Electronically Delivered

May 30, 2024

Licensee
Accra Care, Inc.
12600 Whitewater Drive, Suite 100
Minnetonka, MN 55343

RE: Project Number(s) SL32348006

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 21, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s)

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

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

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H32348	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCRA CARE, INC	12600 WHITEWATER DRIVE, SUITE 100 MINNETONKA, MN 55343

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#32348006-0 On May 20, 2024, through May 21, 2024, 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 was one client receiving services under the provider's comprehensive license.	0 000	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. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 810 SS=D	144A.479, Subd. 6(b) Individual Abuse Prevention Plan	0 810		

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0 810	Continued From page 1 (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the individual abuse prevention plan (IAPP) included required content for one of three clients (C1). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) 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). The findings include: C1 was admitted for home care services on November 5, 2020. C1's diagnoses included atrial fibrillation. C1's Service Plan: Addendum dated November 8,	0 810		

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0 810	Continued From page 2 2023, indicated C1 was receiving assistance with medication set up and international normalized ratio (INR) checks (a blood test that measures how long it would take blood to clot) every two weeks. C1's record included an assessment of client vulnerability dated October 23, 2023. The assessment lacked an IAPP that included: - an individualized assessment of client's susceptibility to abuse by other individuals; - assessment of the client'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 the client and other vulnerable adults or minors and risk of self-abuse. On May 21, 2024, at 12:16 p.m., program director/registered nurse (PD/RN)-A stated, "Yeah, our form doesn't really answer the question about abuse by others and for the other question she should have answered one or the other. That is something we will need to get fixed." The licensee's Vulnerable Adult/B-610 policy dated April 1, 2017, read, [Licensee] personnel are required to individually assess clients to determine vulnerability to abuse or neglect and develop a specific plan to minimize the risk of abuse/neglect to that client." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		

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0 815	Continued From page 3	0 815		
0 815 SS=D	144A.479, Subd. 7 Employee Records 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: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs; (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 (6) documentation of the background study as required under section 144.057. 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee record	0 815		

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0 815	Continued From page 4 contained all of the required content for one of two employees (registered nurse (RN)-C). 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). The findings include: RN-C was hired November 8, 2010, to provide direct services to the licensee's client (C1). RN-C's employee record lacked the following content: -current job description, including qualifications, responsibilities and identification of staff providing supervision. On May 21, 2024, at 2:02 p.m., program director/registered nurse (PD/RN)-A stated, "I know we redid job descriptions because we needed to change the title of her job description to director of nursing so there should be one in there, we can reach out to HR [human resources] again and do a little more digging." The licensee's Personnel Records/C-230 policy dated April 1, 2017, indicated all employee personnel records shall include, "A current job description that includes qualifications, responsibilities, and the level of staff providing supervision. Job descriptions must be signed by the employee." No further information was provided.	0 815		

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0 815	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
01170 SS=F	144A.4796, Subd. 2 Content of Orientation (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under section 626.557 and chapter 260E; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision	01170		

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01170	Continued From page 6 must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to home care included the required content for two of two employees (registered nurse (RN)-C, RN-D). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: RN-C RN-C was hired November 8, 2010, to provide direct services to the licensee's client (C1).	01170		

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01170	Continued From page 7 RN-C's employee record lacked evidence of documentation of the following home care orientation requirements: -consumer advocacy services. RN-D RN-D was hired October 1, 2018, to provide direct services to the licensee's client (C-1). RN-D's employee record lacked evidence of documentation of the following home care orientation requirements: -consumer advocacy services. On May 21, 2024, at 1:56 p.m., surveyor asked director of nursing (DON)-B about the missing orientation. DON-B stated, "My gut says we probably don't do it, but we can dig a little more." The licensee's Agency Orientation policy revised April 1, 2020, indicated orientation topics would include the consumer advocacy services of the Office of the Ombudsman for Long-Term Care, Office of the Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		
01190 SS=D	144A.4796, Subd. 6 Required Annual Training (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of	01190		

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01190	Continued From page 8 employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include: (1) training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided; (2) review of the home care bill of rights in section 144A.44; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. (b) In addition to the topics listed in paragraph (a), annual training may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations,	01190		

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01190	Continued From page 9 isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure at least eight hours of training was provided for each 12 months worked, to include required topics, for one of one employee (registered nurse (RN)-C). 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). The findings include: RN-C was hired November 8, 2010, to provide direct services to the licensee's client (C1). RN-C's employee record lacked evidence to indicate the employee had completed the required eight (8) hours of annual training to include the required topics in the following area: - home care bill of rights. On May 21, 2024, at 1:30 p.m., director of nursing (DON)-B stated RN-C's record lacked annual documentation of home care bill of rights training.	01190		

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01190	Continued From page 10 DON-B stated the missed training was an oversight. The licensee's Annual Training Requirements policy revised April 1, 2020, indicated annual training would include a review of the home care bill of rights. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01190		