



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 1, 2024

Licensee

Allina Home Health Infusion Therapy Services
4050 Coon Rapids Boulevard
Coon Rapids, MN 55433

RE: Project Number(s) SL34565003

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 29, 2023, 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.

MDH concludes the licensee is in substantial compliance. State law requires the agency must take action to correct the state correction orders and document the actions taken to comply in the agency's records. The Department reserves the right to return to the agency at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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/Bm5uQEpHVva>**. 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.

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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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34565	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2023
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NAME OF PROVIDER OR SUPPLIER ALLINA HEALTH HOME INFUSION THERAPY S	STREET ADDRESS, CITY, STATE, ZIP CODE 4050 COON RAPIDS BLVD COON RAPIDS, MN 55433
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: Project # SL34565003</p> <p>On November 28, 2023, and November 29, 2023, a surveyor from this Department's staff made an unannounced visit to the above Comprehensive Home Care provider to determine compliance with state licensing requirements. Although the survey was completed, it was later determined the licensee also held a Home Infusion Therapy (HIT) license (260411). At the time of the survey, there were no clients receiving services under the comprehensive home care license. A closure form was provided, via email, to the clinical nurse manager (CNM)-A and the director of pharmacy (DOP)-B. The following correction orders were issued.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 475 SS=F	<p>144A.472, Subd. 3 License Renewal</p> <p>(a) Except as provided in section 144A.475, a</p>	0 475		

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

Minnesota Department of Health

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0 475	<p>Continued From page 1</p> <p>license may be renewed for a period of one year if the licensee satisfies the following:</p> <ul style="list-style-type: none"> (1) submits an application for renewal in the format provided by the commissioner at least 30 days before expiration of the license; (2) submits the renewal fee in the amount specified in subdivision 7; (3) has provided home care services within the past 12 months; (4) complies with sections 144A.43 to 144A.4798; (5) provides information sufficient to show that the applicant meets the requirements of licensure, including items required under subdivision 1; (6) provides verification that all policies under subdivision 1 are current; and (7) provides any other information deemed necessary by the commissioner. <p>(b) A renewal applicant who holds a comprehensive home care license must also provide verification that policies listed under subdivision 2 are current.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to satisfy all the requirements for licensure renewal, including having provided home care services within the past twelve months prior to their renewal application.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large</p>	0 475		
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0 475	<p>Continued From page 2</p> <p>portion or all of the clients).</p> <p>The findings include:</p> <p>The licensee had last renewed their comprehensive home care license, effective on August 2, 2023, and had attested they read and understood the Comprehensive home care laws.</p> <p>During the entrance conference on November 28, 2023, at 10:15 a.m., clinical nurse manager (CNM)-A and the director of pharmacy (DOP)-B confirmed they were responsible for the day-to-day operations of the home care agency. CNM-A and DOP-B stated they were familiar with the current home care laws and regulations.</p> <p>CNM-A stated the licensee had four clients, all of whom received infusion therapy services.</p> <p>On November 28, 2023, at 11:46 a.m., the surveyor accompanied CNM-A during a home visit to C1's home, and observed while CNM-A performed a physical assessment and completed a PICC (peripherally inserted central catheter) dressing change.</p> <p>C1's Home Infusion Service Plan - Initial, dated October 31, 2023, indicated C1 received IV (intravenous) skilled nursing, one visit every three days, one to three visits as needed, and one visit every 8 weeks, for IV management, labs, and general assessment.</p> <p>On November 30, 2023, at 9:09 a.m., the surveyor contacted CNM-A, via telephone, and inquired about billing coding used for clients and if the licensee also held a HIT (home infusion therapy) license. At 9:14 a.m., CNM-A returned the phone call, and stated the licensee also held</p>	0 475		
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0 475	<p>Continued From page 3</p> <p>a HIT license (260411), and the billing code used for home infusion therapy clients was "99601 and 99602," verifying the nursing visits were being billed under the HIT license. CNM-A stated all four current clients were being served under the HIT license, and not the comprehensive home care license. CNM-A stated the licensee had not provided comprehensive home care services to any clients.</p> <p>On November 30, 2023, at 10:48 a.m., a copy of the closure form was emailed to the licensee.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 475		
0 545 SS=F	<p>144A.474, Subd. 5 Information Provided by Provider</p> <p>The home care provider shall provide accurate and truthful information to the department during a survey, investigation, or other licensing activities.</p> <p>This LEVEL A is not met as evidenced by: Based on interview and document review, the licensee failed to provide accurate and truthful information while completing the Minnesota Department of Health Application for License to Operate as a Comprehensive Home Care Provider.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and</p>	0 545		

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0 545	<p>Continued From page 4</p> <p>was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients.)</p> <p>Findings include:</p> <p>The licensee had completed the Application for License to Operate as a Comprehensive Home Care Provider on July 21, 2023, which was effective on August 2, 2023. The application indicated the licensee offered registered nurse services, both directly and by contract, and indicated the licensee was currently providing licensed home care services to two clients between the ages of 22-45, and two clients between the ages of 66-84. On page 7 of 7, the licensee attested to having read and understood the Home Care Laws, Chapter 144A, Section 144A.43 through 144A.484.</p> <p>During the entrance conference on November 28, 2023, at 10:15 a.m., clinical nurse manager (CNM)-A and the director of pharmacy (DOP)-B confirmed they were responsible for the day-to-day operations of the home care agency. CNM-A and DOP-B stated they were familiar with the current home care laws and regulations.</p> <p>CNM-A stated the licensee had four clients, all of whom received home infusion therapy services.</p> <p>On November 28, 2023, at 11:46 a.m., the surveyor accompanied CNM-A during a home visit to C1's home, and observed while CNM-A performed a physical assessment and completed a PICC (peripherally inserted central catheter) dressing change.</p> <p>C1's Home Infusion Service Plan - Initial, dated</p>	0 545		
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0 545	<p>Continued From page 5</p> <p>October 31, 2023, indicated C1 received IV (intravenous) skilled nursing, one visit every three days, one to three visits as needed, and one visit every 8 weeks, for IV management, labs, and general assessment.</p> <p>On November 30, 2023, at 9:09 a.m., the surveyor contacted CNM-A, via telephone, and inquired about billing coding used for current clients and if the licensee also held a HIT (home infusion therapy) license. At 9:14 a.m., CNM-A returned the phone call, and stated the licensee also held a HIT license (260411), and the billing code used for home infusion therapy clients was "99601 and 99602," verifying the nursing visits were being billed under the HIT license. CNM-A stated all four current clients were being served under the HIT license, not the comprehensive home care license. CNM-A stated the licensee had not provided comprehensive home care services to any clients.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) Days</p>	0 545		