



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 11, 2023

Licensee

American Best Home Care
3501 63rd Avenue South
Brooklyn Center, MN 55429

RE: Project Number(s) SL27873013

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 8, 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 . . ."

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 business days of the correction order receipt date.

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

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

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H27873	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2023
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NAME OF PROVIDER OR SUPPLIER AMERICAN BEST HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3501 63RD AVENUE SOUTH BROOKLYN CENTER, MN 55429
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL27873013</p> <p>On August 7, 2023, through August 8, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there was 1 client receiving services under the providers comprehensive license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 810 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 _____

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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 (IAPP) was developed to include statements of the specific measures to be taken to minimize the risk of abuse or injury for identified vulnerabilities for one of one client (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 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>C1 was admitted on March 21, 2023.</p> <p>C1's Service Plan dated March 21, 2023,</p>	0 810		

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0 810	<p>Continued From page 2</p> <p>indicated C1 received the service of medication management for medication set up every week provided by registered nurse (RN)-B.</p> <p>C1's Individual Abuse Prevention Plan dated March 22, 2023, indicated C1 had a history of incarceration for two years related to inappropriate sexual behavior toward females and C1 is visited weekly by C1's parole officer (PO). Additionally, C1's IAPP indicated C1 had verbal aggression and paranoia with a history of swearing, threatening, yelling, and making up stories. C1's IAPP failed to identify specific measures to be taken to minimize the risk of abuse for the identified areas of vulnerability.</p> <p>On August 7, 2023, at 11:00 a.m., administrator (A)-A stated the licensee had two employees - A-A and RN-B who was a female employee. A-A stated RN-B would set up medications at C1's residence. A-A stated licensee was aware of the C1's history but since C1 was visited weekly by their PO, the licensee did not address the risk for abuse to others and implement interventions in C1's IAPP.</p> <p>The licensee's Vulnerable Adult/Child Protection policy dated March 1, 2015, indicated the IAPP would include specific measures for each identified vulnerability.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 810		
0 965 SS=F	<p>144A.4792, Subd. 13 Prescriptions</p> <p>There must be a current written or electronically</p>	0 965		

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0 965	<p>Continued From page 3</p> <p>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 signed current prescriber's orders were completed for one of one client (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 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>C1 was admitted on March 21, 2023.</p> <p>C1's Service Plan dated March 21, 2023, indicated C1 received the service of medication management for medication set up every week provided by registered nurse (RN)-B.</p> <p>C1'a Medications Set Up Record dated May 2023, on page six of six included handwritten documentation by RN-B on May 9, 2023, which indicated that although RN-B had verified C1's orders by contacting C1's primary clinic, signed provider orders were not obtained.</p> <p>C1's record lacked signed provider orders.</p>	0 965		

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0 965	<p>Continued From page 4</p> <p>On August 7, 2023, at 12:00 p.m., administrator (A)-A stated the licensee was aware signed prescriptions were not obtained prior to initiation of medication management and medication set up services. A-A stated RN-B communicated with C1 that signed prescriber orders were required to be obtained or C1 would be discharged from services as the licensee would not be able to provide medication management without the signed prescriber orders.</p> <p>The licensee's Prescriber's Orders policy dated July 29, 2021, indicated written orders would be obtained for all medications managed by licensee. The policy reference, "MN Statute 144G.71, Subd. 12-15," related to assisted living licensure, not home care licensure as licensee provided services under.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 965		