



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 3, 2024

Licensee
2care4u South LLC
6001 Egan Drive Suite 150
Savage, MN 55378

RE: Project Number(s) SL34451002

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 12, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

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

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. 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 . . ."

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

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's client(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the MDH within 15 business days of the correction order receipt date.

A state correction order under Minn. Stat. § 144A.44 Subd. 1(14), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

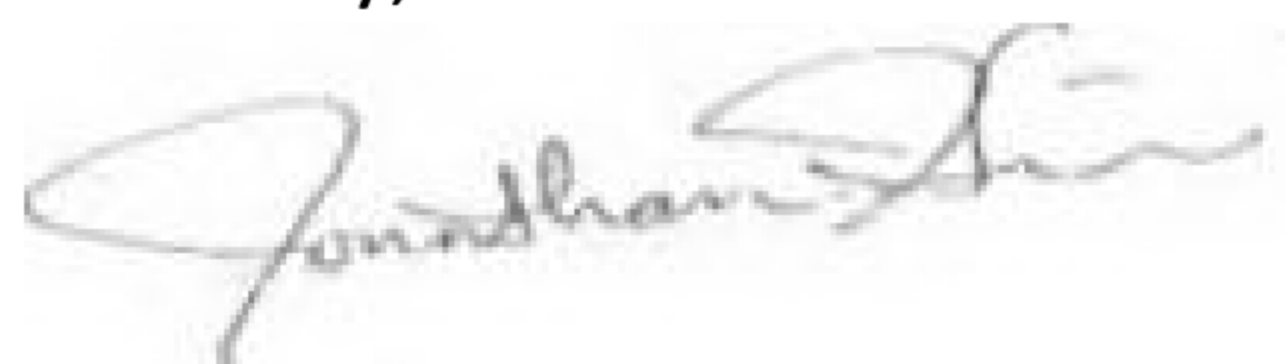
To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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

If you have any questions, please contact me.

Sincerely,



Jonathan Hill, Supervisor

State Evaluation Team

Email: jonathan.hill@state.mn.us

Telephone: 651-201-3993 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34451	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2023
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NAME OF PROVIDER OR SUPPLIER 2CARE4U SOUTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6001 EGAN DRIVE STE 150 SAVAGE, MN 55378
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, and State Home Care Integrated 245D Statutes, these correction orders have been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL34451002-0</p> <p>On December 11, 2023, through December 12, 2023, a surveyor of this Department's staff, visited the above provider for a full change in ownership survey, and the following correction orders are issued. At the time of the survey, there were twenty (20) clients, all of whom received services under the Comprehensive Home Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyor's findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER ' S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144A.474 subd. 11 (b) (1) (2)</p>	
0 875 SS=D	<p>144A.4791, Subd. 10 Termination of Service Plan</p> <p>(a) If a home care provider terminates a service plan with a client, and the client continues to need</p>	0 875		

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

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0 875	<p>Continued From page 1</p> <p>home care services, the home care provider shall provide the client and the client's representative, if any, with a written notice of termination which includes the following information:</p> <p>(1) the effective date of termination;</p> <p>(2) the reason for termination;</p> <p>(3) for clients age 18 or older, a statement that the client may contact the Office of Ombudsman for Long-Term Care to request an advocate to assist regarding the termination and contact information for the office, including the office's central telephone number;</p> <p>(4) a list of known licensed home care providers in the client's immediate geographic area;</p> <p>(5) a statement that the home care provider will participate in a coordinated transfer of care of the client to another home care provider, health care provider, or caregiver, as required by the home care bill of rights, section 144A.44, subdivision 1, clause (17);</p> <p>(6) the name and contact information of a person employed by the home care provider with whom the client may discuss the notice of termination; and</p> <p>(7) if applicable, a statement that the notice of termination of home care services does not constitute notice of termination of any housing contract.</p> <p>(b) When the home care provider voluntarily discontinues services to all clients, the home care provider must notify the commissioner, lead agencies, and ombudsman for long-term care about its clients and comply with the requirements in this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to include all the required content</p>	0 875		

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0 875	<p>Continued From page 2</p> <p>in a notice of termination of service plan with a client, who continued to need home care services for one of one client (C1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>C1 began receiving services from the home care provider on December 30, 2022, due to diagnoses that included autism and attention-deficit hyperactivity disorder, combined type.</p> <p>C1's service plan dated December 30, 2022, indicated C1 received services from the home care provider that included cues for activities of daily living, hearing aid use, toileting, meal management, promotion of exercise, and stand-by assistance with mobility.</p> <p>C1's notice of termination of service plan letter dated June 22, 2023, (untitled) indicated the licensee would discontinue providing Personal Care Assistance, and In-Home Support without training services to C1, effective July 30, 2023. The licensee's notice of termination of service plan letter to the client and the client's representative lacked a statement that the licensee would participate in a coordinated transfer of care of C1 to another home care provider, health care provider, or caregiver, as required by the home care bill of rights, and the</p>	0 875		

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0 875	<p>Continued From page 3</p> <p>name and contact information of a person employed by the home care provider with whom the client may discuss the notice of termination.</p> <p>On December 11, 2023, at 1:12 p.m., chief executive officer (CEO)-A stated C1's notice of termination of service plan letter did not include the required information as indicated above. CEO-A further stated, "I did provide the client with a list of alternative home care facilities, but I did not include any information regarding a coordinated transfer in my notice." CEO-A stated, she was not aware of all the required content of a notice of termination of service plan, and therefore, the coordinated transfer statement was not included in the discharge notice.</p> <p>The Discharge of Clients policy dated January 26, 2021, indicated the licensee would have a coordinated process for client discharge or transition to another provider/setting, maintain communication with the client and/or responsible party during the discharge process, provide a statement that the provider would participate in a coordinated transfer of care for the client to another home care provider, health care provider, or caregiver, and provide the name and contact information for a representative employed by licensee.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 875		
01080 SS=D	<p>144A.4794, Subd. 3 Contents of Client Record</p> <p>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</p>	01080		

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01080	<p>Continued From page 4</p> <p>number;</p> <p>(2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified;</p> <p>(3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known;</p> <p>(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;</p> <p>(5) client's advance directives, if any;</p> <p>(6) the home care provider's current and previous assessments and service plans;</p> <p>(7) all records of communications pertinent to the client's home care services;</p> <p>(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;</p> <p>(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;</p> <p>(10) documentation that services have been provided as identified in the service plan;</p> <p>(11) documentation that the client has received and reviewed the home care bill of rights;</p> <p>(12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3;</p> <p>(13) documentation of complaints received and resolution;</p> <p>(14) discharge summary, including service termination notice and related documentation, when applicable; and</p>	01080		

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01080	<p>Continued From page 5</p> <p>(15) other documentation required under this chapter and relevant to the client's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the contents of a client record included documentation of a discharge summary for one of one client (C1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C1's notice of termination of service plan letter dated June 22, 2023, (untitled) indicated the licensee would discontinue providing Personal Care Assistance, and In-Home Support without training services to C1, effective July 30, 2023.</p> <p>Licensee's Discharged/Deceased Client Roster, provided December 11, 2023, indicated C1 was discharged on July 22, 2023. C1's record lacked evidence a discharge summary was completed.</p> <p>On December 11, 2023, at 12:53 p.m., chief executive officer (CEO)-A stated C1's discharge summary was not in C1's record. CEO-A handed surveyor a blank discharge summary and stated, "this is what is completed when a client is</p>	01080		

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01080	<p>Continued From page 6</p> <p>discharged." CEO-A further stated, "there should have been a discharge summary in C1's record, however, licensee had been going through nurses, and the nurse who would have been responsible for completing C1's discharge summary, was no longer employed with the facility."</p> <p>The Discharge of Clients policy dated January 26, 2021, indicated the licensee would have a coordinated process for client discharge or transition to another provider/setting. Furthermore, the discharge summary would be completed by the registered nurse (RN) for all clients discharged from home care, and a copy of the discharge summary would be made available to the client's health care practitioner.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01080		
01185 SS=D	<p>144A.4796, Subd. 5 Alzheimer's/Dementia Training Required</p> <p>For home care providers that provide services for persons with Alzheimer's or related disorders, all direct care staff and supervisors working with those clients must receive training that includes a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with a client's challenging behaviors, and how to communicate with clients who have Alzheimer's or related disorders.</p> <p>This MN Requirement is not met as evidenced by:</p>	01185		

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01185	<p>Continued From page 7</p> <p>Based on interview and record review, the licensee failed to ensure the required training content that included, a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with a client's challenging behaviors, and how to communicate with clients who had Alzheimer's or related disorders, was completed upon hire for one of two employees' (unlicensed personnel (ULP)-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-D had a hire date of September 8, 2023, and provided direct cares and services to licensee's clients. ULP-D's employee record included an Orientation Checklist dated September 8, 2023, indicating dementia training had been completed. ULP-D's employee record lacked documentation that ULP-D completed training that included, a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with a client's challenging behaviors, and how to communicate with clients who had Alzheimer's or related disorders.</p> <p>On December 11, 2023, licensee provided surveyor with a Current Client Roster, undated, which included four (4) clients', C4, C5, C6, and</p>	01185		

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01185	<p>Continued From page 8</p> <p>C7, who had Alzheimer's or related disorder's listed as their primary diagnoses.</p> <p>On December 12, 2023, at 1:25 p.m., chief executive officer (CEO)-A stated, "the registered nurse (RN) had been completing dementia training with the new hires, and just trained by the materials provided in the training book." CEO-A further stated, licensee had developed new Alzheimer's Disease training materials which contain the required content noted above, and had been utilizing the new material to train new hires.</p> <p>The licensee's Notice of Alzheimer's/Dementia Training policy, undated, indicated licensee proudly engages employees with an interactive, online training website that has been recognized by the Alzheimer's Association for high-quality, person-centered Alzheimer's and Dementia training. Furthermore, Registered Nurse, Home Health Aide, and Unlicensed Personnel would be trained, at time of employment, annually, and/or as required, if assisting a diagnosed client.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01185		
01245 SS=D	<p>144A.4798, Subd. 1 TB Infection Control</p> <p>(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</p>	01245		

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01245	<p>Continued From page 9</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a TB (tuberculosis) prevention and control program based on the most current guidelines issued by the centers for Disease Control and Prevention (CDC) to include a current facility TB risk assessment for all licensee sites, a TB history and symptom screening and a two-step tuberculin skin test (TST) or single TB blood test for one of one employee (unlicensed personnel (ULP)-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>The licensee's TB facility risk assessment was completed April 6, 2023, and the licensee was determined to be low risk.</p> <p>ULP-D had a hire date of September 8, 2023, and provided direct cares and services to licensee's</p>	01245		

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01245	<p>Continued From page 10</p> <p>clients. ULP-D's employee record included a negative baseline TST dated September 8, 2023, and a negative second-step TST dated November 3, 2023. ULP-D's employee record indicated the second-step TST would be administered one to three weeks after the baseline TST result was read. ULP-D's second-step TST was administered nine weeks after baseline TST was read.</p> <p>On December 12, 2023, at 1:12 p.m., chief executive officer (CEO)-A stated ULP-D's employee record lacked the above required information. CEO-A stated ULP-D had a IGRA (blood test, interferon gamma release assay) in the past, but there was no documentation in ULP-D's employee file. CEO-A further stated, ULP-D's TST second-step was administered late, because CEO-A usually places employee's TST due dates on her calendar and lacked placement of ULP-D's TST due date on her calendar.</p> <p>The licensee's Tuberculosis Screening/Prevention policy dated July 27, 2021, included, "The agency would observe the recommended precautions related to TB prevention as identified by CDC and the Minnesota Department of Health (MDH). The precautions would include the following elements: Risk Assessment, TB Screening, and Staff Education. Furthermore, baseline TB screening would be required at time of hire for all Health Care Workers in Minnesota, and baseline TB screening would consist of, assessing for current symptoms of active TB disease, assessing TB history, and testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single TB blood test. If the first-step TST was negative, the second-step TST would be administered one to three weeks</p>	01245		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34451	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2023
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NAME OF PROVIDER OR SUPPLIER 2CARE4U SOUTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6001 EGAN DRIVE STE 150 SAVAGE, MN 55378
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01245	<p>Continued From page 11</p> <p>after the first TST result was read."</p> <p>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and the CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicated 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 HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record."</p> <p>No further information was provided.</p> <p>Time period for correction: Twenty-one (21) days.</p>	01245		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34451	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2023
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NAME OF PROVIDER OR SUPPLIER 2CARE4U SOUTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6001 EGAN DRIVE STE 150 SAVAGE, MN 55378
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0 000	<p>Integrated License (HCBS) Initial Comments</p> <p>On November 13, 2023, through November 14, 2023, a surveyor of this Department's staff, visited the above provider for a Home and Community Based Services survey. The license was found to be in substantial compliance and no correction orders are issued. At the time of the survey, there were thirty (30) clients, all of whom received services under the Home and Community Based Services designation.</p>	0 000		

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