



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 16, 2023

Licensee
Alternative Senior Care, Inc.
418 10th Street South
Sauk Centre, MN 56378

RE: Project Number(s) SL30189008

Dear Licensee:

On June 6, 2023, the Minnesota Department of Health completed a follow-up survey of your agency to determine if orders from the April 6, 2023, survey were corrected. This follow-up survey verified that the agency is back in compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Kelly Thorson'.

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 651-281-9796

JMD

Electronically Delivered

April 27, 2023

Licensee

Alternative Senior Care, Inc
418 10th Street South
Sauk Centre, MN 56378

RE: Project Number(s) SL30189008

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 6, 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.

In accordance with Minn. Stat. § 144A.474, Subd. 11, MDH may assess fines and enforcement actions 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 calendar 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

Alternative Senior Care, Inc

April 27, 2023

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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,

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

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30189	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2023
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NAME OF PROVIDER OR SUPPLIER ALTERNATIVE SENIOR CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 418 10TH STREET S SAUK CENTRE, MN 56378
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL30189008</p> <p>On April 4, 2023, through April 6, 2023, the Minnesota Department of Health, visited the above Comprehensive home care licensed provider and the following correction orders were issued. At the time of the survey, there were 59 clients receiving services under the Comprehensive license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan	0 810		

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

Minnesota Department of Health

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0 810	<p>Continued From page 1</p> <p>(b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for four of four clients (C2, C4, C1, 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 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>C2, C4, C1, and C3's records lacked an individualized abuse prevention plan to include the following required content: -an individualized review or assessment of the</p>	0 810		

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0 810	<p>Continued From page 2</p> <p>person's susceptibility to abuse by another individual, including other vulnerable adults or minors.</p> <p>C2 C2's diagnoses included muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, and Modification To The Service Plan, dated July 23, 2020, indicated C2 received services including medication management with medication set-up, wound care, and housekeeping.</p> <p>C2's Vulnerability Assessment, dated March 23, 2022, indicated C2 was oriented to person, place and time, and had vulnerabilities including current need for assistance with keeping his environment safe and clean, was at risk for falls, had chronic pain, and had aggressive behavior toward others, especially to wife, and noted specific measures to be taken to minimize the risk of abuse to himself and other vulnerable adults; however, the assessment lacked a review of C2's susceptibility to abuse by another individual, including other vulnerable adults or minors, and susceptibility to self-abuse.</p> <p>C4 C4's diagnoses included muscle weakness, left-sided weakness, hearing issues, and history of stroke.</p> <p>C4's Service Plan, dated April 30, 2021, indicated C4 received services including medication management and general cleaning.</p> <p>C4's Vulnerability Assessment, dated April 28, 2022, C4 was oriented to person, place and time, and had vulnerabilities including visual difficulties,</p>	0 810		

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0 810	<p>Continued From page 3</p> <p>hearing difficulties, had chronic pain, and had no adaptations in the bathroom, and noted specific measures to be taken to minimize the risk of abuse to himself and other vulnerable adults. In addition, the assessment indicated C4 displayed no aggressive behaviors toward others; however, lacked a review of C4's susceptibility to abuse by another individual, including other vulnerable adults or minors, and susceptibility to self-abuse.</p> <p>C1 C1's diagnoses included closed fracture left distal humerus, bradycardia (slow heart rate), atrial fibrillation (abnormal heart rate), and syncope (fainting, blacking out, passing out).</p> <p>C1's Service Plan dated July 16, 2021, indicated C1 received assistance with medication administration, bathing assist, general cleaning, laundry, linen change, companionship, and transportation.</p> <p>C1's Vulnerability Assessment, dated November 17, 2022, indicated C1 had recent short term memory loss. This Vulnerability Assessment included the client's risk of abusing other vulnerable adults or minor and a specific measure to be taken to minimize the risk of abuse; however, this plan failed to include C1's susceptibility to self-abuse and abuse by another individual.</p> <p>C3 C3's diagnoses included bilateral leg edema (increase fluid retention to both legs), pancreatitis (inflammation of the pancreas), and chronic kidney disease (gradual loss of kidney function).</p> <p>C3's Service Plan dated June 14, 2022, indicated C3 received assistance with support stocking,</p>	0 810		

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0 810	<p>Continued From page 4</p> <p>nurse visits, general cleaning, laundry, linen change, and companionship.</p> <p>C3's Vulnerability Assessment, dated June 14, 2022, indicated C3 had visual difficulties and chronic conditions/pain/illness/disability. C3's Vulnerability Assessment included the client's risk of abusing other vulnerable adults or minor and a specific measure to be taken to minimize the risk of abuse; however, the plan failed to include C3's susceptibility to self-abuse and abuse by another individual.</p> <p>On April 6, 2023, at 1:31 p.m., registered nurse (RN)-A stated she started at the agency in January 2023, and was not aware of the requirement to review the client's susceptibility to abuse by another individual. RN-A stated the electronic assessment did not include the required content, therefore was not included in the vulnerability assessment for any of the clients.</p> <p>The licensee's Vulnerable Adults and Maltreatment-Communication, Prevention, and Reporting policy, revised April 26, 2017, indicated the agency would develop an individualized abuse prevention plan for each home care client that would contain a review of:</p> <ul style="list-style-type: none"> - the client's susceptibility to abuse by another individual (including other vulnerable adults); - the client's risk of abusing other vulnerable adults; and - actions, measures, or approaches the agency would take to minimize the risk of abuse to the client and other vulnerable adults. <p>Also included, when appropriate, the plan would also address the issue of client self-abuse.</p> <p>No further information was provided.</p>	0 810		

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0 810	Continued From page 5 TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure timely completion of required assessments by the registered nurse (RN) for an individualized initial assessment within five days after the date that services were first provided for one of four clients (C1), client monitoring and reassessment no more than 14 days after the date that services	0 860		

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0 860	<p>Continued From page 6</p> <p>were first provided and on-going assessments not to exceed 90 days, for four of four clients (C1, C3, C2, C4).</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 the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>During the entrance conference on April 4, 2023, at 10:14 a.m., RN-A stated she completed the initial assessment on the day of the client's admission and stated subsequent assessments for the clients that were Veterans Administration (VA) recipients were completed every 60 days and clients that were "private pay" were completed every 90 days.</p> <p>C1 C1's start of care date was July 16, 2021, according to the Client Data form provided by the licensee on April 4, 2023.</p> <p>C1's diagnoses included closed fracture left distal humerus, bradycardia (slow heart rate), atrial fibrillation (abnormal heart rate), and syncope (fainting, blacking out, passing out).</p> <p>C1's Service Plan, dated July 16, 2021, indicated C1 received assistance with medication administration, bathing assist, general cleaning, laundry, linen change, companionship, and transportation.</p>	0 860		

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0 860	<p>Continued From page 7</p> <p>On April 4, 2023, at 11:30 a.m., during a home visit, the surveyor observed RN-A while she assessed C1's vital signs and provided medication set up services.</p> <p>C1's record included a Client Assessment Form, identified as the initial assessment, dated November 17, 2022. C1's record lacked any further comprehensive assessments.</p> <p>C1's record lacked an initial assessment within five days after the date that home care services were first provided, monitoring and reassessment in the client's home no more than 14 days after the date that home care services were first provided, and lacked ongoing client monitoring and reassessment not to exceed 90 days from the last date of the assessment, as required.</p> <p>On April 6, 2023, at 2:11 p.m., RN-A stated C1's initial assessment was dated November 17, 2022, with no further assessments completed.</p> <p>C3 C3 began receiving home care services on June 13, 2022, with diagnoses including bilateral leg edema (increase fluid retention to both legs), pancreatitis (inflammation of the pancreas), and chronic kidney disease (gradual loss of kidney function).</p> <p>C3's Service Plan, dated June 14, 2022, indicated C3 received assistance with support stocking, nurse visits, general cleaning, laundry, linen change, and companionship.</p> <p>On April 5, 2023, at 7:30 a.m., during a home visit, the surveyor observed while unlicensed personnel (ULP)-C provided assistance with</p>	0 860		

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0 860	<p>Continued From page 8</p> <p>donning compression stockings, bed making, laundry, opening blinds, opening jars on the counter, and taking the garbage out.</p> <p>C3's record included a Client Assessment Form, identified as the initial assessment, dated June 14, 2022. C3's record lacked any further assessments.</p> <p>C3's record lacked monitoring and reassessment in the client's home no more than 14 days after the date that home care services were first provided and lacked ongoing client monitoring and reassessment not to exceed 90 days from the last date of the assessment, as required.</p> <p>On April 6, 2023, at 2:22 p.m. RN-A stated C3's initial assessment was dated June 14, 2022, with no further assessments completed or documented. RN-A stated she oversees initial, 14 day, 90 day and change of condition assessments for the licensee's comprehensive clients. RN-A stated she started employment with the licensee in January 2023, and was not aware of the requirements for client assessments. RN-A stated, "I was going along with what someone was telling me earlier."</p> <p>C2 C2 began receiving home care services on July 24, 2018, with diagnoses including muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, and Modification To The Service Plan, dated July 23, 2020, indicated C2 received services including medication management with medication set-up, wound care, and housekeeping.</p> <p>During a home visit on April 4, 2023, at 12:15</p>	0 860		

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0 860	<p>Continued From page 9</p> <p>p.m., the surveyor observed while RN-A set up C2's medications and completed wound care to a large, round shaped scabbed area on the outside of the base of C2's right great toe.</p> <p>C2's record included a Client Assessment Form, dated July 24, 2018, and March 23, 2022. C2's record lacked any further comprehensive assessments.</p> <p>C2's record lacked ongoing client monitoring and reassessment not to exceed 90 days from the last date of the assessment, as required.</p> <p>C4 C4's diagnoses included muscle weakness, left-sided weakness, hearing issues, and history of stroke.</p> <p>C4's Service Plan, dated April 30, 2021, indicated C4 received services including medication management and general cleaning.</p> <p>During a home visit on April 4, 2023, at 3:15 p.m., the surveyor observed while licensed practical nurse (LPN)-B set up C4's medications and assessed vitals.</p> <p>C4's record included a Client Assessment Form, dated April 30, 2021, and April 28, 2022. C4's record lacked any further comprehensive assessments.</p> <p>C4's record lacked ongoing client monitoring and reassessment not to exceed 90 days from the last date of the assessment, as required.</p> <p>On April 6, 2023, at 1:31 p.m., RN-A stated she started employment with the licensee in January 2023, and her understanding was she was to</p>	0 860		

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NAME OF PROVIDER OR SUPPLIER ALTERNATIVE SENIOR CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 418 10TH STREET S SAUK CENTRE, MN 56378
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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
0 860	<p>Continued From page 10</p> <p>complete an initial assessment when the client started services, if there was a change in condition, and when the client discharged. RN-A stated, "I don't think I've been scheduled to see a client at 14 days."</p> <p>The licensee's Required Assessments, Monitoring, and Reassessments policy, revised March 2023, indicated when the services being provided were comprehensive home care services, an individualized assessment must be conducted in-person by a registered nurse. This initial assessment must be completed within five days after initiation of home care services. Also included, client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services, and ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 860		
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 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</p>	0 865		

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0 865	<p>Continued From page 11</p> <p>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 the service plan was revised with the changes in services for one of four 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 muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, indicated C2 received services including a "one time" initial</p>	0 865		

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0 865	<p>Continued From page 12</p> <p>assessment by the registered nurse (RN), medication management with weekly medication set up and monitoring by the RN, and housekeeping and linen change every Thursday by the unlicensed personnel (ULP). C2's Modification To The Service Plan, dated December 3, 2019, indicated a change in services to include an increase in housekeeping services to twice weekly and an increase of an extra RN visit per week until December 18, 2019, for wound care. C2's Modification To The Service Plan, dated July 23, 2020, indicated a "one time" assessment by the RN, medication set up by the RN once weekly, twice weekly housekeeping, and an increase to twice weekly wound care by the RN. C2's Modification To The Service Plan, dated August 10, 2021, indicated an addition of up to nine hours of ULP services and up to 30 episodes of respite.</p> <p>During a home visit on April 4, 2023, at 12:15 p.m., the surveyor observed while RN-A set up C2's medications and completed wound care to a large, round shaped scabbed area on the outside of the base of C2's right great toe. C2 reported that he had an appointment at the wound clinic at the end of the previous week, and there were no changes to dressing the wound; however stated he was started on oral antibiotics for 10 days, due to infection to the area. RN-A removed the rolled gauze wrapped around C2's right foot and needed to dampen the gauze with water to loosen the gauze from the scabbed area and an open area on the top of the second toe. RN-A brought a foot bathing device, filled with water, to C2 and he placed both feet in the water to soak. After several minutes, RN-A assisted C2 to remove his feet from the water, dried his feet, sprayed the wounds with a saline spray, applied an antibiotic cream to each area, and applied bandages.</p>	0 865		

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0 865	<p>Continued From page 13</p> <p>Although the service plan indicated wound care was performed by the RN twice weekly, RN-A stated she performed the wound care once a week when she set up C2's medications, and C2 and his wife completed the wound care the rest of the week.</p> <p>On April 6, 2023, at 11:10 a.m., client care manager (CCM)-D stated she was responsible for developing and revising the clients' service plans, and stated she was not a nurse but attended client admissions to gather information to create the service plan. CCM-D stated she could not find orders for C2's wound care because C2 had not been to the doctor, and stated RN-A was just doing wound care as directed by the previous nurse. When asked about the twice weekly wound care noted on the service plan, CCM-D could not explain why the nurse was only seeing him once weekly for wound care or why the service plan had not been revised to indicate once weekly.</p> <p>On April 6, 2023, at 1:31 p.m., RN-A stated CCM-D was in charge of completing the service plan, and stated, as far as she knew, there were no orders for wound care because C2 was not compliant and would not go to see his provider for the wound. RN-A stated she was making weekly visits to C2, because that's what the previous nurse was doing. RN-A indicated not being aware of the twice weekly wound care noted on the service plan.</p> <p>The licensee's Service Plan Modification policy, dated July, 2019, indicated the registered nurse was the responsible staff for the service plan modification, and directed if the service plan or agreement must be modified due to a change in a prescriber's order or a change in the client's</p>	0 865		

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0 865	Continued From page 14 needs, the form Modifications to the Service Agreement must be completed and signed by the client or the client's responsible person. No further information was provided. TIME PERIOD TO CORRECT: 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 medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.	0 870		

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0 870	<p>Continued From page 15</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for four of four clients (C2, C4, C1, 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 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, C4, C1, and C3's service plans lacked the following content: - methods of monitoring staff supervision.</p> <p>C2 C2 began receiving home care services on July 24, 2018, with diagnoses including muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, and Modification To The Service Plan, dated July 23, 2020, indicated C2 received services including medication management with medication set-up, wound care, and housekeeping. C2's Service Plan lacked the methods of monitoring staff providing home care services, as required.</p> <p>C4 C4's diagnoses included muscle weakness, left-sided weakness, hearing issues, and history</p>	0 870		

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0 870	<p>Continued From page 16 of stroke.</p> <p>C4's Service Plan, dated April 30, 2021, indicated C4 received services including medication management and general cleaning. C4's Service Plan lacked the methods of monitoring staff providing home care services, as required.</p> <p>C1 C1's diagnoses included closed fracture left distal humerus, bradycardia (slow heart rate), atrial fibrillation (abnormal heart rate), and syncope (fainting, blacking out, passing out).</p> <p>C1's Service Plan, dated July 16, 2021, indicated C1 received assistance with medication administration, bathing assist, general cleaning, laundry, linen change, companionship, and transportation. C1's Service Plan lacked the methods of monitoring staff providing home care services, as required.</p> <p>C3 C3's diagnoses included bilateral leg edema (increase fluid retention to both legs), pancreatitis (inflammation of the pancreas), and chronic kidney disease (gradual loss of kidney function).</p> <p>C3's Service Plan, dated June 14, 2022, indicated C3 received assistance with support stocking, nurse visits, general cleaning, laundry, linen change, and companionship. C3's Service Plan lacked the methods of monitoring staff providing home care services, as required.</p>	0 870		

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0 870	<p>Continued From page 17</p> <p>On April 6, 2023, at 2:51 p.m., client care manager (CCM)-D stated she attended client admissions, with the nurse, and developed the service plans based on the identified clients' needs. CCM-D indicated she the service plan did not include the methods of monitoring staff providing home care services and stated the service plan template was the same form used for all clients.</p> <p>The licensee's Service Plans policy, dated July 2019, indicated the licensee would finalize a written service plan within 14 days after the date that home care services were first provided to the client, and must include all of the following required elements:</p> <ul style="list-style-type: none"> - a description of the home care services to be provided, the fees for services, and the frequency of each service; - the identification of the type of staff that would provide services; - the schedule and methods of monitoring reviews or assessments of the client; and - the schedule and methods of monitoring unlicensed personnel providing home care services. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 870		
0 910 SS=D	<p>144A.4792, Subd. 3 Individualized Medication Monitoring/Reassess</p> <p>The comprehensive home care provider must monitor and reassess the client's medication management services as needed under subdivision 2 when the client presents with</p>	0 910		

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0 910	<p>Continued From page 18</p> <p>symptoms or other issues that may be medication-related and, at a minimum, annually.</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) conducted a face-to-face medication management reassessment at least annually to include the required content, for one of four 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>During the entrance conference on April 4, 2023, at 9:00 a.m., RN-A and client care manager (CCM)-D stated the agency provided medication management services to their clients, including medication setup.</p> <p>C2's diagnoses included muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, and Modification To The Service Plan, dated July 23, 2020, indicated C2 received services including wound care, housekeeping, and medication management with medication set up.</p> <p>C2's signed medication orders, dated March 23,</p>	0 910		

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0 910	<p>Continued From page 19</p> <p>2023, indicated C2 was currently taking two blood thinners, two oral antihyperglycemics (treats high blood glucose), an antihyperlipidemic (treat high cholesterol), an antidepressant, supplements, a sleep aide, two antihypertensives (treat high blood pressure), and a diuretic (decrease excess fluid).</p> <p>During a home visit on April 4, 2023, at 12:15 p.m., the surveyor observed while RN-A set up C2's medications and completed wound care to a large, round shaped scabbed area on the outside of the base of C2's right great toe.</p> <p>C2's Client Assessment Form, dated March 23, 2022 (over one year ago), included Medication Assessment and Management Plan, which indicated the most accurate list of all medications the client was taking had been reviewed by a nurse, reviewed for contraindications, medication name, dose, frequency, and route, reviewed potential allergic or adverse reactions, indications and side effects. Also included, the assessment indicated C2 was partially able to self-administer medications from preset trays, set up by the agency nurse; however, was not always compliant with taking the medications and needed frequent reeducation regarding the importance of taking medications prescribed. C2's record lacked any further assessments and lacked evidence the RN conducted a face-to-face medication monitoring and reassessment annually to include:</p> <ul style="list-style-type: none"> - indications for medications; - side effects; - contraindications; - adverse reactions; and - actions to address these issues. <p>On April 6, 2023, at 1:31 p.m., RN-A stated she</p>	0 910		

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0 910	Continued From page 20 started employment with the licensee in January 2023, and her understanding was she was to complete an initial assessment, including medication management assessment, when the client started services, if there was a change in condition, and when the client discharged. RN-A indicated she was not aware medication monitoring and reassessment needed to be conducted annually. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 910		
0 920 SS=D	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management	0 920		

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0 920	<p>Continued From page 21</p> <p>tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a current and updated individualized medication management plan was developed and maintained with all the required content for one of four 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>	0 920		

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0 920	<p>Continued From page 22</p> <p>During the entrance conference on April 4, 2023, at 9:00 a.m., registered nurse (RN)-A and client care manager (CCM)-D stated the agency provided medication management services to their clients, including medication setup.</p> <p>C2's diagnoses included muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, and Modification To The Service Plan, dated July 23, 2020, indicated C2 received services including wound care, housekeeping, and medication management with medication set up.</p> <p>C2's signed medication orders, dated March 23, 2023, indicated C2 was currently taking two blood thinners, two oral antihyperglycemics (treats high blood glucose), an antihyperlipidemic (treat high cholesterol), an antidepressant, supplements, a sleep aide, two antihypertensives (treat high blood pressure), and a diuretic (decrease excess fluid).</p> <p>During a home visit on April 4, 2023, at 12:15 p.m., the surveyor observed while RN-A set up C2's medications and completed wound care to a large, round shaped scabbed area on the outside of the base of C2's right great toe.</p> <p>C2's Client Assessment Form, dated March 23, 2022 (over one year ago), included Medication Assessment and Management Plan, which described the medication management services being provided, description of the storage of medications, specific client instructions, identification of persons responsible for monitoring medication supplies, tasks that may be delegated to unlicensed personnel, and procedures for notifying a RN when a problem</p>	0 920		

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NAME OF PROVIDER OR SUPPLIER ALTERNATIVE SENIOR CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 418 10TH STREET S SAUK CENTRE, MN 56378
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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
0 920	<p>Continued From page 23</p> <p>arises. C2's record lacked a current and updated medication management plan to include the following required content:</p> <ul style="list-style-type: none"> - statement describing the medication management services that would be provided; - description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific client instructions related to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills were ordered on a timely basis; - identification of medication management tasks that may be delegated to ULP (unlicensed personnel); - procedures for staff to notify a registered nurse (RN) when a problem arose with medication management services; and - any client-specific requirements related to documenting medication administration, verifications that all medications were administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. <p>On April 6, 2023, at 1:31 p.m., RN-A stated she started employment with the licensee in January 2023, and her understanding was she was to complete an initial assessment, including medication management assessment, when the client started services, if there was a change in condition, and when the client discharged. RN-A indicated not knowing that a current individualized medication management plan must be developed and maintained for each client based on the client's assessment.</p> <p>No further information was provided.</p>	0 920		

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0 920	Continued From page 24 TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
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 medications were transcribed as ordered for one of four clients (C1), and failed to ensure medications were administered as ordered 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</p>	0 935		

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0 935	<p>Continued From page 25</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C1's diagnoses included closed fracture left distal humerus, bradycardia (slow heart rate), atrial fibrillation (abnormal heart rate), and syncope (fainting, blacking out, passing out).</p> <p>C1's Service Plan, dated July 16, 2021, indicated C1 received assistance with medication administration, bathing assist, general cleaning, laundry, linen change, companionship, and transportation.</p> <p>On April 4, 2023, at 11:30 a.m., during a home visit the surveyor observed registered nurse (RN)-A provide a complete set of vitals and medication set up services.</p> <p>C1's record lacked signed medication orders; however, C1's medication list, dated March 9, 2023, included:</p> <ul style="list-style-type: none"> - Tylenol 500mg take two tablets (1,000 milligrams (mg)) by mouth in the morning and two tablets (1,000 mg) at noon and two tablets (1,000 mg) before bedtime; - Fosamax 70 mg take 1 tablet by mouth every week; - Caltrate-600+D 600 mg-10 micrograms (mcg) (400 units) take one tablet by mouth twice daily with breakfast and supper; - Pradaxa 150 mg take one capsule by mouth in the morning and evening; - levothyroxine take one tablet by mouth daily before breakfast; - lisinopril take one tablet by mouth in the morning; - metoprolol succinate 50 mg take three tablets once daily; 	0 935		

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0 935	<p>Continued From page 26</p> <ul style="list-style-type: none"> - omega-3 fatty acids 1,000 mg take one capsule every morning; - oxycodone 5 mg take one tablet every 4 hours as needed for severe pain; - Mirilax take 17 grams by mouth once daily; - sennosdies-docusate sodium take one tablet by mouth once daily; and - Zocor 10 mg daily at bedtime. <p>C1's MAR (medication administration record) dated March 2023, included the above medications; however, also included the following:</p> <ul style="list-style-type: none"> - Tylenol 500 mg one tab every four to six hours as needed; - Mirilax 17 grams once daily as needed; - senna-docusate sodium one tab once daily as needed; and - ibuprofen 200 mg one to two tabs every six hours, as needed. <p>In addition, the following medications were not included on the MAR:</p> <ul style="list-style-type: none"> - omega-3 fatty acids 1000 mg take one capsule every morning; and - oxycodone 5 mg take one tablet every 4 hours as needed for severe pain. <p>On April 6, 2023, at 2:11 p.m., RN-A reported RN-A had oversight of client's medication management. RN-A stated there were no signed medication orders for C1. RN-A stated no signatures were requested from the client's medical provider prior to March 9, 2023. RN-A stated current medication management was followed by the medication list provided from the nursing home C1 was transferred from. RN-A stated request of a signature was faxed to C1's medical provider on April 5, 2023. RN-A stated there was no process in place for request of medical providers signature for current</p>	0 935		

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0 935	<p>Continued From page 27</p> <p>medications for agency's clients upon start of cares; but a signature from the medical provider is requested annually from client's start of care date. RN-A stated, "I was going along with what someone was telling me earlier".</p> <p>The agency's 5.01 Medication and Treatment Orders policy dated July 7, 2019, indicated the RN is responsible for assuring that current, authorized prescriber orders for medications and treatments administered to be kept on file in clients' record,</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 by: Based on interview and record review, the licensee failed to ensure documentation of medication setup included all of the required content for three of three clients (C2, C4, 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</p>	0 940		

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0 940	<p>Continued From page 28</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>During the entrance conference on April 4, 2023, at 9:00 a.m., registered nurse (RN)-A and client care manager (CCM)-D stated the agency provided medication management services to their clients, including medication setup.</p> <p>C2 C2's diagnoses included muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, and Modification To The Service Plan, dated July 23, 2020, indicated C2 received services including wound care, housekeeping, and medication management with medication set up.</p> <p>C2's Client Assessment Form, dated March 23, 2022, included Medication Assessment and Management Plan, which indicated C2 was partially able to self-administer medications from preset trays, set up by the agency nurse.</p> <p>C2's signed medication orders, dated March 23, 2023, indicated C2 was currently taking two blood thinners, two oral antihyperglycemics (treats high blood glucose), an antihyperlipidemic (treat high cholesterol), an antidepressant, supplements, a sleep aide, two antihypertensives (treat high blood pressure), and a diuretic (decrease excess fluid).</p> <p>During a home visit on April 4, 2023, at 12:15 p.m., the surveyor observed while RN-A set up</p>	0 940		

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0 940	<p>Continued From page 29</p> <p>C2's medications and completed wound care to a large, round shaped scabbed area on the outside of the base of C2's right great toe.</p> <p>C2's Medication Profile/Medication Administration Record (MAR), dated February 2023, indicated medications were set up on February 7, 2023, February 14, 2023 (7 days later), February 22, 2023 (8 days later), and February 28, 2023 (6 days later), by RN-A and licensed practical nurse (LPN)-B, with initials noted on those dates, and RN-A noted on the bottom of page 1 of 15, "2/28/23: end of month review meets compliance. Meds [medications] are set up weekly by nurse." C2's record lacked documentation at the time of set up to include the dates of the medications set up.</p> <p>On April 4, 2023, at 1:28 p.m., RN-A stated she always signs her initials on the MAR on the date that she is at the home and sets up C2's medications, but doesn't indicate how many days she has set up each medication.</p> <p>C4 C4's diagnoses included muscle weakness, left-sided weakness, hearing issues, and history of stroke.</p> <p>C4's Service Plan, dated April 30, 2021, indicated C4 received services including medication management and general cleaning.</p> <p>C4's Client Assessment Form, dated April 28, 2022, included Medication Assessment and Management Plan, which indicated C4 was partially able to self-administer medications from preset trays, set up by the agency nurse.</p> <p>C4's signed medication orders, dated March 8,</p>	0 940		

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0 940	<p>Continued From page 30</p> <p>2023, indicated C4 was currently taking supplements, a blood thinner, two antacids, two antihypertensives, eye health medication, and medication to treat enlarged prostate.</p> <p>During a home visit on April 4, 2023, at 3:15 p.m., the surveyor observed while LPN-B set up C4's medications and assessed vitals.</p> <p>C4's Medication Profile/Medication Administration Record, dated March 2023, indicated medications were set up on March 6, 2023, March 14, 2023 (8 days later), March 21, 2023 (7 days later), and March 28, 2023 (7 days later), by LPN-B, with her initials noted on those dates, and LPN-B noted on the bottom of page 1 of 11, "3/31/23: End of month review meets compliance for weekly med. [medication] tray Set up by nurse & client selfs [sic] administrats [sic] from pre-set tray appropriately." C4's record lacked documentation at the time of set up to include the dates of the medications set up.</p> <p>On April 4, 2023, at 3:55 p.m., LPN-B stated the care plan directed when medications should be set up, typically weekly or biweekly, and that's how many days she sets up. LPN-B stated she signs her initials on the MAR, on the date that she sets up the medications but does not indicate how many days she has set up each medication.</p> <p>C1 C1's diagnoses included closed fracture left distal humerus, bradycardia (slow heart rate), atrial fibrillation (abnormal heart rate), and syncope (fainting, blacking out, passing out).</p> <p>C1's service plan dated July 16, 2021, indicated</p>	0 940		

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0 940	<p>Continued From page 31</p> <p>C1 received assistance with medication administration, bathing assist, general cleaning, laundry, linen change, companionship, and transportation.</p> <p>C1's record lacked signed medication orders; however, C1's Medication Assessment and Management Plan dated November 17, 2022, identified C1 required medication set up by a nurse for: two analgesics, two antihypertensives, three supplements, one blood thinner, one medication to treat hypothyroid, one medication to treat high cholesterol and two laxatives.</p> <p>On April 4, 2023, at 11:30 a.m., during a home visit the evaluator observed RN-A provide a complete set of vitals and medication set up services.</p> <p>C1's medication profile/medication administration record dated March 2023, indicated medications were set up on March 7, 2023; March 14, 2023; March 21, 2023; and March 28, 2023, by RN-A and licensed practical nurse (LPN)-B. RN-A documented on March 31, 2023 "end of month review meets compliance. Meds set up weekly in alarmed med wheel by nurse". However, C1's record lacked documentation by RN-A and LPN-B at the time of setup to include the medication quantity of dose.</p> <p>The licensee's Medication Administration-Weekly Dosage Box Set Up policy, revised March 2023, indicated when the licensed nurse had completed setting up the medications into the dosage box, the set-up would be documented on the MAR; however, the policy lacked direction of the required documentation content.</p> <p>No further information was provided.</p>	0 940		

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0 940	Continued From page 32 TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 965 SS=D	<p>144A.4792, Subd. 13 Prescriptions</p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the comprehensive home care provider is managing for the client.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of two clients (C1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C1's diagnoses included closed fracture left distal humerus, bradycardia (slow heart rate), atrial fibrillation (abnormal heart rate), and syncope (fainting, blacking out, passing out).</p> <p>C1's service plan dated July 16, 2021, indicated C1 received assistance with medication administration, bathing assist, general cleaning,</p>	0 965		

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0 965	<p>Continued From page 33</p> <p>laundry, linen change, companionship, and transportation.</p> <p>On April 4, 2023, at 11:30 a.m., during a home visit the surveyor observed registered nurse (RN)-A provide a complete set of vitals and medication set up services.</p> <p>C1's record lacked signed medication orders; however, C1's medication list, dated March 9, 2023, included:</p> <ul style="list-style-type: none"> - Tylenol 500 mg take two tablets (1,000 milligrams (mg)) by mouth in the morning and two tablets (1,000 mg) at noon and two tablets (1,000 mg) before bedtime; - Fosamax 70 mg take 1 tablet by mouth every week; - Caltrate-600+D 600 mg-10 micrograms (mcg) (400 units) take one tablet by mouth twice daily with breakfast and supper; - Pradaxa 150 mg take one capsule by mouth in the morning and evening; - levothyroxine take one tablet by mouth daily before breakfast; - lisinopril take one tablet by mouth in the morning; - metoprolol succinate 50 mg take three tablets once daily; - omega-3 fatty acids 1,000 mg take one capsule every morning; - oxycodone 5 mg take one tablet every 4 hours as needed for severe pain; - Miralax take 17 grams by mouth once daily; - sennosides-docusate sodium take one tablet by mouth once daily; and - Zocor 10 mg daily at bedtime. <p>C1's MAR (medication administration record) dated March 2023, included the above medications; however, also included the</p>	0 965		

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0 965	<p>Continued From page 34</p> <p>following:</p> <ul style="list-style-type: none"> - Tylenol 500 mg one tab every four to six hours as needed; - Miralax 17 grams once daily as needed; - senna-docusate sodium one tab once daily as needed; and - ibuprofen 200 mg one to two tabs every six hours, as needed. <p>In addition, the following medications were not included on the MAR:</p> <ul style="list-style-type: none"> - omega-3 fatty acids 1000 mg take one capsule every morning; and - oxycodone 5 mg take one tablet every 4 hours as needed for severe pain. <p>On April 6, 2023, at 2:11 p.m., RN-A reported RN-A had oversight of clients medication management. RN-A stated there were no signed medication orders for C1. RN-A stated no signatures were requested from the client's medical provider prior to March 9, 2023. RN-A stated current medication management was followed by the medication list provided from the nursing home C1 was transferred from. RN-A stated request of a signature was faxed to C1's medical provider on April 5, 2023. RN-A stated there was no process in place for request of medical providers signature for current medications for agency's clients upon start of cares; but a signature from the medical provider is requested annually from client's start of care date. RN-A stated, "I was going along with what someone was telling me earlier".</p> <p>The agency's 5.01 Medication and Treatment Orders policy dated July 7, 2019, indicated the RN is responsible for assuring that current, authorized prescriber orders for medications and treatments administered to be kept on file in clients' record,</p>	0 965		

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NAME OF PROVIDER OR SUPPLIER ALTERNATIVE SENIOR CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 418 10TH STREET S SAUK CENTRE, MN 56378
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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
0 965	Continued From page 35 No further information was provided TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01010 SS=F	144A.4792, Subd. 22 Disposition of Medications (a) Any current medications being managed by the comprehensive home care provider must be given to the client or the client's representative when the client's service plan ends or medication management services are no longer part of the service plan. Medications that have been stored in the client's private living space for a client who is deceased or that have been discontinued or that have expired may be given to the client or the client's representative for disposal. (b) The comprehensive home care provider will dispose of any medications remaining with the comprehensive home care provider that are discontinued or expired or upon the termination of the service contract or the client's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the	01010		

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01010	<p>Continued From page 36</p> <p>client's record regarding the disposition of medication including the medication's strength, prescription number, quantity, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged client (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 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>C5 was discharged from the home care provider on October 4, 2022.</p> <p>C5's diagnoses included, dementia, type 2 diabetes, high blood pressure, obesity, stroke, and breast cancer.</p> <p>C5's Service Plan, dated May 9, 2022, indicated C5 received services including assistance with bathing, grooming, dressing, continence care, safety supervision, companionship, and medication management including weekly medication set up.</p> <p>C5's Medication Profile/Medication Administration Record (MAR), dated September 2022, included three antihypertensives (treats high blood pressure), one antihyperglycemic (treats high blood sugar), an antacid, two medications to prevent clots, and a sleep aid.</p>	01010		

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01010	<p>Continued From page 37</p> <p>C5's progress notes dated September 16, 2022, indicated C5's family member called and stated they had secured a unit for C5 at a health care facility because she couldn't be at home anymore, therefore, home care services would be discontinued.</p> <p>C5's record lacked documentation of the disposition of medications upon discharge to include the name of the medication, strength, prescription number if applicable, quantity, date of disposition, and the names of staff and other individuals involved in the disposition, as required.</p> <p>On April 6, 2023, at 2:15 p.m., registered nurse (RN)-A stated C5's record did not include a list of medications with the above required documentation upon the client's discharge and stated, "We don't do that."</p> <p>The licensee's Disposal of Medication policy, revised March 2023, indicated current unused medications managed by the provider would be returned to the pharmacy for credit, or given to the client or the client's representative, when the client's medications were no longer managed by the home care provider. Also included, upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	01010		

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01010	Continued From page 38 days	01010		
01035 SS=E	<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 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> <ol style="list-style-type: none"> (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 changes. <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	01035		

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01035	<p>Continued From page 39</p> <p>licensee failed to ensure an individualized treatment or therapy management plan was developed to include the required content for two of two clients (C2, 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 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>During the entrance conference on April 4, 2023, at 9:56 a.m., operations manager (OM)-E, client care manager (CCM)-D, and registered nurse (RN)-A stated the licensee provided treatment and therapy management services to their current clients.</p> <p>C2 C2's diagnoses included muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, and Modification To The Service Plan, dated July 23, 2020, indicated C2 received services including wound care, housekeeping, and medication management with medication set up.</p> <p>During a home visit on April 4, 2023, at 12:15 p.m., the surveyor observed while RN-A set up C2's medications and completed wound care to a large, round shaped scabbed area on the outside of the base of C2's right great toe. C2 reported</p>	01035		

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01035	<p>Continued From page 40</p> <p>that he had an appointment at the wound clinic at the end of the previous week, and there were no changes to dressing the wound; however stated he was started on oral antibiotics for 10 days, due to infection to the area. RN-A removed the rolled gauze wrapped around C2's right foot and needed to dampen the gauze with water to loosen the gauze from the scabbed area and an open area on the top of the second toe. RN-A brought a foot bathing device, filled with water, to C2 and he placed both feet in the water to soak. After several minutes, RN-A assisted C2 to remove his feet from the water, dried his feet, sprayed the wounds with a saline spray, applied an antibiotic ointment to each area, and applied bandages. Although the service plan indicated wound care was performed by the RN twice weekly, RN-A stated she performed the wound care once a week when she set up C2's medications, and C2 and his wife completed the wound care the rest of the week.</p> <p>C2's record lacked an individualized treatment and therapy management plan to include a written statement of all treatments to provide, to include:</p> <ul style="list-style-type: none"> - a statement of the type of services that will be provided; - documentation of specific client instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will 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, verification that all treatment and therapy was 	01035		

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01035	<p>Continued From page 41</p> <p>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>C2's record lacked prescriber orders for the wound care being provided.</p> <p>On April 6, 2023, at 1:50 p.m., RN-A stated, as far as she knew, there were no orders for C2's wound care and that she was "going along with what someone told me prior." RN-A stated she was not aware of an individualized treatment and therapy management plan for C2 and stated he had previously refused to go to see the physician for his wound because he was afraid it would result in amputation. RN-A stated she had left a message for the wound clinic after C2's appointment last week, but had not received a call from them.</p> <p>C3 C3's diagnoses included bilateral leg edema (increase fluid retention to both legs), pancreatitis (inflammation of the pancreas), and chronic kidney disease (gradual loss of kidney function).</p> <p>C3's service plan dated June 14, 2022, indicated C3 received assistance with support stocking, nurse visits, general cleaning, laundry, linen change, and companionship.</p> <p>On April 5, 2023, at 7:30 a.m., during a home visit</p>	01035		

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01035	<p>Continued From page 42</p> <p>the evaluator observed unlicensed personnel (ULP)-C provide assist with donning compression stockings, bed making, laundry, opening blinds, opening jars on the counter, and taking the garbage out.</p> <p>On April 6, 2023, at 2:22 p.m. RN-A verified C3's Treatment /Therapy Management Plan dated June 14, 2022, indicated the treatment and therapy service listed for compression stockings was not on the current Treatment /Therapy Management Plan with the following requirements:</p> <ul style="list-style-type: none"> -written instructions for the treatment, -procedure to notify the RN or other licensed health professional when a problem arose with treatment or therapy, and - client specific instructions related to documentation for treatment <p>On April 6, at 2:24 pm., RN-A stated C3's Treatment/Therapy Management Plan dated June 14, 2022, indicated C3 received compression stockings with specific documentation and instruction on the electronic health record (EHR). Evaluator requested review of the EHR; RN-A stated, "I only see compression stockings in the EHR; I assume it would be where that order would be and attached to, but I do not have the order in there. I don't know what happened before me coming."</p> <p>The licensee's Medication & Treatment Orders, dated July 2019, indicated a current, written prescriber's order must be maintained for any treatment or medication administration being provided to the client and the licensed nurse would review all medication and treatment orders for progress, effectiveness and necessity on a regular basis and with client change of condition;</p>	01035		

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01035	Continued From page 43 however, the policy did not give direction as to the development of an individualized treatment and therapy management plan, as required. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01050 SS=E	144A.4793, Subd. 6 Treatment and Therapy Orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to ensure an up-to-date written or electronically recorded order or prescription with all the required content, for all treatments and therapies was completed for two of two clients (C2, C3). 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	01050		

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01050	<p>Continued From page 44</p> <p>situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>During the entrance conference on April 4, 2023, at 9:56 a.m., operations manager (OM)-E, client care manager (CCM)-D, and registered nurse (RN)-A stated the licensee provided treatment and therapy management services to their current clients.</p> <p>C2 C2's diagnoses included muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, and Modification To The Service Plan, dated July 23, 2020, indicated C2 received services including wound care, housekeeping, and medication management with medication set up.</p> <p>During a home visit on April 4, 2023, at 12:15 p.m., the surveyor observed while RN-A set up C2's medications and completed wound care to a large, round shaped scabbed area on the outside of the base of C2's right great toe. C2 reported he had an appointment at the wound clinic at the end of the previous week, and there were no changes to dressing the wound; however stated he was started on oral antibiotics for 10 days, due to infection to the area. RN-A removed the rolled gauze wrapped around C2's right foot and needed to dampen the gauze with water to loosen the gauze from the scabbed area and an open area on the top of the second toe. RN-A brought a foot bathing device filled with water to C2 and he placed both feet in the water to soak. After several minutes, RN-A assisted C2 to remove his feet from the water, dried his feet, sprayed the</p>	01050		

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01050	<p>Continued From page 45</p> <p>wounds with a saline spray, applied an antibiotic ointment to each area, and applied bandages. Although the service plan indicated wound care was performed by the RN twice weekly, RN-A stated she performed the wound care once a week when she set up C2's medications, and C2 and his wife completed the wound care the rest of the week.</p> <p>C2's record lacked prescriber orders for the wound care being provided.</p> <p>On April 6, 2023, at 1:50 p.m., RN-A stated, as far as she knew, there were no orders for C2's wound care and that she was "going along with what someone told me prior." RN-A stated she had left a message for the wound clinic after C2's appointment last week, but had not received a call from them.</p> <p>C3 C3's diagnoses included bilateral leg edema (increase fluid retention to both legs), pancreatitis (inflammation of the pancreas), and chronic kidney disease (gradual loss of kidney function).</p> <p>C3's service plan dated June 14, 2022, indicated C3 received assistance with support stocking, nurse visits, general cleaning, laundry, linen change, and companionship.</p> <p>On April 5, 2023, at 7:30 a.m., during a home visit the surveyor observed unlicensed personnel (ULP)-C provide assist with donning compression stockings, bed making, laundry, opening blinds, opening jars on the counter, and taking the garbage out.</p>	01050		

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01050	<p>Continued From page 46</p> <p>C3's record lacked written or electronically recorded prescription for the compression stocking service administered treatment or therapies provided.</p> <p>On April 6, 2023, at 11:15 a.m., CCM-D stated there were no orders for compression stockings for C3.</p> <p>On April 6, at 2:24 pm., RN-A stated C3's Treatment/Therapy Management Plan dated June 14, 2022, indicated C3 received compression stockings with specific documentation and instruction on the electronic health record (EHR). The surveyor requested review of the EHR; RN-A stated, "I only see compression stockings in the EHR; I assume it would be where that order would be and attached to but I do not have the order in there. I don't know what happened before me coming."</p> <p>The licensee's Medication & Treatment Orders, dated July 2019, indicated a current, written prescriber's order must be maintained for any treatment or medication administration being provided to the client.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01050		
01060 SS=F	<p>144A.4794, Subd. 1(a) Client Record</p> <p>(a) The home care provider must maintain records for each client for whom it is providing services. Entries in the client records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the</p>	01060		

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01060	<p>Continued From page 47</p> <p>person making the entry.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the client record was authenticated with the name and title of the person making the entries for four of four clients (C2, C4, C1, 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 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>C2 C2's diagnoses included muscle weakness, diabetes, and chronic pain.</p> <p>C2's Service Plan, dated July 24, 2018, and Modification To The Service Plan, dated July 23, 2020, indicated C2 received services including wound care, housekeeping, and medication management with medication set up.</p> <p>C2's Nurse Visit Note, dated September 13, 2022, November 8, 2022, November 29, 2022, December 13, 2022, December 20, 2022, January 3, 2023, and January 10, 2023, included an electronic signature from an RN that previously worked for the licensee; however, identified the nurse as a "Personal Assistant." C2's Nurse Visit Note, dated January 24, 2023,</p>	01060		

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01060	<p>Continued From page 48</p> <p>February 15, 2023, February 28, 2023, March 7, 2023, March 14, 2023, March 21, 2023, and March 28, 2023, included registered nurse (RN)-A's typewritten name; however, lacked a signature and identified RN-A as a "Personal Assistant."</p> <p>C4 C4's diagnoses included muscle weakness, left-sided weakness, hearing issues, and history of stroke.</p> <p>C4's Service Plan, dated April 30, 2021, indicated C4 received services including medication management and general cleaning.</p> <p>C4's Nurse Visit Note, dated September 13, 2022, December 6, 2022, and January 10, 2023, included an electronic signature from an RN that previously worked for the licensee; however, identified the nurse as a "Personal Assistant."</p> <p>C4's Nurse Visit Note, dated March 6, 2023, March 14, 2023, March 21, 2023, March 28, 2023, and April 4, 2023, included licensed practical nurse (LPN)-B typewritten name; however, lacked a signature and identified LPN-B as a "Personal Assistant."</p> <p>C1 C1's diagnoses included closed fracture left distal humerus, bradycardia (slow heart rate), atrial fibrillation (abnormal heart rate), and syncope (fainting, blacking out, passing out).</p> <p>C1's service plan, dated July 16, 2021, indicated C1 received assistance with medication administration, bathing assist, general cleaning, laundry, linen change, companionship, and</p>	01060		

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01060	<p>Continued From page 49</p> <p>transportation.</p> <p>C1's Nurse Visit Note dated, March 9, 2023, indicated RN- A with credentials of a Personal Assistant.</p> <p>C3 C3's diagnoses included bilateral leg edema (increase fluid retention to both legs), pancreatitis (inflammation of the pancreas), and chronic kidney disease (gradual loss of kidney function).</p> <p>C3's service plan, dated June 14, 2022, indicated C3 received assistance with support stocking, nurse visits, general cleaning, laundry, linen change, and companionship.</p> <p>C3's Nurse Visit Note dated, March 2, 2023, indicated RN-A with credentials of a Personal Assistant.</p> <p>On April 6, 2023, at 3:35 p.m., client care manager (CCM)-D stated the name on the form was the electronic signature of the staff; however, the computer program would not allow the staffs' credentials, identifying all staff as "personal assistant."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01060		
01080 SS=F	<p>144A.4794, Subd. 3 Contents of Client Record</p> <p>Contents of a client record include the following for each client: (1) identifying information, including the client's name, date of birth, address, and telephone</p>	01080		

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01080	Continued From page 50 number; (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified; (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) client's advance directives, if any; (6) the home care provider's current and previous assessments and service plans; (7) all records of communications pertinent to the client's home care services; (8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (10) documentation that services have been provided as identified in the service plan; (11) documentation that the client has received and reviewed the home care bill of rights; (12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3; (13) documentation of complaints received and resolution; (14) discharge summary, including service termination notice and related documentation, when applicable; and	01080		

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01080	<p>Continued From page 51</p> <p>(15) other documentation required under this chapter and relevant to the client's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the client record included the required content for one of one discharged client (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 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>C5 was discharged from the home care provider on October 4, 2022.</p> <p>C5's diagnoses included, dementia, type 2 diabetes, high blood pressure, obesity, stroke, and breast cancer.</p> <p>C5's Service Plan, dated May 9, 2022, indicated C5 received services including assistance with bathing, grooming, dressing, continence care, safety supervision, companionship, and medication management including weekly medication set up.</p> <p>C5's progress notes dated September 16, 2022, indicated C5's family member called and stated</p>	01080		

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01080	<p>Continued From page 52</p> <p>they had secured a unit for C5 at a health care facility because she couldn't be at home anymore, therefore, home care services would be discontinued.</p> <p>C5's record lacked a discharge summary, as required.</p> <p>On April 6, 2023, at 2:15 p.m., registered nurse (RN)-A stated C5's record did not include a discharge summary upon the client's discharge and stated, "We don't do that."</p> <p>The licensee's Client Record-Outline policy, revised July 2, 2020, indicated client records must include a discharge summary and related documentation.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01080		
01185 SS=D	<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:</p>	01185		

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01185	<p>Continued From page 53</p> <p>Based on interview and record review, the licensee failed to ensure training of Alzheimer's disease and related disorders was provided for one of three employees (registered nurse (RN)-A).</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 licensee held a comprehensive home care license and provided services in the community setting.</p> <p>During the entrance conference on April 4, 2023, at 9:56 a.m., operations manager (OM)-E stated staff were provided orientation training upon hire, which included dementia training, through an electronic training system and stated she would provide the education transcript.</p> <p>RN-A had a hire date of January 2, 2023.</p> <p>RN-A's employee record included My Transcript, printed April 4, 2023, at 1:23 p.m., which included a module titled "Dementia - Overview - Overview," completed by RN-A on December 31, 2022. OM-E provided the course overview which included description of the facts, symptoms, progression and treatments of Alzheimer's Disease; however, lacked evidence the employee had completed training to include effective</p>	01185		

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01185	<p>Continued From page 54</p> <p>approaches to use to problem-solve when working with clients with challenging behaviors and how to communicate with clients who had Alzheimer's disease or related disorders.</p> <p>On April 6, 2023, at 2:30 p.m., RN-A stated she completed all of the training modules that were assigned to her and couldn't recall if the training included the above content.</p> <p>On April 6, 2023, at 2:38 p.m., OM-E stated she ensured all staff received the required Alzheimer's Disease related training; however wasn't sure what RN-A had received for dementia training because her orientation was completed by the previous RN. OM-E indicated RN-A's transcript did not include all of the modules that were assigned to other staff.</p> <p>The licensee's Alzheimer's Disease and Related Disorders - Alzheimer's Disease and Related Disorders - Training and Notification policy, dated May 1, 2014, indicated the licensee would provide to all home care staff, training that included a current explanation of Alzheimer's Disease and related disorders, effective approaches to use to problem-solve when working with challenging client behaviors, and how to best communicate with clients who have Alzheimer's Disease or related disorders.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01185		