



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

May 2, 2023

Administrator
KNUTE NELSON HOME CARE
2715 HWY 29 SOUTH SUITE 103
ALEXANDRIA, MN 56308

Re: Event ID: 5F7C4-H1

Dear Administrator:

A abbreviated survey was completed at your agency on April 12, 2023, for the purpose of assessing compliance with Federal certification. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division, noted one or more deficiencies. Electronically attached is a copy of the Statement of Deficiencies (CMS-2567).

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;
- 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;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

Ordinarily, a provider or supplier will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview. If possible, please type your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original to the following address within ten calendar days of your receipt of this notice:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days may result in decertification and a loss of Federal reimbursement.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Compliance Analyst
Minnesota Department of Health
Health Regulation Division
Telephone: 651-201-4161
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



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Tuesday, May 2, 2023

Administrator
KNUTE NELSON HOME CARE
2715 HWY 29 SOUTH SUITE
103 ALEXANDRIA, MN 56308

Re: Event ID: 5F7C4-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on April 12, 2023, 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, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Compliance Analyst
Minnesota Department of Health
Health Regulation Division
Telephone: 651-201-4161
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

PLAN OF CORRECTION (POC)

Knute Nelson Home Health POC for Minnesota Dept. of Health- Complaint Survey **Date:** 5/8/2023

Findings (Specific findings identified)	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)
<p>INITIAL COMMENTS:</p> <p>On 4/11/23-04/12/23, a complaint survey was conducted. This resulted in a standard survey at Knute Nelson Home Care. The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies.</p> <p>The cumulative effects of these findings resulted in the Home Health Agency's inability to ensure provision of quality of care.</p> <p>H80969946C/97092 was substantiated, deficiency was issued as a result of the complaint investigation.</p> <p>Promptly alert relevant physician of changes G0590 CFR(s): 484.60(c)(1)</p> <p>The HHA must promptly alert the relevant physician(s) or allowed practitioner(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review the agency failed to ensure prompt notification to the physician for a change in wound status for 1 of 3 patients (P1) reviewed for wound care.</p> <p>P1's Home Health Certification and Plan of Care for certification period 3/3/23 - 2/1/23, identified diagnosis that included peripheral vascular disease, non- pressure related chronic ulcer to right lower leg limited to skin</p>	<p>Immediately following survey, Morris and Waite Park branch staff were reeducated on the need to report change in status to physician and to document this communication within the medical chart.</p> <p>Reeducate staff regarding requirements to promptly notify physician of relevant changes using agency policy and case study as guidance.</p>	<p>4/13/2023</p> <p>5/10/2023</p>	<p>Regional Clinical Manager</p> <p>Quality and Education Manager</p>	<p>Audit 20 charts each month, 10 wound care patients and 10 patients that transferred to hospital. Audits will ensure the presence of the following:</p> <p>-Documentation of physician communication regarding patient change of status.</p> <p>Threshold: 100% compliance. Audits will be performed for a minimum of 3 months. If 100% compliance is not reached by that time, then monthly audits will continue until 100% compliance is reached for 2 consecutive months. Once 100% compliance is reached for 2 consecutive months, audits will discontinue.</p>

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<p>breakdown and non-pressure related chronic ulcer to left calf limited to skin breakdown. The plan of care indicated skilled nurse visits two times per week and directed the nurse to observe and assess skin status to identify changes and intervene to minimize complications, provide skilled teaching, and report significant changes in status to physician for early intervention.</p> <p>P1's Patient Coordination Note Reports identified the following:</p> <p>3/3/23, P1 tolerated dressing change well, his left foot and leg have a strong odor after taking the dressing off. Will continue to monitor wounds.</p> <p>3/8/23, RN reported some concerns for infection due to increased edema, drainage, and odor. Notified that primary care provider would need to address. Recommended alternative dressings to manage symptoms and drainage. Nurse will see P1 Friday and contact primary care provider.</p> <p>3/10/23, P1's left leg wound appeared infected based on drainage type, color, and odor. Will see if family can get P1 to the clinic within the next two weeks when family is here from out of state.</p> <p>3/14/23, P1's wounds have not appeared to heal much in the last week. Will continue to monitor.</p> <p>3/21/23, P1's wound to his left leg does</p>				

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<p>continue to smell and he denies wanting to go to the clinic. Will see him again Friday. 3/24/23, P1 was in significant pain today upon arrival and during dressing change.</p> <p>3/29/23, Assisted home health aide today during home visit but upon arrival P1 was too weak to get up and was sent to the hospital via ambulance.</p> <p>P1's medical record was reviewed and lacked evidence the physician had been notified of the change in P1's wound status.</p> <p>During interview on 4/11/23, at 1:32 p.m. registered nurse (RN)-A stated he saw P1 for dressing changes. RN-A stated he performed assessments, but the primary focus was P1's wounds. RN-A stated when he first noted P1's wounds had an odor he spoke with him about going into the clinic. RN-A stated he should have let the primary care physician know and said he may have told her on the phone but had not documented it.</p> <p>During interview on 4/11/23, at 3:31 p.m. the regional clinical manager (RCM) stated her role was oversight of the clinicians. The RCM stated when there was a change in condition whether it was a new odor, potential for infection, the staff should have sent a note to the physician.</p> <p>During interview on 4/12/23, at 9:30 a.m. the administrator stated after reviewing P1's medical record there was no evidence the physician had been notified of the change in</p>				

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<p>condition of P1's wounds.</p> <p>An undated facility policy, Coordination of Patient Care indicated staff provides the physician/practitioner with patient information on an ongoing basis regarding: Current condition and changes in condition, outcomes of care and service.</p>				

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