Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

October 31, 2023

Licensee
3mb health services LLC
7447 Egan Drive Suite 100
Savage, MN 55378

RE: Denial of License Number 405417
Health Facility Identification Number (HFID) 37969
Initial Full Survey; Project Number(s) SL37969016

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on September 12, 2023, for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above mentioned provider. Based on the survey, MDH found you not in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A. As a result, your authority to continue to operate under a temporary license or be approved for a Comprehensive home care license, is being denied.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The 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 . . ."

REQUEST FOR RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.473, Subd. 3 (b) and/or (c), you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by MDH and Chapter 14 does not apply. **This is your only ability to request a reconsideration under this enforcement action.**

The request for reconsideration must be made in writing and must list and describe the reasons why you disagree with our decision. The reconsideration request must be received by this Department within 15 calendar days of the correction order receipt date. Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Include the following information on your cover letter:

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

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF CLIENTS

You must comply with the requirements of notification and transfer of clients and provide the information described in Minn. Stat. § 144A.475, Subd. 5 (1), (2), (3), (4) and (5). Please provide the information to this department's contact, Kelly Thorson, via email at: kelly.thorson@state.mn.us, the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care no later than **Friday, November 3, 2023**. Pursuant to Minn. Stat § 144A.473, Subd. 3 (e) (4), a temporary licensee whose license is denied is permitted to continue operating as a home care provider during the period of time when a transfer of home care clients from the temporary licensee to a new home care provider is in process.

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

If you have any additional questions, please do not hesitate to contact Kelly Thorson, Supervisor, at kelly.thorson@state.mn.us. Kelly Thorson can also be reached by office phone at 320-223-7336.

Sincerely,

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H37969	A. BUILDING: _____ B. WING _____	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
3MB HEALTH SERVICES LLC	7447 EGAN DRIVE SUITE 100 SAVAGE, MN 55378

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project #SL37969016 On September 11, 2023, through September 12, 2023, the Minnesota Department of Health conducted a full survey of the temporary comprehensive home care licensed provider and the following correction orders were issued. At the time of the evaluation, there were no active clients receiving services under the temporary comprehensive license; however, the licensee had one client from September 5, 2022, through December 14, 2022. The client was discharged due to issues with insurance payment.	0 000	Home Care Provider 144A. Minnesota Department of Health is documenting the State 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 evaluators' 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).	

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0 470	Continued From page 1	0 470		
0 470 SS=F	144A.472, Subd. 2 Comprehensive License Applications In addition to the information and fee required in subdivision 1, applicants applying for a comprehensive home care license must also provide verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures in this subdivision and keep them current: (1) conducting initial and ongoing assessments of the client's needs by a registered nurse or appropriate licensed health professional, including how changes in the client's conditions are identified, managed, and communicated to staff and other health care providers, as appropriate; (2) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (3) medication and treatment management; (4) delegation of home care tasks by registered nurses or licensed health professionals; (5) supervision of registered nurses and licensed health professionals; and (6) supervision of unlicensed personnel performing delegated home care tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the temporary comprehensive licensed home care provider failed to ensure the licensee's managerial staff responsible for day-to-day operations, understood the statutes including ensuring required policies and procedures were implemented. This practice resulted in a level two violation (a	0 470		

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0 470	Continued From page 2 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: This licensee notified Minnesota Department of Health services began on September 5, 2022. During the entrance conference on September 11, 2023, at 1:30 p.m., registered nurse (RN)-A stated she was familiar with the home care laws and statutes, and reviewed them online. RN-A stated there were no active clients receiving services under the temporary comprehensive license; however, the licensee had one client from September 5, 2022, through December 14, 2022. The client was discharged due to issues with insurance payment. The licensee failed to implement the following required policies and procedures: - conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate; and - medication and treatment management. Refer to licensing order at 144A.4791 Subd. 8. The licensee failed to ensure timely completion of required assessments by the RN for initial and 14-day assessments for the licensee's one client (C1).	0 470		

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0 470	Continued From page 3 Refer to licensing order at 144A.4792 Subd. 2. The licensee failed to ensure the RN conducted an individualized assessment to include the required content for C1. Refer to licensing order at 144A.4792 Subd. 5. The licensee failed to prepare and include in the service plan a written statement of the medication management services that would be provided and failed to ensure a current and individualized medication management plan was developed and maintained with all required content for C1. Refer to licensing order at 144A.4792 Subd. 8. The licensee failed to ensure documentation of administration of medications included the required content for C1. Refer to licensing order at 144A.4792 Subd. 22. The licensee failed to provide documentation in the client's record regarding the disposition of medication including the medication's strength, prescription number, quantity, date of disposition, and names of staff and other individuals involved in the disposition for C1. Refer to licensing order at 144A.4793 Subd. 3. The licensee failed to ensure an individualized treatment or therapy management plan was developed to include the required content for C1. In addition, the licensee failed to include a written statement in the service plan of the treatment or therapy service being provided. Refer to licensing order at 144A.4793 Subd. 5. The licensee failed to document administration of treatments and therapies for C1. Refer to licensing order at 144A.4793 Subd. 6. The licensee failed to ensure an up-to-date	0 470		

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0 470	Continued From page 4 written or electronically recorded order or prescription for all treatments and therapies was completed with all the required content for C1. Twenty (20) correction orders were issued, which indicated the licensee's understanding of the Minnesota statutes were limited and not evident for compliance with sections 144A.43 to 144A.4798. No further information was provided. TIME PERIOD TO CORRECT- Seven (7) days	0 470		
0 715 SS=I	144A.476, Subd. 2 Employees, Contractors, and Volunteers (a) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information. (b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure background studies were conducted prior to staff providing services, and failed to ensure background studies were affiliated with the comprehensive home care license for three of three employees (registered	0 715		

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0 715	Continued From page 5 nurse (RN)-C, licensed practical nurse (LPN)-D, LPN-F). This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: RN-C RN-C began employement on September 10, 2022, and began providing services under the licensee's temporary comprehensive home care license. RN-C was licensed by the Minnesota Board of Nursing (MBON) on June 9, 2015. RN-C had a Background Study Clearance dated October 13, 2022, more than a month after she began providing services, was not affiliated with the agency's license. LPN-D LPN-D began employement on September 10, 2022, and began providing services under the licensee's temporary comprehensive home care license. LPN-D was licensed by the MBON on August 26, 2014. LPN-D had a Background Study Clearance, dated October 5, 2022, three and a half weeks after she began providing services, was not affiliated with the agency's license.	0 715		

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0 715	Continued From page 6 LPN-F LPN-F began employement on September 5, 2022, and began providing services under the licensee's temporary comprehensive home care license. LPN-F was licensed by the MBON on January 1, 2012. On September 12, 2023, at 9:18 a.m. owner (O)-E provided LPN-F's Final Registry Results Form dated September 14, 2022, from the Minnesota Department of Human Services (DHS); however, lacked evidence of a background clearance as required. On September 12, 2023, at 9:45 a.m. O-E stated they began providing home care services to a client on September 5, 2022, and had to put staff in place quickly to care for her; therefore, not all of the paperwork or training was completed prior to the client needing the services, and they worked to complete the required paperwork and training after the client's admission. O-E stated not being aware that the background study needed to be affiliated with the agency's license. O-E stated LPN-F was "let go" after working three or four shifts with the client, because the client did not care for LPN-F and asked to have him removed from her home. O-E stated he was unable to provide a completed background clearance for LPN-F because LPN-F did not complete the process with fingerprinting. The licensee's undated, Background Studies policy indicated all agency employees who would be providing direct care to clients must have a background study completed and would not be able to start working with clients until the background check clearance had been received by the agency.	0 715		

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0 715	Continued From page 7 No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days	0 715		
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the home care provider provides and maintain documentation. 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	0 790		

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0 790	Continued From page 8 has affected or has the potential to affect a large portion or all of the clients). The findings include: During the entrance conference on September 11, 2023, at 1:30 p.m., a request was made to registered nurse (RN)-A to review documentation of the licensee's quality management activities. At that time, RN-A stated the administrative staff had conversations about the client's services, staffing, and other issues; however, RN-A stated no documentation had been completed for the quality management activity. The licensee's Quality Management Program policy, undated, indicated the agency would develop a continuous quality management program, as appropriate to the size of the agency and the scope of services provided, to identify and support the agency's quality improvement efforts and provide quality services to the agency's clients. Also included, retention of reports and findings of the Quality Team would be retained in the agency files for two years and would be made available to the Minnesota Department of Health upon request. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 790		
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home	0 810		

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0 810	Continued From page 9 care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for the licensee's one 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's record lacked an individual abuse prevention plan to include: - an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; - the person's risk of abusing other vulnerable adults; and - statements of the specific measures to be taken	0 810		

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0 810	Continued From page 10 to minimize the risk of abuse to that person and other vulnerable adults. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services including medication administration, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. On September 12, 2023, at 1:05 p.m., registered nurse (RN)-A stated she thought she may have completed an individual abuse prevention plan for C1, but could not find it. The licensee's undated, Abuse Prevention Plan policy noted all clients would be assessed for their susceptibility to abuse by other individuals, including other vulnerable adults and their risk of abusing other vulnerable adults. The policy also noted the agency would develop a statement of the specific measures that would be taken to minimize the risk of abuse to that person and other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		

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0 825	Continued From page 11	0 825		
0 825 SS=C	144A.4791, Subd. 1 HBOR Notification to Client (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand. (b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices. "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." The statement should include the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, email, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint. (c) The home care provider shall obtain written acknowledgment of the client's receipt of the	0 825		

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0 825	Continued From page 12 home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure written acknowledgment of receipt of the home care bill of rights was obtained for the licensee's one client (C1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) 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 had an admission date of September 5, 2022. C1's record lacked written acknowledgement of the client's receipt of the home care bill of rights. On September 12, 2023, at 1:10 p.m., registered nurse (RN)-A stated she was not able to locate the required written acknowledgement for C1 and provided a copy of the bill of rights that she stated was given to C1; however, the copy provided was the Minnesota Bill of Rights for Assisted Living Residents, not the Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers, as required. The licensee's undated, Home Care Bill of Rights	0 825		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H37969	A. BUILDING: _____ B. WING _____	09/12/2023

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0 825	Continued From page 13 policy indicated each client or client's representative would be provided with a written notice of their rights, reviewed and signed indicating they had been informed of their rights, prior to initiation of services. Also included, if the client was unable to acknowledge receipt of the bill of rights, the licensee would document the reason. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 825		
0 830 SS=C	144A.4791, Subd. 2 Notice of Services for Dementia/Alzheimer's The home care provider that provides services to clients with dementia shall provide in written or electronic form, to clients and families or other persons who request it, a description of the training program and related training it provides, including the categories of employees trained, the frequency of training, and the basic topics covered. This information satisfies the disclosure requirements in section 325F.72, subdivision 2, clause (4). This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a process to provide in written or electronic form, to clients and families or other persons who request it, a description of the dementia training program and related training the licensee provided, including the categories of employees trained, the frequency of training, and the basic topics covered.	0 830		

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0 830	Continued From page 14 This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), 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 September 11, 2023, at 1:30 p.m., registered nurse (RN)-A stated the licensee could provide community-based home care services to clients with dementia. On September 11, 2023, at 2:35 p.m. RN-A stated the licensee did not have the required disclosure. The licensee's undated, Dementia Training and Disclosure policy indicated the licensee would develop a written stated called the "Dementia Training Disclosure" that was available both in hard copy and electronically to clients, the clients' representatives and families upon their request that would describe the agency's training program and any related training, including the categories of employees trained, the frequency of training, and the basic topics covered by the training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 830		
0 835 SS=C	144A.4791, Subd. 3 Statement of Home Care Services	0 835		

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0 835	Continued From page 15 Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide an accurate Statement of Home Care Services for the licensee's one client (C1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) 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's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait.	0 835		

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0 835	Continued From page 16 C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. The client's record contained a "Statement of Home Care Services: Comprehensive Home Care Provider" form, signed by the client's representative on September 6, 2022. The form lacked identification of all services the licensee was providing to C1, including treatment and therapies, and complex or specialty healthcare services, including ventilator and tracheostomy care. On September 12, 2023, at 1:08 p.m. registered nurse (RN)-A stated the form did not include all of services the licensee had provided to the client. The licensee's undated, Scope of Services Statement policy indicated the agency would consistently provide clients with accurate and complete information about the services the agency would provide and would determine the type and scope of services they would provide as a Comprehensive Home Care provider. This information would be communicated to all clients and/or their representative. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 835		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring	0 860		

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0 860	Continued From page 17 (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure timely completion of required assessments by the registered nurse (RN) for initial and 14-day assessments for the licensee's one 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	0 860		

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0 860	Continued From page 18 a large portion or all of the clients). The findings include: C1's record lacked evidence a comprehensive initial assessment was completed within five days after the date that home care services were first provided. In addition, the client's record lacked evidence of monitoring and reassessment was completed no more than 14 days after the date that home care services were first provided as required. C1 had an admission date of September 5, 2022. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. C1's record included a [Licensee name] Initial Assessment Form, which was signed by RN-A; however, there was no date. In addition, C1's record included a [Licensee name], Comprehensive Home Care Monitoring and Reassessment 30 Day dated September 30, 2022, identified as C1's 14-day assessment. On September 11, 2023, at 3:20 p.m. RN-A stated she didn't realize the initial assessment	0 860		

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0 860	Continued From page 19 wasn't dated; however, stated she thought she completed the initial assessment the same day as the service plan, but could not verify this. RN-A stated C1's 14-day assessment was completed "late." The licensee's undated, Comprehensive Client Assessment policy indicated the initial assessment would be completed within five days after the initiation of services and client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 860		
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care	0 870		

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0 870	Continued From page 20 provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for the licensee's one 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's service plan lacked the following: - a description of the home care services to be provided, and the frequency of each service, according to the client's current review or assessment and client preferences. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for	0 870		

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0 870	Continued From page 21 feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. C1's Medication Administration Record (MAR) dated September 2022, indicated C1 received medication administration eight times per day, tracheostomy site care each shift daily, tracheostomy tube change monthly with inner cannula changed one daily and as needed, check ventilator setting recording every shift, suction every two hours and as needed, passive range of motion exercise once every shift, and gastrostomy tube flushes every two hours and before and after medication administration. C1's service plan lacked a description of all of the home care services the agency provided to C1. On September 11, 2023, at 3:35 p.m. registered nurse (RN)-A stated the service plan did not include all of the services the agency provided, and should have. The licensee's undated, Service Plan policy indicated home care services would be provided according to a suitable and current written service plan, and was developed with the client/client representative, based on client needs and preferences. The service plan would include a description of the home care services to be provided, and the designated agency	0 870		

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0 870	Continued From page 22 representative would present and explain the Service Plan to the client/representative. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 870		
0 905 SS=F	144A.4792, Subd. 2 Provision of Medication Mgt Services (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must: (1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and (2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications. "Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications.	0 905		

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0 905	Continued From page 23 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted an individualized assessment to include the required content for the licensee's one 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: During the entrance conference on September 11, 2023, at 1:30 p.m., RN-A stated the licensee provided medication management services to the licensee's client, and stated the medication management assessment was part of the initial assessment. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for	0 905		

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0 905	Continued From page 24 breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. C1's prescriber orders dated September 5, 2022, included two nebulizers, a laxative, an antibiotic, three supplements, an antihistamine, an antacid, and an antianxiety. C1's [licensee name] Initial Assessment Form, undated, lacked an assessment to determine what medication management services would be provided and how the services would be provided, and lacked the following required content: - must be conducted face-to-face; - identification and review of all medications the client is known to be taking; - indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues; - identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and - provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications. C1's Medication Administration Record (MAR) dated September 2022, listed medications, times to administer, and staff initials to indicate the medications had been administered. On September 11, 2023, at 3:37 p.m. RN-A stated she could not provide evidence of conducting an assessment with the above required content.	0 905		

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0 905	Continued From page 25 The licensee's undated, Medication Management policy indicated comprehensive client assessment performed at start of care and other defined points in time included a review of all medications the client was taking and reviewed with the client/family to determine current medications and client understanding of the medications' actions and side effects. During the assessment it was determined who would be responsible for managing, setting up, reordering and obtaining medications from the pharmacy, and clients/family members would be educated about proper medication storage in the home and oriented to the plan. The policy did not address the required content of the medication assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
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; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's	0 920		

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0 920	Continued From page 26 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 interview and document review, the licensee failed to prepare and include in the service plan a written statement of the medication management services that would be provided and failed to ensure a current and individualized medication management plan was developed and maintained with all required content for the licensee's one client (C1). This practice resulted in a level two violation (a violation that did not harm a client's health or	0 920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H37969	A. BUILDING: _____ B. WING _____	09/12/2023

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3MB HEALTH SERVICES LLC	7447 EGAN DRIVE SUITE 100 SAVAGE, MN 55378

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0 920	Continued From page 27 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 September 11, 2023, at 1:30 p.m., registered nurse (RN)-A stated the licensee provided medication management services to the licensee's one client. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. C1's prescriber orders dated September 5, 2022, included two nebulizers, a laxative, an antibiotic, a supplement, an antihistamine, an antacid, and an antianxiety. C1's record lacked a current medication management plan to include the following required content: - statement describing the medication	0 920		

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0 920	Continued From page 28 management services that would be provided; - description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific client instructions related to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills were ordered on a timely basis; - identification of medication management tasks that may be delegated to ULP (unlicensed personnel); - procedures for staff to notify a registered nurse (RN) when a problem arose with medication management services; and - any client-specific requirements related to documenting medication administration, verifications that all medications were administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. The medication management record must be current and updated when there are any changes. On September 11, 2023, at 3:37 p.m. RN-A stated C1's record lacked a current medication management plan with the above required content. The licensee's undated, Medication Management policy indicated comprehensive client assessment performed at start of care and other defined points in time included a review of all medications the client was taking and reviewed with the client/family to determine current medications and client understanding of the medications' actions and side effects. During the assessment it was determined who would be responsible for managing, setting up, reordering	0 920		

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0 920	Continued From page 29 and obtaining medications from the pharmacy, and clients/family members would be educated about proper medication storage in the home and oriented to the plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
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 licensee failed to ensure documentation of administration of medications included the required content for the licensee's one 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	0 935		

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0 935	Continued From page 30 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 September 11, 2023, at 1:30 p.m., registered nurse (RN)-A stated the licensee provided medication management services to the licensee's one client. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. C1's prescriber orders dated September 5, 2022, included the following: - albuterol (used to treat difficulty breathing) (2.5 milligrams (mg)/3 milliliters (ml)) 0.083% nebulizer solution, take one vial (2.5 mg) by nebulization every 4 hours as needed for wheezing or shortness of breath/dyspnea; - polyethylene glycol (used to treat constipation) 17 grams/dose powder, take 17 grams by mouth daily; - sulfamethoxazole-trimethoprim (antibiotic)	0 935		

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0 935	Continued From page 31 800-160 mg tablet, take one tablet by mouth twice daily; - cholecalciferol (supplement) 125 micrograms (mcg), take 250 mcg by mouth daily; - hydroxyzine (antihistamine) 10 mg, take one tablet three times daily as needed for anxiety; - lansoprazole (decrease stomach acid) 30 mg, take 30 mg by mouth daily as needed; - lorazepam (antianxiety) 0.5 mg, one tablet by mouth or feeding tube every 8 hours as needed; - LEAP2BFit (nonformulary supplement) take by mouth daily; - l-serine (nonformulary supplement) take by mouth daily; - omeprazole (antacid) 2 mg/ml suspension, 20 mg by mouth daily; - protein modular liquid (treat muscle weakness) one packet per feeding tube three times daily; - sodium chloride 3% nebulizing solution, 3 ml by nebulization every 6 hours; and - Tylenol Children's (pain reliever) 160 mg/5 ml suspension, 20.3 ml by mouth daily as needed for fever or mild pain. C1's Medication Administration Record (MAR) dated September 2022, included the following: 0800 (8:00 a.m.): - omeprazole (10 ml) - refrigerator; - l-serine (1/4 teaspoon); - LEAP2BFit (1 scoop); - vitamin D (same as cholecalciferol) (5 drops); and - Pro Source protein. 1200 (12:00 p.m.): - albuterol then 3% saline; - lorazepam (0.5 mg); and - Pro Source protein. 1600 (4:00 p.m.):	0 935		

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0 935	Continued From page 32 - l-serine (1/4 teaspoon); - LEAP2BFit (1 scoop); and - Pro Source protein. 1800 (6:00 p.m.): - albuterol then 3% saline. 2000 (8:00 p.m.): - lorazepam (0.5 mg); and - melatonin (1 ml). 0000 (12:00 a.m.): - albuterol then 3% saline. 0400 (4:00 a.m.): - lorazepam (0.5 mg). 0600 (6:00 a.m.): - albuterol then 3% saline. The MAR included initials of staff that administered the medications on each day; however, not all initials were identified with a signature that corresponded with each initial and documentation lacked the following: -the title of the person who administered the medication; and -the medication name, dosage, and time administered. In addition, the MAR directed staff to put initials in the appropriate box when the medication was given and to circle initials when the medication was not given, and to state the reason for refusal/omission on the back of the MAR. There were several initials on several days that were circled to indicate the medication was not given; however, there was no documentation to indicate why the medication wasn't given. On September 11, 2023, at 3:37 p.m., RN-A	0 935		

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0 935	Continued From page 33 stated the MAR should have included the required content when providing medication administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 935		
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	01010		

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01010	Continued From page 34 by: Based on interview and record review, the licensee failed to provide documentation in the client's record regarding the disposition of medication including the medication's strength, prescription number, quantity, date of disposition, and names of staff and other individuals involved in the disposition for the licensee's one 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 was discharged from the home care provider on December 14, 2022. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks.	01010		

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01010	Continued From page 35 C1's prescriber orders dated September 5, 2022, included two nebulizers, a laxative, an antibiotic, three supplements, an antihistamine, an antacid, and an antianxiety. C1's last progress note dated December 13, 2022, indicated C1 was sitting in her recliner, vital signs were stable, no signs or symptoms of respiratory distress or shortness of breath, and lung sounds were clear bilaterally. The progress notes lacked any documentation regarding C1's discharge. C1's record lacked documentation of the disposition of medications upon discharge to include the name of the medication, strength, prescription number if applicable, quantity, date of disposition, and the names of staff and other individuals involved in the disposition, as required. On September 11, 2023, at 2:50 p.m. registered nurse (RN)-A stated C1's record did not include a list of medications with the above required documentation upon the client's discharge and stated, "They [client/family] discharged us." RN-A stated C1 was hospitalized while being cared for by another home care agency that was providing services, and did not resume home care services with the licensee upon discharge from the hospital. The licensee's undated, Medication Disposition or Disposal policy indicated when the client's medication management services were terminated, staff would document in the client's record the name of the person to whom the medications were given, the time and date, the name of each medication and the amount of	01010		

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01010	Continued From page 36 medication remaining. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01010		
01035 SS=F	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	01035		

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01035	Continued From page 37 changes. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individualized treatment or therapy management plan was developed to include the required content for the licensee's one client (C1). In addition, the licensee failed to include a written statement in the service plan of the treatment or therapy service being provided. 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 September 11, 2023, at 1:30 p.m., registered nurse (RN)-A stated the licensee had provided treatment and therapy management services to C1, and could provide treatment and therapy management services to future clients. C1 admitted to home care services on September 5, 2022, and was discharged on December 14, 2022. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for	01035		

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01035	Continued From page 38 feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. C1's Treatment Administration Record (TAR) dated September 2022, and October, 2022, indicated C1 received tracheostomy site care each shift daily, tracheostomy tube change monthly with inner cannula changed once daily and as needed, check ventilator setting recording every shift, suction every two hours and as needed, passive range of motion exercise once every shift, gastrostomy tube flushes every two hours and before and after medication administration and oral care every morning, and oral suction every two hours and as needed. C1's record lacked evidence of a TAR for November 2022, and December 2022. C1's record lacked an individualized treatment and therapy management plan to include the following required content: - a statement of the type of services that will be provided; - documentation of specific client instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a	01035		

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01035	Continued From page 39 problem arises with treatments or therapy services; and -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. On September 12, 2023, at 1:25 p.m. RN-A stated the nursing staff provided treatment and therapy management services for C1 during the time they provided home care services and stated C1's record lacked the required content for the treatment and therapy management plan, lacked evidence of the November 2022, and December 2022, TAR and stated C1's record lacked a written statement in the service plan of the treatment or therapy service being provided. The licensee's undated, Treatment and Therapy Management Services policy indicated the agency would develop an individualized plan for each client receiving treatment or therapy services that would be updated as needed to reflect the client needs, would be incorporated into the client's Service Plan and would include a written statement of the treatment or therapy that would be provided. The plan would also include specific instructions that related to providing the treatment or therapy, whether the treatment or therapy tasks would be delegated to an unlicensed person, procedures for notifying a registered nurse or other licensed health professional if problems arose with the treatment or therapy services, any client specific requirements that relate to documentation of	01035		

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01035	Continued From page 40 treatments and therapy with direction on where tasks were to be documented, and verification by the RN that services were provided, precautions were documented, and caregivers were following plan to prevent complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01035		
01045 SS=F	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 document administration of treatments and therapies for the licensee's one 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	01045		

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	H37969	A. BUILDING: _____ B. WING _____	09/12/2023

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3MB HEALTH SERVICES LLC	7447 EGAN DRIVE SUITE 100 SAVAGE, MN 55378

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01045	Continued From page 41 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 September 11, 2023, at 1:30 p.m., registered nurse (RN)-A stated the licensee had provided treatment and therapy management services to C1, and could provide treatment and therapy management services to future clients. C1 admitted to home care services on September 5, 2022, and was discharged on December 14, 2022. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. C1's Treatment Administration Record (TAR) dated September 2022, and October, 2022, indicated C1 received tracheostomy site care each shift daily, tracheostomy tube change monthly with inner cannula changed once daily and as needed, check ventilator setting recording	01045		

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01045	Continued From page 42 every shift, suction every two hours and as needed, passive range of motion exercise once every shift, gastrostomy tube flushes every two hours and before and after medication administration and oral care every morning, and oral suction every two hours and as needed. C1's TARs included initials of staff that administered the treatments on each day; however, did not document for completion of each treatment if the treatment occurred more than once per shift. Also, the documentation lacked the following: -the signature and title of the person who administered the treatment or therapy; and -the date and time of administration. In addition, the TAR directed staff to put initials in the appropriate box when the treatment was given and to circle initials when the treatment was not completed, and to state the reason for refusal/omission on the back of the MAR. The October 2022, TAR included initials on 20 days that were circled to indicate the passive range of motion was not completed; however, there was no documentation to indicate why the therapy was omitted. C1's record lacked evidence of a TAR for November 2022, and December 2022. On September 12, 2023, at 1:25 p.m., RN-A stated the nursing staff provided treatment and therapy management services for C1 during the time they provided home care services and stated C1's record lacked documentation of administration of treatments and therapies. The licensee's undated, Treatment and Therapy Management Services policy indicated each task (therapy or treatment) would be documented in	01045		

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01045	Continued From page 43 the client record, and would include the signature and title of the person who administered the treatment and would include the date and time of administration. Also included, when the treatment or therapy was not administered as ordered, the agency would document the reason why it was not administered, communication with prescriber as needed, and any follow up procedures that were provided to meet the client need. No further information was provided. 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 an up-to-date written or electronically recorded order or prescription for all treatments and therapies was completed with all the required content for the licensee's one client (C1). This practice resulted in a level two violation (a	01050		

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01050	Continued From page 44 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 September 11, 2023, at 1:30 p.m., registered nurse (RN)-A stated the licensee had provided treatment and therapy management services to C1, and could provide treatment and therapy management services to future clients. C1 admitted to home care services on September 5, 2022, and was discharged on December 14, 2022. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services including medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. C1's Treatment Administration Record (TAR) dated September 2022, and October, 2022,	01050		

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01050	Continued From page 45 indicated C1 received tracheostomy site care each shift daily, tracheostomy tube change monthly with inner cannula changed once daily and as needed, check ventilator setting recording every shift, suction every two hours and as needed, passive range of motion exercise once every shift, gastrostomy tube flushes every two hours and before and after medication administration and oral care every morning, and oral suction every two hours and as needed. C1's record lacked evidence of a TAR for November 2022, and December 2022. C1's prescriber orders dated September 5, 2022, included diet of adult formula drip feeding with continuous Keto Farms Peptide 1.5 per gastrostomy tube, at 40 milliliters (ml) per hour, and tube flush frequency of at least 15-30 ml water before and after medication administration and with tube clogging. Also included, NPO (nothing by mouth) but receiving tube feeding, and okay for medications through the feeding tube. The prescriber orders lacked orders for ventilator care and settings, suctioning, and passive range of motion exercises. On September 12, 2022, at 1:20 p.m. RN-A stated the orders dated September 5, 2022, were the orders received upon C1's admission, and she was not aware of any other orders. RN-A could not verify C1's ventilator settings or what the staff were following for orders and stated there were no orders for the treatments and therapy the agency was providing. The licensee's undated, Treatment or Therapy Management Services policy indicated orders must be obtained for medications, treatments or therapies that would require orders from an	01050		

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01050	Continued From page 46 authorized provider before the services were provided. The orders would include the name of the client, a description of the treatment or therapy to be provided, and the frequency it would be provided, and other information needed to administer the treatment or therapy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01050		
01060 SS=F	144A.4794, Subd. 1(a) Client Record (a) The home care provider must maintain records for each client for whom it is providing services. Entries in the client records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the client record was maintained with current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entries for the licensee's one 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).	01060		

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01060	Continued From page 47 The findings include: C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. C1's record included [Licensee name] Initial Assessment Form, which was signed by registered nurse (RN)-A; however, there was no date. C1's record included a Comprehensive Home Care Monitoring and Reassessment 30 Day, identified as the 14-day assessment. The assessment was signed; however, it did not include the title of the person completing the form. C1's Medication Administration Record (MAR) dated September 2022, October 2022, and November 2022, included initials of staff that administered the medications on each day; however, not all initials were identified with a signature that corresponded with each initial and the signatures did not include the title of the person making the entries. In addition, RN-A could not locate C1's treatment administration	01060		

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01060	Continued From page 48 record (TAR) for November 2022, and could not locate C1's MAR or TAR for December 2022. C1's Progress Notes dated September 13, 2022, through December 13, 2022, entries were not in order by date, and the following was noted: - On September 15, 2022, progress note was not legible and signature of person making the entry could not be identified; - On September 19, 2022, progress note was signed by the person making the entry, but did not include their title; - On September 21, 2022, progress note was signed by the person making the entry, but did not include their title; - On September 23, 2022, progress note was signed by the person making the entry, but did not include their title; - On September 25, 2022, progress note was signed by the person making the entry, but did not include their title; - On September 30, 2022, progress note was signed by the person making the entry, but did not include their title; - On October 2, 2022, progress note was signed by the person making the entry, but did not include their title; - On October 5, 2022, progress note was signed by the person making the entry, but did not include their title; - On October 7, 2022, progress note indicated the client was in her recliner. The note was not signed by the person making the entry or include their title; - On November 12, 2022, progress note was not signed by the person making the entry or include their title; - On November 13, 2022, progress note was not signed by the person making the entry or include their title;	01060		

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01060	Continued From page 49 - On November 14, 2022, progress note was signed by the person making the entry, but did include their title; - On November 16, 2022, progress note was signed by the person making the entry, but did include their title; On November 18, 2022, progress note was signed by the person making the entry, but did include their title; - On November 26, 2022, progress note was signed by the person making the entry, but did not include their title; - On November 27, 2022, progress note was signed by the person making the entry, but did not include their title; and - On December 13, 2022, progress note was not signed by the person making the entry or include their title. On September 12, 2023, at 1:25 p.m. RN-A stated client records should be legible, dated, and entries should include the signature and title of the person making the entry. The licensee's undated, Clinical Records/Medical Record Retention policy indicated any person making an entry must date and sign the entry, and include the title to authenticate the entry in the clinical record. It also indicated if the form required use of initials, the employee should follow the initials with their full signature and title. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01080 SS=F	144A.4794, Subd. 3 Contents of Client Record	01080		

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01080	Continued From page 50 Contents of a client record include the following for each client: (1) identifying information, including the client's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified; (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) client's advance directives, if any; (6) the home care provider's current and previous assessments and service plans; (7) all records of communications pertinent to the client's home care services; (8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (10) documentation that services have been provided as identified in the service plan; (11) documentation that the client has received and reviewed the home care bill of rights; (12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3; (13) documentation of complaints received and	01080		

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01080	Continued From page 51 resolution; (14) discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the client's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the client record included a documentation of complaints received and resolution, and a discharge summary and related documentation for the licensee's one 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: During the entrance conference on September 11, 2023, at 1:30 p.m., registered nurse (RN)-A stated the agency's grievance process included encouraging clients to come to them to report concerns and stated they would investigate the concern and do what was needed to resolve the grievance. C1's record lacked documentation of a complaint received and resolution.	01080		

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01080	Continued From page 52 C1 admitted to home care services on September 5, 2022, and was discharged on December 14, 2022. C1's diagnoses included Amyotrophic Lateral Sclerosis (neurological disease that affects motor neurons), gastrojejunostomy tube (small tube placed in stomach and small intestine-used for feeding), dependence on home ventilator, and abnormal gait. C1's Comprehensive Home Care Service Plan dated September 10, 2022, noted services included medication administration five times daily, tracheostomy (a surgically created hole in windpipe that provides an alternative airway for breathing) care every two hours and as needed, total assistance with bathing, hygiene, dressing, toileting, and hourly night shift checks. On September 11, 2023, at 2:10 p.m. owner (O)-E provided an employee list and stated two RNs and one licensed practical nurse (LPN) provided services for C1 while she was a client of the agency. On September 12, 2023, at 8:30 a.m. the surveyor asked O-E about progress note and nurse shift note entries in C1's record by LPN-F, because LPN-F was not listed on the employee list. O-E stated LPN-F only worked a short time, "maybe three or four shifts," and they removed him from the home because C1 complained that she "didn't like" LPN-F and wanted him removed. On September 12, 2023, at 1:47 p.m. the surveyor requested to review documentation of the complaint and resolution for C1's complaint regarding LPN-F. RN-A stated C1's husband	01080		

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01080	Continued From page 53 called and said he didn't want LPN-F working in the home anymore, so they removed him. RN-A stated she did not have anything in writing about the concern, and did not follow up, they "just removed him." C1's record lacked evidence of a discharge summary. C1's last progress note dated December 13, 2022, indicated C1 was sitting in her recliner, vital signs were stable, no signs or symptoms of respiratory distress or shortness of breath, and lung sounds were clear bilaterally. The progress notes lacked any documentation regarding C1's discharge on December 14, 2022. On September 11, 2023, at 2:50 p.m. RN-A stated C1's record did not include a discharge summary and stated, "They [client/family] discharged us." RN-A stated C1 was hospitalized while being cared for by another home care agency that was providing services, and did not resume home care services with the licensee upon discharge from the hospital. The licensee's undated, Complaint and Investigation Process policy indicated client/family grievances including treatment or services would be documented on the client complaint/grievance form by the person receiving the complaint/grievance and forwarded as soon as possible to the appropriate department director and to the management team for investigation, action and trending. The agency must maintain documentation of it's efforts and demonstrate compliance with state requirements, and complaint documentation of investigation and resolution would be retained for a minimum of two years.	01080		

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01080	Continued From page 54 The licensee's undated, Clinical Records/Medical Record Retention policy indicated a confidential clinical record containing pertinent past and current findings in accordance with accepted professional standards was maintained for every client receiving home health services, and would include a discharge summary. Also included, when a client was discharged from care, the clinical record shall be completed (including required summary, documentation, and signatures) within fourteen (14) days of discharge. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01080		
01170 SS=F	144A.4796, Subd. 2 Content of Orientation (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under section 626.557 and chapter 260E; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health	01170		

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01170	Continued From page 55 Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation 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 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 five of five employees (registered nurse (RN)-A, RN-B, RN-C, licensed practical nurse (LPN)-D, LPN-F) received orientation to home care to include all of the required topics.	01170		

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01170	Continued From page 56 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-A RN-A had a hire date of September 5, 2022. RN-A's employee record lacked evidence to indicate the employee had received orientation to home care on the following topics: - introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; - handling of emergencies and use of emergency services; - handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; and - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services. RN-B RN-B had a hire date of September 5, 2022.	01170		

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01170	Continued From page 57 RN-B's employee record lacked evidence to indicate the employee had received orientation to home care on the following topics: - introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; - handling of emergencies and use of emergency services; - handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; and - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services. RN-C RN-C had a hire date of September 10, 2022. RN-C's employee record lacked evidence to indicate the employee had received orientation to home care on the following topics: - introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; - handling of emergencies and use of emergency services; - handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; and - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and	01170		

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01170	Continued From page 58 Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services. LPN-D LPN-D had a hire date of September 10, 2022. LPN-D's employee record lacked evidence to indicate the employee had received orientation to home care on the following topics: - introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; - handling of emergencies and use of emergency services; - handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; and - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services. LPN-F LPN-F had a hire date of September 5, 2022. LPN-F's employee record lacked evidence to indicate the employee had received orientation to home care on the following topics: - an overview of sections 144A.43 to 144A.4798; - introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; - handling of emergencies and use of emergency	01170		

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01170	Continued From page 59 services; - compliance with and reporting of the maltreatment of minors or vulnerable adults under section 626.557 and chapter 260E; - home care bill of rights under section 144A.44; - handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and - review of the types of home care services the employee will be providing and the provider's scope of licensure. On September 12, 2023, at 8:30 a.m. owner (O)-E stated they admitted a client on September 5, 2022, and had to put staff in place quickly to provide services; therefore, the training was not completed before providing home care services to the client. The licensee's undated, Agency Employee Orientation policy indicated all employees of the agency, including those who provide direct care, supervision direct care, or management of services for the agency, shall complete an orientation to home care requirements before providing home care services to clients to include all of the required contents, and completion of the orientation training shall be documented in the employee's personnel file. No further information was provided.	01170		

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01170	Continued From page 60 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01170		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the centers for Disease Control and Prevention (CDC), to include: a current provider TB facility risk assessment, documentation of a completed health history and symptom screening including completion of a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test, and failed to ensure initial TB related staff training and education for five of five employees (registered nurse (RN)-A, RN-B, RN-C, licensed practical nurse (LPN)-D, LPN-F). This practice resulted in a level two violation (a	01245		

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01245	Continued From page 61 violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: TB RISK ASSESSMENT During the entrance conference on September 11, 2023, at 1:30 p.m., RN-A stated she had not completed the TB risk assessment tool and stated she did not know what the risk level was for the agency. RN-A RN-A had a hire date of September 5, 2022. RN-A's record lacked evidence of TB history and symptom screen. RN-A's record included documentation of a blood test completed April 13, 2022; however, lacked evidence of TB screening such as TST or blood test within 90 days of hire, as required. RN-A's record also lacked evidence of TB training upon hire. RN-B RN-B had a hire date of September 5, 2022. RN-B's record lacked evidence of TB history and symptom screen. RN-B's record included documentation of a chest X-ray dated August 20, 2014, but was not legible. RN-B's record also lacked evidence of TB training upon hire. RN-C RN-C had a hire date of September 10, 2022.	01245		

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01245	Continued From page 62 RN-C's record lacked evidence of TB history and symptom screen. RN-C's record included documentation of a T-Spot (blood test for TB) dated October 11, 2022; however, not prior to working with clients, as required. RN-C's record also lacked evidence of TB training upon hire. LPN-D LPN-D had a hire date of September 10, 2022. LPN-D's record lacked evidence of TB history and symptom screen. LPN-D's record included documentation of a blood test to screen for TB dated March 17, 2023, or six months after hire date and three months after the client was discharged. LPN-D's record also lacked evidence of TB training upon hire. LPN-F LPN-F had a hire date of September 5, 2022. LPN-F's record lacked evidence of TB history and symptom screen, including completion of a two-step TST or other evidence of TB screening such as a blood test, and lacked evidence of TB training upon hire. On September 12, 2023, at 10:00 a.m. owner (O)-E stated they admitted a client on September 5, 2022, and had to put staff in place quickly to provide services; therefore, the TB requirements were not completed prior to working with the client, as required. The licensee's undated, Tuberculosis Screening policy indicated the agency would complete a risk assessment worksheet annually and would keep a copy in the agency files. The policy directed each employee having direct contact with clients	01245		

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01245	Continued From page 63 must have documentation of baseline health screening prior to providing care to clients, including assessing for current symptoms of active TB disease, and testing for the presence of infection by administering either a two-step TST or a single TB blood test. The policy noted, "If the employee has had a TB blood test or negative Chest X-ray within 90 days of employment, it does not have to be repeated at the time of hire." Also included, TB training and information would be provided for all employees at the time of employment and annually during infection control inservices. The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicate an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the health care worker (HCW) starts working with patients. Baseline TB screening should be documented in the employee's record." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		