



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

December 14, 2023

Licensee

Catholic Eldercare Community Services Corporation  
2919 Randolph Street Northeast  
Minneapolis, MN 55418

RE: Project Number(s) SL21005015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 28, 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.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

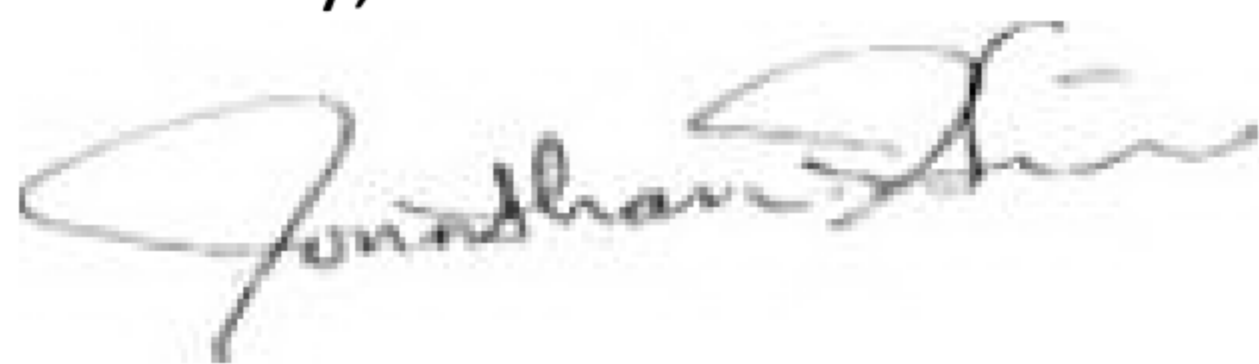
Please address your cover letter for reconsideration requests to:

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

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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H21005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/28/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CATHOLIC ELDERCARE COMMUNITY SERVIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2919 RANDOLPH STREET NE MINNEAPOLIS, MN 55418</b>
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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><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>HOME CARE PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are 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><b>INITIAL COMMENTS:</b> SL21005015-0</p> <p>On November 27, 2023 through November 28, 2023, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three (3) clients, all of whom received services under the providers 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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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).</b></p>	
0 810 SS=D	<b>144A.479, Subd. 6(b) Individual Abuse Prevention Plan</b>	0 810		

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



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0 810	<p>Continued From page 1</p> <p>(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 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 develop an accurate individual abuse prevention plan (IAPP) with the required content for one of two clients (C2).</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>C2 started basic home care services with licensee on March 25, 2022, and had diagnoses which included lumbago with sciatica (low back pain), right side, and right shoulder pain.</p>	0 810		

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0 810	<p>Continued From page 2</p> <p>C2's unsigned service plan, with effective date of December 13, 2022, indicated C2 received services to include unscheduled home health aide (HHA) visit, registered nurse (RN) assessments every 90 days.</p> <p>C2's IAPP dated November 30, 2022, lacked an accurate assessment of C2's vulnerabilities within the individualized abuse prevention plan. C2's IAPP included:</p> <ul style="list-style-type: none"> <li>-A. Sexual abuse, is the client susceptible to abuse in this area? No;</li> <li>-B. Physical abuse, is the client susceptible to abuse in this area? No; and</li> <li>-D. Financial exploitation, is the client susceptible in this area? No.</li> </ul> <p>On November 27, 2023, at 2:15 p.m., director of health services (DHS)-B agreed there were vulnerabilities C2 had given her age, place of residence, being provided with home care services and her assessment should have reflected this. Also, DHS-B stated, she would work with the nurse's to provide more accurate answers to client vulnerabilities.</p> <p>The licensee's Individual Abuse Prevention Plan policy dated August 2022, included "4. The individual abuse prevention plan will include: a. Individualized review or assessment of the client susceptibility to be abused by another individual, including other vulnerable adults."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 810		



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0 815	Continued From page 3	0 815		
0 815 SS=F	<p><b>144A.479, Subd. 7 Employee Records</b></p> <p>The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff providing supervision;</p> <p>(4) documentation of annual performance reviews which identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain current employee</p>	0 815		

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0 815	<p>Continued From page 4</p> <p>which included current records of job description, and annual performance review documentation for two of two employees (registered nurse (RN)-C, and 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 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><b>RN-C</b> RN-C was hired on June 13, 2022, and provided comprehensive home care services to the licensee's clients.</p> <p>RN-C's employee record lacked documentation of the required content for employee records to include: -current job description, including qualifications, responsibilities, and identification of staff providing supervision; and -documentation of annual performance reviews which identify areas of improvement needed and training needs.</p> <p><b>ULP-D</b> ULP-D was hired on July 25, 2022, and provided comprehensive home care services to the licensee's clients.</p> <p>ULP-D's employee record lacked documentation of the required content for employee records to include:</p>	0 815		

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0 815	<p>Continued From page 5</p> <p>-documentation of annual performance reviews which identify areas of improvement needed and training needs.</p> <p>On November 28, 2023, at 11:45 a.m., director of operations (DO)-A stated, the licensee's employee records did not contain an annual performance review for both RN-C and ULP-D. In addition, DO-A stated, she was unable to find a job description for RN-C.</p> <p>The licensee's Personnel Records policy effective June 2015, included "2. The personnel record for each person will include: -performance evaluations; and -current job description, which includes qualifications, responsibilities and identification of supervisors, if any."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 815		