



Protecting, Maintaining and Improving the Health of All Minnesotans

March 15, 2023

Licensee
Allied Professionals Inc
3209 West 76th Street
Edina, MN 55435

RE: Project Number(s) SL02925023

Dear Licensee:

On February 24, 2023, the Minnesota Department of Health completed a follow-up evaluation of your agency to determine if orders from the April 12, 2022, evaluation were corrected. This follow-up evaluation verified that the Ok to close inagency is back in compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your agency's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Casey DeVries'.

Casey DeVries, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-281-9796

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 17, 2022

Administrator
Allied Professionals Inc
3209 West 76th Street
Edina, MN 55435

RE: Project Number SL02925023

Dear Administrator:

On June 8, 2022, the Minnesota Department of Health completed a follow-up evaluation of your agency to determine correction of orders found on the evaluation completed on April 12, 2022. The follow-up evaluation determined your agency had not corrected all of the state licensing orders issued pursuant to the April 12, 2022 evaluation.

In accordance with Minn. Stat. § 144A.474, Subd. 11, state licensing orders issued pursuant to the last evaluation completed on April 12, 2022, found not corrected at the time of the June 8, 2022, follow-up evaluation and/or subject to penalty assessment are as follows:

0860-Comprehensive Assessment And Monitoring-144a.4791, Subd. 8
0870-Content Of Service Plan-144a.4791, Subd. 9(f) - \$500.00

The details of the violations noted at the time of this follow-up evaluation completed on June 8, 2022 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, **the total amount you are assessed is \$500.00**. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144A.474, Subd. 8(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

IMPOSITION OF FINES:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144A.475 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144A.475.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144A.474, Subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11(g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, Subd. 4 and Subd. 7, a request for a hearing must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

We urge you to review these orders carefully. If you have questions, please contact Casey DeVries at 651-201-5917.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your agency's Governing Body.

Sincerely,



Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/08/2022
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NAME OF PROVIDER OR SUPPLIER ALLIED PROFESSIONALS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3209 WEST 76TH STREET EDINA, MN 55435
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) 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: SL02925023-1</p> <p>On June 8, 2022, the Minnesota Department of Health conducted a follow-up survey pursuant to a survey completed on April 12, 2022. At the time of the follow-up, there were 6 clients receiving services under the provider's Comprehensive license. As a result of the follow-up survey, the following correction order(s) are reissued.</p>	{0 000}	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
{0 860} SS=D	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring	{0 860}		

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

Minnesota Department of Health

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{0 860}	<p>Continued From page 1</p> <p>Subd. 8. Comprehensive assessment, monitoring, and reassessment. (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.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and document review, the licensee failed to ensure a registered nurse (RN) completed required 14-day assessment for one of four clients (C4) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a</p>	{0 860}		

Minnesota Department of Health

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{0 860}	Continued From page 2 limited number of staff are involved or the situation has occurred only occasionally). The findings include: C4 initiated services on March 24, 2022. C4's diagnosis included legally blind. C4's Service Plan dated March 24, 2022, indicated C4 received services for housekeeping, cooking, laundry and assistance with activities of daily living. C4's record lacked a 14-day assessment. On June 8, 2022, at 11:30 a.m., RN-A and human resource manager (HRM)-D verified C4's record lacked a 14-day assessment. RN-A stated licensee believed C4's record included an assessment since an order was not issued last survey. HRM-D stated, "we were playing catch up to fix the last survey." In addition, HRM-D stated the licensee had set up C4's next assessment for June 22, 2022. The licensee's undated Comprehensive Client Assessment policy, indicated client monitoring and reassessment would be conducted 14 days after initiation of services. No further information was provided.	{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	{0 870}		

Minnesota Department of Health

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{0 870}	<p>Continued From page 3</p> <p>of each service, according to the client's current review or assessment and client preferences;</p> <p>(2) the identification of the staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring reviews or assessments of the client;</p> <p>(4) the schedule and methods of monitoring staff providing home care services; and</p> <p>(5) a contingency plan that includes:</p> <p>(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;</p> <p>(ii) information and a method for a client or client's representative to contact the home care provider;</p> <p>(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</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all the required content for two of four clients (C4,</p>	{0 870}		

Minnesota Department of Health

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{0 870}	<p>Continued From page 4</p> <p>C5) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C4 C4 initiated services on March 24, 2022.</p> <p>C4's Service Plan dated March 24, 2022, indicated C4 received services for housekeeping, cooking, laundry and assistance with activities of daily living.</p> <p>C5 C5 initiated services December 11, 2020.</p> <p>C5's Service Plan dated December 7, 2021, indicated C5 received services for bladder irrigation and catheter replacement every 3 weeks.</p> <p>C4 and C5's service plan lacked the schedule and methods of monitoring reviews or assessments of the client and the methods of monitoring staff providing home care services.</p> <p>On June 8, 2022, at 11:09 a.m., human resource manager (HRM)-D verified C4's service plan lacked the above content. HRM-D stated C4's service plan was the old version of the service plan document. In addition, HRM-D stated the</p>	{0 870}		

Minnesota Department of Health

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{0 870}	<p>Continued From page 5</p> <p>service plan was not changed because C4 did not receive medication management.</p> <p>On June 8, 2022, at 11:34 a.m., registered nurse (RN)-A stated C4 had received services on and off since 2019. In addition, RN-A stated C4's service plan may not have been updated because C4 just returned from being out of state.</p> <p>On June 8, 2022, at 11:38 a.m., RN-A and HRM-D verified C5's service plan lacked the above content. HRM-D stated the licensee did not want to "back track" on the document corrections. In addition, HRM-D stated the new forms that licensee made post survey were now in use.</p> <p>On June 8, 2022, at 1:30 p.m., HRM-D stated C4's service plan was updated and contained the above content with family signature as of June 8, 2022. In addition, HRM-D stated the licensee was sending out two more service plans to be signed by family to include the above content.</p> <p>No further information provided.</p>	{0 870}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 28, 2022

Administrator
Allied Professionals Inc
3209 West 76th Street
Edina, MN 55435

RE: Project Number(s) SL02925023

Dear Administrator:

The Minnesota Department of Health completed an evaluation on April 12, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144A.475 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144A.475.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subd. 2,

9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(6), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's 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 Department of Health within 15 calendar days of the correction order date.

A state licensing order under Minn. Stat. § 144A.44 Subd. 1(14), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:

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

Free from Maltreatment reconsideration requests should be addressed to:

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

Allied Professionals Inc

April 28, 2022

Page 3

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

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Minnesota Department of Health

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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, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL#02925023-0</p> <p>On April 11, 2022, through April 12, 2022, surveyors of this Department's staff, visited the above provider and the following correction orders are issued. At the time of the survey, there were four (4) clients that were receiving services under the comprehensive license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 790 SS=F	<p>144A.479, Subd. 3 Quality Management</p> <p>Subd. 3. Quality management. The home care</p>	0 790		

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

Minnesota Department of Health

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0 790	<p>Continued From page 1</p> <p>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.</p> <p>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 provides. This had the potential to affect all clients and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>On April 11, 2022, at approximately 9:45 a.m., the surveyor requested quality management activity</p>	0 790		

Minnesota Department of Health

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0 790	Continued From page 2 minutes. On April 11, 2022, at approximately 9:45 a.m., registered nurse (RN)-A stated quality activities occur on a regular basis where staff discuss the needs of the clients. RN-A stated they do not have any documentation that quality activity meetings occurred. The licensee's undated Quality Management Program policy, indicated the licensee would develop and maintain a quality management program that would assess and evaluate the quality of client care services, identify deviations from professional standards, address and resolve problems, and recommend method to improve care for the clients. In addition, the licensee would retain council meeting summaries for two years and make available to the Minnesota Department of Health upon request. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 810 SS=E	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 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	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 810	<p>Continued From page 3</p> <p>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.</p> <p>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 statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults for two of two clients (C1, C3) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>C1 C1 admitted for home care services on October 24, 2019.</p> <p>C1's diagnoses included dementia, rapid weight loss and depression.</p> <p>C1's Service Plan dated December 15, 2020, indicated C1 received services including supervision of medication administration, companion, and medication set up.</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 810	<p>Continued From page 4</p> <p>C1's Vulnerable Adult Assessment dated October 28, 2019, included the following vulnerabilities: environmental safety, chronic condition, social support system, functional limitations, and presence of risk factors in home. C1's assessment lacked statements of the specific measures to be taken to minimize the risk of abuse to the client and other vulnerable adults.</p> <p>C3 C3 was admitted for home care services on October 10, 2021.</p> <p>C3's diagnoses included ostomy, polymyalgia rheumatic (inflammatory disease which results in muscle ache and stiffness to different parts of the body), and chronic pain.</p> <p>C3's Service Plan dated October 12, 2021, indicated C3 received services for safety checks, bathing, companion, exercise assist and housekeeping.</p> <p>C3's Vulnerable Adult Assessment dated October 12, 2021, included the following vulnerabilities: able to ambulate safely with/without device, chronic condition, and functional limitations. C3's assessment lacked statements of the specific measures to be taken to minimize the risk of abuse to the client and other vulnerable adults.</p> <p>On April 12, 2022, at approximately 11:30 a.m., registered nurse (RN)-A acknowledged client individual abuse prevention plans lacked the statements of the specific measures to be taken to minimize the risk of abuse to the clients.</p> <p>The licensee's undated Abuse Prevention Plan policy indicated the licensee will develop statements of specific measures that will be taken</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 810	Continued From page 5 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		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring Subd. 8.Comprehensive assessment, monitoring, and reassessment. (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:	0 860		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 860	<p>Continued From page 6</p> <p>Based on interview and document review, the licensee failed to ensure a registered nurse (RN) completed required 14-day and 90-day reassessments for two of two clients (C1, C3) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C1 C1 initiated services on October 24, 2019.</p> <p>C1's diagnoses included dementia, rapid weight loss and depression.</p> <p>C1's Service Plan dated December 15, 2020, indicated C1 received services for supervision of medication administration, companion, and medication set up.</p> <p>C1's record lacked a 14-day assessment and 90-day reassessments. C1's record indicated a care plan had been reviewed.</p> <p>C3 C3 initiated services October 10, 2021.</p> <p>C3's diagnoses included ostomy, polymyalgia rheumatica (inflammatory disease which results in muscle ache and stiffness to different parts of the body), and chronic pain.</p>	0 860		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 860	<p>Continued From page 7</p> <p>C3's Service Plan dated October 12, 2021, indicated C3 received services for safety checks, bathing, companion, exercise assist and housekeeping.</p> <p>C3's record lacked 14-day assessment and 90-day reassessments. C3's record indicated a care plan had been reviewed.</p> <p>On April 11, 2022, at 12:56 p.m., RN-A stated all client assessments with the exception of the initial assessment are documented in the nursing notes and assessments are completed every 60 days. In addition, RN-A stated they visit clients frequently and are always assessing if there is a change in condition.</p> <p>The licensee's undated Comprehensive Client Assessment policy, indicated client monitoring and reassessment would be conducted 14 days after initiation of services and ongoing reassessment would be conducted on as needed based on changes in the needs for the client and cannot exceed 90 days from the last assessment date. In addition, the comprehensive assessment will include a review of medications, general health status with use of the agency comprehensive assessment tool, vulnerability and safety assessment, nutritional assessment, equipment needs, emergent care data and advance directives.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 860		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 870	Continued From page 8	0 870		
0 870 SS=F	<p>144A.4791, Subd. 9(f) Content of Service Plan</p> <p>(f) The service plan must include:</p> <p>(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;</p> <p>(2) the identification of the staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring reviews or assessments of the client;</p> <p>(4) the schedule and methods of monitoring staff providing home care services; and</p> <p>(5) a contingency plan that includes:</p> <p>(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;</p> <p>(ii) information and a method for a client or client's representative to contact the home care provider;</p> <p>(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</p> <p>(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.</p>	0 870		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 870	<p>Continued From page 9</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all the required content for two of two clients (C1, C3) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C1 C1 initiated services on October 24, 2019.</p> <p>C1's Service Plan dated December 15, 2020, indicated C1 received services for supervision of medication administration, companion, and medication set up. C1's service plan lacked the schedule and methods of monitoring reviews or assessments of the client and the methods of monitoring staff providing home care services</p> <p>C3 C3 initiated services October 10, 2021.</p> <p>C3's Service Plan dated October 12, 2021, indicated C3 received services for safety checks, bathing, companion, exercise assist and housekeeping. C3's service plan lacked the schedule and methods of monitoring reviews or</p>	0 870		

Minnesota Department of Health

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0 870	<p>Continued From page 10</p> <p>assessments of the client and the methods of monitoring staff providing home care services</p> <p>On April 11, 2022, at 12:58 p.m., registered nurse (RN)-A confirmed C1 and C3's service plan lacked the above content. RN-A stated all clients use the document titled Service Plan. In addition, RN-A stated they were unaware the above content was required in the service plan.</p> <p>The licensee's undated Service Agreement policy, indicated a service plan would be developed no later than the second visit but lacked the above content to be included in service plan.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 870		
0 880 SS=D	<p>144A.4791, Subd. 11 Client Complaint and Investigative Process</p> <p>Subd. 11. Client complaint and investigative process. (a) The home care provider must have a written policy and system for receiving, investigating, reporting, and attempting to resolve complaints from its clients or clients' representatives. The policy should clearly identify the process by which clients may file a complaint or concern about home care services and an explicit statement that the home care provider will not discriminate or retaliate against a client for expressing concerns or complaints. A home care provider must have a process in place to conduct investigations of complaints made by the client or the client's representative about the services in the client's plan that are or are not being provided or other items covered in the client's home care</p>	0 880		

Minnesota Department of Health

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0 880	<p>Continued From page 11</p> <p>bill of rights. This complaint system must provide reasonable accommodations for any special needs of the client or client's representative if requested.</p> <p>(b) The home care provider must document the complaint, name of the client, investigation, and resolution of each complaint filed. The home care provider must maintain a record of all activities regarding complaints received, including the date the complaint was received, and the home care provider's investigation and resolution of the complaint. This complaint record must be kept for each event for at least two years after the date of entry and must be available to the commissioner for review.</p> <p>(c) The required complaint system must provide for written notice to each client or client's representative that includes:</p> <p>(1) the client's right to complain to the home care provider about the services received;</p> <p>(2) the name or title of the person or persons with the home care provider to contact with complaints;</p> <p>(3) the method of submitting a complaint to the home care provider; and</p> <p>(4) a statement that the provider is prohibited against retaliation according to paragraph (d).</p> <p>(d) A home care provider must not take any action that negatively affects a client in retaliation for a complaint made or a concern expressed by the client or the client's representative.</p>	0 880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 880	<p>Continued From page 12</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written complaint notice to include required content for one of two clients (C1) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and 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>C1 was admitted for home care services on October 24, 2019.</p> <p>C1's record lacked evidence C1 or C1's representative received the licensee's complaint notice with required content.</p> <p>On April 11, 2022, at 12:54 p.m., registered nurse (RN)-A confirmed C1's record lacked a complaint notice with required content. RN-A stated the complaint notice must have been misplaced. RN-A stated clients are given a complaint form at the start of services. RN-A handed the surveyor a form titled Complaints, which included the following content:</p> <ul style="list-style-type: none"> - the client's right to complain to the home care provider about the services received; - the name or title of the person or persons with the home care provider to contact with complaints; - the method of submitting a complaint to the 	0 880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 880	Continued From page 13 home care provider; and - a statement that the provider is prohibited against retaliation according to paragraph (d). The licensee's undated Complaint and Investigation Process policy, indicated clients would be provided written information on how to address their concerns and question related to their care. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 880		
0 920 SS=D	144A.4792, Subd. 5 Individualized Medication Mgt Plan Subd. 5. Individualized medication management 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 directions; (3) documentation of specific client instructions relating to the administration of medications;	0 920		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 920	<p>Continued From page 14</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(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.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current individualized medication management plan was developed and maintained with all required content for one of one client (C1) with record reviewed.</p> <p>This practice resulted in a level two violation (a</p>	0 920		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 920	<p>Continued From page 15</p> <p>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>C1 was admitted for home care services on October 24, 2020.</p> <p>C1's Service Plan dated December 1, 2020, indicated C1 was receiving services to include: medication set up, companionship, medication administration and general supervision.</p> <p>C1's Medication Administration Record (MAR) dated April 2022, indicated C1 was taking the following medications: Eliquis 5 milligram (mg), divalproex 250 mg, lorazepam 0.5 mg, melatonin 5 mg, and olanzapine 10 mg.</p> <p>C1's medication management plan lacked the content of:</p> <ul style="list-style-type: none"> - documentation of specific client instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - any client-specific requirements relating to documenting medication administration. <p>On April 12, 2022, at approximately 11:10 a.m.,</p>	0 920		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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0 920	Continued From page 16 registered nurse (RN)-A acknowledged the medication management plan was missing required content. The licensee's undated Client Information Required For Medication Management policy lacked the content for individualized medication management plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 930 SS=D	144A.4792, Subd. 7 Delegation of Medication Administration Subd. 7.Delegation of medication administration. When administration of medications is delegated to unlicensed personnel, the comprehensive home care provider must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each client and documented those instructions in the client's records; and (3) communicated with the unlicensed personnel about the individual needs of the client. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the	0 930		

Minnesota Department of Health

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0 930	<p>Continued From page 17</p> <p>registered nurse (RN) included specific written instructions in the client's record for administration of medication for one of one client (C1) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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>C1 was admitted for home care services on October 24, 2020.</p> <p>C1's Service Plan dated December 1, 2020, indicated C1 was receiving services to include: medication set up, companionship, medication administration, and general supervision.</p> <p>C1's Medication Administration Record (MAR) dated April 2022, indicated C1 was taking the following medications: Eliquis 5 milligram (mg), divalproex 250 mg, lorazepam 0.5 mg, melatonin 5 mg, and olanzapine 10 mg. C1's MAR lacked instructions to include the route of administration, indications for the medications and any specific instruction for the client.</p> <p>On April 12, 2022, at 9:49 a.m., C1 stated she is able to identify her medications and stated knows which ones to chew or swallow whole with water.</p> <p>On April 12, 2022, at approximately 10:10 a.m., unlicensed personnel (ULP)-B stated she was</p>	0 930		

Minnesota Department of Health

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0 930	<p>Continued From page 18</p> <p>trained to read medication labels, but all C1's medication are set up by the RN.</p> <p>On April 12, 2022, at approximately 11:35 a.m., RN-A acknowledged C1's MAR was missing required content to safely administer medications.</p> <p>The licensee's undated Medication Management policy indicated all missing content will be included in a client MAR.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 930		
0 940 SS=D	<p>144A.4792, Subd. 9 Documentation of Medication Setup</p> <p>Subd. 9.Documentation of medication setup. Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse's (RN) documentation of medication set up included all required content for one of one client (C1) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to</p>	0 940		

Minnesota Department of Health

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0 940	<p>Continued From page 19</p> <p>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>C1 was admitted for home care services on October 24, 2019.</p> <p>C1's Service Plan dated December 15, 2020, indicated C1 was receiving services to include: medication set up, companionship, medication administration and general supervision.</p> <p>C1's Medication Administration Record (MAR) dated April 2022, indicated C1 was taking the following medications: Eliquis 5 milligram (mg), divalproex 250 mg, lorazepam 0.5 mg, melatonin 5 mg, and olanzapine 10 mg.</p> <p>C1's record lacked documentation of medication set up to include: documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup.</p> <p>On March 12, 2022, at 11:13 a.m., registered nurse (RN)-A stated the licensee completed medication set up every two weeks and indicated that in nursing notes.</p> <p>The licensee's undated Medication Set Up policy lacked the required content as indicated in the statute.</p> <p>No further information was provided.</p>	0 940		

Minnesota Department of Health

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0 940	Continued From page 20 TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 965 SS=D	<p>144A.4792, Subd. 13 Prescriptions</p> <p>Subd. 13.Prescriptions. There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the comprehensive home care provider is managing for the client.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current, written or electronic prescriber's order was present for all medication administered by the home care provider for one of one client (C1) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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>C1 initiated services on October 24, 2019.</p> <p>C1's diagnoses included dementia, rapid weight loss and depression.</p>	0 965		

Minnesota Department of Health

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0 965	<p>Continued From page 21</p> <p>C1's Service Plan dated December 15, 2020, indicated C1 received services for supervision of medication administration, companion, and medication set up.</p> <p>C1's medication administration record (MAR) for February, March, and April 2022, indicated divalproex 750 milligrams (mg) to be administered in the morning.</p> <p>C1's record lacked a signed provider order for divalproex 750 mg.</p> <p>On April 12, 2022, at 11:46 a.m., registered nurse (RN)-A confirmed C1 did not have a signed provider order for divalproex 750 mg. RN-A stated they initiated a medication change based on a visit summary after the client returned from an appointment. In addition, RN-A stated they had contacted the provider on multiple occasions to obtain provider signatures with no response.</p> <p>The licensee's undated Physician Orders policy, indicated an order must be obtained for medications and must be signed and dated by the physician. In addition, orders may be initiated by telephone or in writing but must be counter-signed by the physician.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 965		
01225 SS=D	<p>144A.4797, Subd. 3 Supervision of Staff - Comp</p> <p>Subd. 3. Supervision of staff providing delegated nursing or therapy home care tasks. (a) Staff who perform delegated nursing or therapy home care</p>	01225		

Minnesota Department of Health

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01225	<p>Continued From page 22</p> <p>tasks must be supervised by an appropriate licensed health professional or a registered nurse periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the client.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 days after the date on which the individual begins working for the home care provider and first performs delegated tasks for clients and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of direct supervision of staff for one of one unlicensed personnel ((ULP)-B) with employee record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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>	01225		

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01225	<p>Continued From page 23</p> <p>The findings include:</p> <p>On April 12, 2022, at approximately 9:40 a.m., ULP-B provided home care services for C1.</p> <p>C1's Medication and Treatment Record dated February 2022, indicated ULP-B had signed off as providing medication administration services.</p> <p>ULP-B was hired on April 14, 2020, to provide direct home care services to the licensee's clients.</p> <p>ULP-B's record lacked supervision within 30 days after the date on which ULP-B began working for the home care provider and first performed delegated tasks for clients and thereafter as needed based on performance.</p> <p>On March 11, 2022, at 1:13 p.m., registered nurse (RN)-A stated the licensee supervised ULP-B every two weeks when doing medication set up and indicated in nursing notes.</p> <p>The licensee's undated Delegation of Nursing Tasks policy indicated unlicensed personnel will be supervised within 30 days and then as often as indicated by performance and client needs.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01225		