DEPARTMENT OF HUMAN SERVICES

May 13, 2024

Jama Mohamod, Authorized Agent
American Home Maker Services
2716 Portland Avenue
Minneapolis, Minnesota 55407

License Number: 1096117 (245D – HCBS)

License Complaint Report Number 202400305

CORRECTION ORDER

Dear Jama Mohamod,

On January 29, 2024, a licensing review and a licensing complaint investigation of American Home Maker Services, located at 10101 Bren Road E, Unit 211, Minnetonka, Minnesota, was conducted to determine compliance with state and federal laws and rules governing the provision of home and community-based services to persons with disabilities and age 65 and older under Minnesota Statutes, Chapter 245D. As a result of this licensing review a Correction Order is being issued.

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, paragraph (b), clauses (1) and (2).

Violation: For two of three 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.

Minnesota Statutes, section 245A.02, subdivision 2b defines “annual” or “annually” to mean prior to or within the same month of the subsequent calendar year.

a. P1's services were initiated October 10, 2022. The license holder failed to review P1's IAPP annually with P1 and P1's support team.

b. P2's services were initiated December 2, 2022. The license holder failed to review P2's IAPP annually with P2 and P2's support team. The license holder maintained IAPPs for P2 dated September 23, 2023 and January 26, 2024; however, the license holder failed to review the P2's IAPP with P2 and P2's support team.

Corrective Action Ordered: Within 60 days of receiving this order, you must:
- audit all service recipient records to ensure that IAPPs have been reviewed with the interdisciplinary teams annually; and
- maintain documentation of this review in the service recipient's record.

Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must maintain compliance as required in this subdivision.

2. Citation: Minnesota Rules, part 9544.0030, subpart 1.

Violation: For one person whose record was reviewed (P1), the license holder did not evaluate positive support strategies as required.

The license holder failed to evaluate with P1 identified positive support strategies at least every six months.

Corrective Action Ordered: Within 60 days of receiving this order, you must:
- audit all service recipient records to assess for strengths, needs, and preferences to identify and create positive support strategies for each person served by your program; and
- incorporate the positive support strategies for all persons served by your program in writing to an existing treatment, service, or other individual plan.

Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must evaluate with the person, at least every six months, whether the identified positive support strategies currently meet the standards in subpart 2 and determine whether changes are needed in the positive support strategies used based upon the results of the evaluation, and if so, make appropriate changes.

3. Citation: Minnesota Statutes, section 245D.04, subdivision 1.

Violation: For three persons whose record were reviewed (P1, P2, and P3), the license holder did not provide a written notice that identified the service recipient rights as required.

The license holder failed to provide P1, P2, and P3 a written notice that identified the service recipient rights and an explanation of those rights within five working days of service initiation.

Corrective Action Ordered: P1 received a written notice of their rights on November 27, 2023; P2 received a written notice of their rights on January 26, 2024. Within 60 days of receiving this order, you must:

- audit all service recipients records to ensure that the written notice was provided to persons or their legal representatives; and
- for persons or legal representatives that were not provided a written notice, you must provide those persons and legal representatives with a written notice.

Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must maintain compliance as required in this subdivision.

4. Citation: Minnesota Statutes, section 245D.04, subdivision 3.

Violation: For one person whose record was reviewed (P3), the license holder did not ensure the protection of the person's rights in the services provided.

The license holder failed to ensure the exercise and protection of P3's right to personal privacy. P3 received the service of integrated community supports (ICS) from the license holder. Between November 30, 2022 and December 2, 2022, the license holder entered P3's apartment without permission or providing P3 notice. The license holder gained access to P3's unit by using a key fob that was provided to the license holder by the property management company. Upon entrance, the license holder noted, "…several tobacco products half consumed; cigarette buds on the ground." P3 no longer receives services from the license holder.

Corrective Action Ordered: Within 60 days of receiving this order, you must:

- develop and maintain a plan on how you will ensure the rights identified in 245D.04;
- provide training to all staff, including the designated coordinator and designated manager related to the staff responsibilities for ensuring the exercise and protection of the person's rights according to 245D.04; and
- maintain documentation of all staff who received the above mentioned training; including the date of the training and name of the instructor.

Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must maintain compliance as required in this subdivision.

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

Violation: For two persons whose records were reviewed (P1 and P2), the license holder did not meet initial service planning and assessment for intensive service planning as required.

a. The license holder failed to complete a preliminary support plan addendum for P2 within 15 calendar days of service initiation.

b. The license holder failed to complete assessments for P1 and P2 in the following areas before the 45-day planning meeting:

- the person'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;
- the person'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
- the person'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.
- assessments must produce information about the person that describes the person's overall strengths, functional skills and abilities, and behaviors or symptoms.

The license holder completed assessments for P1 on November 27, 2023 and P2 on January 26, 2024; however, the license holder failed to ensure the assessments produced information about each person’s behaviors or symptoms.

c. The license holder failed to meet with P1 and P1’ case manager, and P2 and P2’s case manager and other members of the support team or expanded support team within 45 days of service initiation to determine:

- the scope of the services to be provided to support the person's daily needs and activities;
- the person's desired outcomes and the supports necessary to accomplish the person's desired outcomes;
- the person's preferences for how services and supports are provided, including how the provider will support the person to have control of the person's schedule;
- whether the current service setting is the most integrated setting available and appropriate for the person;
- 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 the person'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 60 days of receiving this order, you must:

- complete assessments for P1 and P2 that describe the person's overall strengths, functional skills and abilities, and behaviors or symptoms;
- meet with P1 and P1's case manager, P2 and P2's case manager, and members of the support teams to determine the above-mentioned items and to have a discussion about how technology might be used to meet the person's desired outcomes. You must include a summary of this discussion in P1 and P2's support plan or support plan addendum;
- audit all service recipient records who receive intensive services to ensure that the required assessments produced information that described the service recipient's overall strengths, functional skills and abilities, and behaviors and symptoms;
- based on the results of the audit, you must meet with the person, the person's legal representative, if applicable, the case manager, and other members of the person's team to discuss the above-mentioned items; and
- maintain documentation of meetings that occurred for the service recipients whose assessments required a review with the person, the legal representative, if applicable, the case manager, and other members of the support team;

Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must maintain compliance as required in this subdivision.

6. Citation: Minnesota Statutes, section 245D.071, subdivision 4, paragraph (b).

Violation: For two people whose record was reviewed (P1 and P2), the license holder did not develop a service plan that documents the service outcomes and supports based on the assessments completed under subdivision 3 and the requirements in section 245D.07, subdivision 1a, as required.

Although the license holder had outcomes listed for P1 and P2, the license holder failed to:

a. document the following supports and methods to accomplish outcomes:
    - the methods or actions that will be used to support the person and to accomplish the service outcomes, including information about:
        - any changes or modifications to the physical and social environments necessary when the service supports are provided;
        - any equipment and materials required; and
        - techniques that are consistent with the person's communication mode and learning style;
    - the measurable and observable criteria for identifying when the desired outcome has been achieved and how data will be collected;
    - the projected starting date for implementing the supports and methods and the date by which progress towards accomplishing the outcomes will be reviewed and evaluated; and
    - the names of the staff or position responsible for implementing the supports and methods.

b. develop outcomes for P1 and P2 that are in response to each person's identified preference and desired outcomes according to 245D.07, subdivision 1a.

c. to implement the supports and methods for P1 and P2 and document the measurable criteria for each outcome.

Corrective Action Ordered: Within 60 days of receiving this order, you must:

- develop a service plan that documents the service outcomes and supports and methods listed above for P1 and P2 according to the requirements in 245D.07, subdivision 1a.
- implement the supports and methods for P1 and P2; and
- document the measurable criteria for each outcome for P1 and P2.
- audit all intensive service recipient records to ensure that supports and methods have been developed;
- based on the results of the audit, you must document service outcomes and supports to include the following:
    - the methods or actions that will be used to support the person and to accomplish the service outcomes, including information about:
    - any changes or modifications to the physical and social environments necessary when the service supports are provided;
- any equipment and materials required; and
- techniques that are consistent with the person's communication mode and learning style;
    - the measurable and observable criteria for identifying when the desired outcome has been achieved and how data will be collected;
    - the projected starting date for implementing the supports and methods and the date by which progress towards accomplishing the outcomes will be reviewed and evaluated; and

- the names of the staff or position responsible for implementing the supports and methods.

Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must maintain compliance as required in this subdivision.

7. Citation: Minnesota Statutes, section 245D.071, subdivision 4, paragraph (c).

Violation: For three persons whose record was reviewed (P1, P2, and P3), the license holder did not meet service planning requirements for intensive support services as required.

a. The license holder held a 45-day meeting for P1 on November 22, 2022. The license holder failed to submit to and obtain signatures from P1's case manager to document completion and approval of the assessment and support plan within 20 working days of the 45-day meeting.

b. The license holder held a 45-day meeting for P2 on January 9, 2023. The license holder failed to submit to and obtain signatures from P2's case manager to document completion and approval of the assessment and support plan within 20 working days of the 45-day meeting.

c. The license holder held a 45-day meeting for P3 on November 22, 2022. The license holder failed to submit to and obtain signatures from P3's case manager to document completion and approval of the assessment and support plan within 20 working days of the 45-day meeting.

Corrective Action Ordered: The license holder has completed the corrective action for P1, P2 and P3. On an ongoing basis, you must maintain compliance as required in this subdivision.

8. Citation: Minnesota Statutes, section 245D.071, subdivision 5, paragraph (a) and (g).

Violation: For three persons whose record was reviewed (P1, P2, and P3), the license holder did not meet the requirements for service plan review and evaluation as required.

a. The license holder failed to give P1, P2, and P3's case manager, and other people as identified by the person, an opportunity to participate in the ongoing review and development of the service plan and the methods used to support the person and accomplish outcomes identified in subdivisions 3 and 4.

b. The license holder failed to meet with P1, P1's case manager and other members of the support team at least annually.

c. The license holder failed to meet with P2, P2's case manager, and other members of the support team at least annually.

d. P1 and P2's support plan required semi-annual progress reports. The license holder failed to provide progress reports for P1 and P2 semi-annually.

Corrective Action Ordered: Within 60 days of receiving this order, you must:

- audit all service recipient records to ensure that case managers have been given an opportunity to participate in the ongoing review and development of outcomes;
- based on the results of the audit, you must meet with the person, the person's legal representative, if applicable, and the case manager to determine the above listed items; and
- maintain documentation in the service recipient records when the meetings were initiated with the case managers.

Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must maintain compliance as required in this subdivision.

9. Citation: Minnesota Statutes, section 245D.10, subdivision 3.

Violation: For one person whose record was reviewed (P3), the license holder did not enforce written policies and procedures when initiating service suspension as required.

a. The license holder gave notice of temporary service suspension to P3 on December 2, 2022. The license holder failed to limit the temporary service suspension to situations in which:
    - the person's conduct poses an imminent risk of physical harm to self or others and either positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety, or less restrictive measures would not resolve the issues leading to the suspension;
    - the person has emergent medical issues that exceed the license holder's ability to meet the person's needs; or
    - the program has not been paid for services.

    Additionally, prior to giving notice of temporary service suspension, the license holder failed to:
    - document actions taken to minimize or eliminate the need for service suspension prior to giving notice of temporary service suspension including at a minimum:
        - consultation with P3's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
        - a request to the case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other

professional consultation or intervention services to support the person in the program;

- notify the person in writing of the intended temporary service suspension according to the requirements in section 245D.10, subdivision 3, paragraph (d); and
- notify the commissioner in writing when the temporary service suspension was from residential supports and services as defined in section 245D.03, subdivision 1, paragraph (c), clause (3).

  The license holder continued to provide services to P3 until a service termination was issued to P3 on July 14, 2023.

Corrective Action Ordered: On an ongoing basis, you must enforce your service suspension policy and procedure as required in this subdivision.

10. Citation: Minnesota Statutes, section 245D.10, subdivision 3a.

Violation: For one person whose record was reviewed (P3), the license holder did not enforce written policies and procedures when initiating service termination as required.

a. The license holder gave notice of service termination on November 16, 2022. The license holder failed to limit the service termination to situations in which:
   - the person's conduct poses an imminent risk of physical harm to self or others and either positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety, or less restrictive measures would not resolve the issues leading to the suspension;
   - the person has emergent medical issues that exceed the license holder's ability to meet the person's needs; or
   - the program has not been paid for services.

   Additionally, prior to giving notice of service termination, the license holder failed to:
   - document actions taken to minimize or eliminate the need for termination including at a minimum:
     - consultation with P3's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
     - a request to P3's case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program; and

- notify the person in writing of the intended service termination at least 60 days prior to termination and according to the requirements in section 245D.10, subdivision 3a, paragraph (d).

  This service termination did not result in P3's services being terminated.

b. In a subsequent termination, P3 was terminated from services on July 14, 2023. The license holder failed to:
   - document actions taken to minimize or eliminate the need for termination including at a minimum:
     - consultation with P3's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
     - a request to P3's case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program;
   - notify the person in writing of the intended service termination at least 60 days prior to termination and according to the requirements in section 245D.10, subdivision 3a, paragraph (d); and
   - notify the commissioner in writing when the service termination was from residential supports and services as defined in section 245D.03, subdivision 1, paragraph (c), clause (3).

Corrective Action Ordered: On an ongoing basis, you must enforce your service termination policy and procedure as required in this subdivision.

11. Citation: Minnesota Statutes, section 245D.10, subdivision 4.

Violation: For two persons whose records were reviewed (P1 and P2), the license holder did not provide written or electronic copies of policies and procedures as required.

a. P1's services were initiated on October 10, 2022. The license holder failed to inform and provide copies of the following policies and procedures affecting a person's rights to P1's case manager within five working days of service initiation:
   - grievance policy;
   - service suspension policy;
   - service termination policy;
   - emergency use of manual restraints policy; and
   - data privacy

   These were sent to P1's case manager on November 27, 2023.

b. P2's services were initiated on December 2, 2022. The license holder failed to inform and provide copies of the following policies and procedures affecting a person's rights to P2's case manager within five working days of service initiation:

- grievance policy;
- service suspension policy;
- service termination policy;
- emergency use of manual restraints policy; and
- data privacy

These were sent to P2's case manager on January 26, 2024.

Corrective Action Ordered: On an ongoing basis, you must maintain compliance as required in this subdivision.

12. Citation: Minnesota Statutes, section 245D.09, subdivision 4.

Violation: For two of two staff persons whose records were reviewed (SP2 and SP3), the license holder did not provide orientation to the program requirements as required.

SP2 was hired on January 31, 2019; however, SP2 did not begin providing direct care until October 10, 2022. SP3 was hired on August 8, 2023. The license holder failed to provide SP2 and SP3 within 60 days of hire training on the license holder's current policies and procedures required under this chapter, including their location and access, and staff responsibilities related to implementation of those policies and procedures.

Corrective Action Ordered: Within 60 days of receiving this order, you must:

- provide SP2 and SP3 with the above training;
- audit all staff person's personnel records to ensure this training has been provided; and
- maintain documentation of the training in the person's personnel records.

Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must maintain compliance as required in this subdivision.

13. Citation: Minnesota Statutes, section 245D.09, subdivision 4a.

Violation: For one staff person whose record was reviewed (SP2), the license holder did not meet provide orientation to individual service recipient needs as required.

The license holder failed to provide orientation to the individual service recipient needs to SP2. SP2 had unsupervised direct contact with a person served without this training. At the time of the license review on January 29, 2024, SP2 had not received this training.

Corrective Action Ordered: Within 30 days of receiving this order, you must ensure SP2 have received the above-mentioned training. Compliance with this subdivision will be monitored

during onsite. On an ongoing basis, you must maintain compliance throughout your program as required in this subdivision.

14. Citation: Minnesota Statutes, section 245D.09, subdivision 4a.

Violation: For one staff person whose record was reviewed (SP2), the license holder did not provide annual training as required.

The license holder failed to provide SP2 with the following trainings in 2023:

- 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 Minnesota Statutes, section 245D.07, subdivision 1a, and how they applied 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 24D.061 or successor provisions, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint;
- staff responsibilities related to prohibited procedures undersection 245D.06, subdivision 5, or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behaviors, and why such procedures are not safe; 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 required annual training;

Within 60 days of receiving this order, you must:

- audit the most recent annual training records for all staff to ensure all staff have received annual training on all of the required topics; and
- based on the results of the audit, provide annual training to all staff who have not received training on any of required annual training topics.

Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must maintain compliance as required in this subdivision.

15. Citation: Minnesota Statutes, section 245D.09, subdivision 5.

Violation: For two staff persons whose records were reviewed (SP2 and SP3), the license holder did not maintain personnel records as required.

The license holder failed to maintain the number of hours per subject area and the name of the trainer or instructor in SP2 and SP3's personnel record for each training subject area.

Corrective Action Ordered: Compliance with this subdivision will be monitored onsite. On an ongoing basis, you must maintain the following training information in each staff person's personnel record as required in this subdivision:

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

16. Citation: Minnesota Statutes, section 245D.081, subdivision 2.

Violation: The license holder did not ensure the delivery and evaluation of services provided were coordinated by the designated staff persons as required.

The designated coordinated identified by the license holder (SP1) failed to provide supervision, support, and evaluation of activities that include:

- oversight of the license holder's responsibilities assigned in the person's service and support plan and the service and support plan addendum;
- taking the necessary action to facilitate the accomplishment of the outcomes according to the requirements in section 245D.07;
- instruction and assistance to direct support staff implementing the support plan and the service outcomes; including direct observation of service delivery sufficient to assess staff competency; and
- evaluation of the effectiveness of service delivery, methodologies, and progress on the person's outcomes based on the measurable and observable criteria for identifying when the desired outcome has been achieved according to the requirements in section 245D.07

The failure to provide coordination and evaluation of individual service delivery is evidenced in citations 1 through 15.

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

- designate a person other than SP1, to be appointed as the designated coordinator, who is responsible for delivery and evaluation of services provided by the license holder; and
- submit the name, contact information and qualifications of the person(s) you have designated and have ensured is competent to perform the duties of the designated coordinator as required in this section.

17. Citation: Minnesota Statutes, section 245D.081, subdivision 3.

Violation: The license holder did not ensure that the designated managerial staff persons provided program management and oversight of the services provided as required.

The designated manager identified by the license holder (SP1) failed to provide program management and oversight of the services provided by being responsible for the following:

- maintaining a current understanding of the license requirements sufficient to ensure compliance throughout the program;
- ensuring the duties of the designated coordinator are fulfilled; and
- ensuring staff competency requirements are met.

The failure to provide program management and oversight of services provided is evidenced in citations 1 through 16.

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

- designate a person, other than SP1, to be appointed as the designated manager, who is responsible for delivery and evaluation of services provided by the license holder;
- submit the name, contact information and qualifications of the persons(s) you have designated and ensured is competent to perform the duties of the designated manager as required in this section.

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

If you fail to correct the violations specified in the Correction Order within the prescribed time lines the Commissioner may issue an Order of Conditional License or may impose a fine and order other licensing sanctions pursuant to Minnesota Statutes, sections 245A.06 and 245A.07.

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

1. By secure email at nicole.m.riley@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: Nicole Riley
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
ATTN: Legal Unit
Licensing Division
PO Box 64242
St. Paul, MN 55164-0242

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 as soon as possible.

Nicole Riley, Senior Human Services Licensor
Licensing Division
Office of Inspector General
651-431-3657