



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 26, 2024

Licensee

Accessible Space, Inc. NO
2550 University Avenue West, Suite 330N
Saint Paul, MN 55114

RE: Project Number(s) SL24379012

Dear Licensee:

On February 6, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your agency to determine correction of orders found on the survey completed on December 7, 2023. The follow-up survey determined your agency had not corrected all of the state licensing orders issued pursuant to the December 7, 2023 survey.

In accordance with Minn. Stat. § 144A.474, Subd. 11, state licensing orders issued pursuant to the last survey, completed on December 7, 2023, found not corrected at the time of the February 6, 2024, follow-up survey and/or subject to penalty assessment are as follows:

1040-Administration Of Treatments/therapy-144a.4793, Subd. 4 - \$500.00
1155-Rn/lhp Responsibilities-144a.4795, Subd. 7(d) - \$500.00

The details of the violations noted at the time of this follow-up survey completed on February 6, 2024 (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.

The total amount you are assessed is \$1,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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.

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 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 business days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

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 MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit <https://forms.web.health.state.mn.us/form/HRDAppealsForm>.

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

We urge you to review these orders carefully. If you have questions, please contact Jessie Chenze at jessie.chenze@state.mn.us.

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

Sincerely,



Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/06/2024
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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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
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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, 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: SL# 24379012-1</p> <p>On Febuary 5, 2024, through Febuary 6, 2024, the Minnesota Department of Health conducted a follow-up survey pursuant to a survey completed on December 7, 2023. At the time of the follow-up, there were six clients receiving services under the provider's Comprehensive license. As a result of the follow-up survey, the following correction order(s) are reissued/issued.</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>	
{0 865} SS=D	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions	{0 865}		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{0 865}	<p>Continued From page 1</p> <p>(a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care.</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure service plans were revised to include provided services for one of three clients (C5).</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</p>	{0 865}		
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{0 865}	<p>Continued From page 2</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C5's diagnoses include diabetes, fluid restriction, and hepatic (kidney) failure.</p> <p>C5's service plan dated February 7, 2019, indicated the client received blood sugar checks two times a day.</p> <p>C5's prescriber's orders dated April 17, 2023, included: -blood sugar monitoring, one time a day.</p> <p>C5's medication administration record (MAR) dated February 1, 2024, through February 5, 2024, included: -blood sugar monitoring, staff check blood sugar one time a day before breakfast.</p> <p>On February 5, 2024, at 10:24 a.m., registered nurse (RN)-C stated C5's service plan had not been updated as required.</p> <p>On February 6, 2024, at 7:56 a.m., the surveyor observed unlicensed personnel (ULP)-B monitor C5's blood sugar using correct technique.</p> <p>The licensee's Service Plan Development and Revision policy dated November 2, 2022, noted, each client's service plan was reviewed by the RN: -during each regular client monitoring visit, which occurred at least every 90 days -whenever changes were needed to the services to be provided because of a change in the client's condition, after receipt of new or revised orders from the client's physician or other prescribing provider, following an incident, or following the</p>	{0 865}		
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{0 865}	Continued From page 3 client's return from a hospital or nursing home -when the agency changed fee schedule for services after giving prior of the modified fee schedule. No further information was provided.	{0 865}		
{01035} SS=D	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any	{01035}		

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{01035}	<p>Continued From page 4 changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a current individualized treatment management plan for one of two clients (C5.)</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>C5's diagnoses include diabetes, fluid restriction, and hepatic (kidney) failure.</p> <p>C5's service plan dated February 7, 2019, indicated the client received the following services: eating monitoring (choking,) eating setup, meal: congregate breakfast/lunch/snacks/supper, education administration, safety checks, and blood sugar two times a day.</p> <p>C5's prescriber's orders dated April 17, 2023, included: -diet: diabetic -record: fluid intake two times per day.</p> <p>On February 6, 2024, at 7:48 a.m., the surveyor observed C5 sitting by a computer in the common's area drinking a glass of ice water.</p>	{01035}		
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{01035}	<p>Continued From page 5</p> <p>On February 6, 2024, at 7:50 a.m., the surveyor observed unlicensed personnel (ULP)-B go into the kitchen and use a measuring cup and add four ounces (oz) of water into a glass and take the glass to the medication room. ULP-B administered C5's medications and C5 drank from the cup after she placed the medication in her mouth.</p> <p>On February 6, 2024, at 7:57 a.m., ULP-B stated the water C5 had been drinking while sitting at the computer was prepared by the night shift, "a few oz so she (C5) does not go back and forth."</p> <p>On February 6, 2024, at 7:59 a.m., ULP-B stated C5 got 36-40 oz on day shift and "maybe" 76 oz all day long of fluids, "I (ULP-B) think."</p> <p>On February 6, 2024, at 7:58 a.m., ULP-B stated for breakfast he lets the client's chose what they eat, adding that was routine. ULP-B then asked C5 if she wanted cereal with banana and C5 stated yes.</p> <p>On February 6, 2024, at 8:01 a.m., ULP-B poured 2% milk into a bowl containing a fruit loop type of cereal with bananas slices. ULP-B placed some ice cubes into a cup and added coffee to the cup. ULP-B took the bowl of cereal and coffee and placed it next to C5. The surveyor did not see ULP-B measure C5's milk or coffee.</p> <p>On February 6, 2024, at 8:03 a.m., ULP-B stated only C2 was on a specialized diet.</p> <p>DIET C5's Rtask (computer system) documentation dated February 5, 2024, included: -meal-congregate supper: staff to assist C5 in preparing and serving her supper meal everyday</p>	{01035}		

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{01035}	<p>Continued From page 6</p> <ul style="list-style-type: none"> -eating setup: C5 can feed herself with set up. Assist with cutting foods, handling items, pouring liquids, applying condiments, etc. <p>C5's individualized treatment plan for diabetic diet lacked:</p> <ul style="list-style-type: none"> -a statement of the type of services that would be provided -documentation of specific client instructions relating to the treatments or therapy administration (lacked clear direction of continuous or intermittent use of mitt) -identification of treatment or therapy tasks that would be delegated to unlicensed personnel -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services and -any client-specific requirements relating to documentation of treatment and therapy received and verification that all treatment and therapy was administered as prescribed. <p>FLUID RESTRICTIONS</p> <p>C5's Rtask (computer system) documentation dated February 5, 2024, included:</p> <ul style="list-style-type: none"> -record-fluid intake: she may have up to 64 ounces (oz) in 24 hours (eight oz with snacks (two times) and eight oz with medication (three times.) <p>C5's individualized treatment plan for fluid restrictions lacked:</p> <ul style="list-style-type: none"> -a statement of the type of services that would be provided -procedures for notifying a registered nurse (RN) or appropriate licensed health professional when a problem arose with treatments or therapy services -any client-specific requirements relating to 	{01035}		
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{01035}	<p>Continued From page 7</p> <p>documentation of treatment and therapy received and verification that all treatment and therapy was administered as prescribed.</p> <p>On February 5, 2024, at 1:46 p.m., RN-C stated she was not able to find C5's original fluid restriction order in the computer, adding "my guess" would be it was in a paper file, "way back when." RN-C confirmed C5's record did not include when ULPs should notify RN of fluid restrictions. RN-C said there was "nothing" in C5's record for diabetic diet. RN-C stated she had nothing to do with the "data entry" and wished she would have, to be aware C5's prescriber's order was for a diabetic diet. RN-C added she makes up the menu for the facility.</p> <p>On February 6, 2024, at approximately 9:00 a.m., RN-C stated she did not prepare a menu for the breakfast meal. The surveyor observed only a menu prepared for the evening meal posted in the kitchen.</p> <p>The licensee's Delegated Nursing Tasks/Treatments/Therapy Tasks policy reviewed November 2, 2022, noted prior to delegating administration of treatments and therapy, the RN or authorized licensed health professional must:</p> <ul style="list-style-type: none"> -develop and maintain a current individualized treat or therapy management recorded for each resident (client) -instruct the unlicensed personnel in the proper methods to provide the treatment or perform the task with respect to each resident and determine that the unlicensed personnel had demonstrated the ability to competently follow the procedures -develop written specific instructions for each resident and document those instructions in the resident's record -communicated with the unlicensed personnel 	{01035}		
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{01035}	Continued From page 8 about the individual needs of the resident. No further information was provided.	{01035}		
{01040} SS=F	144A.4793, Subd. 4 Administration of Treatments/Therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the home care provider must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each client 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 record; 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 one of one (unlicensed personnel (ULP)-B, received training and demonstrated competency regarding fluid restrictions and diabetic diet for C5. This practice resulted in a level two violation (a violation that did not harm a client's health or	{01040}		

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{01040}	<p>Continued From page 9</p> <p>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>C5's diagnoses include diabetes, fluid restriction, and hepatic (kidney) failure.</p> <p>C5's service plan dated February 7, 2019, indicated the client received the following services: eating monitoring (choking,) eating setup, meal: congregate breakfast/lunch/ snacks/supper, record fluid intake two times daily, education administration, safety checks, and blood sugar two times daily.</p> <p>C5's prescriber's orders dated April 17, 2023, included: -diet: diabetic -record: fluid intake two times per day.</p> <p>DIET C5's Rtask (computer system) documentation dated February 5, 2024, included: -meal-congregate supper: staff to assist C5 in preparing and serving her supper meal everyday -eating setup: C5 can feed herself with set up. Assist with cutting foods, handling items, pouring liquids, applying condiments, etc.</p> <p>FLUID RESTRICTIONS C5's Rtask documentation dated February 5, 2024, included: -record-fluid intake: she may have up to 64 ounces (oz) in 24 hours (eight oz with snacks</p>	{01040}		
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{01040}	<p>Continued From page 10</p> <p>(two times) and eight oz with medication (three times.)</p> <p>On February 6, 2024, at 7:48 a.m., the surveyor observed C5 sitting by a computer in the common's area drinking a glass of ice water.</p> <p>On February 6, 2024, at 7:50 a.m., the surveyor observed ULP-B go into the kitchen and use a measuring cup and add four ounces (oz) of water into a glass and take the glass to the medication room. ULP-B administered C5's medications and C5 drank from the cup after she placed the medication in her mouth.</p> <p>On February 6, 2024, at 7:57 a.m., ULP-B stated the water C5 had been drinking while sitting at the computer was prepared by the night shift, "a few oz so she (C5) does not go back and forth."</p> <p>On February 6, 2024, at 7:58 a.m., ULP-B stated for breakfast he lets the client's chose what they eat, adding that was the routine. ULP-B then asked C5 if she wanted cereal with banana for breakfast and C5 stated yes.</p> <p>On February 6, 2024, at approximately 8:00 a.m., ULP-B stated C5 got 36-40 oz on day shift and "maybe" 76 oz all day long of fluids. ULP-B added, "I (ULP-B) think." Additionally, ULP-B stated he received no "real/formal" training on C5's fluid restrictions.</p> <p>On February 6, 2024, at 8:01 a.m., ULP-B poured 2% milk into a bowl containing a fruit loop type of cereal with bananas slices. ULP-B placed some ice cubes into a cup and added coffee to the cup. ULP-B took the bowl of cereal and the cup of coffee to C5. The surveyor did not see ULP-B measure C5's milk or coffee.</p>	{01040}		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/06/2024
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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{01040}	<p>Continued From page 11</p> <p>On February 6, 2024, at 8:03 a.m., ULP-B stated only C2 was on a specialized diet. ULP-B was not aware C5 was on a diabetic diet.</p> <p>On February 5, 2024, at 2:09 p.m., registered nurse (RN)-C stated she did not do any training on C5's diet, adding she was not aware it was on the prescriber's order. RN-C added she made the menus used at the facility. RN-C asked if she needed to train on fluid restrictions, "isn't having it listed enough?" RN-C confirmed training and competency had not been completed for C5's diabetic diet or fluid restrictions.</p> <p>The licensee's Delegated Nursing Tasks/Treatments/Therapy Tasks policy reviewed November 2, 2022, noted prior to delegating administration of treatments and therapy, the RN or authorized licensed health professional must determine that each staff member who performed the task was trained and competent to perform the task and had been instructed in the proper procedures for performing the procedures with respect to the specific resident.</p> <p>No further information was provided.</p>	{01040}		
{01155} SS=F	<p>144A.4795, Subd. 7(d) RN/LHP Responsibilities</p> <p>(d) When the registered nurse or licensed health professional delegates tasks, they must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks. If an unlicensed personnel has not regularly performed the delegated home care</p>	{01155}		

Minnesota Department of Health

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{01155}	<p>Continued From page 12</p> <p>task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the client's record.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) determined competency in the proper methods to perform delegated tasks or procedures for one of one employee (unlicensed personnel (ULP)-B.</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>The undated pre-filled Entrance Conference: Comprehensive Worksheet, template dated May 28, 2020, and April 26, 2019, noted the provider offered medication administration, ROM (range of motion), and other exercise, blood glucose checks, non-sterile wound care, ostomy care, bowel programs, G-tube feedings (surgically placed device used to give direct access to stomach for supplemental feeding), compression stockings (TEDs), vital signs monitoring and nebulizer treatments.</p>	{01155}		
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{01155}	<p>Continued From page 13</p> <p>ULP-B was hired on August 18, 2021, to provide direct care services to the licensee's clients.</p> <p>On February 6, 2024, at 10:30 a.m., the surveyor observed C2 in the common's area sitting in a tilt-n-space wheelchair (wheelchair that allows the chair to tilt up to 30-60 degrees, depending on the model, while maintaining hip and knee angles at 90 degrees, designed to help distribute pressure). ULP-F stated she and ULP-B used a Hoyer lift (mechanical lift/ sling placed under a person which is attached to an assisted device to assist with transfers) to transfer C2 out of bed and into the tilt-n-space wheelchair.</p> <p>C2's Master Care Plan dated January 1, 2024, included: -positioning-seated: staff to recline C2 in his wheelchair, at a 45% angle, for 15 minutes every, two hours while up in his wheelchair. This is to redistribute his weight, to prevent pressure ulcers. -transferring assistance: C2 is to be transferred with his mechanical lift, and the assist of two staff, when available, for safety. When hooking the sling up to the mechanical lift, hook up both straps on the top of the sling to the arm of the lift, then cross the leg parts of the sling and push under each of C2's legs. Use the 2nd (middle) loops on the straps to attach to the arm of the lift.</p> <p>On February 5, 2023, at 10:28 a.m., site supervisor (SS)-H reviewed a prepared binder for corrections made. The surveyor could not find competencies for Hoyer lifts or for tilt-n-space wheelchairs. SS-H stated she would ask registered nurse (RN)-B if competencies had been completed.</p> <p>On February 5, 2024, at 10:30 a.m., SS-H stated</p>	{01155}		
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Minnesota Department of Health

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{01155}	<p>Continued From page 14</p> <p>she spoke with RN-C about Hoyer lifts and tilt-n-space wheelchairs. Per SS-H, RN-C "went over" the Hoyer and tilt-n-space wheelchairs at a staff meeting but said no competencies had been completed for either of the above listed items with ULPs.</p> <p>On February 6, 2024, at 10:35 a.m., RN-C stated competencies had not been completed for Hoyer or tilt-n-space wheelchair, adding she had a plan to get them completed.</p> <p>The licensee's Delegated Nursing Tasks, Treatments/Therapy Tasks policy dated November 2, 2022, noted a registered nurse may delegate nursing services, or an authorized Licensed Health Professional may delegate treatments or assign therapy tasks, to unlicensed personnel that:</p> <ul style="list-style-type: none"> -have demonstrated to the RN the ability to competently follow the procedures for the resident (client) and possess the knowledge and skills consistent with the complexity of the tasks. <p>No further information was provided.</p>	{01155}		
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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 29, 2023

Licensee

Accessible Space Inc NO

2550 University Avenue West Suite 330N

Saint Paul, MN 55114

RE: Project Number(s) SL24379012

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 7, 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.

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 . . ."

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 may be 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 MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The MDH may impose 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 MDH

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, the following fines are assessed pursuant to this survey:

St - 0 - 0715 - 144a.476, Subd. 2 - Employees, Contractors, And Volunteers - \$3,000.00

St - 0 - 1252 - 144a.4798, Subd. 3 - Infection Control Program - \$500.00

The total amount you are assessed is \$3,500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

To submit a reconsideration request, please visit:

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

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 MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit <https://forms.web.health.state.mn.us/form/HRDAppealsForm>.

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

A handwritten signature in cursive script that reads "Jessica Chenze".

Jessie Chenze, Supervisor

State Evaluation Team

Email: jessie.chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER(S)</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>INITIAL COMMENTS: SL# 24379012</p> <p>On December 4, 2023, through December 7, 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 seven clients receiving services under the providers comprehensive license.</p> <p>An immediate correction order was identified on December 6, 2023, issued for SL#24379012, tag identification 0715.</p> <p>On December 6, 2023, the immediacy of order 0715 was removed, however non-compliance remained at a scope and level of H.</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>	
0 265 SS=F	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice	0 265		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 265	<p>Continued From page 1</p> <p>receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for one of one resident (R2) with a hospital bedrail.</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 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 residents).</p> <p>The findings include:</p> <p>C2's diagnoses included traumatic brain injury (TBI/injury that affects how the brain works), mood disorder, depression, seizure disorder, suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow), hypertension (HTN/high blood pressure), and constipation.</p> <p>C2's service plan dated February 7, 2019, indicated the client received the following services: bathing assistance, communication assistance, compression socks (TEDs),</p>	0 265		

Minnesota Department of Health

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0 265	<p>Continued From page 2</p> <p>continence care/toileting, dressing assistance eating assistance, eating monitoring, grooming assistance, medication administration, wheeling assistance, positioning, vital sign monitoring, skin care, therapeutic exercise (ROM/range of motion), transferring assistance, laundry and housekeeping services.</p> <p>C2's assessment dated December 1, 2023, indicated C2 used bedrails to assist with sitting up, turning, and positioning. The assessment lacked zone of entrapment measurements.</p> <p>On December 6, 2023, at 7:35 a.m., the surveyor observed unlicensed personnel (ULP)-F prepare C2's medication and take the medication to C2's room. C2 was lying in a hospital bed with both upper rails in the raised position. ULP-F administered C2's medication.</p> <p>On December 6, 2023, at 8:20 a.m., registered nurse (RN)-C stated she had not measured any of the hospital beds used by the provider, adding she was not aware of the requirement. RN-C said she had, "followed old bosses lead" documenting risks, reasons used, etc.</p> <p>On December 7, 2023, at 11:29 a.m., RN-C measured C2's bedrail with surveyor present. The bedrail measured four inches wide by 11 inches tall at the largest open area. The measurement between the mattress and the bedrail was two inches. The surveyor placed pressure on the bedrail and found the bedrail securely fastened to C2's hospital bed. RN-C stated C2's bedrail was used to assist with positioning and the responsible party had been informed of the bedrail risks verse benefits.</p> <p>The FDA "A Guide to Bed Safety" revised April</p>	0 265		

Minnesota Department of Health

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0 265	<p>Continued From page 3</p> <p>2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p> <p>The licensee's Assess Side Rails policy revised November 2, 2022, noted the RN would assess and evaluate the resident's needs and assess to determine if the resident (client) could safely utilize the side rail/equipment and determine whether the side rail/equipment met the FDA (food and drug administration) standards for side rails.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 265		
0 320 SS=E	<p>144A.44, Subd. 1(a)(13) Treated With Respect</p> <p>be treated with courtesy and respect, and to have the client's property treated with respect</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure three of five clients (C2, C3, C4) were treated with respect and dignity related to privacy during personal cares, medication administration, and vital sign</p>	0 320		

Minnesota Department of Health

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0 320	<p>Continued From page 4</p> <p>monitoring.</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>PERSONAL CARES On December 5, 2023, at 9:48 a.m., the surveyor observed unlicensed personnel (ULP)-D push C2 in a wheelchair (shower type/ with a cut out in the bottom of the chair to place a bowel collection container) from C2's room to a bathroom across the hall from C2's room. C2 did not have a brief on. C2 was dressed in pants pulled up to his upper legs. The surveyor observed the skin of C2's upper legs, lower back, and hip area. C2's lower body was partially exposed.</p> <p>On December 5, 2023, at 10:43 a.m., ULP-B stated "normally" ULPs use a towel to cover C2, adding the towel must have been missed. ULP-B added they (provider) used robes for a "couple" of the guys.</p> <p>On December 7, 2023, at 9:52 a.m., service administrator (SA)-I and site supervisor (SS)-H stated C2's lower body should have been covered with a sheet or a towel.</p> <p>SKIN CARE On December 6, 2023, at 7:07 a.m., the surveyor</p>	0 320		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 320	<p>Continued From page 5</p> <p>observed C4 sitting on a couch in the common's area. C5 was also observed in the common's area. ULP-F asked C4, "If I could see your foot?" C4 removed the shoe he wore on his right foot and C4 extended his bare foot out for ULP-F to look at C4's skin. ULP-F bent down and looked at C4's foot and commented "let's do a little more ointment, we are just going to let it (foot) dry a little more before we put a Band-Aid on it."</p> <p>On December 6, 2023, at 7:30 a.m., the surveyor observed ULP-F ask C4, still seated in the occupied common's area, if his foot was dried off "enough?" C4 removed the shoe he wore on his right foot and C4 extended his bare foot out for ULP-F to look at his skin. ULP-F bent down and looked at C4's foot and commented she would have SS-H look at it later. The surveyor did not observe ULP-F ask C4 if he would like to relocate to a private area.</p> <p>On December 7, 2023, at 9:50 a.m., SA-I stated she did not think it was "ok" for ULPs to look at C4's foot in the occupied common's area. SS-H stated C4 had OCD (obsessive- compulsive disorder/mental and behavioral disorder of intrusive thoughts and obsessions) and C4 did not want staff in his room. SS-H said, "we can do better, we could take him into the bathroom."</p> <p>MEDICATION ADMINISTRATION On December 5, 2029, at 9:24 a.m., the surveyor observed ULP-B removed C3's morning medication from bubble packs in the medication room, totaling 12 pills.</p> <p>On December 5, 2023, at approximately 9:30 a.m., the surveyor observed ULP-B put some of C3's medications into C3's mouth while C3 was sitting at the table in the open dining/ common's</p>	0 320		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 320	<p>Continued From page 6</p> <p>area. There was one other client sitting in the open dining/ common's area. ULP-B asked C3 to tip his head back and swallow the medication ULP-B had placed in C3's mouth. ULP-B asked C3 to open his mouth and say "aaah" while ULP-B looked inside C3's mouth. ULP-B instructed C3 to take a drink. ULP-B said, "one more time," and put more medication into C3's mouth. ULP-B asked to check C3's mouth, C3 opened his mouth and said, "aaah" while ULP-B looked into C3's mouth. ULP-B lifted the medication container to C3's mouth a third time, and C3 swallowed the medication, and a mouth check was done once more by ULP-B. ULP-B commented, "there yeah go, take a drink" and ULP-B documented C3's medications as given.</p> <p>VITAL SIGN MONITORING On December 5, 2023, at 9:19 a.m., the surveyor observed unlicensed personnel (ULP)-B remove a wrist blood pressure cuff/machine from a kitchen drawer and apply it to C3's right wrist. ULP-B turned the machine on and got a reading of 125/78. The surveyor did not observe ULP-B ask C3 if he could take C3's blood pressure in the common's area, nor did the surveyor observe ULP-B offer to move C3 to a private location to check C3's blood pressure. There was one other client sitting in the open dining/ commons area during C3's blood pressure monitoring.</p> <p>On December 5, 2023, ULP-B stated blood pressure monitoring is always done at the dining room table in the common's area, "before he (C3) eats." ULP-B added it is the routine.</p> <p>On December 7, 2023, at 8:08 a.m., SS-H and registered nurse (RN)-C stated clients should be asked if medications and monitoring of vital signs could be completed in the common's area. SS-H</p>	0 320		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 320	<p>Continued From page 7</p> <p>said medications should be given "back there," motioning to the medication room hallway. RN-C and SS-H confirmed that was not the current practice.</p> <p>The Minnesota Bill of Rights for Clients of Licensed Only Home Care Providers dated November 2019, noted a client who received home care services in the community have these rights:</p> <ul style="list-style-type: none"> - receive care and services according to a suitable and up-to date plan, and subject to accepted health care, medical or nursing standards and person-centered care -be served by people who were properly trained and competent to perform their duties -be treated with courtesy and respect. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 320		
0 475 SS=F	<p>144A.472, Subd. 3 License Renewal</p> <p>(a) Except as provided in section 144A.475, a license may be renewed for a period of one year if the licensee satisfies the following:</p> <ol style="list-style-type: none"> (1) submits an application for renewal in the format provided by the commissioner at least 30 days before expiration of the license; (2) submits the renewal fee in the amount specified in subdivision 7; (3) has provided home care services within the past 12 months; (4) complies with sections 144A.43 to 144A.4798; (5) provides information sufficient to show that the applicant meets the requirements of licensure, including items required under 	0 475		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 475	<p>Continued From page 8</p> <p>subdivision 1; (6) provides verification that all policies under subdivision 1 are current; and (7) provides any other information deemed necessary by the commissioner. (b) A renewal applicant who holds a comprehensive home care license must also provide verification that policies listed under subdivision 2 are current.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the management official(s) who were in charge of the day-to-day operations; and responsible for the clients' home care services, understood all of the home care provider regulations; and the licensee failed to ensure policies and procedures were developed and/or implemented as required.</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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>During the entrance conference on December 10, 2023, at approximately 10:00 a.m., director of services (DS)-A stated he was responsible for the day-to-day operations of the home care agency. DS-A confirmed he thought he was familiar with the current home care laws and regulations.</p>	0 475		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 475	<p>Continued From page 9</p> <p>The licensee last renewed their Comprehensive home care license on June 14, 2023, and had attested they had read and understood the Comprehensive home care laws and regulations.</p> <p>The licensee failed to develop and/or implement the following required policies and procedures:</p> <ul style="list-style-type: none"> - medication and treatment management - conducting ongoing client evaluations and assessments - ensuring the updated version of the Bill of Rights was provided to all clients - infection control - conducting and handling background studies of employees - orientation, training, and competency evaluations of home care staff. <p>On December 12, 2023, at approximately 12:00 p.m., registered nurse (RN)-C and site supervisor (SS)-H verified the above listed policies and procedures had not been developed and/or successfully implemented.</p> <p>Twenty-three correction orders were issued, which indicated the licensee's understanding of the Minnesota statutes were limited or not evident for compliance with sections 144A.43 to 144A.4798.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 475		
0 715 SS=H	144A.476, Subd. 2 Employees, Contractors, and Volunteers	0 715		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 715	<p>Continued From page 10</p> <p>(a) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.</p> <p>(b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a current background study (BGS) was submitted and a clearance received in affiliation with the comprehensive licensee's health facility identification (HFID) 24379 for four of 16 employees (registered nurse (RN-C), (unlicensed personnel (ULP)-D, ULP-B, ULP-F).</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a 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>This resulted in an immediate correction order issued on December 6, 2023, at approximately 11:50 a.m.</p>	0 715		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 715	<p>Continued From page 11</p> <p>The findings include:</p> <p>On December 5, 2024, at 11:25 a.m., director of services (DS)-A provided surveyor a current employee roster which indicated the name, title, and hire date for each employee.</p> <p>RN-C RN-C was hired on February 18, 2009, to provide supervision of staff and direct care services to the licensee's clients.</p> <p>RN-C's background study clearance letter provided to the surveyor was dated March 5, 2009, however, the provider was unable to provide evidence RN-C was affiliated with the HFID for the license in NETStudy 2.0, thus would not receive notification of eligibility if a change occurred.</p> <p>ULP-D ULP-D was hired on February 21, 1996, to provide direct care services to the licensee's clients.</p> <p>ULP-D's background study clearance letter provided to the surveyor was dated April 10, 2009, however, the provider was unable to provide evidence ULP-D was affiliated with the HFID for the license in NETStudy 2.0, thus would not receive notification of eligibility if a change occurred.</p> <p>On December 6, 2023, at 9:42 a.m., DS-A noted RN-C and ULP-D were not on the ASI (Abila Security and Investigations)-affiliated roster. DS-A noted his team was unable to get a screen shot of the ASI-affiliated roster.</p> <p>ULP-B</p>	0 715		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 715	<p>Continued From page 12</p> <p>ULP-B was hired on August 18, 2021, to provide direct care services to the licensee's clients.</p> <p>On December 5, 2023, at 2:00 p.m., the surveyor observed ULP-B assisting the licensee's clients. ULP-B was unsupervised. ULP-B stated he was working alone until 3:00 p.m., this day.</p> <p>ULP-B's background study results on Department of Human Services (DHS) NETStudy 2.0 roster dated December 5, 2023, indicated "COVID-19 Study-Expired," which indicated ULP-B had a COVID-19 background study completed without fingerprints. The COVID-19 fingerprinting study exception expired on December 31, 2022. ULP-B did not complete fingerprinting as required and was not eligible to work unsupervised.</p> <p>ULP-F ULP-F was hired on February 28, 2022, to provide direct care services to the licensee's clients.</p> <p>ULP-F's background study results on Department of Human Services (DHS) NETStudy 2.0 roster dated December 5, 2023, indicated "COVID-19 Study-Expired," which indicated ULP-F had a COVID-19 background study completed without fingerprints. The COVID-19 fingerprinting study exception expired on December 31, 2022. ULP-F did not complete fingerprinting as required and was not eligible to work unsupervised.</p> <p>On December 6, 2023, at 9:51 a.m., DS-A provided the surveyor that the background roster affiliated with the license, on an Excel spreadsheet that included the name, date of birth, affiliation, supervision, position, roster, determination, application number. The spreadsheet included: -ULP-B, "disqualified"</p>	0 715		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 715	<p>Continued From page 13</p> <p>-ULP-F, "disqualified."</p> <p>The Minnesota Bill of Rights for Clients of Licensed Only Home Care Providers dated November 2019, noted the clients be served by people who were properly trained and competent to perform their duties and be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and Maltreatment of Minors Act.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>Immediacy is removed as confirmed by review by evaluation supervisor on December 6, 2023, however, non-compliance remains at a scope and level of of level three, pattern (H).</p>	0 715		
0 790 SS=F	<p>144A.479, Subd. 3 Quality Management</p> <p>The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p>	0 790		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 790	<p>Continued From page 14</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 provider provides. This had the potential to affect all clients receiving home care services.</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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>On December 5, 2023, at approximately 9:10 a.m., the surveyor was given a survey readiness binder. The binder contained a pre-filled undated Entrance Conference: Comprehensive worksheet, template dated April 26, 2019. Page six included: quality management activities, "all information is located at the corporate office in St. Paul."</p> <p>On December 7, 2023, at 9:28 a.m., site administrator (SA)-I stated the provider did not have a quality management program.</p> <p>The licensee's Quality Assurance policy revised November 1, 2013, noted as part of the Quality Assurance Plan, the provider collected the following data to be summarized for strategic planning bi-annually:</p>	0 790		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 790	<p>Continued From page 15</p> <ul style="list-style-type: none"> -demographics-gender, type of disability, wheelchair use -outcome-prior service level vs future service level and reasons for leaving -accident/Incident report summary by site and type of service -resident survey-satisfaction with services and staff, information given by staff, nursing services, supervisor's management of site, staff confidentiality, housing, ideas/requests for changes in service -resident exit interviews-reason for leaving, suggestions for improvement. <p>On a scheduled basis, site surveys were done at each service site. The site surveys are used as a tool to help the Site Supervisor and Site Nurse prepared for surveys conducted by the Minnesota Department of Health.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 790		
0 815 SS=F	<p>144A.479, Subd. 7 Employee Records</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> <ul style="list-style-type: none"> (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; 	0 815		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 815	<p>Continued From page 16</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 observation, interview and record review, the licensee failed to ensure the employee record contained all required content for one of three employees, (unlicensed personnel (ULP)-B.)</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>	0 815		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 815	<p>Continued From page 17</p> <p>ULP-B began employment with the licensee on August 18, 2021, and provided direct care services to the licensee's clients.</p> <p>On December 5, 2023, at 10:16 a.m., the surveyor observed ULP-B and ULP-D use a Hoyer lift (mechanical lift/ sling placed under a person which is attached to an assisted device to assist with transfers) to transfer C2 from a shower wheelchair into a hospital bed. ULP-B moved C2's catheter bag (urine collections bag) which had been attached to the wheelchair and place the catheter bag on C2's hospital bed. The surveyor observed C2 wearing a mitt (used to deter client from using hand, padded and secured with Velcro).</p> <p>ULP-B's employee record lacked evidence of the following: -competency of catheter (suprapubic catheter /a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow) -training on mitt -competency on leave of absence (LOA) medication.</p> <p>On December 6, 2023, at 9:46 a.m., registered nurse (RN)-C stated she did verbal training on C2's mitt for all ULPs, adding there would not be any evidence of training in ULPs records for mitt. In addition, RN-C stated she did competency training on catheters adding there would be no evidence of this in the ULPs records.</p> <p>On December 6, 2023, at 2:11 p.m., RN-C stated training was done on an online platform for LOA medications. RN-C stated she did competency of</p>	0 815		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 815	<p>Continued From page 18</p> <p>LOA with ULPs however no evidence would be found of LOA competency in ULPs records.</p> <p>The licensee's Delegated Nursing Tasks, Treatments/Therapy Tasks policy revised November 2, 2022, noted, when the RN or licensed health professional instructed unlicensed staff on the resident/client specific procedures on-site or verbally, the RN would document which staff received this instruction.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 815		
0 825 SS=C	<p>144A.4791, Subd. 1 HBOR Notification to Client</p> <p>(a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.</p> <p>(b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices.</p> <p>"If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p>	0 825		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 825	<p>Continued From page 19</p> <p>The statement should include the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, email, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint. (c) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the license failed to provide one of one client (C2) with the current home care Bill of Rights.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>Findings include:</p>	0 825		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 825	<p>Continued From page 20</p> <p>C2 was admitted on April 15, 1991, and received home care services.</p> <p>On December 6, 2023, at 7:35 a.m., the surveyor observed unlicensed personnel (ULP)-F prepare and administer C2's morning medication.</p> <p>C2's service plan dated February 7, 2019, indicated the client received the following services: bathing assistance, communication assistance, compression socks (TEDs), continence care/toileting, dressing assistance eating assistance, eating monitoring, grooming assistance, medication administration, wheeling assistance, positioning, vital sign monitoring, skin care, therapeutic exercise (ROM/range of motion), transferring assistance, laundry and housekeeping services.</p> <p>On December 6, 2023, at 9:46 a.m., registered nurse (RN)-C confirmed the Home Care Bill of Rights C2 was given was dated 2017. RN-C stated C2 had not received the current November 2019 revised Minnesota Home Care Bill of Rights for Home Care.</p> <p>On December 6, 2023, at 1:15 p.m., RN-C stated none of the licensee's residents had been given the November 2019 Minnesota Home Care Bill of Rights for Home Care.</p> <p>The Content of Resident (client) Record policy revised November 2, 2022, noted the resident record would contain the home care bill of rights and documentation that the agency staff had reviewed the bill of rights with the resident.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION:</p>	0 825		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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0 825	Continued From page 21 Twenty-One (21) days	0 825		
0 835 SS=C	<p>144A.4791, Subd. 3 Statement of Home Care Services</p> <p>Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the Statement of Home Care Services to one of one client (C2).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C2's diagnoses included traumatic brain injury (TBI/injury that affects how the brain works), mood disorder, depression, seizure disorder,</p>	0 835		

Minnesota Department of Health

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0 835	<p>Continued From page 22</p> <p>suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow), hypertension (HTN/high blood pressure), and constipation.</p> <p>C2's service plan dated February 7, 2019, indicated the client received the following documents: -Uniform Consumer Information Guide -Home Care Services and Fee Schedule -this Service Plan -MDH (Minnesota Department of Health) Bill of Rights for Assisted Living -licensee's Assisted Living Flyer.</p> <p>C2's record lacked evidence to indicate the client and/or the client's representative were provided with a written statement that identified the licensee as a Comprehensive home care provider, and the services provided under their license.</p> <p>On December 7, 2023, at 9:36 a.m., site administrator (SA)-I reviewed C2's service plan with the surveyor. On page five of C2's service plan noted, "I have received a copy of the following, Home Care Services and Fee." SA-I stated she was not familiar with the document. SA-I stated the document should be in C2's folder if the document was given to C2. SA-I later stated she did not locate the Home Care Services and Fee form in C2's folder. SA-I went to look through the providers most recent client's admission folder, adding if the document had been provided to the client, it would be located in the client's folder. SA-I returned to the office and stated the document was not in the licensee's most current client's folder. SA-I added the</p>	0 835		

Minnesota Department of Health

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0 835	<p>Continued From page 23</p> <p>provider's clients had not received the above-mentioned document.</p> <p>The licensee's Content of Resident Record policy revised November 2, 2022, noted the resident record contained documentation that the resident had received the statement of explaining the agency held a Comprehensive home care license, a description of the services the agency was authorized to provide under the Comprehensive home care license and which services the agency cannot provide under the scope of the license and a statement about the limitations of this agency's services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 835		
0 860 SS=D	<p>144A.4791, Subd. 8 Comprehensive Assessment and Monitoring</p> <p>(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</p>	0 860		

Minnesota Department of Health

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0 860	<p>Continued From page 24</p> <p>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 observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment on day 90 for one of two clients (C2).</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>C2's diagnoses included traumatic brain injury (TBI/injury that affects how the brain works,) mood disorder, depression, seizure disorder, suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow), hypertension (HTN/high blood pressure), and constipation.</p> <p>C2's service plan dated February 7, 2019, indicated the client received the following services: bathing assistance, communication</p>	0 860		

Minnesota Department of Health

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0 860	<p>Continued From page 25</p> <p>assistance, compression socks (TEDs), continence care/toileting, dressing assistance, eating assistance, eating monitoring, grooming assistance, medication administration, wheeling assistance, positioning, vital sign monitoring, skin care, therapeutic exercise (ROM/range of motion), transferring assistance, laundry and housekeeping services.</p> <p>On December 6, 2023, at 7:35 a.m., the surveyor observed unlicensed personnel (ULP)-F prepare and administer C2's morning medication.</p> <p>C2's record included an assessment completed August 24, 2023, and a reassessment dated November 29, 2023.</p> <p>C2's record lacked a 90-day assessment due on or by November 22, 2023. C2's 90-day assessment was dated 97 days from the previous assessment.</p> <p>On December 6, 2023, at 11:15 a.m., registered nurse (RN)-C stated her old boss told her once a client went on Hospice "nothing" was needed from her. RN-C confirmed C2's 90-day assessment was not completed as required.</p> <p>The undated pre-filled Entrance Conference: Comprehensive worksheet, template dated May 28, 2020, and April 26, 2019, noted assessments were updated as needed and at least every 90 days.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 860		

Minnesota Department of Health

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0 865	Continued From page 26	0 865		
0 865 SS=F	<p>144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions</p> <p>(a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care.</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure service plans were revised to reflect the current services provided for one of one client (C2).</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</p>	0 865		

Minnesota Department of Health

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0 865	<p>Continued From page 27</p> <p>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>C2's diagnoses included traumatic brain injury (TBI/injury that affects how the brain works), mood disorder, depression, seizure disorder, suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow), hypertension (HTN/high blood pressure), and constipation.</p> <p>C2's service plan dated February 7, 2019, indicated the client received the following services: bathing assistance, communication assistance, compression socks (TEDs), continence care/toileting, dressing assistance, eating assistance, eating monitoring, grooming assistance, medication administration, wheeling assistance, positioning, blood pressure monitoring two times daily, pulse monitoring two times daily, skin care, therapeutic exercise (ROM/range of motion), transferring assistance, laundry and housekeeping services.</p> <p>C2's assessment dated December 1, 2023, noted: -C2 has a glove/restraint (padded and secured with Velcro) on his left hand due to confusion/anxiety, and has attempted to pull out his suprapubic catheter and did pull out his previous foley catheter (inserted into the urethra, tube that carries urine out of the body) and IVs in the hospital.</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 865	<p>Continued From page 28</p> <p>On December 5, 2023, at 10:20 a.m., the surveyor observed unlicensed personnel (ULP)-F and ULP-D use a Hoyer lift (mechanical lift /sling placed under a person which is attached to an assisted device to assist with transfers) to transfer C2 into a tilt-n-space wheelchair (wheelchair that allows the chair to tilt up to 30-60 degrees, depending on the model, while maintaining hip and knee angles at 90 degrees, designed to help distribute pressure). ULP-F moved C2's catheter bag from the bed to the wheelchair and ULP-D removed a mitt (used to deter C2 from using hand, padded and secured with Velcro) from C2's left hand.</p> <p>C2's Service Recap Summary dated November 1, 2023, through November 30, 2023, included the following services: continence care- catheter, monitoring change in respiratory status three times daily, dressing assistance, blood pressure monitoring one day a week, and wandering assist.</p> <p>On December 7, 2023, at 1:28 p.m., registered nurse (RN)-C stated C2's service plan had not been updated. RN-C said she was not aware service plans needed to be updated with changes. RN-C added she updates master care plans when changes are made. RN-C confirmed service plans for the licensee's clients were not revised as required.</p> <p>The licensee's Service Plan Development and Revision policy dated November 2, 2022, noted, each client's service plan was reviewed by the RN: -during each regular client monitoring visit, which occurred at least every 90 days -whenever changes were needed to the services to be provided because of a change in the client's</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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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
0 865	Continued From page 29 condition, after receipt of new or revised orders from the client's physician or other prescribing provider, following an incident, or following the client's return from a hospital or nursing home -when the agency changed fee schedule for services after giving prior of the modified fee schedule. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 865		
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency	0 870		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 870	<p>Continued From page 30</p> <p>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 licensed failed to ensure the service plan included all the required content for one of one client (C2).</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>C2 diagnoses included traumatic brain injury (TBI/injury that affects how the brain works), mood disorder, depression, seizure disorder, suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow), hypertension (HTN/high blood pressure), and constipation.</p> <p>C2's service plan dated February 7, 2019, indicated the client received the following services: bathing assistance, communication assistance, compression socks (TEDs), continence care/toileting, dressing assistance, eating assistance, eating monitoring, grooming assistance, medication administration, wheeling</p>	0 870		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 870	<p>Continued From page 31</p> <p>assistance, positioning, blood pressure monitoring two times daily, pulse monitoring two times daily, skin care, therapeutic exercise (ROM/range of motion), transferring assistance, laundry and housekeeping services.</p> <p>On December 5, 2023, at 10:20 a.m., the surveyor observed unlicensed personnel (ULP)-F and ULP-D use a mechanical lift (sling placed under a person which is attached to an assisted device to assist with transfers) to transfer C2 into a tilt-n-space wheelchair (wheelchair that allows the chair to tilt up to 30-60 degrees, depending on the model, while maintaining hip and knee angles at 90 degrees, designed to help distribute pressure). ULP-F moved C2's catheter bag from the bed to the wheelchair and ULP-D removed a mitt (used to deter client from using hand, padded, and secured with Velcro) from C2's left hand.</p> <p>C2's service plan dated February 7, 2019, lacked the following: -the method of monitoring staff providing home care services -fees for services.</p> <p>On December 7, 2023, at 9:36 a.m., site administer (SA)-I reviewed C2's service plan with the surveyor. On page five on C2's service plan I have received a copy of the following, " Home Care Services and Fee" was noted. SA-I stated it should be in client's folders if the document was given to C2. SA-I did not locate the Home Care Services and Fee form in C2's folder. SA-I went to look through the providers most recent client admission folder. SA-I returned to the office and stated all service plans were missing the above mentioned required information.</p>	0 870		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 870	Continued From page 32 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 870		
0 885 SS=F	144A.4791, Subd. 12 Disaster/Emergency Preparedness Planning The home care provider must have a written plan of action to facilitate the management of the client's care and services in response to a natural disaster, such as flood and storms, or other emergencies that may disrupt the home care provider's ability to provide care or services. The licensee must provide adequate orientation and training of staff on emergency preparedness. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written plan of action to facilitate the management of the clients' care and services in response to a natural disaster, such as storms or other emergencies that may disrupt the home care provider's ability to provide care and services. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:	0 885		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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0 885	<p>Continued From page 33</p> <p>On December 7, 2023, at 9:26 a.m., site supervisor (SS)-H stated she does train on emergencies but said the licensee did not have an emergency preparedness plan.</p> <p>On December 7, 2023, at 9:26 a.m., SS-H confirmed the licensee did not have a policy related to emergency preparedness.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 885		
0 935 SS=D	<p>144A.4792, Subd. 8 Documentation of Administration of Medication</p> <p>Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the steps of medication administration were followed by one of one employee (unlicensed personnel/ULP-B) while administering medications to one of three</p>	0 935		

Minnesota Department of Health

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0 935	<p>Continued From page 34</p> <p>clients (C3).</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>C3's diagnosis included depression, seizure disorder, vision impairment right eye, and psychosis (difficulty to determine what is real and what is not real).</p> <p>C3's service plan dated February 7, 2019, indicated C3 received the following services: -medication administration three times daily.</p> <p>C3's prescriber order dated April 17, 2023, included Erythromycin (antibiotic used to treat bacteria) 0.5 % ophthalmic (eye) ointment, two times a day, instill one strip of ointment in right eye two times daily.</p> <p>C3's med (medication) recap by resident form dated December 1, 2023, through December 7, 2023, noted Erythromycin 5% was applied daily at 7:00 a.m.</p> <p>On December 6, 2023, at 7:12 a.m., the surveyor observed unlicensed personnel (ULP)-B report to ULP-F that he had applied C3's eye ointment. ULP-B stated he did not document the eye ointment had been applied by himself adding, he did not want ULP-F to apply the eye ointment</p>	0 935		

Minnesota Department of Health

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0 935	<p>Continued From page 35</p> <p>again, and C3 get a "double dose."</p> <p>On December 6, 2023, at 8:15 a.m., registered nurse (RN)-C stated medication documentation should be done at the time medication is given, not later. RN-C added C3 was a tricky one, and stated it was easiest to apply the eye ointment before C3 was readied for the day.</p> <p>The licensee's Documentation of Medication Administration policy revised November 2, 2022, noted staff documented each medication management task immediately after that task had been performed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 935		
0 995 SS=D	<p>144A.4792, Subd. 19 Storage of Medications</p> <p>A comprehensive home care provider providing storage of medications outside of the client's private living space must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored as directed for one of three clients (C3.)</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or</p>	0 995		

Minnesota Department of Health

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0 995	<p>Continued From page 36</p> <p>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>C2's diagnoses included traumatic brain injury (TBI/injury that affects how the brain works), mood disorder, depression, seizure disorder, suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow), hypertension (HTN/high blood pressure), and constipation.</p> <p>C2's service plan dated February 7, 2019, included: -medication administration, three times daily.</p> <p>C2's assessment dated December 1, 2023, included: -resident's medications are kept in his own little cubby box, labeled with his name, that is kept in a locked medication room.</p> <p>C2's prescriber's order dated December 1, 2023, included: -nystatin (yeast) 100,000 units topical cream, to apply topically two times daily to groin.</p> <p>On December 5, 2023, at 9:48 a.m., the surveyor observed unlicensed personnel (ULP)-B pushing C2 in a wheelchair into his room. On a counter near a sink was a wash basin and in the basin was an opened container of nystatin 100,000 units/milligram (mg) cream.</p>	0 995		

Minnesota Department of Health

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0 995	<p>Continued From page 37</p> <p>On December 5, 2023, 10:35 a.m., ULP-B stated he was not sure if the nystatin cream was supposed to be locked up, adding Hospice "does that" (used nystatin).</p> <p>On December 6, 2023, at 8:14 a.m., registered nurse (RN)-C stated C2's nystatin ointment should have been stored in C2's medication cabinet, behind the mirror.</p> <p>The licensee's Storage of Medication policy revised November 2, 2022, noted the RN would identify where the medications would be stored, how they would be secured or locked under proper temperature controls and who had access to the medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 995		
01000 SS=F	<p>144A.4792, Subd. 20 Prescription Drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medication was stored according to manufacturer's recommendation for one of one client (C5) receiving insulin.</p>	01000		

Minnesota Department of Health

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01000	<p>Continued From page 38</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 December 5, 2023, at 9:06 a.m., the surveyor reviewed the contents of the providers medication room with unlicensed personnel (ULP)-B. One opened Lantus (long acting) 100-unit (U)/milliliter (ml) insulin pen was found in a location marked C5's medication. ULP-B looked at the insulin pen and read from the manufacture's label and stated the Lantus would expire on October 4, 2024. ULP-B confirmed there was not a date written C5's opened insulin pen. ULP-B said he was not aware if pens were to be dated, adding it (insulin) was given at "night", and he did not work that shift.</p> <p>C5's service plan dated February 7, 2019, included: -medication administration two times daily.</p> <p>C5's prescriber's order dated April 24, 2023, included: -Lantus 12 units subcutaneously (under the skin) daily at bedtime.</p> <p>C5's Medication Administration Summary dated November 1, 2023, through November 30, 2023, indicated C5 received Lantus 12 units daily at bedtime.</p>	01000		

Minnesota Department of Health

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01000	<p>Continued From page 39</p> <p>C5's opened Lantus pen lacked a label which indicated the date the insulin had been opened and when the insulin would expire.</p> <p>On December 5, 2023, at 9:15 a.m., registered nurse (RN)-C stated she did not ask (instruct) ULPs to date insulin pens "because they (pens) were used before the 28 days, we use them well before that." RN-C stated only one client (C5) currently used insulin and confirmed C5's insulin pen was not dated and "probably" should have been.</p> <p>The manufacturer's instructions for Lantus dated August 2022, indicated after 28 days throw opened Lantus pen away, even if there was still insulin in it.</p> <p>The licensee's Storage of Medication policy revised November 2, 2022, noted the RN would identify where the medications would be stored, how they would be secured or locked under proper temperature controls and who had access to the medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01000		
01035 SS=F	<p>144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan</p> <p>For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services</p>	01035		

Minnesota Department of Health

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01035	<p>Continued From page 40</p> <p>that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific client instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and maintain a complete individualized treatment and/or therapy management plan for one of one client (C2).</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</p>	01035		

Minnesota Department of Health

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01035	<p>Continued From page 41</p> <p>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>C2's diagnoses included traumatic brain injury (TBI/injury that affects how the brain works), mood disorder, depression, seizure disorder, suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow), hypertension (HTN/high blood pressure), and constipation.</p> <p>C2's service plan dated February 7, 2019, indicated the client received the following services: bathing assistance, communication assistance, compression socks (TEDs), continence care/toileting, dressing assistance, eating assistance, eating monitoring, grooming assistance, medication administration, wheeling assistance, positioning, blood pressure monitoring two times daily, pulse monitoring two times daily, skin care, therapeutic exercise (ROM/range of motion), transferring assistance, laundry and housekeeping services.</p> <p>On December 5, 2023, at 10:20 a.m., the surveyor observed unlicensed personnel (ULP)-F and ULP-D use a Hoyer (mechanical lift/sling placed under a person which is attached to an assisted device to assist with transfers) to transfer C2 into a tilt-n-space wheelchair (wheelchair that allows the chair to tilt up to 30-60 degrees, depending on the model, while maintaining hip and knee angles at 90 degrees, designed to help distribute pressure). ULP-F moved C2's catheter bag from the bed to the</p>	01035		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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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
01035	<p>Continued From page 42</p> <p>wheelchair and ULP-D removed a mitt (used to deter client from using hand, padded, and secured with Velcro) from C2's left hand.</p> <p>On December 5, 2023, at 10:34 a.m., ULP-B stated C2's mitt was a sad story, started in the hospital, he pulled out catheter and that action did harm, now mitt is used while in bathroom and when in bed at night.</p> <p>On December 5, 2023, at 10:36 a.m., the surveyor observed ULP-B use a blender and pureed C2's breakfast. ULP-B used Thick it (powder that dissolves instantly in food and beverages to thicken food and drink) in C2's food and drink.</p> <p>C2's Individualized Treatment and Therapy Plan dated December 5, 2023, included: -transferring assistance: C2 to be transferred with Hoyer lift -therapeutic exercise: assistance with range of motion/stretching, two times daily, instructions in binder.</p> <p>MITT C2's prescriber order dated March 6, 2023, noted: -In order to prevent traumatic injury to bladder, patient/client would require direct 1:1 supervision during the day when he does not have the mitt on to prevent pulling of tube for six weeks. If there is not direct supervision then he needs a left hand restraint in place to prevent traumatic bladder injury from occurring 2/2 tube pulling.</p> <p>C2's Service Recap Summary dated November 1, 2023, through November 30, 2023, noted: -dressing assistance daily.</p>	01035		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01035	<p>Continued From page 43</p> <p>C2's record lacked an individualized treatment plan that included:</p> <ul style="list-style-type: none"> -a statement of the type of services that would be provided -documentation of specific client instructions relating to the treatments or therapy administration (lacked clear direction of continuous or intermittent use of mitt) -identification of treatment or therapy tasks that would be delegated to unlicensed personnel -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services and -any client-specific requirements relating to documentation of treatment and therapy received and verification that all treatment and therapy was administered as prescribed. <p>On December 6, 2023, at 9:46 a.m., registered nurse (RN)-C stated C2's mitt was not on C2's treatment plan and required information was not found in C2's record.</p> <p>On December 6, 2023, at 11:15 a.m., RN-C said her old boss told her once a client went on Hospice "nothing" was needed from her.</p> <p>MODIFIED DIET C2's prescriber order dated March 28, 2023, noted:</p> <ul style="list-style-type: none"> -patient to be on a pureed diet with honey thick liquids due to dysphagia (difficulty swallowing). <p>C2's Eating Assistance service profile active on March 28, 2023, included:</p> <ul style="list-style-type: none"> -C2 is to have his liquids thickened to honey consistency, all his food pureed, and all of his pills crushed and administered in yogurt or pudding. Staff are to feed C2 at every meal. 	01035		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01035	<p>Continued From page 44</p> <p>C's 2 undated staff To Do list included: -monitor to make sure C2 has his mitt on left hand, with padding facing him so he can't grab catheter tubing.</p> <p>C2's individualized treatment plan lacked: -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services.</p> <p>On December 6, 2023, at 2:31 p.m., RN-C stated C2's record did not direct ULP when to notify nursing regarding C2's modified diet. In addition, RN-C stated C2's record needed to be updated to use applesauce not yogurt or pudding.</p> <p>The licensee's Delegated Nursing Tasks/Treatments/Therapy Tasks policy reviewed November 2, 2022, noted prior to delegating administration of treatments and therapy, the RN or authorized licensed health professional must: -develop and maintain a current individualized treat or therapy management recorded for each resident (client) -instruct the unlicensed personnel in the proper methods to provide the treatment or perform the task with respect to each resident and determine that the unlicensed personnel had demonstrated the ability to competently follow the procedures -develop written specific instructions for each resident and document those instructions in the resident's record -communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	01035		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01035	Continued From page 45 days	01035		
01040 SS=F	<p>144A.4793, Subd. 4 Administration of Treatments/Therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the home care provider must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each client and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each client and documented those instructions in the client's record; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the client.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one (unlicensed personnel (ULP)-B), demonstrated competency regarding C2's mitt (used to deter client from using hand, padded and secured with Velcro.)</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</p>	01040		

Minnesota Department of Health

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01040	<p>Continued From page 46</p> <p>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>C2's diagnoses included traumatic brain injury (TBI/injury that affects how the brain works), mood disorder, depression, seizure disorder, suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow), hypertension (HTN/high blood pressure), and constipation.</p> <p>C2's service plan dated February 7, 2019, indicated the client received the following services: bathing assistance, communication assistance, compression socks (TEDs), continence care/toileting, dressing assistance, eating assistance, eating monitoring, grooming assistance, medication administration, wheeling assistance, positioning, blood pressure monitoring two times daily, pulse monitoring two times daily, skin care, therapeutic exercise (ROM/range of motion), transferring assistance, laundry and housekeeping services.</p> <p>C2's prescriber order dated March 6, 2023, noted: -In order to prevent traumatic injury to bladder, patient/client would require direct 1:1 supervision during the day when he does not have the mitt on to prevent pulling of tube for six weeks. If there is not direct supervision, then he needs a left-hand restraint in place to prevent traumatic bladder</p>	01040		

Minnesota Department of Health

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01040	<p>Continued From page 47</p> <p>injury form occurring 2/2 (secondary to) tube pulling.</p> <p>C2's Service Recap Summary dated November 1, 2023, through November 30, 2023, noted: -dressing assistance daily.</p> <p>On December 5, 2023, at 10:20 a.m., the surveyor observed ULP-F and ULP-D use a mechanical lift (sling placed under a person which is attached to an assisted device to assist with transfers) to transfer C2 into a tilt-n-space wheelchair (wheelchair that allows the chair to tilt up to 30-60 degrees, depending on the model, while maintaining hip and knee angles at 90 degrees, designed to help distribute pressure). ULP-D removed a mitt from C2's left hand.</p> <p>On December 6, 2023, at approximately 9:10 a.m., registered nurse (RN)-C stated she trained ULPs on C2's mitt verbally. RN-C stated she had not had the licensee's ULPs demonstrate competency on C2's mitt.</p> <p>The licensee's Delegated Nursing Tasks/Treatments/Therapy Tasks policy reviewed November 2, 2022, noted prior to delegating administration of treatments and therapy, the RN or authorized licensed health professional must determine that each staff member who performed the task was trained and competent to perform the task and had been instructed in the proper procedures for performing the procedures with respect to the specific resident.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01145	Continued From page 48	01145		
01145 SS=F	<p>144A.4795, Subd. 7(b) Training/Competency Evals All Staff</p> <p>(b) Training and competency evaluations for all unlicensed personnel must include the following:</p> <ul style="list-style-type: none"> (1) documentation requirements for all services provided; (2) reports of changes in the client's condition to the supervisor designated by the home care provider; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and clients and the client's family; 	01145		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01145	<p>Continued From page 49</p> <p>(14) procedures to utilize in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed by the registered nurse (RN), in all the required areas for one of one unlicensed personnel (ULP)-B prior to providing home care services</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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>ULP-B was hired on August 18, 2021, to provide direct care services to the licensee's clients.</p> <p>On December 5, 2023, at 10:36 a.m., the surveyor observed unlicensed personnel (ULP)-B use a blender and pureed C2's breakfast. ULP-B used Thick-It (powder that dissolves instantly in food and beverages to thicken food and drink) in C2's liquids.</p> <p>C2's Medication Sheet dated November 1, 2023, through November 30, 2023, included: -Thick-It food/beverage powder, staff are to add Thick-it powder to all C2's liquids to make it the</p>	01145		

Minnesota Department of Health

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01145	<p>Continued From page 50</p> <p>consistency of honey. All liquids at meals and snacks.</p> <p>C2's Eating Assistance service profile active on March 28, 2023, included: -C2 is to have his liquids thickened to honey consistency, all his food pureed, and all of his pills crushed and administered in yogurt or pudding. Staff are to feed C2 at every meal.</p> <p>On December 7, 2023, at 9:10 a.m., the surveyor reviewed C2's training record with site supervisor (SS)-H. SS-H stated she taught ULPs: -infection control -modified diets, to include pureed diets and thickened liquids.</p> <p>Directly after the review of ULP-B's training, SS-H showed the surveyor a binder of items she (SS-H) reviewed with ULPs which included the above-mentioned topics. SS-H added she was not aware those topics needed to be taught by an RN.</p> <p>The licensee's Initiation of Services policy revised November 1, 2023, noted, before initiating delegated nursing services by unlicensed personnel, a RN must orient each person who would complete assisted living home care services to each resident and must instruct the unlicensed person in the proper methods to complete the procedures according to each resident. The site nurse would orient unlicensed personnel before they began providing delegated services to a resident to ensure unlicensed personal were trained to resident service needs prior to initiation of resident services.</p> <p>No further information was provided.</p>	01145		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01145	Continued From page 51 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01145		
01150 SS=F	<p>144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff</p> <p>(c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include:</p> <ul style="list-style-type: none"> (1) observation, reporting, and documenting of client status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the client; (4) recognizing physical, emotional, cognitive, and developmental needs of the client; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed by the registered nurse (RN), in all the required areas prior to delivery of services, for one of one unlicensed personnel (ULP)-B prior to providing home care services.</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>	01150		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01150	<p>Continued From page 52</p> <p>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>ULP-B was hired on August 18, 2021, to provide direct care services to the licensee's clients.</p> <p>On December 5, 2023, at 10:16 a.m., the surveyor observed ULP-B and ULP-F use a Hoyer (mechanical lift/ sling placed under a person which is attached to an assisted device to assist with transfers) to transfer C2 from a tilt-n-space wheelchair (wheelchair that allows the chair to tilt up to 30-60 degrees, depending on the model, while maintaining hip and knee angles at 90 degrees, designed to help distribute pressure) into a hospital bed. ULP-B moved C2's catheter (suprapubic /surgically created connection between the urinary bladder and the area to drain bladder/skin) bag (urine collection system) from the wheelchair to C2's hospital bed.</p> <p>On December 7, 2023, at 9:10 a.m., the surveyor reviewed C2's training record with site supervisor (SS)-H. SS-H stated she taught ULPs:</p> <ul style="list-style-type: none"> -observation, reporting and documenting of client status -basic knowledge of body functioning and changes in body functioning, injuries, other observed changes -safe transfer and ambulation. <p>Directly after the review of ULP -B's training, SS-H showed the surveyor a binder of items she (SS-H) reviewed with ULPs which included the above mentioned topics. SS-H added she was</p>	01150		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01150	<p>Continued From page 53</p> <p>not aware those topics needed to be taught by an RN.</p> <p>The licensee's Initiation of Services policy revised November 1, 2023, noted, before initiating delegated nursing services by unlicensed personnel, a RN must orient each person who would complete assisted living home care services to each resident and must instruct the unlicensed person in the proper methods to complete the procedures according to each resident. The site nurse would orient unlicensed personnel before they began providing delegated services to a resident o ensure unlicensed personal were trained to resident service needs prior to initiation of resident services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01150		
01155 SS=F	<p>144A.4795, Subd. 7(d) RN/LHP Responsibilities</p> <p>(d) When the registered nurse or licensed health professional delegates tasks, they must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks. If an unlicensed personnel has not regularly performed the delegated home care task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated</p>	01155		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01155	<p>Continued From page 54</p> <p>tasks in the client's record.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) trained and determined competency in the proper methods to perform delegated tasks or procedures for one of one employee (unlicensed personnel (ULP)-B.) In addition, the licensee failed to ensure the client's records included client specific instructions for one of one client (C2.)</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>The undated pre-filled Entrance Conference: Comprehensive Worksheet, template dated May 28, 2020, and April 26, 2019, noted the provider offered medication administration, ROM (range of motion), and other exercise, blood glucose checks, non-sterile wound care, ostomy care, bowel programs, G-tube feedings (surgically placed device used to give direct access to stomach for supplemental feeding), compression stockings (TEDs), vital signs monitoring and nebulizer treatments.</p> <p>TRAINING AND COMPETENCIES ULP-B was hired on August 18, 2021, to provide</p>	01155		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01155	<p>Continued From page 55</p> <p>direct care services to the licensee's clients.</p> <p>On December 5, 2023, at 10:16 a.m., the surveyor observed ULP-B and ULP-F use a Hoyer (mechanical lift/ sling placed under a person which is attached to an assisted device to assist with transfers) to transfer C2 from a tilt-n-space wheelchair (wheelchair that allows the chair to tilt up to 30-60 degrees, depending on the model, while maintaining hip and knee angles at 90 degrees, designed to help distribute pressure) into a hospital bed. ULP-B moved C2's catheter (suprapubic /surgically created connection between the urinary bladder and the area to drain bladder/skin) bag (urine collection system) from the wheelchair to C2's hospital bed.</p> <p>HOYER LIFT On December 7, 2023, at 9:04 a.m., ULP-G stated site supervisor (SS)-H trained him on Hoyer use, adding "I" got put in it (Hoyer lift).</p> <p>On December 7, 2023, at 9:16 a.m., SS-H stated she reviews Hoyer lifts with ULPs, and she does the competencies with ULPs for the Hoyer lift.</p> <p>TILT-N-SPACE WHEELCHAIR On December 6, 2023, at 1:39 p.m., RN-C stated training/competencies had not been completed on tilt-n-space wheelchairs, adding the tilt-n-space is "fairly new."</p> <p>SUPRAPUBIC CATHETER On December 6, 2023, at 1:33 p.m., RN-C stated ULPs had been trained on foley catheters (inserted into the urethra, tube that carries urine out of the body) and G-tubes and if you put those two together, she thought training had been completed for C2's [suprapubic] catheter care.</p>	01155		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01155	<p>Continued From page 56</p> <p>CLIENT SPECIFIC INSTRUCTIONS Hoyer Lift C2's transferring assistance instructions for ULP dated as active on August 11, 2017, noted: -C2 is to be transferred with his Hoyer lift and assist of two staff, when available, for safety. However, C2's record lacked specific instructions to include sling size and which loops to use for transfers.</p> <p>C2's Medication Sheets dated November 1, 2023, through November 30, 2023, included: -mechanical lift: inability to stand/transfer on his own. Staff are to use the mechanical lift for all transfers.</p> <p>On December 5, 2023, at 2:25 p.m., ULP-B stated a standing lift (lift designed to secure a client during transfers from a seated position to a standing position) had been used on C2 in the past however that was no longer an option.</p> <p>On December 7, 2023, at 10:04 a.m., RN-C confirmed C2's record did not include specific instructions for C2's Hoyer lift.</p> <p>Tilt-n-Space C2's wheeling assistance instructions for ULP dated active on August 11, 2017, noted: -C2 needs the foot pedals on his wheelchair when in the community. Staff need to push his chair when in the community, through doorways and in tight spaces. He can wheel himself around the commons area and down the hall to his room. However, C2's record lacked specific instructions relating to what degree of recline C2 should be placed in for specific situations.</p> <p>C2's Medication Sheets dated November 1, 2023, through November 30, 2023, included:</p>	01155		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01155	<p>Continued From page 57</p> <p>-shower chair/commode: inability to stand, used for toileting and for showers -manual wheelchair: used due to his limited mobility/ inability to ambulate.</p> <p>On December 6, 2023, at 1:47 a.m., RN-C stated there were two tilt-n-space wheelchairs currently in use. RN-C had stated neither of the client's records contained instructions for tilt-n-space wheelchairs.</p> <p>Catheter C2's continence care-catheter instructions for ULP dated active on March 28, 2023, noted: -staff retrieve urinal and empty full bag into urinal. Clean foley bag using vinegar solution then hang to dry in bathroom with bottom clasp open.</p> <p>On December 6, 2023, at 1:30 p.m., RN-C reviewed C2's record and stated C2's record did not include instructions for C2's suprapubic catheter to include when and what to report to nurse.</p> <p>The licensee's Initiation of Services policy revised November 1, 2013, noted before initiating delegated nursing services by unlicensed personnel, a RN must orient each person who would complete assisted living home care services to each resident (client) and must instruct the unlicensed person in the proper methods to complete the procedures according to each resident. The site nurse must include written resident-specific instructions for performing any delegated tasks in the resident's file.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01155		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01185 SS=F	<p>144A.4796, Subd. 5 Alzheimer's/Dementia Training Required</p> <p>For home care providers that provide services for persons with Alzheimer's or related disorders, all direct care staff and supervisors working with those clients must receive training that includes a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with a client's challenging behaviors, and how to communicate with clients who have Alzheimer's or related disorders.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training of Alzheimer's disease and related disorders was provided for one of one employee (unlicensed personnel (ULP)-B.)</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>The undated pre-filled Entrance Conference: Comprehensive worksheet, template dated May 28, 2020, and April 26, 2019, noted upon hire Educare DVD (training provider) was used and a written test was given. New hires received four hours of training and then all staff received two</p>	01185		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01185	<p>Continued From page 59</p> <p>hours a year of ongoing training.</p> <p>ULP-B was hired on August 18, 2021, to provide direct care services to the license's clients.</p> <p>ULP-B's employee record lacked evidence of completing the required training related to Alzheimer's disease and related disorders, to include the following:</p> <ul style="list-style-type: none"> -a current explanation of Alzheimer's disease and related disorders -effective approaches to use to problem-solve when working with a client's challenging behaviors and -how to communicate with clients who have Alzheimer's or related disorders. <p>On December 6, 2023, at 3:21 p.m., registered nurse (RN)-C and site supervisor (SS)-H stated "we" (staff/supervisors) were told we did not need to keep doing dementia training, SS-H confirmed the licensee did not have staff complete dementia training.</p> <p>The Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers dated November 2019, noted a client who received home care services in the community had these rights:</p> <ul style="list-style-type: none"> -be served by people who were properly trained and competent to perform their duties. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01185		
01190 SS=D	144A.4796, Subd. 6 Required Annual Training	01190		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01190	<p>Continued From page 60</p> <p>(a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of 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:</p> <p>(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;</p> <p>(2) review of the home care bill of rights in section 144A.44;</p> <p>(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</p> <p>(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.</p> <p>(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:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p>	01190		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01190	<p>Continued From page 61</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees, (registered nurse (RN)-C) received training to include the required topics for each twelve months of employment as required.</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>RN-C was hired on February 18, 2009, to provide direct comprehensive home care services to the licensee's clients, and to provide oversight of the home care staff.</p> <p>C2's assessment dated December 1, 2023, authenticated by RN-C indicated RN-C provided home care services for C2.</p>	01190		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01190	<p>Continued From page 62</p> <p>RN-C's employee record lacked evidence to indicate the employee had reviewed: -the home care bill of rights in section 144A.44 -reviewed the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>On December 6, 2023, at 3:39 p.m., site supervisor (SS)-H stated she is not involved in RN-C's training. RN-C confirmed there was no evidence she completed the above mentioned topics.</p> <p>The Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers dated November 2019, noted a client who received home care services in the community had these rights: -be served by people who were properly trained and competent to perform their duties.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01190		
01225 SS=D	<p>144A.4797, Subd. 3 Supervision of Staff - Comp</p> <p>(a) Staff who perform delegated nursing or therapy home care 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</p>	01225		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01225	<p>Continued From page 63</p> <p>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 a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of first performing delegated task for one of one unlicensed personnel (ULP)-B.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally)</p> <p>The findings include:</p> <p>The undated pre-filled Entrance Conference: Comprehensive worksheet, template dated May 28, 2020, and April 26, 2019, noted the provider offered medication administration, ROM (range of motion), and other exercise, blood glucose checks, non-sterile wound care, ostomy care,</p>	01225		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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01225	<p>Continued From page 64</p> <p>bowel programs, G-tube feedings (surgically placed device used to give direct access to stomach for supplemental feeding), compression stockings (TEDs), vital signs monitoring and nebulizer treatments.</p> <p>ULP-B was hired on August 18, 2021, to provide direct care services to the license's clients.</p> <p>On December 5, 2023, at 9:19 a.m., the surveyor observed ULP-B remove a wrist blood pressure cuff/ machine from a kitchen drawer and apply it to C3's right wrist. ULP-B turned the machine on and got a reading of 125/78.</p> <p>ULP-B's record included Assisted Living Services-Supervision of Unlicensed Staff form dated October 9, 2021, with included: -criminal background clearance, verified -tuberculosis (TB) clearance 1st and 2nd, verified -all training provided and tested documented, verified.</p> <p>"In reviewing the performance and evaluating the competence of this staff member, I have used the following sources (check all that apply) check marks included: -observation of staff -skills demonstration by staff -consultation with site supervisor. A point scale was noted on the form with indicated ULP-B met standards: -adheres to service plan -respectful approach to residents -overall work performance -accuracy/appropriateness of work performed -thorough approach to documentation</p> <p>ULP-B's record did not include or identify supervision of ULP-B performing a delegated task within 30 days of first performing the task.</p>	01225		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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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
01225	<p>Continued From page 65</p> <p>On December 7, 2023, at 10:04 a.m., RN-C confirmed ULP-B's record lacked evidence the RN conducted direct supervision of the employee performing a delegated task within 30 days ULP-B first performed delegated task. RN-C said the form used for ULP-B was the "new" form. RN-C added the old form had a place to write what delegated task was performed.</p> <p>The licensee's Supervision of Unlicensed Personnel policy revised November 2, 2022, noted direct supervision of unlicensed staff providing delegated nursing tasks, delegated treatments or assigned therapy tasks must be performed within 30 days after successful completion of orientation for the agency and had been trained and determined competent to perform all the tasks assigned. The RN directly supervised staff performing delegated nursing tasks. Documentation was the responsibility of the RN to ensure that each instance of supervision of staff was appropriately documented in the staff person's personal file, consistent with this agencies polices.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01225		
01252 SS=F	<p>144A.4798, Subd. 3 Infection Control Program</p> <p>A home care provider must establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>This MN Requirement is not met as evidenced</p>	01252		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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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
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01252	<p>Continued From page 66</p> <p>by: Based on observation, interview, and record review, the licensee failed to ensure infection control standards were followed for one of one unlicensed personnel (ULP)-B disinfecting shared equipment between resident use. In addition, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control related to hand hygiene for one of three staff (ULP-F).</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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>SHARED EQUIPMENT On December 5, 2023, at 9:19 a.m., the surveyor observed ULP-B remove a wrist blood pressure cuff/ machine from a kitchen drawer and apply it to C3's right wrist. ULP-B turned the machine on and got a reading of 125/78. The surveyor observed ULP-B return the wrist blood pressure cuff/ machine to the kitchen drawer. The surveyor did not observe ULP-B clean the blood pressure cuff before or after use.</p> <p>Directly after the above observation ULP-B said the blood pressure machine/cuff got cleaned "sometime during the day." ULP-B said he does not clean the blood pressure cuff/machine before or after use, adding "probably should."</p>	01252		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ACCESSIBLE SPACE INC NO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 UNIVERSITY AVE W STE 330N SAINT PAUL, MN 55114
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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
01252	<p>Continued From page 67</p> <p>On December 6, 2023, at 2:36 p.m., registered nurse (RN)-C stated during Covid everything was cleaned every shift. RN-C was not able to locate the task for cleaning reusable equipment on the Chore List ULPs use. RN-C said when she demonstrated checking client's temperature, she instructed ULPs to wipe the probe every time, as soon as they were done with "it." RN-C stated she never thought about the blood pressure cuff/machine. RN-C confirmed the blood pressure cuff/machine was not disinfected as required.</p> <p>The licensee's undated Disinfecting Reusable Equipment and Environmental Surfaces policy noted after using reusable equipment, the equipment must be cleaned and returned to the place that it was stored.</p> <p>HAND HYGIENE</p> <p>On December 6, 2023, at 7:35 a.m., the surveyor observed ULP-F prepare C2's medication and take the medication to C2's room. ULP-F administered C2's medication. ULP-F applied gloves and lowered C2's hospital bed and applied nystatin ointment (treatment of yeast) to C2's skin folds under abdomen, and near suprapubic catheter site (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow.) ULP-F removed gloves and raised C2's bed and administered a nebulizer treatment (a device that turns liquid medicine into a mist which is inhaled through a mouthpiece or mask) to C2. The surveyor did not observe ULP-F wash her hands after she removed the gloves she had worn to apply nystatin ointment and before administering C2's nebulizer treatment.</p>	01252		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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01252	<p>Continued From page 68</p> <p>On December 6, 2023, at 8:11 a.m., RN-C stated ULPs should wash hands before and after wearing gloves, adding at a bare minimum using hand sanitizer.</p> <p>The licensee's undated Standard (Universal) Precautions For Infection Control policy noted: hand washing was crucial. Staff would wash hands: -after touching blood, body fluids, feces, or contaminated items (regardless of whether or not gloves were worn) -before putting on gloves -immediately after gloves or gowns were removed -as necessary, between tasks and procedures on the same client to prevent cross-contamination of different body sites, and between all patient contacts.</p> <p>The licensee's undated Procedure For Using Gloves policy noted: -wash hands -apply gloves to both hands -complete task. If gloves became torn or heavily soiled and additional tasks must be performed for the client, then change the gloves (washing hands before putting on new gloves before starting the next task.)</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01252		