



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

April 1, 2024

Administrator

ACCENTCARE FAIRVIEW HOME HEALTH - WEST, LLC  
767 EUSTIS STREET, SUITE 150  
SAINT PAUL, MN 55114

RE: Event ID: 62324-H2

Dear Administrator:

On March 28, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our visit, we have determined that your facility has achieved substantial compliance with federal regulations and state licensing statutes.

Feel free to contact me with any questions related to this letter.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)



Protecting, Maintaining and Improving the Health of All Minnesotans

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February 29, 2024

Administrator

ACCENTCARE FAIRVIEW HOME HEALTH - WEST, LLC

767 EUSTIS STREET, SUITE 150

SAINT PAUL, MN 55114

RE: Event ID: 62324-H1

Dear Administrator:

A survey was completed at your agency on February 13, 2024 for the purpose of assessing compliance with Federal certification regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division noted one or more deficiencies and found that your agency was not in substantial compliance with the participation requirements. The findings from this survey are documented on the electronically delivered form CMS 2567.

At the time of this survey, it was determined that the following Condition of Participation was found not met:

**G 570 42CFR 484.60 Care planning, coordination, quality of care**

Since these deficiencies limit your capacity to provide adequate care to patients, you must respond within ten calendar (10) days with your plan of correction. The plan must be specific, realistic, include the date certain for correction of each deficiency and be signed and dated by the administrator or other authorized official of the agency. An acceptable plan of correction must contain the following elements:

The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;

- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- What correction action(s) will be accomplished for those patients found to have been affected by the deficient practice;
- How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements, i.e., what quality assurance program will be put into place;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

If your agency has failed to achieve compliance by the date certain, sanctions including but not limited to fines of up to \$10,000.00 per day, may be recommended for imposition to the Centers for Medicare and Medicaid Services (CMS) Regional Office. Informal dispute resolution (IDR) for the cited deficiencies will not delay imposition of any recommended enforcement actions. A change in the seriousness of the noncompliance at the time of the revisit may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

The plan of correction should be directed to:

**Elizabeth Silkey, Unit Supervisor  
Mankato District Office  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
12 Civic Center Plaza, Suite #2105  
Mankato, Minnesota 56001  
Email: [elizabeth.silkey@state.mn.us](mailto:elizabeth.silkey@state.mn.us)  
Office: (507) 344-2742 Mobile: (651) 368-3593**

Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days of your receipt of this notice may result in imposition of sanctions, decertification and/or a loss of Federal reimbursement. Additionally, your continued certification is contingent upon corrective action. If, upon a revisit within forty-five (45) days of the survey exit date, correction is not ascertained, we will have no recourse except to recommend to the Centers for Medicare and Medicaid Services Chicago Region V Office that sanctions be imposed.

## HOME HEALTH AIDE TRAINING AND/OR COMPETENCY EVALUATION PROHIBITION

Federal Law, as specified in 42 CFR **484.80(f)(3)**, prohibits any home health agency from offering and/or conducting a home health aide training and/or competency evaluation program which, within the previous two years, has been found:

(A) Out of compliance with requirements of 42 CFR **484.80(f)(3)**;

(B) To permit an individual that does not meet the definition of “home health aide” as specified in §484.4 to furnish home health aide services (with the exception of licensed health professionals and volunteers);

(C) Has been subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State);

(D) Has been assessed a civil monetary penalty of not less than \$5,000 as an intermediate sanction;

(E) Has been found to have compliance deficiencies that endanger the health and safety of the HHA’s patients and has had a temporary management appointed to oversee the management of the HHA;

(F) Has had all or part of its Medicare payments suspended; or

(G) Under any Federal or State law within the 2-year period beginning on October 1, 1988--

(1) Has had its participation in the Medicare program terminated;

(2) Has been assessed a penalty of not less than \$5,000 for deficiencies in Federal or State standards for HHAs;

(3) Was subject to a suspension of Medicare payments to which it otherwise would have been entitled;

(4) Had operated under a temporary management that was appointed to oversee the operation of the HHA and to ensure the health and safety of the HHA’s patients; or

(5) Was closed or had its residents transferred by the State.

Therefore, your facility is precluded from conducting a home health aide training and/or competency evaluation program for a period of two years beginning February 13,2024.

## **INFORMAL DISPUTE RESOLUTION**

In accordance with 42 CFR 488.745, you have one opportunity to dispute condition-level survey findings warranting a sanction through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Home Health Agency Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting a PoC for the cited deficiencies.

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of sanctions.

If you have any questions on this matter, please do not hesitate to call.

Sincerely,



Kamala Fiske-Downing  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>                           |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><b>247078</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING   | (X3) DATE SURVEY COMPLETED<br><b>02/13/2024</b> |
|--|---|---|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>ACCENTCARE FAIRVIEW HOME HEALTH - WEST, LLC</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>767 EUSTIS STREET, SUITE 150 , SAINT PAUL, Minnesota, 55114</b>  |   |
| (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) COMPLETION DATE                            |
| G0000  | INITIAL COMMENTS<br><br>On 2/12/24 - 2/13/24 a complaint survey was conducted. This resulted in a standard survey at Accentcare Fairview Home Health. The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies.<br><br>The cumulative effects of these findings resulted in the Home Health Agency's inability to ensure provision of quality of care.<br><br>H#70789606C/Intake #104641/104600 was substantiated deficiencies were issued at G570 as a result of the complaint investigation.<br><br>H#70789685C/Intake #101298 was substantiated deficiencies were issued at G484 as a result of the complaint investigation.<br><br>The Condition of Participation: §484.60 Condition of participation: Care planning, coordination of services, and<br><br>quality of care at G570 was found not met. | G0000   |  |   |
| G0484  | Document complaint and resolution<br><br>CFR(s): 484.50(e)(1)(ii)<br><br>(ii) Document both the existence of the complaint and the resolution of the complaint; and<br><br>This ELEMENT is NOT MET as evidenced by:<br><br>Based on interview and record review the home health agency (HHA) failed to ensure an investigation was conducted and record of any findings including a resolution for 1 of 1 patient (P2) reviewed for nursing services.<br><br>P2's client coordination note report dated 7/25/22 indicated staff was to call daughter to set-up all HHA appointments.<br><br>Agency Event Summary report review dated 3/28/23 –  | G0484   | <b>G0484 Document complaint and resolution</b><br><br><b>Commitment to Compliance</b><br>To demonstrate the commitment to compliance and provide immediate correction, the Administrator or designee will:<br>(1). Ensure investigation of complaints made by a patient, the patient's representative (if any), and the patient's caregivers and family, including, but not limited to, the following topics:<br><ul style="list-style-type: none"> <li>Complaint and Grievance Process</li> </ul> (2). Provide education to the Clinical Manager, Clinical Supervisor(s), Registered Nurses, LVNs, Therapists, Therapy Assistants, and Social Workers and will include the following topics<br><ul style="list-style-type: none"> <li>Policy C.2.8 "Concern, Complaint, Grievance Reporting Internal and External"</li> </ul> (3). Ensure all complaints are entered into the Electronic Medical Record (EMR) with documentation of resolution. | 3/26/24   |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY <b>DIRECTOR'S</b> OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><b>Cindy Rider</b> <i>Cindy Rider</i> | TITLE<br><b>VP/GM</b> | (X6) DATE<br><b>03/8/2024</b> |
|---|-----------------------|-------------------------------|

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| G0484  | <p>Continued from page 1<br/>1/18/24 did not indicate a grievance was documented, an investigation completed, or a resolution plan.</p> <p>P2's Home Health Certification and plan of care dated 8/5/23 – 10/3/23 indicated P2's pertinent diagnoses were benign prostatic hyperplasia with lower urinary tract symptoms (enlarged prostate which can cause urinary difficulty). History of urinary tract infections. P2's mental status was oriented and forgetful. P2 required an indwelling urinary Foley catheter. P2's skilled nursing order was to change urinary catheter once a month and as needed.</p> <p>P2's care coordination follow-up note dated 8/25/23 at 11:53 a.m. indicated family member (FM)-B called the HHA with a grievance indicating that P2's family had requested all appointments be schedule through P2's daughter. P2 was seen on by agency staff on 8/25/23 and he started having symptoms of a urinary tract infection (UTI). P2 was brought to the emergency department (ED). FM-B told the ED that</p> <p>P2's catheter was due to be changed, FM-B was not aware that the agency had been changed the catheter on 8/25/23.</p> <p>P2's care coordination follow-up note dated 9/6/23 at 10:18 a.m. by RN-E indicated she spoke with FM-B a week ago and FM-B stated the agency nurses did not contact her and she has specifically requested only two of the agency nurses to perform the catheter change on P2 and a different nurse went out and changed the catheter. RN-E informed FM-B that the agency cannot guarantee a specific nurse. FM-B decided to change to a different agency.</p> <p>P2's care coordination follow-up noted by RN-E indicated FM-B was requesting a different agency for P2 upon discharge from the transitional care unit (TCU).</p> <p>Upon interview on 2/12/24 at 9:10 a.m. FM-B stated P2 was a long-time patient of the HHA and in 08/2022 FM-B put into place that the agency was to call her before a nursing visit because P2 was forgetful and gets feisty with some of the nurses. FM-B wanted to be present at the visit especially if a new nurse was going to be visiting P2. FM-B stated P2 had a nursing visit on 8/25/23 and the daughter was not informed of the visit. The day following visit along with the catheter change</p> | G0484   | <p><b>Immediate Action:</b><br/>Patient # 2, was discharged from home health service 8/29/2023. Record was reviewed for compliance with Investigation of Complaints made and resolution documentation in the patient's QI section of their medical record. The complaint was not entered per policy. Included in the review, remedial education to current Case Management RNs and clinical staff to ensure compliance with complaint documentation and resolution.</p> <p><b>Corrective Action:</b> The Administrator or designee will:<br/>(1). Review the QI reports weekly to ensure that complaints are being addressed, investigated and resolved.<br/>(2). Provide, during mandatory staff meeting, clinical education training to include the following topics and review of the organizations Home Health Policies:<br/> <ul style="list-style-type: none"> <li>• Policy C.2.8 entitled "Concern, Complaint, Grievance Reporting Internal and External</li> <li>• Educate both clinical and back-office staff HCHB job aide "HCHB: Make a Difference Patient Satisfaction Process" (3). The Administrator or designee will instruct the Clinical Manager/ DPCS and/or Clinical Supervisor this is part of their supervision, oversight, and audit responsibilities, to ensure compliance.</li> </ul> </p> <p><b>Ongoing Monitoring:</b><br/>The Administrator and/or designee will review QI reports weekly to ensure compliance with reporting and resolution documentation while tracking patient complaints. Identified individuals who demonstrate ongoing non-compliance will be counseled and provided a "corrective action plan" per the organization's policy.<br/>Audit Activity:<br/>(1). A 100% of QI summary reports of active patients will be audited for no less than weekly for 60 days to ensure that the patient/caregiver complaints are documented and resolved within the patient's medical record.<br/>(2). The audit will be performed by the Clinical Manager, Clinical Supervisor or designee under the direction of the agency Administrator. Designated Registered Nurses and/or Therapists may assist with audits as determined by the agency Administrator.<br/>(3). The benchmark or target goal for this audit is 100%.</p> | <p>3/26/24</p> <p>4/26/24 and Ongoing</p> |

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| G0484                    | <p>Continued from page 2<br/>P2 was vomiting and was not having urinary drainage. P2's son took him to the hospital and P2 was admitted with cystitis. When P2 arrived at the hospital the family was unaware he had a catheter change the day before, therefor "we gave the hospital misinformation because we were not notified of the HHA visit."</p> <p>Upon interview on 2/14/24 at 2:40 p.m. the Administrator stated the staff member who took the complaint no longer works at the agency. After reaching the coordination notes in P2's chart she stated that the agency should have completed an event summary and investigated the grievance.</p> <p>A grievance policy was requested however none was received.</p>  | G0484               | <p>Following the above stated audit, this indicator will become a regular part of the quarterly audit process for the Quality Assurance Performance Improvement (QAPI) Program. Audit results to be tracked, trended, shared with agency leadership, and reported to the QAPI committee on a quarterly basis. After the audit threshold is achieved compliance will be monitored through the quarterly QAPI Clinical Record review and reported to PAC for review and recommendations.</p>  |                            |
| G0570                    | <p>Care planning, coordination, quality of care</p> <p>CFR(s): 484.60</p> <p>Condition of participation: Care planning, coordination of services, and quality of care.</p> <p>Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted standards of practice.</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>Based on the number and/or severity of the deficiencies cited the home health agency (HHA) failed to meet the Condition of Participation: Skilled Professional Services at 42 CFR 484.75.</p> <p>Based on interview and record review, the agency failed to ensure a nurse followed a patient's plan of care when she changed an indwelling urinary catheter without</p> | G0570               | <p><b>G0570 CARE PLANNING, COORDINATION, QUALITY OF CARE</b></p> <p><b>Commitment to Compliance</b></p> <p>To demonstrate the commitment to compliance and provide immediate correction, the Agency Administrator or designee will ensure Clinical Staff are compliant with Care Planning, Coordination and Quality of Care.</p> <p>Patient #1 was reviewed, and the agency confirmed/ reviewed that the clinician did not obtain a complete order for foley change and failed to document foley change according to policy.</p> <p>The Agency Administrator or designee will ensure that agency will have complete orders for care, safely furnish ordered services, and will ensure their efforts are coordinated effectively and support the objectives outlined/ ordered in the Plan of Care. To accomplish this, the Administrator/Alt. Administrator/Designee will take the following actions:</p> <p><b>Corrective Action</b></p> <ol style="list-style-type: none"> <li>1. The agency Administrator/designee will ensure that all physician's orders are complete and followed by clinical staff as ordered to include foley changes.</li> <li>2. The Agency Administrator/designee will ensure that any changes or request by patient/caregiver are identified throughout the episode and coordinated with clinical supervisor.</li> </ol> | 3/26/24                    |

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| G0570  | <p>Continued from page 3<br/>a physician order and when the nurse changed the indwelling urinary catheter she did not follow acceptable standards of practice for 1 of 1 patient (P1) reviewed for indwelling urine catheter care. The nurse changed P1's indwelling catheter without assessing proper placement resulting in hospitalization for urethral bleeding and a blood transfusion.</p> <p>According to Lippincott Nursing Journal 2024 titled Inserting an Indwelling Urinary Catheter in a Male Patient indicated to verify the catheter order, using supplies in the kit keep a sterile field, follow the manufactures recommendations to verify catheter balloon integrity, lubricate 6 to 7 inches of the catheter tip...insert catheter tip into the meatus, advance it to 7 to 9 inches or until urine starts draining, then advance it another inch. If you meet any resistance rotate or withdraw the catheter slightly. Holding the catheter in place, inflate the balloon according to the manufacture's recommendations, gently tug the catheter until you feel resistance. Secure the catheter to the patient's lower abdomen or upper thigh allowing slack. Provide perineal care, remove gloves, wash hands. Document the date, time catheter size and type and the patient's response to the procedure. Record the urine amount, odor, color, and consistency. Retrieved from <a href="https://journals.lww.com/nursing/citation/2004/07000/inserting_an_indwelling_urinary_catheter_in_a_male.23.asp">https://journals.lww.com/nursing/citation/2004/07000/inserting_an_indwelling_urinary_catheter_in_a_male.23.asp</a> x.</p> <p>P1's Home Health Certification and Plan of Care dated 12/21/23 – 2/18/24 indicated P1's pertinent diagnoses were hypertensive chronic kidney disease, paraplegia (paralysis of the legs and lower body, anemia in chronic kidney disease. P1 required an indwelling catheter. Under the ICD-10 order code the plan of care indicated Code T83.518A M React D/T Other urinary catheter initial encounter (Infection and inflammatory reaction due to urinary catheter, initial encounter). The frequency for skilled nursing visits were one time per week, the orders of disciplines and treatments did not indicate the agency would be completing catheter cares for P1.</p> <p>A physician communication note dated 12/22/23 at 12:53 p.m. indicated Registered nurse (RN)-D spoke to a clinic nurse at P1's primary care providers office and approved skilled nursing to treat for the services of wound care for an unstageable pressure injury to P1's coccyx. In addition, the note indicated skilled nursing visits three times a week for two weeks and one visit every other week for wound care and catheter care. The</p> | G0570   | <p>3.The Administrator/designee will ensure the condition of participation for care planning, coordination of services and quality of care is met by:</p> <ul style="list-style-type: none"> <li>a. Educate clinicians that the plan of care is revised to reflect the patient's condition and care needs identified during the initial and updated comprehensive assessments. Identify patient goals and the interventions needed to reach those goals. The patient is included in the care planning and goal-setting process. Patient/family preferences for treatment and concerns, including patient's strengths, goals, and care preferences and information that may be used to demonstrate the patient's progress toward achievement of the goals identified by the patient and the measurable outcomes identified by the Agency.</li> <li>b. Will ensure the care planning process begins upon the admission of the patient, involves the patient and or caregiver in the planning of care, in changes to the plan of care and continuing involvement in the process through discharge.</li> <li>c. Ensure clinical staff document skilled need, ensure complete orders and follow the plan of care as ordered.</li> <li>d. Providing education to staff of the following policies: <ul style="list-style-type: none"> <li>i. My Patient My Responsibility</li> <li>ii. HH 2.1.3-Admission of the Patient</li> <li>iii. HH 2.1.4-Care Planning &amp; Coordination</li> <li>iv. HH 2.1.5-Physician Plan of Care</li> <li>v. VNAA 11.09 Catheter Indwelling-Catheter Male</li> </ul> </li> </ul> |                      |

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| G0570  | <p>Continued from page 4<br/>note did not indicate when the catheter change was required, the type or size of the catheter or the balloon size.</p> <p>P1's visit note dated 1/12/24 completed by RN-A indicated the problematic symptoms to be addressed were wound care and catheter change. P1's catheter was replaced, patient's legs kept spasming during change and it was difficult to maintain a sterile procedure. The note did not indicate the type and size of the catheter inserted, the size of the balloon and the amount of sterile water instilled, characteristics of urine: color, amount, odor, patients' response to the procedure or any education to the patient or the group home staff.</p> <p>P1's hospital admission documentation dated 1/12/24 indicated the reason for the hospitalization was P1 came to the hospital for urethral bleeding that was caused by an indwelling Foley catheter change. In addition, blood was transfused to replace the loss and the urological team replaced the Foley catheter.</p> <p>Upon interview on 2/12/24 at 10:40 a.m. registered nurse (RN)-B stated she heard from P1's family member (FM)-A on 1/18/24 that the reason for P1's hospitalization was caused by the agencies failure to properly insert the urinary catheter. RN-B stated she immediately called RN-A the nurse who inserted the catheter on 1/12/24 to discuss what had occurred on the visit. She stated RN-A would not answer whether she saw urine in the tubing before she inflated in the balloon or not. She stated she explained to RN-A during the telephone conversation that having urine flow before inflating the balloon is the proper method and to even advance the catheter another 1/2 inch to make 100% sure the tubing is in the bladder and not the urethra. RN-B did not document the conversation with RN-A.</p> <p>Upon interview on 2/12/24 at 10:59 a.m. FM-A stated the past month of his life has been a nightmare since 1/12/24 when RN-A changed P1's catheter in the group home. FM-A stated P1 was developmentally disabled so he was unable to know if there is a catheter concern and since P1 was a paraplegic he did not have feeling from his waist down, "therefore we need to rely on the professional staff do the cares at the professional level." FM-A stated he was called on the evening of 1/12/24 from an agency nurse stating P1 needed to be sent to the hospital because he had not had any urine</p> | G0570   | <p>4. Educate all professional clinicians will maintain effective communication and collaboration with relevant physician(s), specifically in cases where there has been a change in patient condition, assessment findings are outside reportable parameters, needs that suggest that outcomes are not being achieved and or that the plan of care should be updated or revised.</p> <p>5. A skills check off for foley catheter change will be performed by all RNs and LPNs.</p> <p><b>Ongoing Monitoring:</b><br/>Individuals monitoring and completing audits will notify the Clinical Manager and or the Administrator of clinicians who demonstrate ongoing non-compliance for a "corrective action plan" per agency's policy.</p> <p><b>Audit Activity:</b><br/>1. A 100% review of all patients with foley change orders will be audited, for no less than 60 days to ensure complete orders are present and documentation for foley change is completed.<br/>2. The audit will be performed by the Clinical Manager, Clinical Supervisors, or designee under the direction of the Administrator.<br/>3. The benchmark or target goal for this audit is 100%. Following the above stated audit, this indicator will become a regular part of the quarterly audit process for the Quality Assurance Performance Improvement (QAPI) Program.</p> <p>The audit results will be tracked, trended, shared with agency leadership, and reported to the QAPI committee on a quarterly basis. After the audit threshold is achieved compliance will be monitored through the quarterly QAPI Clinical Record review and reported to PAC for review and recommendations.</p> | 4/26/24 and ongoing                             |

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>                           |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><b>247078</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING  | (X3) DATE SURVEY COMPLETED<br><b>02/13/2024</b> |
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| G0570  | <p>Continued from page 5</p> <p>in his bag since the catheter had been changed earlier in the day. He stated licensed practical nurse (LPN)-A explained to him that she was going to change the catheter and when she attempted to remove it P1 started bleeding and she was unable to stop the bleeding. FM-A stated he heard from the hospital that the catheter was inflated in the urethra, and it tore his urethra and that was what caused the bleeding and since P1 was taking Xarelto (a blood thinning medication) he lost a lot of blood quickly requiring blood transfusions in the hospital.</p> <p>Upon interview on 2/12/24 P1 stated "I had to go the hospital. I don't like the hospital. I was bleeding a lot because the urine tube was put in the wrong place."</p> <p>Upon interview on 2/12/24 at 2:21 p.m. a group home patient care assistant (PCA)-A stated she worked with P1 the day his catheter was changed. She stated she was not present in his room during the catheter change. She stated around 3:00 p.m. she went to empty P1's urinary drainage bag and there was no urine in the bag. She stated she checked for kinks in the tubing and then got him out of bed hoping the movement would cause some flow of urine. She stated P1 then ate dinner and the staff attempted to push fluids to see if they could get any urinary output. She stated P1 was in no distress. By 9:00 p.m. on 1/12/24 P1 still did not have any urine output so PCA-A called the group homes on call nurse and was advised to call the Home Health Agencies (HHA) on-call nurse. LPN-A from the HHA made a visit to the group home and was going to assess P1. PCA-A stated LPN-A was having difficulty, so she went into P1's room to assist, and she found P1 laying in his bed with the protective pad on his bed and his sheets saturated with blood. She stated shortly thereafter emergency medical technicians (EMTs) were called and P1 was taken to the hospital.</p> <p>Upon interview on 2/13/24 at 11:07 a.m. licensed practical nurse (LPN)-A stated she was called out to P1's group home at approximately 9:00 p.m. on 1/12/24 because P1's catheter was not draining. She stated when she got there P1 was in no distress, however his catheter drainage bag was "bone dry." She stated there was no indication of urine in the tubing or the bag. She stated she decided to change his catheter. LPN-A deflated the balloon to remove the tubing and when blood started flowing through the tubing. She stated she measured it to be 75 cc in the drainage bag. She stated she attempted to move P1's legs, the tubing</p> | G0570   |   |   |

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| G0570  | <p>Continued from page 6<br/>dislodged, and P1 started bleeding all over the pad on his bed and the sheets. LPN-A tried to elevate his legs and attempted to use ice to slow the bleeding. LPN-A explained to the group home staff and P1 that she was not going to be able to a put new catheter in P1, and he would need to be sent to the hospital.</p> <p>Upon interview on 2/13/24 at 11:44 a.m. RN-C the director nursing completed a chart review for P1 and stated P1 did not have a physician order at the time the catheter was changed on 1/12/24. RN-C stated the nurse case manager, who completed the intake no longer worked at the agency. RN-C stated following P1's catheter misplacement RN-A had a call with RN-B where she was educated. RN-C was not certain of the education over the phone by RN-B since RN-B no longer worked at the agency. She stated since then, the Administrator has pulled RN-A from any visits requiring catheterization. In addition, the agency had a meeting regarding catheterization protocol procedures along with proper documentation. The agency will be having an in-house meeting for all nursing staff to be retrained and perform catheter insertion and care competencies on 2/22/24 and 2/23/24.</p> <p>Upon interview on 2/13/24 at 1:20 p.m. RN-A stated she visited P1 on 1/12/24 and changed his catheter. She stated that was the first time she had seen him. She recalled when she was placing the catheter his legs were having spasms. She stated she inserted the catheter and could not recall if P1 had any urine return. She stated she might have seen a "flash" of urine but was uncertain. She stated P1's parents came into P1's room and distracted RN-A, therefore she could not recall "moment by moment" details of the visit. RN-A stated she was called by a former nurse at the agency and told the catheter had been placed in P1's urethra requiring him to be hospitalized. She stated on the telephone call RN-B told RN-A that she needs to wait for urine return before she blows up the balloon. RN-A stated she also had a group training at the home health agency (HHA) regarding the policy for inserting a catheter and proper documentation. RN-A attended the meeting online remotely. RN-A has not had a catheter change visit since the incident findings of 1/18/24. RN-A stated she was not told that she was not able to perform catheterization visits until she has a preceptor retrain her but does not have any on her schedule currently. Upon interview on 2/13/24 RN-A stated she was not the case manager for P1 so she would not have been the nurse obtaining the order. She stated the visit status showed catheter change, so she</p> | G0570   |   |                      |

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| G0570  | <p>Continued from page 7 completed the change with the catheter and supplies P1 had on hand on the group home.</p> <p>Upon interview on 2/13/24 at 2:40 p.m. the Administrator stated her expectation is for staff to follow the facility protocol and to wait for urine return for any catheterization. She stated she did inform RN-A that she was not to see any patients for catheterization, however, did not document this in RN-A human resource file. The Administrator stated she is meeting with RN-A again and will be discussing that RN-A is not to do any catheter care until she her competency is checked off by another nurse preceptor.</p> <p>The agency policy titled Urinary and Reproductive: Catheter Indwelling – Care revised 12/2019 indicated the primary care provider orders for indwelling catheters should include: the type of catheter; specific orders are required for specialty catheters, the size of catheter, balloon size, frequency of change, and if the catheter is to be irrigated the solution name and frequency of irrigation, documentation for the patients record following catheterization insertion was to document the type and size of the catheter inserted, the size of the balloon and amount of sterile water instilled, the characteristics of urine: color, amount, odor, the patient's response to the procedure, instructions given to the patient/caregiver, communication with primary care provider if any, and the frequency of the catheter change.</p> <p>The agency Assessment Performance criteria, dated for Urinary catheter insertion undated indicated for male indwelling catheter staff is gently insert the catheter six to seven inches into the urinary meatus, advancing two to three inches until the flow of urine begins.</p> | G0570   |   |   |



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

February 29, 2024

Administrator  
ACCENTCARE FAIRVIEW HOME HEALTH - WEST, LLC  
767 EUSTIS STREET, SUITE 150  
SAINT PAUL, MN 55114

Re: Event ID:62324-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on February 13 2024, for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the requirements under Minnesota Statutes Sections 144A.43 to 144A.482.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

Minnesota State Department of Health

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| 00000  | Initial Comments<br><br>On 2/12/24 - 2/13/24 an abbreviated complaint survey was conducted. No licensing orders were issued during this survey. | 00000  |   |   |

Office of Primary Care and Health Systems Management

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|---|-------|-----------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|