousness fluctuate? blank
-does the client have alteration in safety awareness due to cognitive decline? blank
-does the client have a history of falls: blank
-has the client displayed poor bed mobility or difficulty moving to a sitting position on the side of the bed? blank
-does the client have difficulty with balance or poor trunk control? blank
-side rails are indicated and serve as an enable to promote independence
-medical condition/symptoms: paraplegic
-bed rail dimensions, as applicable: three feet by one foot
-bed rails are securely attached: yes
-the client/family understands the risks of bed rail use: yes

C8's record lacked a comprehensive assessment for the use of an assisted device, including installation and use of the device according to manufacturer's guidelines, lacked evidence of physical inspection of the bedrail and mattress for

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0 265	Continued From page 7 areas of entrapment, stability, correct installation of the device, and lacked evidence the licensee referred to the CSPC for bedrail recall information. On April 2, 2024, at 9:11 a.m., OC/ULP-F stated she was not aware of bedrail assessments being done more than one a year. On April 2, 2024, at 9:13 a.m., OC/ULP-F reviewed client's records and said bedrail assessments were not done annually. On April 3, 2024, at 1:03 p.m., the surveyor and RN-B reviewed bedrail assessments for C2, C9, C5, C8. RN-B confirmed bedrail assessments were not complete and did not include required information. The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When bedrails 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". The licensee's Side Rail Use policy dated July 27, 2022, noted before implementing side rails for a client, the RN would conduct a side rail assessment that included the following: -level of mobility, including bed mobility -ability to transfer in and out of bed without assistance	0 265		

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0 265	Continued From page 8 -vision -level of consciousness -level of cognition -physical health status -presence of orthostatic hypotension -incontinence -pain -uncontrolled body movement The RN would consider the clients and/or family's request for side rails during the evaluation. Results of the side rail assessment would be documented in the clinical record. The RN would discuss with the client/family alternatives to the use of side rails. A physical therapy evaluation may be obtained, as appropriate. IF the need for side rails in indicated and the client/family agree to their use, the RN would provide education related to side rails: -risks and benefits of the side rails would be discussed -if the manufacturer cannot be determined, these risks would be discussed with the resident and/or responsible party. The client's responsible party would co-sign the document agreeing to the benefits and risks of the side rails. The RN was responsible to ensure that the side rails in use are of a safe design and properly maintained. Portable side rails would be used consistent with the manufacturer's recommendations. The RN would verify that the side rails meet FDA guidelines and follow the manufacturer's recommendations related to the following: -the side rails, mattress and bed frame are compatible -the side rails are appropriate for the age, size and weight of client -the side rails are securely installed or attached to the bedframe according to the manufacturer's recommendations for the particular bed frame	0 265		

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and side rails used
-the manufacturer's guidelines should be accessible
-as indicated, additional information would be obtained from the CPSC related to side rail and any recalls.
In addition, the need for side rails would be reassessed and the side rails inspected as needed, but not less than every 90 days. The ongoing assessment included a consideration of the following:
-inspecting the side rails for any functional problems or maintenance issues
-lowering one or more sections of the side rail(s).

No further information provided.

TIME PERIOD OF CORRECTION: Two days

0 315 SS=D | 144A.44, Subd. 1(a)(12) Served by People Who Are Competent | 0 315

be served by people who are properly trained and competent to perform their duties

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards by one of one unlicensed personnel (ULP)-M during personal cares for one of one client (C3).

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

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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:

C3's Service Plan dated February 16, 2024, noted treatment plan and medication plan, not applicable.

C3's Plan of Care (POC) signed by prescriber February 23, 2024, noted:
-assist with foot care as needed, (PRN). Soak feet, trim nails and apply lotion.

On April 2, 2024, at 11:07 a.m., the surveyor observed ULP-M removed C3's shoes and socks. ULP-M rolled up C3's pants and looked at C3's feet. ULP-M placed C3's feet into a basin of water, easing C3's feet into the basin and watched C3's face to ensure the temperature of the water was acceptable to C3. ULP-M stated, "I make sure the water is not too hot or too cold." ULP-M soaked C3's feet in the water. Once ULP-M removed C3's feet from the basin she stated she applies lotion to C3's legs. ULP-M added "when we had all that smoke (poor air quality) going on, it built up in C3's lungs and it scared me, "so, I did what my grandpa use to do. Put Vicks Vaporub (topical ointment with strong menthol odor) behind C3's knees and on his feet. Then I was told that it would help with toenail fungus, and C3's nails went from orange-ish yellow to this one here (motioning to a toe) starting to grow a new nail. I must be doing something right." ULP-M said I wash C3's legs first and then I go to his feet. ULP-M stated at times C3 has some edema. ULP-M said, "I go from here down (motioning to a place on C3's

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0 315	Continued From page 11 lower leg.) I use reflexology (type of therapy that uses gentle pressure on specific points along the feet) chart, he had urinary problems, he wears a pad because he has occasional dribbles. I feel for knots and I massage there." ULP-M motioned to a place on C3's foot, "if tight here, his (C3's) urine will be real yellow." On April 2, 2024, at 11:20 a.m., the surveyor observed ULP-M place Vicks on C3's feet and heels. On April 3, 2024, at 1:07 p.m. registered nurse (RN)-B stated Vicks was not on the plan of care for C3 adding care plans are to be followed. RN-B stated "I guess" staff went rogue, RN-B said staff are not trained in reflexology. The Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers dated November 2019, noted to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services. In addition, the Home Care Bill of Rights noted clients would be served by people who are properly trained and competent to perform their duties. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 315		
0 815 SS=F	144A.479, Subd. 7 Employee Records The home care provider must maintain current	0 815		

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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 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 interview and record review, the licensee failed to ensure the employee record contained all required content for one of two employees, (registered nurse (RN)-C).

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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:

RN-C was hired on October 12, 2017, to provide direct care and services to the licensee's clients and oversight of the licensee's employees.

During the entrance conference on April 1, 2024, at 9:35 a.m., RN-C was introduced as the primary nurse for the licensee.

RN-C's employee record lacked evidence of the following:
-review of the Home Care Bill of Rights (annual training)
-training of reporting of maltreatment of vulnerable adults (annual training)
-documentation of annual performance reviews which identified areas of improvement needed and training needs.

On April 1, 2024, at 11:28 a.m., owner (O)-A stated she did not do any performance reviews, "I did not get to them" for office staff.

On April 1, 2024, at 11:40 a.m., O-A stated the nurses go over the Home Care Bill of Rights with every client but said there was not documentation in the RN records that the Home Care Bill of Rights had been reviewed yearly.

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0 815	Continued From page 14 On April 1, 2024, at 11:41 am., O-A stated the nurses do a review of maltreatment of vulnerable adults with every client but said there was not documentation in the RN's records that the VA was reviewed yearly. The licensee's Staff Orientation and Education policy dated January 26, 2021, noted the agency would maintain proof of education in the personnel files. The licensee's Performance Evaluation policy dated January 26, 2021, noted a formal performance evaluation would be conducted annually for all staff (including nursing staff and licensed health professionals) providing home care services and the annual performance evaluation would be maintained in the personnel file. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 815		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided;	0 920		

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(2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;
(3) documentation of specific client instructions relating to the administration of medications;
(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;
(5) identification of medication management tasks that may be delegated to unlicensed personnel;
(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and
(7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.
(b) The medication management record must be current and updated when there are any changes.
(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.

This MN Requirement is not met as evidenced by:
Based on observation, interview and record review, the licensee failed to develop a current individualized medication management plan which included all the required content for two of two clients (C2, C9).

This practice resulted in a level two violation (a violation that did not harm a client's health or

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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:

During the entrance conference on April 1, 2024, at 9:41 a.m., registered nurse (RN)-C confirmed the licensee provided medication management services. RN-C said "we" (nurses) do an assessment, using a form that had questions such as risk of diversion of medications.

C2
C2's diagnoses include diabetes, quadriplegia (paralysis that effects all a person's limbs and body from the neck down), intracranial injury with loss of consciousness, static encephalopathy (brain disorder) secondary to traumatic brain injury.

C2's Service Plan dated January 31, 2024, indicated C2 received the following service:
G-Tube (feeding, flushes, medication passes/a tube inserted through the wall of the abdomen directly into the stomach).

C2's record did not include current prescriber orders.

C2's record included Medication Set Up Record dated March 24, 2024, through March 30, 2024, noted:
-allergy tablet 10 milligrams (mg), daily
-vitamin C (supplement), daily
-metformin 500 mg (diabetes), daily

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-aspirin 81 mg (heart health), daily
-cholecalciferol (vitamin D deficiency) 2000 mg, daily
-levetiracetam 250 mg (seizures), twice daily
-metoprolol 50 mg (heart), daily
-Senna S 8.6-50 mg (bowel health, promoter/softener), two tablets daily.

C2's medication administration record (MAR) dated March 1, 2024, through March 31, 2024, included: all of the above medications and additionally:
-powdered fiber two teaspoons (tsp), mix with 60 milliliters (ml) water daily
-powdered fiber, one tsp mix with 60 ml water
-yogurt 60 ml, twice daily.
-prune juice daily.

C2's MAR indicated unlicensed personnel (ULP)-D administered R2's medication at 8:00 a.m. March 16, 2024, through March 21, 2024.

C2's Medication Management Plan dated January 31, 2024, included:
-storage/security/ risk for diversion- describe: as needed (low risk)

C2's Nursing Assessment dated March 30, 2024, included:
-medication stored/labeled properly.

C2's record did not include a description of storage of medication based on the client's needs and preferences, and consistent with the manufacturer's directions.

C9
C9's diagnoses include hypertension (HTN/high blood pressure), mild cognitive impairment, atrial fibrillation (abnormal, normally rapid heartbeat,)

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and knee pain.

C9's Service Plan dated March 26, 2024, indicated C9 received the following service:
-medication administration and medication set up.

C9's Plan of Care dated February 22, 2024, noted remind the client to take medications as necessary.

C9's prescriber orders dated April 3, 2024, included:
-apixaban 5 mg (blood clot prevention), every 12 hours
-atorvastatin calcium 40 mg (high cholesterol), daily
-fish oil 1000 mg (supplement), daily
-magnesium oxide (replacement), daily
-metolazone 2.5 mg, as needed with weight gain greater than three pounds
-metoprolol succinate 50 mg (a-fib), daily
-Tamsulosin 0.4 mg (prostate enlargement), daily
-torsemide 20 mg (excess fluid), daily
-vitamin E 90 mg (supplement), daily
-ascorbic acid 500 mg (vitamin C supplement), two tablets daily
-calcium 200 mg (supplement), take three tablets daily
-cyanocobalamin 1000 micrograms (mcg), (supplement vitamin B12) daily.

On April 2, 2024, at 2:36 p.m., the surveyor observed ULP-L with C9. ULP-L motioned to C9's medications and stated she tells C9, when at the breakfast table, to take his medication. The surveyor observed a seven-day medication planner and several bottles of medication on a counter in the kitchen.

C9's Medication Assessment dated March 26,

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2024, included:
-potential for diversion of medication: low.

C9's record did not include a description of storage of medication based on the client's needs and preferences, and consistent with the manufacturer's directions.

On April 2, 2024, at 10:23 a.m., the medication assessment form was reviewed with RN-C. RN-C stated where medication will be stored was not on the assessment form. RN-C added she notes where medications will be stored in "her" client's records. C9 and C2's medication assessments were reviewed with RN-C and RN-C confirmed C9 and C2's storage of medications was not addressed.

On April 2, 2024, at 10:31 a.m., the medication assessment form was reviewed with operations coordinator/unlicensed personnel (OC/ULP)-F. OC/ULP-F stated the licensee used a generic form and she could not find where nursing was to address medication storage other than risk of diversion.

On April 3, 2024, at 9:27 a.m., owner (O)-A stated addressing medication storage was a widespread issue. O-A said, "for example we have another nurse going out today to set up medications and it would be nice to know where they (medications) are."

The licensee's Assessment for Medication Management Program policy dated January 26, 2021, noted prior to providing medication management services, the agency would provide an assessment by a registered nurse, licensed health professional or authorized prescriber to determine what medication management services

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0 920	Continued From page 20 would be provided and how they would be implemented to include: -description of medication storage based on client need, preference, risk of diversion and per manufacturer's direction. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 930 SS=D	144A.4792, Subd. 7 Delegation of Medication Administration When administration of medications is delegated to unlicensed personnel, the comprehensive home care provider must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each client and documented those instructions in the client's records; and (3) communicated with the unlicensed personnel about the individual needs of the client. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure there were specific written instructions for the administration of medication for one of one client receiving medication administration services (C2). 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	0 930		

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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:

C2's diagnoses include diabetes, quadriplegia (paralysis that effects all a person's limbs and body from the neck down), intracranial injury with loss of consciousness, static encephalopathy (brain disorder) secondary to traumatic brain injury.

C2's Service Plan dated January 31, 2024, indicated C2 received the following service:
G-Tube (feeding, flushes, medication passes/a tube inserted through the wall of the abdomen directly into the stomach.

C2's record included:
-Plan of Care (POC) dated February 28, 2024, and authenticated by a prescriber. C2's POC included:
-RN performs medication set up weekly.

On April 1, 2024, at 1:38 p.m., operations coordinator/unlicensed personnel (OC/ULP)-F stated she did not have prescriber orders for C2. OC/ULP-F said C2's nurse or C2's wife/ULP-D may have prescriber's orders for C2.

On April 1, 2024, at 2:07 p.m., ULP-D stated C2's prescriber's order were not at C2's house. ULP-D had an un-signed After Visit Summary dated January 27, 2023, that included:
-metformin (diabetes) 500 milligrams (mg) daily
-metoprolol tartrate (heart) 50 mg daily

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0 930	Continued From page 22 -polyethylene glycol (bowel health) 350 powder, 17 grams daily -Senna-docusate (bowel movement promotion/ softener) 8.6-50 mg two tablets daily -cellulose powder (fiber) one tablespoon morning, two teaspoons evening -Certa-vite liquid (supplement) 15 milliliter (ml) daily -children's aspirin (heath health) 81 mg daily -levetiracetam (seizures) 250 mg (see new order) -vitamin C (supplement) 500 mg/5 ml daily -vitamin D3 (supplement) 2000 units daily -zinc (supplement) 50 mg daily. C2's Medication Administration Record (MAR) dated March 1, 2024, through March 31, 2024, included the above medication, and: -prune juice, 8:00 a.m. -yogurt 60 milliliters (ml) 12:00 p.m., 6:30 (no a.m. or p.m. documented.) On April 1, 2024, at 2:07 p.m., registered nurse (RN)-N stated prune juice had been scheduled for 8:00 a.m. RN-N said she believed it was for constipation, and the "doctor" (prescriber) had signed off on it (prune juice.) The surveyor asked how much prune juice was to be given? RN-N stated, "Oh, I am going to take a note on that." RN-N did not state how much prune juice was to be given to C2. RN-N confirmed C2's MAR lacked specific instructions for C2's prune juice. On April 2, 2024, at 9:45 a.m., RN-C stated C2 does get Boost (nutritional supplement) adding it is new. RN-C stated she was not sure about the prune juice or the yogurt. RN-C confirmed C2's MAR did not include Boost but prune juice was listed on the MAR and Boost was written on C2's In (I) & out (O) record March 6, 2024, through March 31, 2024, four times daily (blue, red, one	0 930		

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0 930	Continued From page 23 or half.) RN-C confirmed C2's record did not include specific instructions as required. The licensee's Medication Administration policy dated January 26, 2021, noted the RN may delegate medication administration to an unlicensed staff member (home health aide/ ULP) according to the following protocol: -the registered nurse had prepared written instructions for the home health aide in the proper methods to administer medications with respect to each client. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 930		
0 935 SS=F	144A.4792, Subd. 8 Documentation of Administration of Medication Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 935		

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licensee failed to ensure documentation for as needed (PRN) medication administration was completed for one of one client (C2) receiving medication administration. In addition, the licensee failed to ensure medications were set up as ordered for two of two clients, (C9, C4). Further the licensee failed to ensure medications were given as ordered for one of three clients (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).

The findings include:

During the entrance conference on April 1, 2024, at 9:41 a.m., registered nurse (RN)-C stated the licensee provided medication management services for clients, adding they have an assessment they use for medication management services.

PRN MEDICATIONS
C2
C2's diagnoses include diabetes, quadriplegia (paralysis that effects all a person's limbs and body from the neck down), intracranial injury with loss of consciousness, static encephalopathy (brain disorder) secondary to traumatic brain injury.

C2's Service Plan dated January 31, 2024, indicated C2 received the following service:

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G-Tube (feeding, flushes, medication passes/a tube inserted through the wall of the abdomen directly into the stomach.

C2's PRN Medication document dated March 27, 2024, indicated unlicensed personnel (ULP)-E administered 500 milligrams (mg) of Tylenol (mild pain) at 2:00 a.m.

C2's record did not include prescriber orders.

C2's record included a form titled, PRN Medications, Medication: Tylenol 325 mg (milligrams), with entries from March 26, 2024, through March 30, 2024.
-March 30, 12:00 p.m., dose: 600 mg, ibuprofen (mild pain/ inflammation), no reason documented, no staff's initials, no effectiveness documented
-March 25, 6:30 p.m., dose: 500 mg Tylenol (mild pain/temperature), for temperature of 100.1, no effectiveness documented
-March 26, 2024, 12:30 a.m., "transfer from notes," dose: 250, no medication noted, no reason documented, no staff's initials, no effectiveness documented
-March 26, 4:30 a.m., "transfer from notes," dose 250, no medication noted, no reason documented, no staff's initials, no effectiveness documented
-March 27, 2024, 2:00 a.m., dose 500 mg, no medication noted, fever 100.2, no effectiveness documented
-March 27, 8:30 a.m., dose 250 mg, no medication noted, no effectiveness documented
-March 27, 2:30, dose 250, no medication noted, no effectiveness documented
-March 27, 8:30 p.m., does 250 mg
-March 28, 8:30 a., T (temperature) 99.5, no medication noted, no effectiveness documented.

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On April 3, 2024, at approximately 1:00 p.m., RN-B stated she did not know of any client's that had PRN medications, but added if a client had PRN medications the effectiveness should be followed up on and the form provided for documentation should be complete. RN-B and operations coordinator/unlicensed personnel (OC/ULP)-F reviewed C2's PRN form with the surveyor and confirmed C2's record lacked the required PRN documentation.

The licensee's Medication Documentation policy dated January 26, 2021, noted for PRN medications, documentation would include, when appropriate, the reason for the medication and follow-up to determine its effectiveness.

MEDICATION SET UP TRANSCRIPTION ERROR
C9
C9's diagnoses include hypertension (HTN/high blood pressure), mild cognitive impairment, atrial fibrillation (abnormal, normally rapid heartbeat,) and knee pain.

On April 2, 2024, at 2:36 p.m., the surveyor observed ULP-L visiting with C9. ULP-L spoke about C9's medications and knee brace. In addition, ULP-L showed the surveyor C9's hospital bed and talked about how she assisted C9 into and out of bed.

C9's Service Plan dated March 26, 2024, indicated C9 received the following service:
-medication administration and medication set up.

C9's prescriber order dated April 3, 2024, included:
-acetaminophen (mild pain) 325 mg, take two tablets, every eight hours PRN pain

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-apixaban (anticoagulation/prevent blood clots) 5 mg, every 12 hours
-atorvastatin calcium (high cholesterol) 40 mg, daily
-fish oil (supplement) 1000 mg, daily
-magnesium oxide (supplement) 140 mg, take two capsules daily
-metolazone 2.5 mg, take one tablet by mouth everyday PRN for weight gain greater than three pounds
-metoprolol succinate (heart) 50 mg, take one half tablet, daily
-Tamsulosin (prostrate) 0.4 mg, one capsule, twice daily
-torsemide (edema/fluid) 20 mg, two tablets, daily
-vitamin E (supplement) 90 mg, daily
-ascorbic acid (vitamin C/supplement) 500 mg, take two tablets, daily
-calcium (supplement) 200 mg three tablets, daily
-cyanocobalamin (supplement)1000 (micrograms) mcg, daily
-glucosamine (supplement) non-VA (Veteran's Administration) medication.

C9's Medication Set Up Record dated April 1, 2024, through April 9, 2024, included the above medications and:
-acetaminophen 500 mg, three tablets every evening
-acetaminophen 325 mg, two tablets every morning
-Tamsulosin 0.4 mg, daily
-vitamin E daily
-vitamin C 500 mg, daily
-calcium tablet, daily
-turmeric curcumin (supplement) capsule, daily
-wobenzym joint health (supplement) three tablets, daily
-metolazone 2.5 mg PRN, on form, no medication

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set up.

C9's assessment dated December 13, 2023, noted wobenzym, recommended dose, three tablets twice daily, ordered dated September 6, 2023.

On April 3, 2024, at 1:42 p.m., OC/ULP-F confirmed C9's medication set up form and C9's prescriber orders differed. OC/ULP-F stated she "thought" she might have known what happened regarding C9's medications. OC/ULP-F went to see if there were any new orders sent from the VA for C9. OC/ULP-F provided the surveyor with C9's prescriber order dated March 20, 2024, which included:
-Tamsulosin 0.4 mg twice daily
-ascorbic acid 500 mg, take two tablets daily
-turmeric tablet daily.

On April 3, 2024, at 1:49 pm., C9's Medication Set Up form was compared with OC/ULP-F prescriber orders. OC/ULP-F confirmed C9's medication set up sheet did not have a dose for the calcium, Tylenol order was "still wrong," adding Tamsulosin was "still incorrect," and vitamin C was not correct. In addition, no current order was located for wobenzym.

On April 3, 2024, at 1:50 p.m., OC/ULP-F stated C9's current medication set up sheet was incorrect compared to current prescriber's orders.

C4
C4's diagnoses include vitamin B-12 deficiency, and anemia (not enough healthy red blood cells which carry oxygen.)

C4's Service Plan dated January 31, 2024, noted: RN tasks, set up/ biweekly.

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C4's POC dated April 1, 2024, included:
-client can take all medications independently. Pills are in a pill container to be taken in the AM (morning) and PM (evening.).

On April 3, 2024, at 10:32 a.m., C4's wife reported she was ill and did not want a home visit. Per OC/ULP-F the only service being provided was medication set up.

C4's Medication Set Up record dated April 1, 2024, through April 5, 2024, included:
-omeprazole (stomach acid) 20 mg, daily
-potassium (supplement) 20 mEq (milliequivalents), daily
-spironolactone (diuretic/excess fluid) 25 mg, daily
-rosuvastatin (to lower cholesterol) 40 mg, daily
-Tamsulosin 0.4 mg, two capsules daily
-aspirin (heart health) 81 mg, daily
-acetaminophen 500 mg, two tablets, twice daily
-cholecalciferol (vitamin D/supplement) 2000 units, two caplets, daily
-clopidogrel (prevent blood clot) 75 mg, daily
-cyanocobalamin (vitamin B12/supplement) 500 mcg, daily
-furosemide (edema/fluid) 40 mg, daily
-gabapentin (nerve pain) 300 mg, three capsules, twice daily
-losartan (heart)100 mg, daily.

C4's prescriber's order dated February 29, 2024, included, all the above medications, with the exception of:
-losartan 100 mg / discontinued.

On April 3, 2024, at 1:15 p.m., the surveyor reviewed C4's medication set up sheet and prescriber's orders with RN-B and OC/ULP-F.

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OC/ULP-F confirmed C4's medication set up sheet included losartan 100 mg had been set up. RN-B stated she removed "some" medications from C4's medication set up. OC/ULP-F confirmed C4's medication set up sheet was different than prescriber's order. RN-B stated "thought" she updated C4's medication set up sheet.

ADMINISTERED AS ORDERED
C6
C6's diagnoses include diabetes.

C6's Service Plan dated February 3, 2024, noted: RN tasks included: reconciliation, coordination PCP (primary care provider), coordination pharmacy, coordination caregiver.

C6's POC dated February 3, 2024, included:
-RN performs medication set up bi-weekly.

C6's Medication Set Up Record dated March 16, 2024, through April 5, 2024, included:
-rosuvastatin (used to prevent cardiovascular disease (heart) in those at high risk and treat abnormal lipids/cholesterol) 20 mg, HS (hour of sleep)
-vitamin D3 (supplement) 25 mg, 1000 units, two tablets daily: morning
-Synthroid 88 mcg, (thyroid) one tablet daily: morning
-pregabalin (anticonvulsant/pain) 150 mg, twice daily: morning, HS
-sodium bicarb (constipation) 650 mg, three times daily: morning, noon, evening
-pantoprazole (stomach ulcer) 40 mg, daily: morning
-empagliflozin (antidiabetic) 25 mg, (half tablet) daily: morning
-sertraline (antidepressant) 50 mg, daily: morning

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-carvedilol (heart) 25 mg, twice daily: morning, evening
-calcium polycarb (supplement) 625 mg, two tablets daily: morning
-hydralazine (heart/HTN) 50 mg, two tablets four times daily: morning, noon, evening, HS
-lisinopril (heart) 20 mg, daily: morning
-amlodipine (HTN) 5 mg, daily: morning

C6's prescriber's order dated February 22, 2024, included all of the above listed medications and noted:
-sodium bicarbonate 650 mg, take one tablet by mouth three times a day with meals
-levothyroxine (Synthroid) 88 mcg, take one tablet by mouth every day for thyroid, take on an empty stomach
-pantoprazole 40 mg, take one table by mouth every day, one-half hour before eating
-calcium polycarbophil 625 mg, take two tablets by mouth every day for constipation with eight ounces of water

On April 3, 2024, at approximately 1:30 p.m., the surveyor reviewed C6's medication list with OC/ULP-F and RN-B. RN-B said C6 did not want to take some of his medications as ordered. RN-B stated there was no documentation "anywhere" regarding C6's wishes. RN-B added she will communicate with the VA to update C6's prescriber of C6's wishes of when and how he takes his prescribed medications. RN-B and OC/ULP-F confirmed C6's medications were not currently being administered as ordered.

The licensee's Coordination in the Medication Management Program policy dated January 26, 2021, noted, the RN or licensed Health Professional was responsible for coordinating the Mediation Management Program with other

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0 935	Continued From page 32 health care providers serving the client. The licensee's Medication Administration policy dated January 26, 2021, noted the licensed nurse was responsible for assessing medications to assure that all medications are current and ordered by the prescriber and to identify any expired or outdated medications, which would be disposed according to policy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 935		
0 970 SS=D	144A.4792, Subd. 14 Renewal of Prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prescriber orders were renewed at least every 12 months for one of four clients (C2) who received medication 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).	0 970		

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The findings include:

C2's diagnoses include diabetes, quadriplegia (paralysis that effects all a person's limbs and body from the neck down), intracranial injury with loss of consciousness, static encephalopathy (brain disorder) secondary to traumatic brain injury.

C2's Service Plan dated January 31, 2024, indicated C2 received the following service:
G-Tube (feeding, flushes, medication passes/a tube inserted through the wall of the abdomen directly into the stomach.

C2's record included:
-Plan of Care (POC) dated February 28, 2024, authenticated by prescriber included:
-RN performs medication set up weekly.

C2's PRN (as desired or as needed) Medication document dated March 27, 2024, indicated unlicensed personnel (ULP)-E administered 500 milligrams (mg) of Tylenol (mild pain) at 2:00 a.m.

C2's record included a prescriber order dated September 5, 2019:
-ok to crush & administer all medication at one time through G-tube.

On April 1, 2024, at 1:38 p.m., operations coordinator/unlicensed personnel (OC/ULP)-F stated she did not have prescriber's orders for C2. OC-F said C2's nurse or C2's wife (unlicensed personnel) ULP-D may have prescriber's orders for C2.

On April 1, 2024, at 2:07 p.m., ULP-D stated C2's prescriber's order were not at C2's house. ULP-D

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had an un-signed After Visit Summary dated January 27, 2023, that included:
-metformin (diabetes,) 500 milligrams (mg) daily
-metoprolol tartrate (heart) 50 mg daily
-polyethylene glycol (bowel health) 3350 powder, 17 grams daily
-Senna-docusate (bowel movement promotion/ softener) 8.6-50 mg two tablets daily
-cellulose powder (fiber) one tablespoon morning, two teaspoons evening
-Certa-vite liquid (supplement) 15 milliliter (ml) daily
-children's aspirin (hearth health) 81 mg daily
-levetiracetam (seizures) 250 mg (see new order)
-vitamin C (supplement) 500 mg/5 ml daily
-vitamin D3 (supplement) 2000 units daily
-zinc (supplement) 50 mg daily.

C2's record did not include a renewal of prescriptions, at least every 12 months.

On April 2, 2024, at 10:13 a.m., OC/ULP-F stated registered nurses (RNs) have POC (plan of care) signed by "doctors" (prescriber) but C2's medication orders were not signed annually. OC/ULP-F stated C2 was the licensee's only client receiving medication administration and was not under their VA (Veteran's Administration) contract, adding clients under the VA contract's have orders sent frequently, at least yearly. OC/ULP-F confirmed C2's record lacked annual orders as required.

The licensee's Prescriber Orders policy dated January 26, 2021, noted, medication orders would be renewed at least every 12 months or as required by the physician, the RN assessment and/or regulation.

No further information provided.

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0 970	Continued From page 35 TIME PERIOD FOR CORRECTION: Seven (7) days	0 970		
01010 SS=F	144A.4792, 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. (b) The comprehensive home care provider will 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. (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide complete documentation in the client's record regarding the disposition of medications for one of one	01010		

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discharged client (C1).

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:

C1 started to receive home care services on July 12, 2023, and was discharged on March 28, 2024, due to a need for a higher level of care.

C1's diagnoses included mild cognitive impairment.

C1's Service Plan dated February 10, 2024, indicated C1 received medication set up biweekly and medication administration twice daily.

C1's prescriber orders dated December 12, 2023, included:
-omeprazole (stomach acid) 20 milligrams (mg), daily
-atorvastatin calcium (high cholesterol) 40 mg, daily
-lisinopril (blood pressure) 20 mg, twice daily
-aspirin (heart health) 81 mg, daily
-phylum oral powder (fiber), twice daily
-docusate 50 mg/sennosides (bowels) 8.6 mg, twice daily
-vitamin D3 (supplement) daily.

C1's Discharge Summary dated March 28, 2024, noted, medications at discharge:

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-omeprazole
-atorvastatin
-lisinopril
-aspirin
-fiber tablet
-cholecalciferol
-metoprolol
Disposition of medications (if applicable) N/A.

C1's record lacked evidence of documentation of C1's disposition of medications to include the prescription number if applicable, dosage, quantity, and the names of the staff and other individuals involved in the disposition.

On April 1, 2024, at 3:50 p.m., registered nurse (RN)-C stated medications were not counted once services ended, "You mean we need to go back in and count medications?" RN-C stated she was reading "it" (statutes/rules) differently, adding she was not aware of the requirement. RN-C confirmed the licensee had not been completing medication disposition as required.

The licensee's Disposition/Disposal of Medications policy dated January 26, 2021, noted the disposal and disposition of discontinued medications for clients receiving the Medication management Program would be completed in a a safer manner by appropriate personnel. Unused portions of medications would be given to the client or responsible party when the clients service plan ends, medication management services are no longer provided under the service plan or upon discharge: and a note regarding this placed in the clinical record.

No further information was provided.

TIME PERIOD FOR CORRECTION: Seven (7)

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2CARE4U LLC	1107 4TH STREET NW GRAND RAPIDS, MN 55744

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01010	Continued From page 38 days	01010		
01035 SS=D	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt 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: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01035		

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review, the licensee failed to develop and maintain a complete individualized treatment or therapy management plan for one of four clients (C9) reviewed with treatments or therapies managed by the provider.

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 April 1, 2024, at 9:45 a.m., registered nurse (RN)-C and owner (O)-A stated treatments and therapy management services were provided.

C9's diagnoses include hypertension (HTN/high blood pressure), mild cognitive impairment, atrial fibrillation (abnormal, normally rapid heartbeat,) and knee pain.

C9's Service Plan dated March 26, 2024, noted medication administration and medication set up, and cleaning support.

C9's Service Plan dated March 26, 2024, noted, treatment plan, not applicable.

C9's Nursing Assessment dated March 26, 2024, included:
-medications set up by writer (RN) (x) (times/for) 14 days in medication boxes
-client started torsemide 40 mg one tablet for fluid

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retention and he is to take one tablet of metolazone 2.5 mg if weight gain of three pounds in one day

C9's prescriber order dated April 3, 2024, included:
-metolazone 2.5 mg take one tablet by mouth everyday PRN for weight gain greater than three pounds

On April 2, 2024, at 2:36 p.m., the surveyor observed C9 relaxing in a recliner. ULP-L stated C9 is getting stronger. ULP-L stated C9 needed to use a Hoyer lift (mechanical lift used to assist with transfers) recently, adding he no longer required a Hoyer lift. ULP-L stated she tells C9 to take his morning medication when he is sitting at the breakfast table. ULP-L said she brings C9 medications when he is not in the kitchen/at the table. ULP-L opened up her phone to show the surveyor C9's current medication list. ULP-L reviewed C9's medication list with the surveyor, the list included:
-metolazone 2.5 milligrams (mg) if more than a three-pound weight gain.

C9's assessment dated March 26, 2024, included:
-client started on torsemide 40 mg one tablet daily for fluid retention and he is to take one tablet of metolazone 2.5 mg if weight gain of three pounds in one daily. Medications set up by writer for 14 days in medication boxes.

C9's record lacked instructions for daily weights as required.

On April 3, 2024, at 1:42 p.m., the surveyor reviewed C9's record with registered nurse (RN)-B. RN-B stated "you" (RN) are supposed to

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know C9's daily weight was needed, adding there was "no thought process."

On April 3, 2024, at 1:43 p.m., operations coordinator/unlicenseed personnel (OC/ULP)-F reviewed C9's medication list with the surveyor. OC/ULP-F stated you (staff) are supposed to know, should be weighing C9 if there is a medication C9 should be taking with a weight gain. OC/ULP-F added there was nothing on the medication assessment about weighing C9. OC/ULP-F- said, we do not give medications without orders, it is our (licensee's) rule of thumb, we have always gone off what the VA (Veteran's Administration) sends us, we (staff) don't go into a home until we have something to go off of, so we can bill. OC/ULP-F stated unless C9 had some different orders. OC/ULP-F did not locate any other medication orders for C9. RN-B and OC/ULP-F confirmed C9's record lacked evidence C9's treatment plan required all of the required information, to include the identification of treatment tasks that would be delegated to ULP to include daily weights.

The licensee's Treatment and Therapy Management policy dated January 26, 2021, noted the agency would use treatment and therapy protocols consistent with current evidence-based practice standards and guidelines. The Registered Nurse or licensed health professional was responsible for assessing and developing the treatment and/or therapy service plan for clients.

No further information was provided.

TIME PERIOD FOR CORRECTION: Seven (7) days

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01040 SS=F	144A.4793, Subd. 4 Administration of Treatments/Therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the home care provider must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each client and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each client and documented those instructions in the client's record; and (3) communicated with the unlicensed personnel about the individual needs of the client. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure there were specific instructions for four of four clients (C3, C2, C6, C9) and documented those instructions in the client's record. In addition, the licensee failed to ensure three of three (unlicensed personnel (ULP)-D, ULP-I, ULP-L), received training and demonstrated competency regarding treatments. This practice resulted in a level two violation (a violation that did not harm a client's health or	01040		

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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:

During the entrance conference on April 1, 2024, at 9:45 a.m., registered nurse (RN)-C and owner (O)-A stated the provider provided treatments and therapy management services.

SPECIFIC INSTRUCTIONS
C3
C3's diagnoses include hypertension (HTN/high blood pressure.)

C3's Service Plan dated February 16, 2024, noted treatment plan, not applicable.

C3's Plan of Care (POC) signed by prescriber February 23, 2024, noted:
-monitor and record client's vital signs during each visit. Report abnormalities to RN.

On April 2, 2024, at 10:51 a.m., the surveyor observed unlicensed personnel (ULP)-M place a wrist blood pressure (BP) machine on C3's left wrist to obtain a reading of 127/60.

C3's home record included the following documentation:
March 4, 2024: BP blank, pulse (P) 66, oxygen (O) 91, temperature (T) blank, respiration rate (R) blank
March 5, 2024: BP 122/61, P 59/ 62, O 90, T 97.4, R 24 asleep

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March 8, 2024: BP 125/55, P 53/56, O 94, T, 97.5, R 21 asleep
March 12, 2024: BP 131/64, P 53/ 56, O 84, T 98.0, R 25 awake
March 15, 2024: BP 112/45, P 58, O 93, T 97.7, R 21 awake
March 19, 2024: BP 131/71, P 67, O 90, T 98.3, R 23 asleep
March 22, 2024: BP 115/46, P 55/57, O 90, T 97.3, R 22 asleep
March 26, 2024: BP 138/62, P 56/59, O 79/87, T 97.6, R 18 awake
March 29, 2024: BP 132/70, P 75/105, O 80, T 97.6, R 21 asleep
April 2, 2024: BP 127/60, P 60/61, O 91, T 97.6, R 21 asleep.

On April 2, 2024, at 11:21 a.m., the surveyor asked ULP-M what "abnormal vitals" would be for C3. ULP-M stated she would look back to see what they had been, adding "the last couple of times I (ULP-M) took a photo of C3's vitals and sent it to his nurse. ULP-M added, "here is the deal, I know what a fever is and if O goes below 90 make him take a few deep breaths and I know to take O level again a little later. ULP-M said C3's BP had been "creeping up" and she is keeping C3's daughter and nurse aware.

On April 3, 2024, at 1:07 p.m., RN-B stated "abnormal vital signs" would depend on the client. RN-B said C3 was diagnosed with CHF (congested heart failure/condition in which the heart's function as a pump is inadequate to meet the body's needs) and C3 did not want to treat it (CHF). RN-B stated, abnormal reading would be, "if BP was? I guess extremely high or low." RN-B added she told the "aide" (ULP) C3 is "end stage." RN-B confirmed C3's record did not contain specific instructions for ULPs for C3's

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vital sign reporting as required.

C2
C2's diagnoses include diabetes, quadriplegia (paralysis that effects all a person's limbs and body from the neck down), intracranial injury with loss of consciousness, static encephalopathy (brain disorder) secondary to traumatic brain injury.

C2's Service Plan dated January 31, 2024, indicated C2 received the following service:
-blood glucose (sugar) testing.

C2's POC signed by prescriber dated January 31, 2024, noted:
-check BP, R, and O daily. Weight (W) as needed (PRN/as needed or as desired).

C2's record included: Flowsheet: General, please document the following vital signs and put in your initials, Document BP, P, R, T, O and W as needed, dated February 22, 2024, through March 28, 2024.
Ranges included:
-BP: 115/68-160/98
-P: 63-109
-R: 17-26
-T: 78.5 (error?)- 99.5
-O: 86-97
-W: 190.5
In addition, February 24, 2024, blood glucose (BG) was recorded at 128.

On April 1, 2024, at approximately 1:40 pm. ULP-D stated she did not see in C2's record when to alert a nurse of vital signs. ULP-D said, "I guess, I don't know a cut offline, we just see where he (C2) is at and if it runs high, we then drop the nurse a note." ULP-D added she

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"probably" does not take C2's BG level as much as she should and confirmed C2's record did not indicate when to alert RN of C2's BG level.

On April 2, 2024, at 9:31 a.m., C2's record was reviewed with RN-C. RN-C stated C2's record did not include specific instructions for ULPs for monitoring being completed, BG level or vital signs. RN-C stated plan of care changed in the last two months; it was possible some things got wiped away. RN-C confirmed required instructions were not in C2's record for monitoring being completed.

C6
C6's diagnoses include diabetes.

C3's Service Plan dated February 3, 2024, noted treatment plan, not applicable.

C6's POC dated February 3, 2024, included:
-assist with meal planning, prepping, cooking and clean up. Client is on a diabetic diet.

C6's prescriber order dated January 11, 2024, included:
-diabetic diet.

On April 2, 2024, at 5:17 p.m., the surveyor observed ULP-I washing C6's dishes. ULP-I stated they just finish with dinner, and they had pizza as they were aware the surveyor was coming "something easy." ULP-I said C6 tells her what he wants to eat.

On April 3, 2024, at 1:23 p.m., operations coordinator/unlicenseed personnel (OC/ULP)-F reviewed C6's POC with the surveyor. OC/ULP-F confirmed there was not any specific instructions in C6's record for diabetic diet as required.

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C9
C9's diagnoses include hypertension (HTN/high blood pressure), mild cognitive impairment, atrial fibrillation (abnormal, normally rapid heartbeat,) and knee pain.

C9's Service Plan dated March 26, 2024, noted, treatment plan, not applicable.

C9's POC dated February 22, 2024, included:
-assist the client with picking an outfit and getting dressed, please dress appropriately for the current weather.

On April 2, 2024, at 2:36 p.m., the surveyor observed ULP-L visiting with C9 while C9 relaxed in a recliner chair. C9 was wearing a right knee brace. ULP-L spoke about C9's medications and knee brace.

C9's assessment dated March 26, 2024, included:
-Pain, level five, knees
Alleviating factors: cold, heat, medication, rest, brace, diversion.

C9's prescriber's order dated March 20, 2024, noted:
-October 10, 2023, addendum, consult placed for right knee hinged brace as requested, Status: completed
-November 1, 2023, addendum, Veteran's daughter is following up on request for right knee hinged brace, Status: completed.

On April 3, 2024, at 1:30 p.m., C9's record was reviewed with RN-B and OC/ULP-F. OC/ULP-F and RN-B confirmed C9's record was missing required information for C9's brace.

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TRAINING: DEMONSTRATION OF COMPETENCY
ULP-D
ULP-D was hired on July 22, 2021, to provide direct care services to the licensee's client, (C2.)

On April 1, 2024, at approximately 1:40 p.m., ULP-D stated "I am the one who trains staff when they come on. When I have questions, I run it by them (RNs).

On April 2, 2024, at 9:31 a.m., RN-C stated ULP-D (C2's wife is the only ULP) that does BG testing for C2. OC/ULP-F checked ULP-D's record for training and competency of BG testing.

ULP-I
ULP-I was hired on August 8, 2023, to provide direct care services to the licensee's clients.

On April 2, 2024, at 5:17 p.m., ULP-I said C6 tells her what he wants to eat, adding she had training on "everything." When the surveyor inquired if ULP-I had training on diabetic diets, ULP-I replied, "sure."

On April 3, 2023, at 10:55 a.m. licensed practical nurse (LPN)-G stated she goes over low sodium diets, and low carbohydrate diets. LPN-G added she could get recipes. LPN-G said she did not do any "training" on diabetic diet or any competencies on this diet.

On April 3, 2024, at 1:23 p.m. OC/ULP-F stated she was not able to find any training or competencies in ULPs records for diabetic diets. RN-B stated she took over C6 from another nurse adding she did not do any training with ULPs for C6's diabetic diet.

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ULP-L
ULP-L was hired on August 19, 2022, to provide direct care services to the licensee's clients.

On April 2, 2024, at 2:36 p.m., the surveyor observed ULP-L visiting with C9 while C9 relaxed in a recliner chair. C9 was wearing a right knee brace. ULP-L stated she applied C9's knee brace.

ULP-L's record did not include evidence of brace training or competency.

On April 3, 2024, at 10:46 a.m., LPN-G stated she does not go through (do any training on braces.)

On April 3, 2024, at 10:51 a.m., office manager/unlicensed personnel (OM/ULP)-H stated braces are not on the supervision form, for RNs to review with ULPs. OM/ULP-H said there was no evidence in ULP-L record of training or competencies for brace.

The licensee's Treatment and Therapy Management policy dated January 26, 2021, noted the RN or licensed professional would prepare an individualized treatment or therapy management plan for each client receiving ordered or prescribed treatments or therapy services, with addressed:
-the type of service to be provided
-procedures for documenting treatments or therapies
-procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions
-identification of treatment or therapy tasks delegated to unlicensed personnel
-procedures for notifying the RN or licensed health professional when a problem arose related

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01040	Continued From page 50 to the treatment or therapy service. The licensee's Staff Competency policy dated January 26, 2021, noted all clients would receive quality service delivered by staff who were educated and competent in the delivery of home care services. In addition, no one may provide direct care to clients on behalf of the agency before successfully passing the competency evaluation. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01040		
01045 SS=D	144A.4793, Subd. 5 Documentation of Treatment/Therapy Each treatment or therapy administered by a comprehensive home care provider must be documented in the client's record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the delegated task of treatments were documented in the client record for one of one client (C9.) This practice resulted in a level two violation (a	01045		

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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 April 1, 2024, at 9:45 a.m., registered nurse (RN)-C and owner (O)-A stated the provider provided treatments and therapy management services.

C9's diagnoses include hypertension (HTN/high blood pressure), mild cognitive impairment, atrial fibrillation (abnormal, normally rapid heartbeat,) and knee pain.

C9's Service Plan dated March 26, 2024, noted, treatment plan, not applicable.

C9's POC dated February 22, 2024, included:
-assist the client with picking an outfit and getting dressed, please dress appropriately for the current weather.

On April 2, 2024, at 2:36 p.m., the surveyor observed ULP-L visiting with C9 while C9 relaxed in a recliner chair. C9 was wearing a right knee brace. ULP-L spoke about C9's medications and knee brace.

C9's assessment dated March 26, 2024, included:
-Pain, level five, knees
Alleviating factors: cold, heat, medication, rest, brace, diversion.

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C9's prescriber's order dated March 20, 2024, noted:
October 10, 2023, addendum, consult placed for right knee hinged brace as requested, Status: completed.
-November 1, 2023, addendum, Veteran's daughter is following up on request for right knee hinged brace, Status: completed.

C9's record lacked:
-documentation if/when right leg brace was applied.

On April 3, 2024, at 1:30 p.m., C9's record was reviewed with RN-B and operations coordinator/unlicensed personnel (OC/ULP)-F. OC/ULP-F and RN-B confirmed C9's record lacked documentation for the delegated treatment of right leg brace.

The licensee's Treatment and Therapy Management policy dated January 26, 2021, noted the RN or licensed professional would, as appropriate, provide coordination of care related to the treatment or therapy activities with the client, arrives/family, primary care provider, other health care providers. In addition, each staff member who administers a treatment or therapy is responsible for documenting this in the clinical record. When a treatment or therapy is not administered as ordered or prescribed, staff will document the reason why it was not administered, and any follow-up procedures provided to meet the client's needs as documented in the care plan or treatment plan or as ordered by the authorized prescriber.

No further information was provided.

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01045	Continued From page 53 TIME PERIOD FOR CORRECTION: Seven (7) days	01045		
01050 SS=F	144A.4793, Subd. 6 Treatment and Therapy Orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a prescriber's order was obtained for three of three clients (C5, C8, C9) receiving treatments. 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: During the entrance conference on April 1, 2024, at 9:45 a.m., registered nurse (RN)-C and owner (O)-A stated the provider provided treatments and therapy management services.	01050		

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C5
C5's diagnoses include Lewy body dementia (abnormal deposits of protein in the brain, can lead to problems with thinking, movement, behavior, and mood.)

C5's Service Plan dated February 22, 2024, noted, treatment plan, not applicable.

C5's POC (Plan of Care) dated February 22, 2024, included:
-upper and lower body dressing- button/snaps, zipper, belt, brace. Pick out appropriate attire.

C5's Nursing Assessment dated February 22, 2024, noted: Pain, joints, sharp, dull, stabbing, aching, continuously.
-alleviating factors: medication, rest, braces, diversion.

C5's Visit Detail ENT (encounter) dated April 1, 2024, indicated the following services were provided by unlicensed personnel (ULP)-K:
-dressing, grooming, transfers, mobility, bathing, foot care, eating assist, behavioral support, health related tasks, and monitor patient (client) safety.

On April 2, 2024, at 1:10 p.m., the surveyor asked ULP-K about C5's leg brace. ULP-K stated C5 was not using the brace, "right now." The surveyor observed ULP-K apply a leg brace to C5's left knee. ULP-K said the brace needed to be replaced, indicating the Velcro was not fastening correctly. ULP-K stated there was an order for a new brace "somewhere." ULP-K added C5's POC came in the mail, and C5's POC did not make sense.

C5's record was lacking an order for C5's brace.

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C8
C8's diagnoses include quadriplegic C1-C4 incomplete (when all four limbs are affected).

C8's Service Plan dated February 22, 204, noted, treatment plan, not applicable.

C8's POC dated February 22, 2024, indicated C8 received the following services:
- assist with putting on brace and making sure the brace is on at all times when client is out of bed.
- grooming, dressing, foot care, transfers, toilet use, eating, bathing, positioning, and housekeeping.

C8's Admission/ Change in Condition Bundle assessment dated October 11, 2023, included:
-assist with putting on brace and making sure the brace is on at all times when client is out of bed.

C8's record included Visit Detail ENT documentation dated April 1, 2024, indicating ULP-J completed the following services which included: dressing, foot care, transfer, mobility, eating, other.

C8's record was lacking an order for C8's brace.

C9
C9's diagnoses include hypertension (HTN/high blood pressure), mild cognitive impairment, atrial fibrillation (abnormal, normally rapid heartbeat,) and knee pain.

C9's Service Plan dated March 26, 2024, noted: treatment plan, not applicable.

C9's POC dated February 22, 2024, included:
-assist the client with picking an outfit and getting

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dressed, please dress appropriately for the current weather.

On April 2, 2024, at 2:36 p.m., the surveyor observed ULP-L visiting with C9 while C9 relaxed in a recliner chair. C9 was wearing a right knee brace. ULP-L spoke about C9's medications and knee brace.

C9's assessment dated March 26, 2024, included:
-Pain, level five, knees
-Alleviating factors: cold, heat, medication, rest, brace, diversion.

C9's prescriber's order dated March 20, 2024, noted:
October 10, 2023, addendum, consult placed for right knee hinged brace as requested, Status: completed.
-November 1, 2023, addendum, Veteran's daughter is following up on request for right knee hinged brace, Status: completed.

C9's record was lacking an order for C9's brace.

On April 3, 2024, at 1:30 p.m., C9's record was reviewed with RN-B and operations coordinator/unlicensed personnel (OC/ULP)-F. OC/ULP-F and RN-B confirmed C9's record was missing an order for C9's brace.

On April 16, 2024, at 2:30 p.m. OC/ULP-F noted the licensee did not have prescriber orders for C5, C8, and C9's braces as required.

The licensee's Treatment and Therapy Management policy dated January 26, 2021, noted the RN or licensed health professional would obtain orders for prescriptions for all

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treatments and therapies. The order would include the following elements:
-client name
-description of the treatment or therapy to be provided
-frequency
-other pertinent information.

No further information was provided.

TIME PERIOD FOR CORRECTION: Seven (7) days

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01155 SS=F	144A.4795, Subd. 7(d) RN/LHP Responsibilities	01155		

(d) When the registered nurse or licensed health professional delegates tasks, they must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks. If an unlicensed personnel has not regularly performed the delegated home care task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the client's record.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure the client's records included client specific instructions for two of two clients (C8, C2). In addition, the licensee failed to ensure the registered nurse

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01155	Continued From page 58 (RN) trained and determined competency in the proper methods to perform delegated tasks or procedures for two of two employees (unlicensed personnel (ULP-J, ULP-E). Further, the licensee failed to ensure the RN included an identified task on the plan of care for one of four clients (C9). 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: During the entrance conference on April 1, 2024, at 9:45 a.m., RN-C and owner (O)-A stated the provider provided treatments and therapy management services. SPECIFIC INSTRUCTIONS C8 C8's diagnoses included quadriplegic C1-C4 incomplete (when all four limbs are affected). C8's Service Plan and POC (Plan of Care) dated February 22, 2024, indicated C8 received the following services grooming, dressing, foot care, transfers, toilet use, eating, bathing, positioning, and housekeeping. C8's POC dated February 22, 2024, included: transfer -slide board and assist of one PRN (as needed or desired).	01155		

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C8's Print Visit Detail ENT (encounter) dated April 1, 2024, indicated services completed by ULP-J included:
-transfer, dressing.

C8's Admission/Change in Condition Bundle assessment dated October 11, 2023, included:
-client was in the Hibbing VA (Veterans Administration) clinic today and had x-rays that revealed fractured right foot and all toes except the great toe from a fall client sustained while pivot transferring without assistance. Writer encouraged client to have SBA (stand by assist) of one with all transfer
-chairfast: ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair
-mobility: makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.

On April 3, 2024, at 1:28 p.m. RN-B and operations coordinator/unlicensed personnel (OC/ULP)-F reviewed C8's record with the surveyor. RN-B and OC/ULP-F confirmed C8's record did not include specific instructions for C8's sliding board as required.

C2
C2's diagnoses include diabetes, quadriplegia (paralysis that effects all a person's limbs and body from the neck down), intracranial injury with loss of consciousness, static encephalopathy (brain disorder) secondary to traumatic brain injury.

C2's Service Plan dated April 1, 2024, indicated C2 received the following services: condom catheter (small flexible tube that is used to collect urine from the body/not inserted into the urethra),

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suctioning (when client is unable to effectively move secretions from the respiratory tract/suction machine), G-Tube (feeding, flushes, medication passes/a tube inserted through the wall of the abdomen directly into the stomach), blood glucose (sugar) testing.

C2's POC dated April 1, 2024, included:
-Client is NPO (nothing by mouth) and required G-tube feedings. Staff to check residuals prior to feedings and water flushes. If concerns with G-tube patency arises please notify client's wife and RN. Client's wife manages G-tube replacement/changes as per her preference.
-empty Foley bag (catheter) as needed when client is wearing his condom catheter. Complete catheter cares when putting condom catheter on, removal, and as needed.
-Record intakes each shift, record urine output and BM in logbook.

C2's record indicated ULP-E provided care for C2 on March 13, 2024, March 14, 2024, March 18, 2024, and March 19, 2024.

Condom catheter
On April 1, 2024, at approximately 2:15 p.m., RN-N stated C2 used a urinal at night.

The surveyor was given two undated flow sheets that were with C2's I (in) & O (out) documents:
- Urine Output Chart: urine color chart: 1 transparent, 2 pale yellow, 3 transparent yellow, 4 dark yellow, 5 brownish orange, 6 pinkish red, 7 blue or green, 8 foamy. The sheet included: date, time, amount, color, comment (report #5-7 on color chart) staff initials.
There was no documentation on the sheets.

On April 2, 2024, at approximately 2:10 p.m., the

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surveyor was given a piece of paper with instructions typed on it, "from wife/ ULP-D" that included: leg bag condom catheter: monitor through the day and empty as needed. Make sure to document output in his chart.

I & O's
C2's record included I (intake) and O (output) documentation dated February 29, 2024, through March 31, 2024:
February 29, 2024:
-In 5:00 a.m., 350 H2O (water), out 400 cc (cubic centimeters/liquid measurement)
-In Boost (nutritional supplement) 250 water, fiber, out 300 cc
-In 10:00 a.m., (illegible) water 250, out 250 cc
-In 12:00 p.m., Boost, water 400, out 400 cc
-In 4:00 p.m., R Boost, 250 water
-In 6:30 p.m., 350 water, fiber 400, out 600 cc
-In 8:00 p.m., Boost & H2O, medications and vitamins, out 350 cc
-In 12:15 a.m., 450 H2O

March 31, 2024:
-In 2:00 a.m., out 350 water
-In 5:00 a.m., Boost, 250 water, fiber, out 800 cc
-In 8:30 a.m., 450 water, out 250 cc
-In 12:00 p.m., Red Boost, 250 water, yogurt, out 300 cc
-In 4:00 p.m., 1 red Boost, 250 water, out 200 cc
-In 6:30 350 fiber/yogurt, out 200 cc
-In 8:00 p.m., Boost & H2O, vitamins and meds (medication)
-In 10:00 p.m., 450 H2O, out 250 cc

Suctioning
C2's record lacked specific instructions for suctioning.

On April 1, 2024, at approximately 2:15 p.m.,

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RN-N stated ULP-D (C2's wife) is the only ULP that does suctioning. RN-N confirmed there should be some specific instruction in C2's record as the service was on C2's service plan.

On April 2, 2024, at 9:31 a.m., RN-C and OC/ULP-F reviewed C2's record with the surveyor. OC/ULP-F stated RN-N had brought in books that were at C2's house that contained information for C2's care. The binders that were at C2's house were reviewed, and RN-C stated there must be more books at ULP-D's (C2's house.) RN-C and OC/ULP-F confirmed there was not specific instruction in C2's records for condom catheter, I & O's, and suctioning as required.

TRAINING AND COMPETENCY
Sliding Board
ULP-J was hired on June 3, 2016, to provide direct care services to the licensee's clients.

On April 3, 2024, at 11:29 a.m., office manager/unlicensed personnel (OM/ULP)-H stated was not able to find sliding board training/competence in ULP records.

On April 3, 2024, at 1:28 p.m., RN-B stated it was her expectation that ULPs would be trained on sliding boards.

I & O's
ULP-E was hired on November 16, 2023, to provide direct care services to the licensee's clients.

On April 1, 2024, at 3:10 p.m., licensed practical nurse (LPN)-G stated she did not teach I & O's, rather the RN teaches I & O's. LPN-G added the training record for I & O's should be in ULP's

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records. LPN-G said she "could be wrong about" about the RN's teaching I & O's.

On April 3, 2024, at approximately 12:00 p.m., OC/ULP-F stated she was not able to find I & O training and competency training in ULP records.

DELEGATION OF PROCEDURES
C9
C9's diagnoses include hypertension (HTN/high blood pressure), mild cognitive impairment, atrial fibrillation (abnormal, normally rapid heartbeat,) and knee pain.

C9's Service Plan dated March 26, 2024, noted medication administration and medication set up, and cleaning support.

C9's POC dated February 22, 2024, noted:
-assist the client with picking an outfit and getting dressed. Bed sure to dress appropriately for the current weather
-encourage the client to elevate his feet to heart level thorough the day
-assist the client with transferring in or out of chair or bed PRN
-SBA PRN for ambulation.

C9's Admission/Change in Condition Bundle nursing assessment dated March 26, 2024, included:
-pain level 5: knees, dull, aching, continuously
-musculoskeletal: joint swelling, stiffness, unsteady gait, weakness
-client is getting physical therapy and occupational therapy from another agency
-other tasks: range of motion (ROM) reviewed
-teaching provided: musculoskeletal/peripheral vascular, supervision.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27332	A. BUILDING: ____ B. WING ____	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
2CARE4U LLC	1107 4TH STREET NW GRAND RAPIDS, MN 55744

(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
01155	Continued From page 64	01155		

C9's record failed to include if ROM was delegated to ULP, or if ROM was being completed.

On April 3, 2024, at 1:20 p.m., the surveyor reviewed C9's assessment February 22, 2024, with RN-B. RN-B stated that ROM was on C9's assessment as "other task." RN-B said ROM should be on the POC for C9.

On April 3, 2024, at 1:21 p.m., RN-B added "some" get tricky, if the spouse is doing the care, "they" (family members) don't play attention to the care plan but said "it" needs to be if they (assigned RN) are signing off that it is a task reviewed. RN-B said the service plan and treatment and therapy management records did not include the specific treatment services that had been identified for C9.

The licensee's Delegation of Home Care Tasks policy dated January 26, 2021, noted the RN or licensed health professional (clinician) may delegate procedures according to the following:
-the clinician instructed the home health aide (ULP) in the proper methods to perform the procedure with respect to each client
-the clinician provided the home health aide with written instructions specific to the client
-the home health aide demonstrated to the clinician competence in the procedure
-the procedure was documented in the client's clinical record
-the home health aid's competence is documented in his/her personnel file.

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-one (21) days

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01190 SS=F	144A.4796, Subd. 6 Required Annual Training (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include: (1) training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided; (2) review of the home care bill of rights in section 144A.44; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. (b) In addition to the topics listed in paragraph (a), annual training may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and	01190		

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01190	Continued From page 66	01190		

challenges it poses to communication;
(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or
(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure one of one employee, (registered nurse (RN)-C) received training to include the required topics for each twelve months of employment as required.

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:

RN-C was hired on October 12, 2017, to provide direct care and services to the licensee's clients and oversight of the licensee's employees.

During the entrance conference on April 1, 2024, at 9:35 a.m., RN-C was introduced as the primary nurse for the provider. RN-C stated there were four additional RNs who worked for the licensee.

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01190	Continued From page 67 RN-C's employee record lacked evidence of the following: -review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. On April 1, 2024, at 11:43 a.m., owner (O)-A stated the RNs review some of the policies with clients but said the RNs do not review all of the provider's policies and procedures annually as required. The licensee's Annual Training policy dated 2024 noted policy and procedure- questions as to what our Policies are and if they know how to receive hard copy of Policy and Procedures would be included as a required training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01190		
0 000	Integrated License (HCBS) Initial Comments INITIAL COMMENTS: SL27332013 On April 1, 2024, through April 3, 2024, a surveyor of this Department's staff, conducted a At the time of the survey, there were 46 clients that were receiving services under the integrated licensure; Home and Community Based Service Designation.	0 000		