



*Protecting, maintaining and improving the health of all Minnesotans*

June 10, 2009

Nazneen Khatoon, Administrator  
Best Care Group #22356  
6213 Chowen Avenue North  
Brooklyn Center, MN 55429

RE: Letter of Warning/Response/Attestation Statement dated May 15, 2009

Dear Ms. Khatoon:

This letter acknowledges receipt of the response/attestations statement dated May 30, 2009, from Best Care Group in Brooklyn Center, MN.

Based upon the information received from Best Care Group in Brooklyn Center, MN; Minnesota Department of Health staff has determined that all the actions described in the response/attestation statement dated May 30, 2009, are satisfactory.

Please note that the Letter of Warning and the response from Best Care Group in Brooklyn Center, MN will remain on record at the Minnesota Department of Health. This closure letter does not preclude the Minnesota Department of Health from taking further action with respect to the failure to meet the minimum requirements of MN Statute 144G. The Minnesota Department of Health reserves the right to pursue any and all actions specified under Minnesota Statute §144G.02 Subdivision 2.

If you have any questions, feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

01/07 AL Letter D CMR



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Certified Mail #7008 0150 0001 1713 6727

May 15, 2009

Nazneen Khatoon, Administrator  
Best Care Group #22356  
6213 Chowen Avenue North  
Brooklyn Center, MN 55429

Re: Letter of Warning

Dear Ms. Khatoon:

The above establishment was visited on March 9, 2009 for the purpose of assessing Best Care Home Health Inc. compliance with State licensing requirements. At the time of the survey, the reviewer(s) from the Minnesota Department of Health noted one or more assisted living requirements under MN Statute 144G were not met. The Minnesota Department of Health has sufficient information to allege that Best Care Group in Brooklyn Center, MN is not meeting the following provisions of MN Statute 144G:

**1. MN Statute 144G.03 Subd. 3**

Based on record review and interview, the housing with services contract did not include a statement disclosing the establishments' qualification for and intent to rely upon the exemption for 24 hour per day, seven days a week, awake staff. The findings include:

The housing with services claimed 24 hours per day seven days a week, awake staff exemption on the annual registration. The rental agreement indicated "16 Hour on-site Home Care Aide staff" and "24-hour emergency response."

When interviewed March 9, 2009, the administrator stated the night shift staff sleep if the clients are sleeping. The staff check on the clients two to three times during the night. When interviewed March 10, 2009, the unlicensed staff, employee AD, reported she sleeps if the clients are sleeping and checks on them once during the night. If the clients are awake, employee AD remains awake.

To respond to this Letter of Warning please complete the enclosed form which includes a brief statement of actions taken to address the failure(s) to meet requirements noted above, and an attestation statement concerning compliance with MN Statute 144G. The form should be signed by an individual authorized to sign on behalf of the establishment.

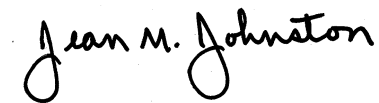
This information must be submitted to the Minnesota Department of Health within 30 days of receipt of this letter. If you do not respond to this Letter of Warning, the Minnesota Department of Health may take further action which could include a referral to another governmental agency, and/or action for injunctive relief in district court.

This Letter of Warning and your response do not preclude the Minnesota Department of Health from taking further action with respect to the failure to meet the minimum requirements described in this letter. The Minnesota Department of Health reserves the right to pursue any and all actions specified under Minnesota Statute §144G.02 Subdivision 2.

The requirements of MN Statute 144G can be viewed by accessing the Minnesota Department of Health website at: <http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html> and clicking on the Assisted Living link.

If you have questions, feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

Attachments

01/07 AL Letter A CMR



Housing with Services Establishment  
**MN STATUTE 144G ASSISTED LIVING CHECKLIST**

Registered nurses from the Minnesota Department of Health (MDH) use this Check List during on-site visits to determine if a Housing with Services (HWS) establishment who represents itself as assisted living or offers assisted living services meets the MN Statute 144G minimum requirements. Registrants may use the optional HWS Assisted Living Worksheet which is available on the MDH web-site to communicate how they meet the requirements. Completing the HWS Assisted Living Worksheet in advance may facilitate the MN Statute 144G review process.

During an on-site visit, reviewer(s) will interview staff and clients and/or their representatives, make observations and review documentation. The review is an opportunity for the Housing with Services establishment to explain to the reviewer(s) what systems are in place to assure the minimum assisted living requirements are met.

The minimum requirements of MN Statute 144G are reviewed during a home care provider survey. A determination is made whether the requirements are met or not met.

<b>Reviewer Checklist to determine need to review HWS for Compliance with MN Statute 144G</b>	
HWS Name: <u>Best Care Group</u>	Review done in conjunction with a survey of Home Care Provider name: <u>BEST CARE HOME HEALTH INC</u>
HWS HFID: <u>22356</u>	
Date(s) of review: <u>March 9, 2009</u>	Home Care Provider HFID: <u>20840</u>
If the answer to any of the questions below is yes, 144G applies and the HWS will be reviewed for compliance with 144G.	
A. Did the HWS indicate that they provide assisted living on their annual registration? <input checked="" type="checkbox"/> YES <span style="float: right;">144G.03 Subd. 1</span> <input type="checkbox"/> NO	
B. Does the signage for the building include the words assisted living? <input type="checkbox"/> YES <span style="float: right;">144G.02 Subd. 1</span> <input checked="" type="checkbox"/> NO	
C. Does the HWS brochure or other available marketing materials state that assisted living is offered? <input checked="" type="checkbox"/> YES <span style="float: right;">144G.02 Subd. 1</span> <input type="checkbox"/> NO	
D. Does any person or entity verbally represent this as assisted living? <input checked="" type="checkbox"/> YES <span style="float: right;">144G.02 Subd. 1</span> <input type="checkbox"/> NO	

**Directions: Review the entire building for compliance with 144G if the HWS establishment states assisted living is available in the entire building and review only those portions of the building where assisted living is provided when assisted living is only available and provided in designated portions of the building.**

Reviewer Checklist for Compliance with MN Statute 144G	
<p>1. Do staff members have access to an on-call registered nurse 24 hours a day 7 days a week?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)4</p>	<p>5. Is the uniform consumer guide with current information provided to assisted living clients?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)9</p>
<p>2. Is there a means for assisted living clients to request assistance 24 hours a day seven days a week?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)6</p>	<p>6. Are the following required supportive services made available to assisted living clients?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)8</p> <p><input checked="" type="checkbox"/> Two meals per day</p> <p><input checked="" type="checkbox"/> Weekly housekeeping</p> <p><input checked="" type="checkbox"/> Weekly laundry service</p> <p><input checked="" type="checkbox"/> Reasonable assistance with transportation to appointments</p> <p><input checked="" type="checkbox"/> Reasonable assistance accessing community resources</p> <p><input checked="" type="checkbox"/> Periodic opportunities with socialization</p>
<p>3. Is there a system to check on assisted living clients at least daily?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)5</p>	<p>7. Does the HWS provide all of the following minimally required health-related services?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> Med admin or assist with med admin and</p> <p><input checked="" type="checkbox"/> At least three of the following ADL's</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Bathing</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Dressing</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Grooming</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Eating</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Transferring</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Continence care</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Toileting</p> <p style="text-align: right;">144G.03 Subd. 2(b)1</p>
<p>4. Are there staff members available and awake 24 hours per day, seven days a week to respond to client health and safety needs?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)7</p> <p>If yes, you may skip 4a and 4b</p>	<p>8. Are assisted living clients offered a nursing assessment by a registered nurse prior to move in?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 4</p>
<p>4a. If the answer to 4 is no, does the HWS claim the 24/7 awake staff exemption?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 3 (a)6</p>	<p>9. Does the HWS identify a person or persons to work with assisted living clients related to concerns regarding the arranged home care provider?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 5</p>
<p>4b. If the above answer if YES, do they meet the awake staff exemption criteria?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> Capacity to serve twelve or fewer assisted living clients.</p> <p><input checked="" type="checkbox"/> Responding person is present in HWS</p> <p><input type="checkbox"/> HWS contract discloses exemption</p> <p><input checked="" type="checkbox"/> System is compatible with health, safety and welfare of clients.</p> <p><input checked="" type="checkbox"/> Exemption was disclosed on HWS application/renewal.</p> <p style="text-align: right;">144G.03 Subd. 3</p>	

## **MN Statute 144G Review Results:**

\_\_\_\_\_ All Areas of MN Statute 144G listed on page 2 of this document were met.

For areas of MN Statute 144G not met, list the statute number and the findings.

### **1. MN Statute 144G.03 Subd. 3**

Based on record review and interview, the housing with services contract did not include a statement disclosing the establishments' qualification for and intent to rely upon the exemption for 24 hour per day, seven days a week, awake staff. The findings include:

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A draft copy of this completed checklist was left with Nazneen Khatoon, Adm., and Amanda Jackson, DON, at an exit conference on March 13, 2009. The final MN Statute 144G Assisted Living Checklist will be sent to the Housing with Services establishment. If you have any questions about the MN Statute 144G Assisted Living Checklist, please contact the Minnesota Department of Health, (651) 201-4301. After review, this checklist will be posted on the MDH website. General information about the use of the title assisted living is available on the MDH website at

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html> and clicking on the assisted living link.

Statutes can be viewed on the Internet at: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)