

October 16, 2023

Mohamed Mohamoud Isse, Authorized Agent
Hobbs Home Health Care LLC
1821 University Avenue West, Suite 285
Saint Paul, Minnesota 55104

License Number: 1105939 (245D – HCBS)

**NOTICE OF NONCOMPLIANCE AND
CORRECTION ORDER**

Dear Mohamed Mohamoud Isse:

On May 26, 2023, a Correction Order was issued to Hobbs Home Health Care LLC, located at 1821 University Avenue West, Suite 285, Saint Paul, Minnesota, as a result of a licensing review. You were ordered to submit evidence of corrective action taken for violations determined under citations number 1, 3, 4, and 7 within 30 days of receipt of the order. On September 21, 2023, a review of your submissions received on July 17, 2023, was concluded. For citations number 1, 3, and 7, it has been determined that corrective action has not been achieved. As a result, this notice of noncompliance is being issued including an additional citation. Additional materials submitted but not ordered have not been reviewed and will not be addressed in this order.

A. Reason for Correction Order

Pursuant to Minnesota Statutes, section 245A.06, if the Commissioner of the Department of Human Services (DHS) finds that the license holder has failed to comply with an applicable law or rule and this failure does not imminently endanger the health, safety, or rights of the persons served by the program, the Commissioner may issue a Correction Order to the license holder.

The following violation(s) of state or federal laws and rules were determined as a result of the licensing review. Corrective action for each violation is required by Minnesota Statutes, section 245A.06 and is hereby ordered by the Commissioner of Human Services.

1. Citation: Minnesota Statutes, section 245A.65, subdivision 2.

Violation: For two of two persons whose records were reviewed (P1 and P2), the license holder did not meet the requirements for an individual abuse prevention plan (IAPP) as required.

- a. The license holder failed to include an individualized assessment of P1's susceptibility to abuse by others, P1's risk of abusing other adults, and provide statements of the specific

- measures to be taken to minimize the risk of abuse to P1 and other vulnerable adults. P1's IAPP documented that P1 was not susceptible to abuse or at risk of abusing other vulnerable adults, however, this assessment was not consistent with information reviewed elsewhere in P1's record. The coordinated services and supports plan (CSSP) completed by P1's case manager indicated that P1 was susceptible to self-abuse.
- b. P2's IAPP documented that P2 was susceptible to financial exploitation, and that "P2 will receiving assistance with money management to prevent any misuse of fund", however, the license holder failed to include statements of the specific measures to be taken to minimize the risk of financial exploitation. Additionally, P2's IAPP documented that P2 was not susceptible to any other areas of abuse or at risk of abusing other vulnerable adults, however, this assessment was not consistent with information reviewed elsewhere in P2's record.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- revise the IAPP's for P1 and P2 to include individualized assessments of susceptibility to abuse and provide statements of the specific measures that would be taken to minimize the risk of abuse for each assessed area;
- review P1 and P2's IAPP with P1 and P2, P1 and P2's case managers, and other members of P1 and P2's support team. You must document this review; and
- submit copies of P1-P2's IAPP's to your licensor.

On an ongoing basis, you must maintain compliance as required in this subdivision.

License Holder Response: You submitted a revised copy of P1 and P2's IAPP's to this licensor.

DHS Response: The license holder submitted P1 and P2's IAPP that documented that P1 and P2 are susceptible to self-abuse for "Inability to care for self-help needs". The license holder failed to provide statements of the specific measures to be taken to minimize P1 and P2's the risk of self-abuse.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- revise the IAPP's for P1 and P2 to include statements of the specific measures that would be taken to minimize the risk of self-abuse;
- review P1 and P2's IAPP with P1 and P2, P1 and P2's case managers, and other members of P1 and P2's support team. You must document this review; and
- submit copies of the revised P1-P2's IAPP's to your licensor.

On an ongoing basis, you must maintain compliance as required in this subdivision.

3. Citation: Minnesota Statutes, 245D.071, subdivision 3

Violation: For one person whose record was reviewed (P1), the license holder did not meet the requirements for assessment and service planning as required for intensive support services.

The license holder failed to:

- complete assessments of P1's overall strengths, functional skills and abilities, and behaviors and symptoms. P1's services were initiated on June 2, 2021. The license holder maintained a document in P1's support plan titled, "Intensive Support Self-Management Assessment" which was completed before the 45-day planning meeting, however, the license holder documented "NA" for each required assessment area. The license holder failed to complete assessments in the following areas:
 - P1's ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, including, when applicable, allergies, seizures, choking, special dietary needs, chronic medical conditions, self-administration of medication or treatment orders, preventative screening, and medical and dental appointments;
 - P1's ability to self-manage personal safety to avoid injury or accident in the service setting, including, when applicable, risk of falling, mobility, regulating water temperature, community survival skills, water safety skills, and sensory disabilities; and
 - P1's ability to self-manage symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and welfare of the person or others.
- conduct the above-mentioned assessments annually and review the results with P1 and P1's support team or expanded support team as part of a service plan review.
- determine the following based on the above-mentioned assessments, the person's identified needs in the support plan, and the requirements in section 245D.07, subdivision 1a:
 - opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences;
 - opportunities for community access, participation, and inclusion in preferred community activities;
 - opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community;
 - opportunities to seek competitive employment and work at competitively paying jobs in the community;
 - how services must be coordinated across other providers licensed under this chapter serving the person and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person; and
 - a discussion of how technology might be used to meet P1's desired outcomes. The coordinated service and support plan or support plan

addendum must include a summary of this discussion. The summary must include:

- a statement regarding any decision that is made regarding the use of technology; and
- a description of any further research that needs to be completed before a decision regarding the use of technology can be made.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- complete the required assessments for P1 that produce information about the person that describes the person's overall strengths, functional skills, and abilities;
- review the results of the above mentioned assessments with P1, P1's case manager and members of the support team. You must document this review;
- have a discussion with P1, P1's case manager and other members of the support team and include a summary in P1's support plan about the following:
 - how technology might be used to meet P1's desired outcomes, a statement regarding any decision that is made regarding the use of technology, and a description of any further research that needs to be completed before a decision regarding the use of technology can be made.
 - opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences;
 - opportunities for community access, participation, and inclusion in preferred community activities;
 - opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community;
 - opportunities to seek competitive employment and work at competitively paying jobs in the community; and
 - how services must be coordinated across other providers licensed under this chapter serving the person and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person;
- submit copies of the required above mentioned assessments for P1 to your licensor.

On an ongoing basis, you must maintain compliance as required in this subdivision.

License Holder Response: The license holder submitted copies of the required above mentioned assessments for P1.

DHS Response: The license holder submitted a document titled, "Intensive Support Self-Management Assessment." The assessment documented that P1 needs or wants supports with special dietary needs, chronic medical conditions, self-administration of medication or treatment orders, preventative screening, and medical and dental appointments. The license

holder failed to include P1's overall strengths, functional skills and abilities, and behaviors and symptoms in those areas.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- revise the assessments of P1's ability to self-manage special dietary needs, chronic medical conditions, self-administration of medication or treatment orders, preventative screening, and medical and dental appointments to include P1's overall strengths, functional skills, and abilities, and behaviors and symptoms in the above mentioned areas;
- review the results of the above-mentioned assessments with P1, P1's case manager and members of the support team; and
- submit copies of the revised assessments for P1 to your licensor.

On an ongoing basis, you must maintain compliance as required in this subdivision.

7. Citation: Minnesota Statutes, Section 245D.09, subdivision 5.

Violation: For one of two staff persons whose were reviewed (SP2), the license holder did not provide annual training as required.

The license holder failed to provide SP2 with annual training as required in the following areas:

- data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff responsibilities related to complying with data privacy practices;
- the service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights according to the requirements in section 245D.04;
- the principles of person-centered service planning and delivery as identified in section 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff person;
- the safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 and what constitutes the use of restraints, time out, and seclusion, including chemical restraint;
- staff responsibilities related to prohibited procedures under section 245D.06, subdivision 5, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe;
- basic first aid; and
- strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- provide SP2 with the above-mentioned trainings; and

- submit copies of the above-mentioned trainings to your licensor.

License Holder Response: The license holder submitted a training document for SP2 titled, "Staff Orientation Record."

DHS Response: The license holder failed to verify and maintain evidence of competency in the annual training areas required. The license holder documented that SP2's trainings were conducted on July 3, 2023, and the total training hours that occurred on July 3, 2023 was 21.5 hours. Additionally, the license holder documented that SP2 was provided with CPR training, however the documented CPR training failed to include the required instruction, hands-on-practice, and an observed skills assessment under the direct supervision of a CPR instructor.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- provide SP2 with the above-mentioned trainings;
- submit copies of SP2's annual trainings to this licensor;
- submit the credentials of the certified CPR instructor that trained SP2 to this licensor; and
- submit copies of SP2's CPR certification and training that included instruction, hands-on-practice, and an observed skills assessment under the direct supervision of a CPR instructor to this licensor.

On an ongoing basis, you must maintain compliance as required in this subdivision.

Additional Citation

8. Citation: Minnesota Statutes, section 245D.095, subdivision 5.

Violation: For one staff person whose record was reviewed (SP2), the license holder did not maintain personnel records as required.

The license holder submitted a five-page training document for SP2 titled, "Staff Orientation Record." The license holder documented in the first row of the training record, on pages two through five, that the trainings occurred on July 3, 2023, the training was 30 minutes and the name of the instructor. The licensed holder drew an arrow down each column to indicate that each training was conducted on the same day, the trainings were 30 minutes, and each was trained on by the same instructor. The license holder failed to maintain a personnel record for SP2 that included documentation of the following for each individual training topic in SP2's personnel record:

- the date of each training;
- the number of hours per subject area; and
- the name of the trainer or instructor for each training.

Corrective Action Ordered: Within 30 days of receiving this order, you must:

- maintain a personnel record for SP2 that includes documentation of the following in their personnel record:
 - the dates of the training;
 - the number of hours per subject area; and
 - the name of the trainer or instructor;
- submit copies of SP2's training records that include the above-mentioned personnel record requirements to this licensor.

On an ongoing basis, you must maintain compliance as required in this subdivision.

Submissions required as part of a corrective action ordered must be sent to your Licensor at:

1. By secure email at amber.n.nielsen@state.mn.us; or
2. If you are unable to submit corrective action ordered securely through email, you can mail or fax using the information below:

Commissioner, Department of Human Services
ATTN: Amber Nielsen
Licensing Division
PO Box 64242
St. Paul, MN 55164-0242

B. Right to Request Reconsideration

If you believe any of the citations are in error, you have the right to request that the Commissioner of Human Services reconsider the parts of the Correction Order that you believe to be in error. The request for reconsideration must be in writing and received by the Commissioner within 20 calendar days after receipt of this report. Your request for reconsideration must be sent to:

Commissioner, Department of Human Services
Office of Inspector General
Legal Counsel's Office
Attention: Licensing Legal Unit
PO Box 64953
St. Paul, MN 55164-0953

Please note that a request for reconsideration does not stay any provisions or requirements of the Correction Order. The Commissioner's disposition of a request for reconsideration is final and not subject to appeal under Minnesota Statutes, chapter 14.

If you have any questions regarding this Correction Order, please contact me at 651-431-3661 soon as possible.

Mohamed Mohamoud Isse

Page **8** of **2**

October 16, 2023

Amber Nielsen, Senior Licensor

Licensing Division

Office of Inspector General