Electronically Delivered

December 28, 2023

Licensee
Augustana Home Health Care Services
901 4th Avenue North
Minneapolis, MN 55405

RE: Project Number(s) SL03383021

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 1, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

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

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

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

To submit a reconsideration request, please visit:

https://forms.web.health.state.mn.us/form/HRD-Appeals-Form

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

If you have any questions, please contact me.

Sincerely,

Jonathan Hill, Supervisor
State Evaluation Team
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H03383	A. BUILDING: ______ B. WING ______	12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUGUSTANA HOME HEALTH CARE SERVICES	**901 4TH AVENUE NORTH MINNEAPOLIS, MN 55405**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL03383021-0 On November 27, through December 1, 2023, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 142 clients, all of whom received services under the providers Comprehensive license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 810 SS=D	144A.479, Subd. 6(b) Individual Abuse Prevention Plan	0 810		

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0 810	Continued From page 1 (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include all required content for two of six clients (C5, C8). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: C5 C5 was admitted September 25, 2015, and had diagnoses including arthrogryphosis (a condition that affects joint movement).	0 810		

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0 810	Continued From page 2	0 810		

C5's service plan, dated December 4, 2019, indicated C5 received services including assistance with bathing, activities of daily living (ADLs), medication management, and housekeeping.

On November 28, 2023, at 2:52 p.m., unlicensed personnel (ULP)-I was observed to provide cares for C5. ULP-I removed C5's bilateral leg orthotics, placed a urinal at C5's bedside, and also placed slippers on C5's feet. ULP-I then washed dishes for C5.
-ULP-I stated they observed C5's skin when taking off the orthotics, and would notify the nurse of any redness or swelling.

C5's record included an IAPP completed August 25, 2023, by a licensed practical nurse (LPN). The plan identified C5 needed reminders to drive electric wheelchair slowly. The plan lacked any other identified vulnerabilities, and indicated, "Resident does not have any noted areas of vulnerability."

C5's record included an earlier IAPP, completed February 15, 2021, by a previous director of nursing (DON). The IAPP identified C5 was vulnerable due to anxiety, and identified suicide attempts with the intervention, "Resident has a lot of anxiety and staff continue to redirect resident. He has hx of depression and suicide attempts. Residents involves himself in areas that do not involve him and causes him more anxiety." The IAPP further identified, "Resident is not able to walk for long distances due to his diagnosis of arthrogryposis of the LE", but lacked any intervention. The IAPP lacked any other identified vulnerabilities, and indicated interventions would be specified on the IAPP, on the plan of care, and on the "service schedule".

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0 810	Continued From page 3 C8 C8 was admitted January 16, 2023, and had diagnoses including diabetes mellitus and high blood pressure. C8's service plan, effective November 28, 2023, during the survey, indicated C8 received services including assistance with grooming, housekeeping, laundry, medication administration, and blood glucose monitoring. C8's service check-off list for January 2023, indicated C8 received assistance with the following from admission January 17 through January 31, 2023: -Grooming; -Medication administration; -Toileting; -Linen laundry; -Personal laundry; and -Housekeeping. C8's record included an IAPP completed October 16, 2023, but lacked an IAPP developed upon admission (January 16, 2023). On November 30, 2023, at 3:07 p.m., interim director of health services (DHS)-B stated they realized a previous DHS was delegating certain tasks to others who may not have been trained or qualified to complete them. DHS-B stated the IAPP form does allow copy and paste of previously entered information, and the person developing the IAPP might have been copying the previously entered information. DHS-B stated that could be why C5's IAPP did not reflect current vulnerabilities. On December 1, 2023, at 1:29 p.m., DHS-B	0 810		

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0 810	Continued From page 4 stated, via email, that no additional IAPP was available for C8. DHS-B further stated the DHS would have been responsible for completing the IAPP for C8, upon admission. The licensee's Abuse Prohibition-AL-MN policy, revised October 4, 2023, indicated, "All tenants of the facility are considered vulnerable adults. Therefore, Registered Nurse evaluates the vulnerability of each vulnerable adult and develops interventions as part of the individual abuse prevention plan." The licensee's Initial and ongoing assessment-observation of clients: Comprehensive License policy, reviewed March 20, 2023, indicated, "The licensed nurse will conduct an in-person assessment of prospective home care clients. This assessment preferably will be complete prior to accepting the client onto home care services, but no later than five days after initiating home care services. This assessment/observation will include an assessment/observation of the client ' s areas of vulnerability and susceptibility to maltreatment and whether the client poses a risk to other vulnerable adults. The licensed nurse will use this assessment/observation to complete the client's Abuse Prevention Plan." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 815 SS=F	144A.479, Subd. 7 Employee Records The home care provider must maintain current records of each paid employee, regularly	0 815		

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

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0 815	Continued From page 6 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: PERFORMANCE EVALUATION ULP-K was hired September 1, 2009, and provided direct care services for clients. ULP-K's record included a performance evaluation dated April 25, 2020. ULP-K's record lacked documented evidence of a performance evaluation completed annually. TRAINING DOCUMENTATION LPN-G was hired August 2, 2023, and provided direct care services for clients. LPN-G's record lacked documentation of eight (8) hours of dementia care training in the required topics. On November 29, 2023, at 2:33 p.m., housing director (HD)-L stated there were no more recent performance reviews for ULP-K after 2020. HD-L further stated they were aware the performance evaluations for many employees had fallen behind. On November 30, 2023, at 2:52 p.m., interim director of health services (DHS)-B stated they received documentation for dementia training completed by LPN-G from a previous employer. DHS-B stated she remembered reviewing the	0 815		

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0 815	Continued From page 7 training and documenting it was completed. DHS-B further stated the training had been completed less than one year prior to her hire date, but was unable to locate the documentation. DHS-B stated the documentation should have been in LPN-G's employee record. The licensee's Content of Employee Records-AL policy, dated as reviewed March 22, 2023, indicated, "[Licensee] facilities will maintain current records of each paid employee, regularly scheduled volunteers providing assisted living services, and of each individual contractor providing assisted living services." The policy further indicated the employee record would contain, "Records of orientation, required annual training and infection control training, and competency evaluations", as well as, "Documentation of annual performance reviews which identify areas of improvement needed and training needs". No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 815		
0 860 SS=E	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	0 860		

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0 860	Continued From page 8 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 interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive assessment within five (5) days of initiation of services, and a 14-day review of services for one of six clients (C8), and ongoing reassessments not to exceed 90 days from the last date of the assessment for three of six clients (C3, C4, C5). 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). The findings include: INITIAL, 14-DAY	0 860		

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0 860	Continued From page 9 C8 C8 had diagnoses including diabetes mellitus and high blood pressure. C8's service plan, effective November 28, 2023, during the survey, indicated C8 received services including assistance with grooming, housekeeping, laundry, medication administration, and blood glucose monitoring. The service plan was not signed by the client or their representative. C8's record included a service plan, signed upon admission, January 16, 2023, however, the service plan lacked any indication of services to be provided, or any fees for services. C8's service check-off list for January 2023, indicated C8 received assistance with the following from admission on January 17 through January 31, 2023: -Grooming; -Medication administration; -Toileting; -Linen laundry; -Personal laundry; and -Housekeeping. C8's record included an RN assessment completed July 7, 2023, but lacked documentation of an initial assessment or 14-day review of services completed upon admission. C8's record further lacked documentation of a reassessment completed no later then 90 days after the initial assessment, and prior to the July 7, 2023 assessment. 90-DAY C3	0 860		

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0 860	Continued From page 10 C3's service plan, dated September 25, 2018, indicated C3 received services including assistance with bathing, vital signs, medication management, housekeeping, and laundry. C3's record included a comprehensive RN assessment form completed June 5, 2023, but the form did not appear to be completed. The record included an assessment completed August 25, 2023, by a licensed practical nurse (LPN)-G. C3's most recent comprehensive RN-completed assessment was July 13, 2022. As of the survey date, November 27, 2023, 502 days had passed since the most recent comprehensive RN assessment. C4 C4's service plan, dated March 16, 2022, indicated C4 received services including assistance with bathing, vital signs, activities of daily living (ADLs), toileting as needed, diabetic monitoring, medication management, housekeeping, and laundry. C4's record included a comprehensive RN assessment completed June 7, 2023. The record included a subsequent assessment completed September 29, 2023, by LPN-G. -As of the survey date, November 27, 2023, 173 days had passed since the most recent comprehensive RN assessment. C5 C5's service plan, dated December 4, 2019, indicated C5 received services including assistance with bathing, ADLs, medication management, and housekeeping.	0 860		

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0 860	Continued From page 11	0 860		

C5's record included a comprehensive RN assessment completed April 27, 2022. The record included a subsequent assessment completed August 25, 2023, by an LPN.
-As of the survey date, November 27, 2023, 580 days had passed since the most recent comprehensive RN assessment.

On November 29, 2023, at 2:57 p.m., interim director of health services (DHS)-B stated they realized a previous DHS was delegating comprehensive assessment tasks to others who may not have been trained or qualified to complete them. DHS-B stated they terminated the DHS, and had been struggling with leadership turnover, but were aware of the assessment issues.

On December 1, 2023, at 12:14 p.m., via email, DHS-B stated they could not provide documentation of an initial assessment or 14-day review of services for C8.

The licensee's Initial, Ongoing and Change in Condition Assessment-Evaluation of Residents-AL MN policy, reviewed January 31, 2023, indicated, "A RN will coordinate the following comprehensive nursing assessments of the resident ' s physical, mental, and cognitive needs as required:
a. Admission Assessment
b. 14-day assessment: completed up to 14-days after start of services
c. Ongoing assessment: completed periodically but no less than every 90-days
d. Change in resident condition".

No further information was provided.

TIME PERIOD FOR CORRECTION: Seven (7)

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0 860	Continued From page 12 days	0 860		
0 865 SS=D	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions (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. (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care. (c) The home care provider must implement and provide all services required by the current service plan. (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. (e) Staff providing home care services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to finalize a current written service plan no later than 14 days after the date home care services were first provided by the licensee, and update the service plan as needed for two of six clients (C8, C5).	0 865		

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AUGUSTANA HOME HEALTH CARE SERVICES	**901 4TH AVENUE NORTH MINNEAPOLIS, MN 55405**

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0 865	Continued From page 13 This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: C8 C8 had diagnoses including diabetes mellitus and high blood pressure. C8's record included a service plan, signed upon admission, January 16, 2023. The service plan lacked any indication of services to be provided, or any fees for services. C8's service check-off list for January 2023, indicated C8 received assistance with the following from admission January 17 through January 31, 2023: -Grooming; -Medication administration; -Toileting; -Linen laundry; -Personal laundry; and -Housekeeping. C8's record included prescriber orders signed November 9, 2023, indicating blood glucose monitoring three times daily was initiated beginning August 8, 2023. The prescriber order signed November 9, 2023, further updated the blood glucose monitoring schedule to once weekly.	0 865		

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0 865	Continued From page 14 On November 28, 2023, at 11:54 a.m., unlicensed personnel (ULP)-H was observed administering medications to C8. In addition to the services delivered upon admission, C8's service checkoff list for November 2023, indicated C8 received assistance with the following additional services from November 1 through November 28, 2023: -Blood pressure monitor; and -Blood sugar check. C8's record lacked a signed service plan developed within 14 days and revised as needed to reflect current services delivered. C5 C5 had diagnoses including arthrogryphosis (a condition that affects joint movement). C5's service plan, dated December 4, 2019, indicated C5 received services including assistance with bathing, activities of daily living (ADLs), compression stockings, medication management, and housekeeping. The service plan lacked any information related to assistance with leg orthotics or a hand brace. On November 28, 2023, at 2:52 p.m., ULP-I provided cares for C5. ULP-I removed C5's bilateral leg orthotics, placed a urinal at C5's bedside, and also placed slippers on C5's feet. ULP-I then washed dishes for C5. -ULP-I stated they observed C5's skin when taking off the orthotics, and would notify the nurse of any redness or swelling. C5's record included a RN assessment completed April 27, 2022. The assessment indicated C5 wore braces on both legs.	0 865		

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0 865	Continued From page 15 C5's service check-off list for November 2023, indicated C5 received assistance from November 1 through November 28, 2023, including, but not limited to: -"Delegated ULP Task please help resident put on hand brace". C5's service plan, effective December 1, 2023, during the survey, indicated C5 received additional service including assistance with a hand brace. The service plan was not signed by the client and continued to lack information related to assistance with leg orthotics. C5's record lacked a signed service plan revised as needed to reflect current services delivered, including leg orthotics and a wrist brace. On November 28, 2023, at 2:44 p.m., licensed practical nurse (LPN)-G stated C5 had an order for compression stockings, but refused to wear them often. LPN-G stated C5 wore leg orthotics, but was not able to find directions regarding the wearing schedule. On November 29, 2023, at 2:57 p.m., interim director of health services (DHS)-B stated they realized a previous DHS was delegating tasks to others who may not have been trained or qualified to complete them. DHS-B stated they terminated the DHS, and had been struggling with leadership turnover, but were aware of the issues and were working to get all service plans up to date. -at 3:07 p.m., DHS-B stated the caregiver services should have been more individualized to the clients, but added the forms were difficult to customize to add unique services.	0 865		

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0 865	Continued From page 16 On December 1, 2023, at 12:48 p.m., and again at 1:54 p.m., the surveyor asked DHS-B, via email, if staff were expected to assist C5 with leg orthotics. DHS-B did not respond to the question. The licensee's Service Plan Contents AL MN policy, reviewed March 22, 2023, indicated, "All assisted living residents have an up-to-date service plan identifying services to be provided based on the assessment by the RN and/or other licensed health professional." The policy further indicated the procedure would include, "1. A proposed service plan is established after completion of individualized, initial assessment. 2. A finalized service plan will be completed no later than 14 calendar days after initiation of services. 3. Service plans and any revisions to services plans will have a signature or other authentication by the facility and by the resident. Other authentication could be email confirmation accepting terms of a service agreement or other method deemed appropriate by the assisted living." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 865		
0 870 SS=D	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;	0 870		

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0 870	Continued From page 17	0 870		

(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.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure the service plan contained all the required content for one of six clients (C8).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).
The findings include:

C8 had diagnoses including diabetes mellitus and

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0 870	Continued From page 18 high blood pressure. C8's service check-off list for January 2023, indicated C8 received assistance with the following from admission, on January 17 through January 31, 2023: -Grooming; -Medication administration; -Toileting; -Linen laundry; -Personal laundry; and -Housekeeping. C8's record included a service plan, signed upon admission, January 16, 2023, however, the service plan lacked 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. On November 29, 2023, at 2:57 p.m., interim director of health services (DHS)-B stated they realized a previous DHS was delegating tasks to others who may not have been trained or qualified to complete them. DHS-B stated they terminated the DHS, and had been struggling with leadership turnover, but were aware of the issues and were working to get all service plans up to date. The licensee's Service Plan Contents AL MN policy, reviewed March 22, 2023, indicated client service plans would include a description of the services provided, fees for services, and the frequency of each service according to resident assessment and resident preferences. No further information was provided.	0 870		

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0 870	Continued From page 19 TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	0 870		
0 905 SS=D	144A.4792, Subd. 2 Provision of Medication Mgt Services (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must: (1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and (2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications. "Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the	0 905		

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0 905	Continued From page 20 registered nurse (RN) conducted a face-to-face medication management assessment prior to initiation of medication management services for one of six clients (C8). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: C8 had diagnoses including diabetes mellitus and high blood pressure. C8's record included a service plan, signed upon admission, January 16, 2023, however, the service plan lacked any indication of services to be provided. C8's medication administration record (MAR) for January and February 2023, indicated staff assisted C8 with medication administration shortly after admission, January 18-19, and February 8-28, 2023. On November 28, 2023, at 11:54 a.m., unlicensed personnel (ULP)-H was observed administering medications to C8. C8's service plan, effective November 28, 2023, during the survey, indicated C8 received services including assistance with grooming, housekeeping, laundry, medication administration, and blood glucose monitoring.	0 905		

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0 905	Continued From page 21 C8's record included a medication management plan dated October 16, 2023, indicating a face to face review of all medications was completed by the RN, but lacked a review completed upon admission. The record lacked evidence the RN, prior to the initiation of medication management services, conducted an initial review of all the medications the client was known to be taking, potential for diversion, indications for the medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. On November 29, 2023, at 2:57 p.m., interim director of health services (DHS)-B stated they realized a previous DHS was delegating comprehensive assessment tasks to others who may not have been trained or qualified to complete them. DHS-B stated they terminated the DHS, and had been struggling with leadership turnover, but were aware of the assessment issues and were working to get all assessments up to date. The licensee-provided Initial, Ongoing and Change in Condition Assessment-Evaluation of Residents-AL MN policy, revised January 31, 2023, indicated, "Nursing assessments are coordinated by a registered nurse and based upon the required assessment schedule and as needed based upon resident condition." The policy further indicated the comprehensive assessment would include, "Medication review including OTC medications, prescription medications and supplements including: 1. Reason taken 2. Side effects, contraindications, allergic or adverse reactions 3. Actions to address side effects,	0 905		

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0 905	Continued From page 22 contraindications, allergic or adverse reactions 4. Dosage 5. Frequency of use 6. Route administered 7. Resident difficulties taking medications 8. Self-administration vs. other type of administration 9. Resident preferences for taking medications 10. Medication management interventions to prevent drug diversion by the resident or others who have access to medications 11. Instructions to the resident and resident's legal/designated representatives on interventions to manage the resident's medications and prevent medication diversion". No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
0 910 SS=E	144A.4792, Subd. 3 Individualized Medication Monitoring/Reassess 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 symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a medication management assessment and reassessment to include the required content for three of six clients (C3, C4, C5).	0 910		

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0 910	Continued From page 23	0 910		

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).

The findings include:

C3
C3's service plan, dated September 25, 2018, indicated C3 received services including assistance with bathing, vital signs, medication management, housekeeping, and laundry.

C3's medication administration record (MAR) for November 2023, indicated staff assisted C3 with medication administration daily from November 1-28, 2023.

C3's record included medication management plans dated March 5, 2023, and August 25, 2023. The medication management plans were both completed by a licensed practical nurse (LPN), and did not indicate a face to face review of all medications.

C3's most recent comprehensive RN-completed assessment was July 13, 2022. The comprehensive assessment lacked documentation of a face to face review of all medications.

C3's record lacked evidence the RN conducted an annual face-to-face medication monitoring and reassessment annually to include a review of all

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0 910	Continued From page 24 the medications the client was known to be taking, potential for diversion, indications for the medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. C4 C4's service plan, dated March 16, 2022, indicated C4 received services including assistance with bathing, vital signs, activities of daily living (ADLs), toileting as needed, diabetic monitoring, medication management, housekeeping, and laundry. C4's MAR for November 2023, indicated staff assisted C4 with medication administration daily from November 1-28, 2023. C4's record included a medication management plan dated September 29, 2023. The plan indicated a face to face assessment of medications was completed by the RN, but the document was signed as completed by LPN-G. C4's record included medication management plans completed October 3, 2022, and July 7, 2023. The medication management plans were both completed by a RN, but did not indicate a face to face review of all medications. C4's most recent comprehensive RN-completed assessment was July 7, 2023. The comprehensive assessment lacked documentation of a face to face review of all medications. C4's record lacked evidence the RN conducted an annual face-to-face medication monitoring and reassessment annually to include a review of all the medications the client was known to be	0 910		

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0 910	Continued From page 25 taking, potential for diversion, indications for the medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. C5 C5's service plan, dated December 4, 2019, indicated C5 received services including assistance with bathing, activities of daily living ADLs, medication management, and housekeeping. C5's MAR for November 2023, indicated staff assisted C5 with medication administration daily from November 1-28, 2023. C5's record included a medication management plan dated August 25, 2023. The medication management plan was completed by a LPN, and did not indicate completion of a face to face review of all medications. C5's record included a comprehensive RN assessment completed April 27, 2022. The comprehensive assessment lacked documentation of a face to face review of all medications. C5's record lacked evidence the RN conducted an annual face-to-face medication monitoring and reassessment annually to include a review of all the medications the client was known to be taking, potential for diversion, indications for the medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. On November 29, 2023, at 2:57 p.m., interim director of health services (DHS)-B stated they realized a previous DHS was delegating	0 910		

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0 910	Continued From page 26 comprehensive assessment tasks to others who may not have been trained or qualified to complete them. DHS-B stated they terminated the DHS, and had been struggling with leadership turnover, but were aware of the assessment issues and were working to get all assessments up to date. The licensee-provided Initial, Ongoing and Change in Condition Assessment-Evaluation of Residents-AL MN policy, revised January 31, 2023, indicated, "Nursing assessments are coordinated by a registered nurse and based upon the required assessment schedule and as needed based upon resident condition." The policy further indicated the comprehensive assessment would include, "Medication review including OTC medications, prescription medications and supplements including: 1. Reason taken 2. Side effects, contraindications, allergic or adverse reactions 3. Actions to address side effects, contraindications, allergic or adverse reactions 4. Dosage 5. Frequency of use 6. Route administered 7. Resident difficulties taking medications 8. Self-administration vs. other type of administration 9. Resident preferences for taking medications 10. Medication management interventions to prevent drug diversion by the resident or others who have access to medications 11. Instructions to the resident and resident's legal/designated representatives on interventions to manage the resident's medications and prevent medication diversion". No further information was provided.	0 910		

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0 910	Continued From page 27 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 tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (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	0 920		

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0 920	Continued From page 28 reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a current and individualized medication management plan was developed and maintained with all required content for one of six clients (C8). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: C8 had diagnoses including diabetes mellitus and high blood pressure. C8's record included a service plan, signed upon admission, January 16, 2023, however, the service plan lacked any indication of services to be provided. C8's service plan, effective November 28, 2023, during the survey, indicated C8 received services including assistance with grooming,	0 920		

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0 920	Continued From page 29 housekeeping, laundry, medication administration, and blood glucose monitoring. The service plan was not signed by the client or their representative. C8's medication administration record (MAR) for January and February 2023, indicated staff assisted C8 with medication administration shortly after admission, January 18-19, and February 8-28, 2023. On November 28, 2023, at 11:54 a.m., unlicensed personnel (ULP)-H was observed administering medications to C8. C8's record included a medication management plan dated October 16, 2023, but lacked an initial medication management plan, developed prior to the initiation of medication management services, to include: -a statement describing the medication management services that would be provided; -a 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 relating 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; -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arose with medication management services; and -any client-specific requirements relating to documenting medication administration, verifications that all medications were	0 920		

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0 920	Continued From page 30 administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. On November 29, 2023, at 2:57 p.m., interim director of health services (DHS)-B stated they realized a previous DHS was delegating assessment tasks to others who may not have been trained or qualified to complete them. DHS-B stated they terminated the DHS, and had been struggling with leadership turnover, but were aware of the assessment issues. The licensee's Development of the individualized medication management plan and individualized medication record-AL-MN policy, reviewed March 31, 2023, indicated, "It is the policy of [Licensee] for the RN to develop an individualized medication management plan, based on the nursing assessment, for each resident that needs or requests medication management services. This initial plan will be developed face to face with the resident and/or resident ' s representative and this plan will be part of the resident ' s service plan. Once the medication management plan has been developed, the licensed nurse will develop the resident ' s medication record with detailed information about the medications staff will be managing." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 935 SS=D	144A.4792, Subd. 8 Documentation of Administration of Medication Each medication administered by comprehensive	0 935		

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0 935	Continued From page 31 home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to ensure medications were administered as ordered for two of six clients (C4, C9). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: C4 C4's service plan, dated March 16, 2022, indicated C4 received services including assistance with bathing, vital signs, activities of daily living (ADLs), toileting as needed, diabetic monitoring, medication management, housekeeping, and laundry.	0 935		

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0 935	Continued From page 32 C4's medication administration record (MAR) for November 2023, indicated the licensee assisted C4 with medication administration daily from November 1-28, 2023, including the following: -Novolog Flexpen, "use 2 units to prime pen before each dose", 6:00 a.m., 11:45 a.m., and 4:45 p.m.; and -Novolog Flexpen, "Inject 15 u [subcutaneously] three times daily before a meal", 6:00 a.m., 11:45 a.m., and 4:45 p.m. On November 28, 2023, at 11:06 a.m., unlicensed personnel (ULP)-H was observed administering medications to C4. During the observation, ULP-H attached a needle, and primed the Novolog insulin pen with two (2) units (u) of insulin at the medication cart. ULP-H secured the electronic medical record (EMR), left the medication cart and EMR, and carried the insulin to C4's room, knocked and entered. ULP-H again dialed the insulin pen to 2 u, and stated C4 would be administered 2 u insulin. The surveyor asked ULP-H if she was sure of the dosage. ULP-H replied, "Yes". ULP-H then set the insulin pen down, used an alcohol wipe to cleanse C4's abdomen on the right side and picked up the pen to administer the medication. The surveyor stopped ULP-H and asked her to double check the prescription label on the pen. ULP-H looked at the label and again stated the dosage was 2 u. ULP-H looked again at the label, read the label aloud to the surveyor, and stated the dosage was 15 u. ULP-H dialed the insulin pen to 15 u, showed the dosage to the surveyor, and administered 15 u insulin to C4. On November 28, 2023, at 12:08 p.m., ULP-H stated she usually looked at the MAR at the medication cart and carried the medications to	0 935		

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0 935	Continued From page 33	0 935		

the client room. ULP-H further stated she knew the insulin dosage for C4 was 15 u, and that was the amount she always administered, but that she was nervous, being observed by the surveyor.

C9
C9's service plan, dated April 19, 2022, indicated C9 received services including assistance with bathing, vital signs, ADLs, blood glucose monitoring, laundry, and medication management.

C9's MAR for November 2023, indicated the licensee assisted C9 with medication administration daily from November 1-28, 2023, including the following:
-Insulin aspart injection Flexpen "use 2 units to prime pen before each dose", 8:00 a.m., 12:00 p.m., and 4:00 p.m..; and
-Insulin aspart injection Flexpen , "Inject 5 u [subcutaneously] three times daily with meals", 8:00 a.m., 12:00 p.m., and 4:00 p.m.

On November 29, 2023, at 11:16 a.m., ULP-K was observed administering medications to C9. ULP-K reviewed C9's MAR at the front desk station, then carried blood glucose monitoring supplies and insulin into C9's room. After checking C9's blood glucose level, ULP-K attached a needle and dialed the insulin pen to 7 u. ULP-K stated he would inject C9 with 7 u total, "2 to prime plus 5, so 7". The surveyor stopped the administration, and told ULP-K priming the pen meant injecting the 2 u into a waste receptacle or sink. ULP-K then correctly primed the insulin pen and administered 5 u insulin, as prescribed.

On November 29, 2023, at 11:25 a.m., ULP-K stated he was never taught to waste 2 u insulin

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0 935	Continued From page 34 into the sink to prime the pen. ULP-K further stated the previous nurse taught him to "just dial 2 units more". On November 29, 2023, at 2:43 p.m., registered nurse (RN)-M stated it was part of the employees annual performance evaluation to supervise medication administration. RN-M stated ULP were trained to prime the insulin pen with 2 u, by wasting the medication, then, should administer the correct dose. On November 29, 2023, at 2:57 p.m., interim director of health services (DHS)-B stated ULP-H was a very new employee, and was likely very nervous to be observed, but added the ULP would still be expected to administer the correct dosage. DHS-B further stated both ULP-H and ULP-K would receive re-training on insulin administration. The licensee's Medication Administration AL policy, dated March 8, 2023, indicated "Medications will be administered to residents as prescribed by the primary MD/NP/PA. Orders will be transcribed as received per policy." The policy further indicated, "Staff will follow the six rights of medication administration. Right resident, right Medication, right dose, right dosage form, right frequency and right route." No further information was provided. TIME PERIOD FOR CORRECTION: seven (7) days.	0 935		
01000 SS=D	144A.4792, Subd. 20 Prescription Drugs A prescription drug, prior to being set up for	01000		

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01000	Continued From page 35 immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure all medications included the original prescription label with legible information including the medications were dated when opened for one of six clients (C9). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: C9's service plan, dated April 19, 2022, indicated C9 received services including assistance with bathing, vital signs, activities of daily living (ADLs), blood glucose monitoring, laundry, and medication management. C9's MAR for November 2023, indicated the licensee assisted C9 with medication administration daily from November 1-28, 2023, including the following: -Insulin aspart injection flexpen "use 2 units to prime pen before each dose", 8:00 a.m., 12:00 p.m., and 4:00 p.m..; and	01000		

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01000	Continued From page 36 -Insulin aspart injection flexpen, "Inject 5 u [subcutaneously] three times daily with meals", 8:00 a.m., 12:00 p.m., and 4:00 p.m. On November 29, 2023, at 11:16 a.m., during an observation of medication administration, C9's insulin pen lacked an opened date to indicate when the pen was first used. -unlicensed personnel (ULP)-K stated he would usually date the insulin pen when he opened it. On November 29, 2023, at 2:43 p.m., registered nurse (RN)-M stated staff were expected to put opened dates on insulin pens when they are first opened for use. RN-M stated it was part of their training, and they would reinforce that training with staff. The licensee's Medication Storage-AL policy, dated March 22, 2023, indicated, "In order to ensure the accurate, safe and timely administration of drugs to our residents, and to ensure safe storage of supplies in compliance with all state and federal rules and regulations, medications are kept and stored in the pharmacy-provided containers in which they are received." The policy further indicated, "The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals." The licensee's Medication Administration-AL policy, dated March 28, 2023, indicated, "Discard date stickers are applied to vials, inhalers, eye drops indicating the date that the item is to be discarded." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01000		

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01035 SS=D	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to prepare, develop and maintain a current individual treatment or therapy management plan and include in the	01035		

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service plan, a written statement of the treatment or therapy services that would be provided to the client for two of six clients (C3, C5).

This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

C3
C3 had diagnoses including chronic obstructive pulmonary disease (COPD, a disease affecting the ability to breathe).

C3's service plan, dated September 25, 2018, indicated C3 received services including assistance with bathing, vital signs, medication management, housekeeping, and laundry. The service plan lacked any information related to assistance with oxygen (O2) administration.

C3's service plan, dated November 28, 2023, indicated C3 received services including assistance with medication management, and O2 administration. The service plan was not signed by the client or their representative.

On November 27, 2023, at 3:26 p.m., the surveyor observed unlicensed personnel (ULP)-F assist C3 with O2 administration.

On November 27, 2023, at 3:33 p.m., ULP-F stated staff assisted C3 with O2 administration

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and also with medication administration via nebulizer. ULP-F further stated she was taught to check that tubing was not kinked, and verify the O2 flow rate.

C3's treatment or therapy management plan form, dated August 25, 2023, indicated C3 received assistance with O2 administration. The plan was documented by licensed practical nurse (LPN)-G. The treatment or therapy management plan lacked the following required elements:
-documentation of specific client instructions relating to the treatments or therapy administration;
-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 administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions.

On November 27, 2023, at 3:58 p.m., LPN-G stated hospice would usually train staff on O2 for C3, but that they were planning to include O2 care on an upcoming inservice. LPN-G further stated staff were taught how to properly assist clients with O2.

C5
C5 had diagnoses including arthrogryphosis (a condition that affects joint movement).

C5's service plan, dated December 4, 2019, indicated C5 received services including assistance with bathing, activities of daily living (ADLs), compression stockings, medication

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01035	Continued From page 40	01035		

management, and housekeeping. The service plan lacked any information related to assistance with leg orthotics or a wrist brace.

C5's service plan, effective December 1, 2023, during the survey, indicated C5 received services including assistance with compression stockings, and a hand brace. The service plan was not signed and lacked any information related to assistance with leg orthotics.

On November 28, 2023, at 2:52 p.m., ULP-I provided cares for C5. ULP-I removed C5's bilateral lower extremity orthotics, placed a urinal at C5's bedside, and also placed slippers on C5's feet. ULP-I then washed dishes for C5.
-ULP-I stated they observed C5's skin when taking off the orthotics, and would notify the nurse of any redness or swelling.

On November 28, 2023, at 10:57 a.m., C5 stated staff assisted him with his leg orthotics every day.

On November 28, 2023, at 2:44 p.m., LPN-G stated C5 had an order for compression stockings, but refused to wear them often. LPN-G stated C5 wore leg orthotics, but was not able to find directions regarding the wearing schedule.

C8
C8 had diagnoses including diabetes mellitus and high blood pressure.

C8's record included a service plan, signed upon admission, January 16, 2023, however, the service plan lacked indication of any services to be provided.

C8's medication administration record (MAR) for January 2023, indicated the licensee assisted C8

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	H03383	A. BUILDING: ______ B. WING ______	12/01/2023

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01035	Continued From page 41 with blood glucose monitoring four days after admission, January 20, 25-27, and 29, 2023. On November 28, 2023, at 11:47 a.m., ULP-H was observed assisting C8 with blood glucose monitoring. C8's service plan, effective November 28, 2023, during the survey, indicated C8 received services including assistance with grooming, housekeeping, laundry, medication administration, and blood glucose monitoring. The service plan was not signed by the client or their representative. C8's record included a treatment management plan dated October 16, 2023, but lacked an initial treatment management plan, developed prior to the initiation of treatment management services (January 20, 2023). The current treatment management plan was not included in the service plan, and lacked the following: -documentation of specific client instructions relating to the treatments or therapy administration; and -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services. On November 28, 2023, at 2:44 p.m., LPN-G stated there were no specific directions including blood glucose parameters in C8's record to indicate when a ULP should call the RN. On November 29, 2023, at 2:57 p.m., interim director of health services (DHS)-B stated they realized a previous DHS was delegating tasks to others who may not have been trained or qualified to complete them. DHS-B stated they	01035		

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01035	Continued From page 42 terminated the DHS, and had been struggling with leadership turnover, but were aware of the issues and were working to get all service plans up to date. -at 3:07 p.m., DHS-B stated the treatment instruction should have been more individualized to the clients, but added the forms were difficult to customize to add unique services. The licensee's Development of the Treatment or Therapy Management Plan -AL policy, dated March 20, 2023, indicated, "For each resident receiving prescribed treatment or therapy orders the RN will develop an individualized treatment management plan for the resident in accordance with physician orders and in conjunction with the resident and/or the resident ' s representative. The plan will address: a. Identification of the treatment or therapy management services to be provided by our facility; b. Identification of any specific resident instructions regarding the treatments or therapy our facility staff will administer; c. Identification of the staff who are responsible for the treatment or therapy management tasks, including tasks delegated to unlicensed staff; d. Procedure for staff to notify the licensed nurse there is a problem with any treatments or therapy management service; e. Any resident-specific requirements relating to documentation of treatments or therapy administration, verification that all treatments are administered as prescribed and monitoring of treatments or therapies to prevent possible complications or adverse reactions." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01035		

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01035	Continued From page 43 days	01035		
01045 SS=D	144A.4793, Subd. 5 Documentation of Treatment/Therapy Each treatment or therapy administered by a comprehensive home care provider must be documented in the client's record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to document administration of treatments and therapies for one of six clients (C5). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: C5 had diagnoses including arthrogryphosis (a condition that affects joint movement).	01045		

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01045	Continued From page 44 C5's service plan, dated December 4, 2019, indicated C5 received services including assistance with bathing, activities of daily living (ADLs), compression stockings, medication management, and housekeeping. The service plan lacked any information related to assistance with leg orthotics. C5's service plan, effective December 1, 2023, indicated C5 received services including assistance with compression stockings, and a hand brace. The service plan was not signed by the client, and lacked any information related to assistance with leg orthotics. On November 28, 2023, at 10:57 a.m., C5 stated staff assisted him with his leg orthotics every day. On November 28, 2023, at 2:52 p.m., unlicensed personnel (ULP)-I provided cares for C5. ULP-I removed C5's bilateral leg orthotics, placed a urinal at C5's bedside, and also placed slippers on C5's feet. ULP-I then washed dishes for C5. -ULP-I stated she documented assisting C5 with leg orthotics in the services documentation. C5's record lacked any documentation of assistance with leg orthotics. On November 28, 2023, at 2:44 p.m., licensed practical nurse (LPN)-G stated C5 wore leg orthotics, but was not able to find information regarding the wearing schedule. On December 1, 2023, at 12:48 p.m., and again at 1:54 p.m., the surveyor asked interim director of health services (DHS)-B, via email, if staff were expected to assist C5 with leg orthotics. DHS-B did not respond to the question.	01045		

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01045	Continued From page 45 The licensee's Charting and Documentation policy, dated March 13, 2023, indicated, "All services provided to the resident, progress toward the care plan goals, or any changes in the resident ' s medical, physical, functional or psychosocial condition, shall be documented in the resident ' s medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident ' s condition and response to care." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01045		
01050 SS=D	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 one of six clients (C5).	01050		

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01050	Continued From page 46 This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: C5 had diagnoses including arthrogryphosis (a condition that affects joint movement). C5's service plan, dated December 4, 2019, indicated C5 received services including assistance with bathing, activities of daily living (ADLs), compression stockings, medication management, and housekeeping. The service plan lacked any information related to assistance with leg orthotics or a wrist brace. On November 28, 2023, at 10:57 a.m., C5 stated staff assisted him with his leg orthotics every day. On November 28, 2023, at 2:52 p.m., unlicensed personnel (ULP)-I provided cares for C5. ULP-I removed C5's bilateral leg orthotics, placed a urinal at C5's bedside, and also placed slippers on C5's feet. ULP-I then washed dishes for C5. -ULP-I stated they observed C5's skin when taking off the orthotics, and would notify the nurse of any redness or swelling. On November 28, 2023, at 2:44 p.m., licensed practical nurse (LPN)-G stated C5 wore leg orthotics, but she was not able to find directions regarding the wearing schedule.	01050		

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01050	Continued From page 47	01050		

On December 1, 2023, at 12:48 p.m., and again at 1:54 p.m., the surveyor asked DHS-B, via email, if staff were expected to assist C5 with leg orthotics. DHS-B did not respond to the question.

On December 1, 2023, at 2:02 p.m., DHS-B stated, via email, there was no order on file regarding leg orthotics for C5.

The licensee's Treatment or Therapy Services-AL policy, dated March 22, 2023, indicated, "The nurse will request therapy orders as needed based on assessment of the resident." The policy further indicated, "Orders must:
a. Include the resident's name
b. Identify the treatment or therapy to be provided
c. Describe the frequency of treatment to be provided
d. Include any specific instructions for the therapy or treatment service.
e. Be current and renewed at least annually."

No further information was provided.

TIME PERIOD FOR CORRECTION: Seven (7) days