



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 30, 2023

Licensee
Ageless Care Incorporated
702 7th Street Southwest
Roseau, MN 56751

RE: Project Number(s) SL24558012

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 17, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,



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: H24558	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2023
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NAME OF PROVIDER OR SUPPLIER AGELESS CARE INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 702 7TH STREET SOUTHWEST ROSEAU, MN 56751
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER(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#24558012</p> <p>On October 16, 2023, through October 17, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three (3) clients receiving services under the providers comprehensive license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 790 SS=F	<p>144A.479, Subd. 3 Quality Management</p> <p>The home care provider shall engage in quality</p>	0 790		

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

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0 790	<p>Continued From page 1</p> <p>management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the home care 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 October 16, 2023, at approximately 11:45 a.m., during the entrance conference with registered nurse/owner (RN/O)-A documentation</p>	0 790		
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0 790	<p>Continued From page 2</p> <p>of the licensee's quality management activities was requested. RN/O-A stated there was not currently a quality management program in place, adding with only three (3) staff and three (3) clients, establishing a quality management program was difficult.</p> <p>The licensee's Quality Management policy revised January 28, 2022, noted the provider had established a quality improvement program based on the size and appropriate to the type of services provided. The quality management program focused on key activities to maintain quality care and effective utilization of services and resources intended to improve systems and build quality into all processes in order to meet or exceed client expectations.</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> <p>(1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including</p>	0 815		

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0 815	<p>Continued From page 3</p> <p>qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records contained all of the required content for three of three employees, (registered nurse/owner (RN/O)-A, licensed practical nurse (LPN)-C, 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		

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0 815	<p>Continued From page 4</p> <p>RN/O-A RN/O-A was hired on June 4, 2018, to provide direct care services for the licensee's clients and assist with oversight of the home care program.</p> <p>C2's Resident Notes dated September 7, 2023, September 27, 2023, and October 9, 2023, respectively indicated RN/O-A had provided home care services for C2 which included wound care.</p> <p>LPN-C LPN-C was hired on May 12, 2022, to provide direct care services for the licensee's clients and assist the RN with oversight of the home care program.</p> <p>On October 16, 2023, at 1:00 p.m., the surveyor observed LPN-C complete medication set up for C1.</p> <p>ULP-B ULP-B was hired on September 27, 2019, to provide direct care services to the licensee's clients.</p> <p>On October 16, 2023, at 12:35 p.m., the surveyor spoke with ULP-B about the services she provided to the licensee's clients. ULP-B stated she cleaned for an unidentified client on Tuesday afternoon.</p> <p>REVIEW OF POLICIES AND PROCEDURES ULP-B's file did not include documentation of annual review of policies and procedures.</p> <p>On October 17, 2023, at 10:27 a.m., RN/O-A stated she completed annual review of the licensee's policies and procedures in a meeting with staff. RN/O-A said there was no</p>	0 815		

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0 815	<p>Continued From page 5</p> <p>documentation in any of the employee records for this review.</p> <p>CURRENT LICENCE LPN-C's employee record contained an LPN licensee with an expiration date of December 31, 2022.</p> <p>On October 17, 2023, at 10:20 a.m., RN/O-A brought the surveyor a printout of LPN-C's current license. RN/O-A confirmed LPN-Cs record had not contained a current license.</p> <p>PERFORMANCE REVIEWS RN/O-A and LPN-C's employee records lacked evidence of an annual performance evaluation which identified areas of improvement and/or training needs.</p> <p>On October 17, 2023, at 10:25 a.m., RN/O-A stated her employee file did not contain any performance reviews for herself. RN/O-A said since she is Canadian, she cannot own a business, so her husband owns the business, and there is no one who could complete a performance review on her. Later RN/O-A stated she could have had her husband complete an employee performance review.</p> <p>On October 17, 2023, at 10:41 a.m., RN/O-A stated LPN-C's employee file did not contain a performance review.</p> <p>TUBERCULOSIS (TB) TRAINING LPN-C and ULP-B's employee records lacked evidence of TB training.</p> <p>On October 17, 2023, at 11:54 a.m., RN/O-A stated TB training was completed at the time of hire for all employees. RN/O-A stated Educare</p>	0 815		

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0 815	<p>Continued From page 6</p> <p>(on-line training) was now used, so in the future there will be a training record in each new hire's employee record. RN/O-A confirmed LPN-C and ULP-B's records did not have documentation of completed TB training.</p> <p>The licensee's Personnel Records policy dated June 12, 2015, noted a personnel record would be started for each staff member upon hire and at a minimum, the following documents were kept in the personnel record, as applicable to job requirements:</p> <ul style="list-style-type: none"> -evidence of current professional licensure, registration, or certification -results of background studies -records of annual training and infection control training -documentation of orientation -performance reviews -competency evaluations -signed job description -documentation of annual performance review identifying areas of improvement needed and training needs. <p>The licensee's Staff Orientation and Education policy dated June 12, 2015, noted the facility would maintain proof of education in the personnel files.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 815		
0 865 SS=D	<p>144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions</p> <p>(a) No later than 14 days after the date that home</p>	0 865		

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0 865	<p>Continued From page 7</p> <p>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 two clients (C1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, 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>	0 865		

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0 865	<p>Continued From page 8</p> <p>The findings include:</p> <p>C1's diagnoses included breast cancer, stomach ulcer, and general anxiety disorder.</p> <p>C1's service plan dated November 2, 2020, indicated the client received:</p> <ul style="list-style-type: none"> -medication setup every 14 days -nurse will check BP (blood pressure, P (pulse), R (respirations), and pulse oximetry (oxygen level in blood) weekly -nurse will check weight the first week of the month. <p>On October 16, 2023, at 12:55 p.m., the surveyor observed licensed practical nurse (LPN)-C gather supplies and set up two (2) seven (7) day medication planners for C1.</p> <p>On October 16, 2023, at 1:23 p.m., the surveyor observed LPN-C place a thermometer against C1's forehead and obtain a reading of 95.9 degrees Fahrenheit. LPN-C placed a blood pressure cuff on C1's left arm and obtained a reading of 134/94. LPN-C placed a pulse oximeter onto C1's finger to obtain a pulse reading of 81 and oxygen level of 97%.</p> <p>C1's Vital Signs form dated August 1, 2023, through October 16, 2023, noted:</p> <ul style="list-style-type: none"> -oxygen saturations were taken and recorded: August 9, 2023, August 23, 2023, September 6, 2023, September 20, 2023, October 4, 2023, October 16, 2023 -blood pressure reading was taken and recorded: August 9, 2023, August 23, 2023, September 6, 2023, September 20, 2023, October 4, 2023, October 16, 2023 -pulse was taken and recorded: August 9, 2023, 	0 865		

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0 865	<p>Continued From page 9</p> <p>August 23, 2023, September 6, 2023, September 20, 2023, October 4, 2023, October 16, 2023 -respiration were taken and recorded: August 9, 2023, August 23, 2023, September 6, 2023, September 20, 2023, October 4, 2023, October 16, 2023</p> <p>-temperature was taken and recorded: August 9, 2023, August 23, 2023, September 6, 2023, September 20, 2023, October 4, 2023, October 16, 2023</p> <p>-weight was taken and recorded: August 9, 2023, September 6, 2023.</p> <p>On October 16, 2023, at 2:51 p.m., LPN-C stated C1's service plan was incorrect. LPN-C said she goes "out" (to C1's) every two (2) weeks to set up C1's medications and she checks C1's vital signs biweekly, not weekly.</p> <p>On October 16, 2023, at 2:56 p.m., registered nurse/owner (RN/O)-A stated the month was not over yet and there was time to get C1's weight as noted on the service plan. RN/O-A confirmed C1's weight was not taken the first week of the month. RN/O-A said C1's service plan did not reflect current services provided.</p> <p>The licensee's Service Plan policy reviewed February 7, 2020, noted the service plan must be revised, if needed, based on client review or reassessment. The service plan and all revisions were entered into the client's clinical record, including notice of a change in a client's fees when applicable.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 865		

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0 870	Continued From page 10	0 870		
0 870 SS=D	<p>144A.4791, Subd. 9(f) Content of Service Plan</p> <p>(f) The service plan must include:</p> <p>(1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;</p> <p>(2) the identification of the staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring reviews or assessments of the client;</p> <p>(4) the schedule and methods of monitoring staff providing home care services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;</p> <p>(ii) information and a method for a client or client's representative to contact the home care provider;</p> <p>(iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record reviewed, the licensed failed to ensure the service plan included all the required content for one of two clients (C2).</p> <p>This practice resulted in a level two violation (a</p>	0 870		

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NAME OF PROVIDER OR SUPPLIER AGELESS CARE INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 702 7TH STREET SOUTHWEST ROSEAU, MN 56751
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0 870	<p>Continued From page 11</p> <p>violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally.)</p> <p>The findings include:</p> <p>C2's diagnoses included chronic stasis edema (swelling of the legs and feet) with ulcer (break or discontinuity in a bodily membrane that impedes normal function) and inflammation, major depression, suicidal ideation, and OCD-compulsive disorder/uncontrollable and recurring thoughts (obsessions, engages in repetitive behaviors (compulsions) or both.)</p> <p>C2's service plan dated May 15, 2023, indicated C2 received wound care services weekly and as needed (PRN.)</p> <p>C2's Resident Notes dated September 7, 2023, September 27, 2023, and October 9, 2023, respectively, indicated registered nurse/owner (RN/O)-A had provided home care services for C2 which included wound care.</p> <p>C2's service plan included the words "emergency" and "phone" on page one (1) of four (4). The area behind each of these words were blank (to be completed by provider/filled in via typed text). On page three (3) of four (4) C2's service plan included: -Emergency Contact: The emergency contact listed below may be contacted if there is a significant adverse change</p>	0 870		

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0 870	<p>Continued From page 12</p> <p>in my condition. This person also has the authority to sign for me if I am unable to do so or in the case of an emergency.</p> <p>C2's service plan did not include an area "listed below" for emergency contact.</p> <p>On October 17, 2023, at 9:17 a.m., RN/O-A asked did I use the wrong service plan? (Assisted living not home care). RN/O-A stated C2's service plan did not include an emergency contact or the option of an emergency contact. RN/O-A stated C2 said he did not have an emergency contact at the time he began receiving services. RN/O-A said she would get a hold of Rtask (computer software) to update the service plans used, to give the option of an emergency contact on the service plans.</p> <p>The licensee's Service Plan policy reviewed February 7, 2020, noted the service plan included the following: -names and contact information of persons the client wishes to have notified in an emergency or if there was a significant adverse change in the client's condition, including identification of and information as to who had the authority to sign for the client in an emergency.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 870		
0 885 SS=F	<p>144A.4791, Subd. 12 Disaster/Emergency Preparedness Planning</p> <p>The home care provider must have a written plan of action to facilitate the management of the</p>	0 885		

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0 885	<p>Continued From page 13</p> <p>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.</p> <p>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.</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 October 16, 2023, at approximately 11:45 a.m., during the entrance conference the surveyor requested licensee's emergency preparedness plan (EPP) for review. Registered nurse/owner (RN/O)-A commented a EPP plan had not been developed.</p> <p>On October 17, 2023, at 9:31 a.m., RN/O-A stated "nope, nope, I don't have it (EPP), adding she got so caught up with the assisted living EPP she did not get around to the EPP for the home</p>	0 885		

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0 885	Continued From page 14 care agency. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 885		
0 935 SS=F	144A.4792, Subd. 8 Documentation of Administration of Medication 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were set up as ordered for one of one client (C1) who received medication management services. 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	0 935		

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0 935	<p>Continued From page 15</p> <p>failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on October 16, 2023, at 11:31 a.m., registered nurse/owner (RN/O)-A stated the licensee provided medication management services for one client.</p> <p>C1's diagnoses included breast cancer, stomach ulcer, and general anxiety disorder.</p> <p>C1's service plan dated November 2, 2020, indicated the client received medication management services which included medication setup.</p> <p>C1's Med (medication) Setup/Review Summary completed October 1, 2023, through October 18, 2023, indicated the following medication was set up for C1 (set up days September 20, 2023, and October 4, 2023): -calcium with vitamin D (supplement) 500/400 mg/units daily. Take one (1) daily large, peach, oblong tablet.</p> <p>C1's Med Setup/Review Summary completed October 16, 2023, through October 31, 2023, indicated the following medication was being set up for C1 (set up day October 16, 2023): -calcium with vitamin D (supplement) 500/400 mg/units daily.</p> <p>C1's prescriber orders dated September 29, 2022, included the above noted medication.</p> <p>On October 16, 2023, at 12:57 p.m., the surveyor observed licensed practical nurse (LPN)-C remove several calcium with vitamin D tablets</p>	0 935		

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0 935	<p>Continued From page 16</p> <p>from a medication bottle labeled 600/400 mg and put one (1) tablet into the 8:00 a.m. dosage box slots of two (2) seven (7) day medication planners.</p> <p>On October 16, 2023, at 1:54 p.m., RN/O-A stated C1's calcium with vitamin D dosage order got missed, adding "sometimes they get other medications sent over (from pharmacy). RN/O-A said C1's calcium with vitamin D order should have been updated/clarified.</p> <p>The licensee's Physician's Orders policy dated June 12, 2015, noted written orders from an authorized prescriber would be obtained for all medications and treatments with which the home health agency assisted clients, including over the counter medications. Medication orders would include the name of the medication, dosage, and directions for use. The RN was responsible for implementing medication and treatment orders and for delegating the orders to the appropriate paraprofessional.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 935		
0 940 SS=F	<p>144A.4792, Subd. 9 Documentation of Medication Setup</p> <p>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced</p>	0 940		

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0 940	<p>Continued From page 17</p> <p>by: Based on observation, interview, and record review, the licensee failed to ensure documentation was completed correctly at the time of medication setup for one of one client (C1) who had medication setup by the licensed nurse.</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 October 16, 2023, at 11:31 p.m., registered nurse/owner (RN/O)-A stated the licensee provided medication management services which included medication setup by the registered nurse (RN) for one client.</p> <p>C1's diagnoses included breast cancer, stomach ulcer, and general anxiety disorder.</p> <p>C1's service plan dated November 2, 2020, indicated the client received medication management services which included medication setup.</p> <p>C1's Med (medication) Setup/Review Summary completed October 1, 2023, through October 18, 2023, indicated the following medications were being set up for C1 (set up dates of September 20, 2023, and October 4, 2023): aspirin (heart health) 81 milligrams (mg) daily, calcium with</p>	0 940		

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0 940	<p>Continued From page 18</p> <p>vitamin D (supplement) 500/400 mg/units daily, carvedilol 3.125 mg (heart/decreased cardiac function) daily, lisinopril (high blood pressure/HTN) 5 mg daily, multivitamin (supplement) daily, omeprazole (stomach ulcer), senna/docusate (constipation) 8.65/ 50 mg daily, Xanax (anxiety) three (3) times daily, atorvastatin (high cholesterol) 20 mg daily, prazosin (HTN) 1 mg daily, quetiapine (mood) 100 mg daily.</p> <p>C1's prescriber orders dated September 29, 2022, included the above noted medication.</p> <p>On October 16, 2023, at 12:57 p.m., the surveyor observed licensed practical nurse (LPN)-C remove medication bottles from a locked box and set them up on C1's kitchen table in alphabetical order. C1 had removed Monday's medication cassette from the seven day planner and had Monday's medication cassette sitting on the kitchen table. LPN-C was given Monday's cassette by C1. LPN-C opened the unfilled daily cassette lids on both seven day medication planners. One of the two weekly planners had medications in the Monday evening and night cassettes and all four (4) Tuesday's cassettes. LPN-C commented medication set up day was completed on Wednesdays normally. LPN-C looked at the medication list she had brought and inserted the following medication into the appropriate boxes labeled Monday, Thursday, Friday, Saturday, Sunday of one medication planner and Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday were filled in the second medication planner. LPN-C made check marks on C1's medication list, by each medication name as she filled in the medication planners/cassettes: -aspirin 81 mg, 8:00 a.m. -calcium with vitamin D 500/400 mg, 8:00 a.m.</p>	0 940		

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0 940	<p>Continued From page 19</p> <p>-carvedilol 3.123 mg was placed in the 8:00 a.m., 8:00 p.m. -lisinopril 5 mg, 8:00 a.m. -multivitamin, 8:00 a.m. -omeprazole 20 mg was placed in 8:00 a.m., medication cassettes marked Thursday, Friday, Saturday of the first medication planner.</p> <p>On October 16, 2023, at 1:09 p.m., LPN-C commented she would need to "come back" at another time to complete the medication set up for omeprazole 20 mg for C1, adding there were only three (3) pills left in the medication bottle and the medication would need to be reordered. LPN-C continued to fill the seven day medication planners.</p> <p>On October 16, 2023, at 1:16 p.m., LPN-C looked at C1's medication list and counted the number of pills in each box and then closed the lids to the medication boxes, repeating this action for both seven day medication planner.</p> <p>On October 16, 2023, at 2:20 p.m., C1's Medication Set up were requested and reviewed with LPN-C. C1's Med Setup summary dated October 1, 2023, through October 31, 2023, included: -omeprazole 20 mg, 8:00 a.m., as set up on "10/16" (October 16, 2023) through October 31, 2023.</p> <p>LPN-C stated she documented omeprazole as set up. LPN-C said she did not set up C1's omeprazole 20 mg because she did not have the medication to set up as there were only three pills remaining. LPN-C asked if she should go back and change the documentation.</p> <p>On October 16, 2023, at 2:33 p.m., registered</p>	0 940		

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0 940	<p>Continued From page 20</p> <p>nurse/owner (RN/O)-A stated she had heard from LPN-C of the medication set up documentation error made.</p> <p>The licensee's Medication Documentation policy revised September 16, 2019, noted the agency would document medication set up according to the following: -date of medication set up -name of medications -quantity of dose -times to be administered -route of administration -name/title of person completing the medication set up Documentation of medication administration and medication set up would be completed promptly. This (documentation) will all done on the computer program Rtasks.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 940		
0 970 SS=F	<p>144A.4792, Subd. 14 Renewal of Prescriptions</p> <p>Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescriber orders were renewed at least every 12 months for one of one client (C1).</p>	0 970		

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0 970	<p>Continued From page 21</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>C1's diagnoses included breast cancer, stomach ulcer, and general anxiety disorder.</p> <p>C1's service plan dated November 2, 2020, indicated the client received medication management services which included medication setup.</p> <p>On October 16, 2023, at 1:00 p.m., the surveyor observed licensed practical nurse (LPN)-C complete medication set up for C1.</p> <p>C1's Med (medication) Setup/Review Summary dated October 1, 2023, to October 31, 2023, indicated the following medications were being set up and/or administered for C1: aspirin (heart health) 81 milligrams (mg) daily, calcium with vitamin D (supplement) 500/400 mg/units daily, carvedilol 3.125 mg (heart/decreased cardiac function) daily, lisinopril (high blood pressure/HTN) 5 mg daily, multivitamin (supplement) daily, omeprazole (stomach ulcer), prazosin (HTN) 1 mg daily, quetiapine (mood) 100 mg, senna/docusate (constipation) 8.65/50 mg daily, Xanax (anxiety) three (3) times daily.</p> <p>C1's prescriber orders dated September 29,</p>	0 970		

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0 970	<p>Continued From page 22</p> <p>2022, included the above noted medication (17 days beyond the required annual renewal date).</p> <p>On October 16, 2023, at 1:55 p.m., registered nurse/owner (RN/O)-A stated C1's annual orders got "missed". RN/O-A said she sent annual orders off to C1's provider "this a.m. (morning)", after realizing the orders had not been renewed. RN/O-A added C1's orders were off "by a couple days."</p> <p>The licensee's Physician Orders policy revised October 15, 2019, noted medication orders would be renewed at least every 12 months or as required by the physician, the RN (registered nurse) and/or regulations.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 970		
01190 SS=D	<p>144A.4796, Subd. 6 Required Annual Training</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</p>	01190		

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NAME OF PROVIDER OR SUPPLIER AGELESS CARE INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 702 7TH STREET SOUTHWEST ROSEAU, MN 56751
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01190	<p>Continued From page 23</p> <p>the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</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> <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 three employees, (registered nurse/owner (RN/O)-A) received</p>	01190		

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01190	<p>Continued From page 24</p> <p>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/O-A was hired on June 4, 2018, 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 Resident Notes dated September 7, 2023, September 27, 2023, and October 9, 2023, respectively indicated RN/O-A had provided home care services for C2 which included wound care.</p> <p>RN/O-A's employee record dated August 15, 2022, through October 6, 2023, included the following training:</p> <ul style="list-style-type: none"> -Abuse Prevention -Infection Control Techniques, three (3) classes -Hearing Loss -Guide to Assisted Living -Emergency Preparedness, eight (8) classes -Dementia, ten (10) classes -Dining, Nutrition and Food Safety -Culinary: Aging and Nutrition, two (2) classes -Assisted Living Bill of Rights-MN -Bed Rails <p>RN/O-A's record lacked evidenced to indicate the</p>	01190		

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01190	<p>Continued From page 25</p> <p>employee had completed the required eight (8) hours of annual training to include the required topics in the following areas:</p> <ul style="list-style-type: none"> - training on reporting of maltreatment of vulnerable adults under section 626.557 - review of the Home Care Bill of Rights in section 144A.44. <p>On October 17, 2023, at 11:08 a.m., RN/O-A stated she had "a couple" trainings yet to do. RN/O-A confirmed she had not completed the above-mentioned training topics as required.</p> <p>The licensee's Staff Orientation and Education policy dated June 12, 2015, noted all staff providing direct home care would complete at least eight (8) hours of education for every twelve (12) months of employment. Education topics would include, but not be limited to:</p> <ul style="list-style-type: none"> -reporting of maltreatment of adults or minors -review of Home Care Bill of Rights -review of the organizations' policies and procedures related to implementation of home care services -infection control techniques used in the home: <ol style="list-style-type: none"> i. implementation of infection control standards based on current recommendations per the CDC (Center of Disease Control) ii. hand washing iii. need for/use of personal protective equip,equipment (PPE) iv. appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes and razor blades v. disinfection of reusable equipment vi. disinfection of environmental surfaces vii. reporting of communicable diseases. -facility would maintain proof of education in the personnel files. 	01190		

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01190	Continued From page 26 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01190		
01252 SS=D	<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 by: Based on observation and interview, 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, (licensed practical nurse (LPN)-C.)</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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On October 16, 2023, at 12:55 p.m., the surveyor observed LPN-C enter C1's apartment and remove her shoes. LPN-C went to a closet and retrieved a locked medication box and gathered two (2) seven (7) day medication planners. LPN-C applied hand sanitizer.</p>	01252		

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01252	<p>Continued From page 27</p> <p>On October 16, 2023, at 12:57 p.m., LPN-C got out a phone and attempted to log into an on-line computer system (Rtask.) LPN-C was unsuccessful with the log in. LPN-C took out a paper copy of C1's medication list and placed it on the kitchen table. LPN-C applied a glove to her left hand, applied glove to right hand, removed glove on left hand and reapplied glove on left hand. LPN-C opened the unfilled medication boxes both 7-day medication planners. LPN-C set up:</p> <ul style="list-style-type: none"> -aspirin (heart health), 81 milligrams (mg) -calcium with vitamin D (supplement), 600/400 mg, daily -carvedilol (heart/decreased cardiac function), 3.125 mg, twice a day -lisinopril (high blood pressure/HTN), 5 mg, daily -multivitamin (supplement), daily -omeprazole (stomach ulcer), 20 mg, daily, <p>LPN-C removed left hand glove and reapplied a glove on her left hand. The surveyor did not observe LPN-C perform hand hygiene</p> <ul style="list-style-type: none"> -senna (constipation) 8.6/50 mg, daily, LPN-C removed both gloves and reapplied. The surveyor did not observe LPN-C perform hand hygiene -atorvastatin (high cholesterol), 20 mg, daily -prazosin (HTN)1 mg, daily -quetiapine (mood) 100 mg, daily -Xanax (anxiety) 0.25 mg, three times (3) day. <p>On October 16, 2023, at 1:16 p.m., LPN-C removed both gloves. The surveyor did not observe LPN-C perform hand hygiene. LPN-C placed a medication counting board on the kitchen table and looked for the "stick" (tool used to move the medication on the board). LPN-C cleaned the medication counting board and the stick with an alcohol wipe. LPN-C fanned the equipment dry with her hand and proceeded to count the medication in the Xanax bottle and then</p>	01252		

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01252	<p>Continued From page 28</p> <p>placed the medication back into the Xanax bottle after counting it. LPN-C looked at C1's medication list and counted the number of pills in each box and then closed the lids to the medication boxes, repeating this action for each 7-day medication planner.</p> <p>On October 16, 2023, at 1:30 p.m., LPN-C stated she changed gloves often because she was not aware of what was on or might be on C1's medication bottles. LPN-C said she should perform hand hygiene each time gloves were changed adding it was difficult to get gloves on after applying hand sanitizer. LPN-C said she "usually" performs hand hygiene with glove changes.</p> <p>On October 16, 2023, at 2:35 p.m., registered nurse/owner (RN/O)-A stated every time gloves are put on hands, hands should be washed prior. RN/O-A added it did not make sense how LPN-C "did that" (gloves on/off and not washing hands in-between.)</p> <p>The licensees' undated Hand Hygiene policy noted healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: -after touching a patient or the patients immediate environment -immediately after glove removal.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01252		