

Mary H.



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1680 0002 2928 8392

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOR CLASS F HOME CARE PROVIDERS**

January 21, 2011

Ms. Barbara Kuhlman, Administrator  
TCCH Home Care  
7645 Lyndale Avenue South, #110  
Richfield, Minnesota 55423

Re: Project # QL20226006

Dear Ms. Kuhlman:

On October 7, 2010, survey staff of the Minnesota Department of Health, Home Care and Assisted Living Program completed a reinspection of the provider named above, to determine correction of orders found on the survey completed on February 22, 2010 with orders received by you on April 29, 2010.

State licensing orders issued pursuant to the survey completed on February 22, 2010 and found corrected at the time of the October 7, 2010 reinspection, are listed on the attached Informational Memorandum.

State licensing orders issued pursuant to the survey completed on February 22, 2010, found not corrected at the time of the October 7, 2010 revisit and subject to penalty assessment are as follows:

**MN Rule 4668.0855 Subp. 9**

**\$300.00**

Therefore, in accordance with Minnesota Statutes section 144.653 and 144A.45 Subdivision 2. (4) the total amount you are assessed is \$300.00. This amount is to be paid by check made payable to the Commissioner of Finance, Treasury Department, State of Minnesota and sent to the Minnesota Department of Health, Division of Compliance Monitoring, P.O. Box 64900, St. Paul, Minnesota 55164-0900 within 15 days of the receipt of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Division of Compliance Monitoring, within 15 days of the receipt of this notice. Any request for a hearing as well as payment of the assessment shall be sent to the attention of Mary Henderson at the Minnesota Department of Health, Division of Compliance Monitoring, P.O. Box 64900, St. Paul, Minnesota 55164-0900.

TCCH Home Care  
January 21, 2011  
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**FAILURE TO CORRECT:** In accordance with Minnesota Rule 4668.0800, Subpart 7, if, upon subsequent re-inspection after a fine has been imposed under Minnesota Rule 4668.0800 Subpart 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY" on the original orders. Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Sincerely,



Mary Henderson, Program Assurance Supervisor  
Licensing and Certification Program  
Division of Compliance Monitoring  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900  
Telephone: (651)201-4115 Fax: (651)215-9697

Enclosures

cc: Licensing and Certification File  
Mary Absolon, Licensing and Certification Program  
Pat Nelson, Home Care and Assisted Living Program  
Hennepin County Social Services  
Ron Drude, Provider Enrollment Unit, Department of Human Services  
Sherilyn Moe, Office of Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Minnesota Board of Nursing

Minnesota Department of Health  
Division of Compliance Monitoring  
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: TCCH HOME CARE

DATE OF SURVEY: October 7, 2010

BEDS LICENSED:

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

CENSUS:

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

BEDS CERTIFIED:

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER: CLASS F

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Cherie Canuel, Housing Administrator  
Angela Nelson, RN, AL Nurse  
Tobi Adnusi, RN, Home Care Nurse  
Albertine Cooper-Joe, HHA  
Kula Roberts, HHA

SUBJECT: Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: #1 \_\_\_\_\_

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on February 17, 18 and 22, 2010. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on February 17, 18 and 22, 2010 is as follows:

- |                              |               |          |
|------------------------------|---------------|----------|
| 1. MN Rule 4668.0815 Subp. 4 | Corrected     |          |
| 2. MN Rule 4668.0855 Subp. 7 | Corrected     |          |
| 3. MN Rule 4668.0855 Subp. 9 | Not Corrected | \$300.00 |

Based on observation interview and record review, the licensee failed to ensure medication records were complete for seven of seven clients' (#5, #6, #7, #8, #10, #11 and #12) records reviewed. The findings include:

Client #8 had a prescriber's order for MPAP 325 milligrams 1-2 tablets orally every four hours PRN (pro ra nata or whenever necessary) for pain. The directions from the registered nurse to the unlicensed staff indicated to give one tablet for knee pain rated 1-5 on a pain scale and to give two tablets for knee pain rated 6-10 on a pain scale. Documentation on the client's October 2010 Medication Administration Record (MAR) indicated that the client received MPAP on October 1, 3, 4 and 6, 2010. The record did not indicate whether one or two tablets were administered, nor did the record indicate the time the MPAP was administered.

When interviewed October 7, 2010, employee A (registered nurse) confirmed that the unlicensed staff had not documented the number of MPAP tablets they administered to the client nor did they document the time the MPAP was administered. Employee A stated they had been trained to document both the number of tablets and the time of administration, but failed to do so.

The surveyor reviewed the October MARs on October 7, 2010, at 11:15 a.m. It was noted that the following medications for the following clients were initialed as having already been administered on October 7, 2010: Client #5 had Ibuprofen 400 milligrams one tablet orally one time daily at lunchtime with food which was scheduled for 12:00 noon administration; Client #6 had phenobarbital 100 milligrams one tablet at bedtime which was scheduled to be administered at 8:00 p.m. and Jantoven 4 milligrams orally one time daily which was scheduled for 5:00 p.m. administration; Client #7 had Carbidopa-Levodopa 25-100 scheduled to be administered at noon and 2:00 p.m., Gabapentin 300 milligrams one capsule three times a day which was scheduled for 2:00 p.m. and lorazepam .5 milligrams one tablet three times a day which was scheduled to be administered at noon; Client #10 had MPAP 500 milligrams two tablets orally three times a day which was scheduled to be administered at 2:00 p.m.; Client #11 had MPAP 325 milligrams two tablets orally three times a day which was scheduled to be administered at noon; and client #12 hydralazine 10 milligrams one orally three times a day which was scheduled to be administered at noon.

Client #5 was observed on October 7, 2010, at 12:15 p.m. to have her ibuprofen administered to her by employee B (unlicensed staff) although employee B initialed the MAR for this medication as being administered by 11:15 a.m. Client #12 was observed on October 7, 2010 at 12:10 p.m. to have her hydralazine administered to her by employee C (unlicensed staff) although employee C initialed the MAR for this medication as being administered by 11:15 a.m. Client #11 was observed on October 7, 2010 at 12:20 p.m. to have his MPAP administered to him by employee C, although employee C initialed the MAR for this medication as being administered by 11:15 a.m.

When interviewed October 7, 2010, employees B and C confirmed they had signed the clients' MARs prior to administration of the medications.

When interviewed October 7, 2010, employee A (registered nurse) confirmed that the medications had been signed out in advance of administration for clients #5, #6, #7, #10, #11 and #12. Employee A stated the policy was to sign out medications immediately after administration of the medication.

4. MN Rule 4668.0865 Subp. 9

Corrected

5. MN Statute §144A.44 Subd. 1(2)

Corrected



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Certified Mail # 7008 2810 0001 2257 4254

April 27, 2010

Barbara Kuhlman, Administrator  
TCCH Home Care  
7645 Lyndale Avenue South #110  
Richfield, MN 55423

Re: Results of State Licensing Survey

Dear Ms. Kuhlman:

The above agency was surveyed on February 17, 18, and 22, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written above the typed name.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Hennepin County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program  
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>

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Class F Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class F home care providers (Class F). Class F licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class F Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: TCCH HOME CARE

HFID #: 20226

Date(s) of Survey: February 17, 18 and 22, 2010

Project #: QL20226006

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed.</li> <li>The service plan accurately describes the client's needs.</li> <li>Care is provided as stated in the service plan.</li> <li>The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>• Client personal information and records are secure.</li> <li>• Any information about clients is released only to appropriate parties.</li> <li>• Client records are maintained, are complete and are secure.</li> </ul>	<p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0065</li> <li>• MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0825</li> <li>• MN Rule 4668.0840</li> <li>• MN Rule 4668.0070</li> <li>• MN Statute §144D.065</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>• Nurse licenses are current.</li> <li>• The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>• The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>• Personnel records are maintained and retained.</li> <li>• Staff meet infection control guidelines.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>7. The provider has a current license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<ul style="list-style-type: none"> <li>• The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

**SURVEY RESULTS:**  All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

**1. MN Rule 4668.0815 Subp. 4**

**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure service plans were complete for one of one client’s (#1) record reviewed. The findings include:

Client #1’s service plan, dated December 20, 2006, and modifications dated July 2007 included that the client received assistance with medication administration, central storage of medications, blood glucose monitoring, bathing and dressing assistance, housekeeping and laundry service and food preparation. The client’s service plan did not include the fees for these services.

When interviewed February 17, 2010, the registered nurse confirmed the fees for services were not included on client #1’s service plan, nor were they included on other clients’ service plans with the same payor source.

**2. MN Rule 4668.0855 Subp. 7****INDICATOR OF COMPLIANCE: # 6**

Based on observation, record review and interview, the licensee failed to ensure that the registered nurse (RN) specified in writing specific instructions for administering medications that were ordered on a PRN (pro re nata) basis for three of three clients' (#1, #3 and #4) records reviewed who had prescriber's orders for PRN medications. The findings include:

Client #1 began receiving services December 16, 2006, which included assistance with medication administration by unlicensed staff. Client #1 had a prescriber's order that read, Acetaminophen 325 milligrams 1-2 tablets orally every four-six hours as needed for pain. There were no specific written instructions or guidance by the RN for the unlicensed staff to follow to decide whether to administer one or two tablets of the Acetaminophen.

Client #3 began receiving services February 25, 2009, which included assistance with medication administration by unlicensed staff. Client #3 had a prescriber's order that read Acetaminophen 500 milligrams 1-2 tablets orally PRN for pain. The client's February 2010 medication administration record (MAR) indicated the client received one tablet of Acetaminophen on February 1, 4 and 15, 2010 and two tablets on February 7, 2010. There was no specific written instructions/guidance for the unlicensed staff to follow to decide whether to administer one or two tablets of the Acetaminophen.

Client #4 began receiving services August 3, 2009, which included assistance with medication administration by unlicensed staff. Client #4 was observed on February 18, 2010, to request some Milk of Magnesia from the unlicensed staff. Client #4 had a "Standing Order" signed by the prescriber to administer Milk of Magnesia 15-30 cubic centimeters (cc's) orally every day PRN. Employee D was observed on February 18, 2010, to administer 30 cc's of Milk of Magnesia to client #4. There was no specific written instructions/guidance for the unlicensed staff to follow to decide whether to administer 15 or 30 cc's of Milk of Magnesia.

When interviewed February 18, 2010, employee D stated the reason she gave client #4 30 cc's of Milk of Magnesia instead of 15 cc's, was because she had worked in a nursing home prior to her current job, and stated staff always gave the residents 30 cc's when administering Milk of Magnesia. Employee C was questioned on February 18, 2010, on how she determined the dosage of a PRN medication when a range was given. Employee C stated she would always start with the lower dose first, and if it didn't work, then she would give an additional dose.

When interviewed February 17, 2010, the RN confirmed there were no specific written instructions/guidance for the unlicensed staff to follow when there was a dosage range of a PRN medication ordered by the prescriber.

**3. MN Rule 4668.0855 Subp. 9****INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure complete medication records for one of one client's (#2) record reviewed whose medications were set-up by the nurse. The findings include:

Client #2 began receiving services on March 31, 2009, which included weekly medication set-ups by the nurse, and at least daily medication administration by the unlicensed staff. Client #2 received nine different medications. The nurse that performed the weekly medication set-up did not document each medication set-up, nor did the unlicensed staff who administered the medications document each medication that was administered to the client. Documentation on the client's February 2010 medication administration record (MAR) indicated, "Medications administered as set-up in dose box by RN" and noted a time the medications were to be given. The client's MAR did not include the name of the medication, quantity of dosage and method of administration for the medications client #2 received.

When interviewed February 18, 2010, the registered nurse confirmed client #2's MAR did not include the required documentation for each medication that was administered.

**4. MN Rule 4668.0865 Subp. 9****INDICATOR OF COMPLIANCE: # 6**

Based on observation and interview, the licensee failed to ensure that Schedule II medications were kept in a separately locked compartment, permanently affixed to the physical plant or medication cart. The findings include:

On February 18, 2010, the area where the agency centrally stored medications was reviewed. A bottle of Tylenol #3 (a Scheduled II narcotic) for client #5 was observed to be stored in a drawer in the medication cart along with the client's other medications that were not Schedule II medications.

When interviewed February 18, 2010, the RN confirmed client #5 had a Schedule II medication centrally stored with the client's other medications. The RN stated she was not aware the client's Tylenol #3 was stored in the medication cart.

**5. MN Statute §144A.44 Subd. 1(2)****INDICATOR OF COMPLIANCE: # 2**

Based on observation, record review and interview, the licensee failed to ensure that care and services were provided according to accepted medical and nursing standards for two of six clients' (#1 and #6) records reviewed. The findings include:

Client #1 began receiving services December 16, 2006, which included assistance with medication administration. Client #1 did not receive medications that were to be given with food at the appropriate time. On February 18, 2010, client #1 was observed at 7:15 a.m. to have her blood glucose checked by employee C. When the surveyor questioned employee C regarding administration on client #1's 8:00 a.m. medications, employee C stated she had already administered all of client #1's 8:00 a.m.

medications at 7:00 a.m. Client #1 had a prescriber's order that read, Antacid 500 milligram chew, take one tablet, twice a day with meals. This medication was scheduled to be administered with the client's 8:00 a.m. and 5:00 p.m. meals. In addition, client #1 received Metformin HCL 500 milligrams at 8:00 a.m. and 5:00 p.m. which the pharmacy prescription label read, "Take with food." Client #1 was observed to eat her breakfast at 8:15 a.m.

When interviewed February 18, 2010, the registered nurse (RN) stated client #1 should have received her Antacid and Metformin with her breakfast meal.

Client #6 began receiving services June 17, 2009 which included assistance with medication administration. Client #1 had prescriber's orders that read, Tylenol Extra Strength 500 milligrams take two tablets orally four times a day for pain, with the maximum dose in a 24 hour period to be 4000 milligrams. The client's February 2010 medication administration record indicated that on February 10, 2010, the client received her routine scheduled Tylenol four times a day (4000 milligrams) and 1000 milligrams of Tylenol PRN at 3:15 p.m. on February 10, 2010.

When interviewed February 18, 2010, the RN confirmed client #1 received a PRN dose of Tylenol on February 10, 2010, in error, as the client received the maximum dosage of Tylenol with her routine scheduled Tylenol four times a day.

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A draft copy of this completed form was left with Angela Nelson, RN, AL Nurse Manager, at an exit conference on February 22, 2010. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-5273. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 4535

March 31, 2005

Jill Schewe, Administrator  
TCCH Home Care  
7601 Lyndale Avenue South  
Richfield, MN 55423

Re: Licensing Follow Up Revisit

Dear Ms. Schewe:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on February 7, 2005.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Assisted Living Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

Cc: Nancy Starr, President Governing Board  
Case Mix Review File

10/04 FPC1000CMR

**Minnesota Department Of Health**  
**Health Policy, Information and Compliance Monitoring Division**  
*Case Mix Review Section*

INFORMATIONAL MEMORANDUM

**PROVIDER:** TCCH HOME CARE

**DATE OF SURVEY:** 02/07/2005

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
ALHCP

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up  X

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on 02/07/05. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:
  1. MN Rule 4668.0065 Subp. 1 Corrected
  2. MN Rule 4668.0845 Subp. 2 Corrected
  
- 2) The exit conference was not tape recorded



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 1003 2260 0000 9988 0514

Date: December 2, 2004

Jill Schewe, Administrator  
TCCH Home Care  
7601 Lyndale Avenue South  
Richfield, MN 55423

Re: Results of State Licensing Survey

Dear Ms. Schewe:

The above agency was surveyed on October 26, 27, and 28, 2004 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Nancy Starr, President Governing Board  
Case Mix Review File

CMR 3199 6/04

Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: TCCH HOME CARE  
 \_\_\_\_\_  
 HFID # (MDH internal use): 20226  
 \_\_\_\_\_  
 Date(s) of Survey: October 26, 27, and 28, 2004  
 \_\_\_\_\_  
 Project # (MDH internal use): QL20226001  
 \_\_\_\_\_

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	_____ Met <u>  X  </u> Correction Order(s) issued <u>  X  </u> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promotes the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observes infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff has received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff is trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follows any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)</p> <p><u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>

***Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.***

Survey Results:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
#1	MN Rule 4668.0845 Subp.2 Supervisory visits	X	X	Based on interview and record review, the licensee failed to provide nursing supervision for unlicensed personnel performing services for one of two clients (#2) reviewed. The Findings include: Client #2's record indicated that a supervisory visit was made on July 21, 2004. The next documented supervisory visit was October 4, 2004, 75 days later. When interviewed October 26, 2004, the housing administrator confirmed the supervisory visits had been 75 days apart.  <b>Education:</b> Education provided
#3	MN Rule 4668.0065 Subp.1 Tuberculosis screening	X	X	Based on interview and record review the licensee failed to assure tuberculosis screening was done on one of two unlicensed staff (#2) reviewed. The findings include: Employee #2 was hired May 16, 2002. When hired Employee #2 informed the agency she had a prior record of a positive reaction to a mantoux test but was unable to remember when it had occurred. There was no documentation in her file of the positive reaction or the date it occurred. There was a copy of a negative chest x-ray report dated

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>December 28, 2001 and one dated April 11, 2003. There was no further evidence of a chest x-rays being done. When interviewed October 26, 2004, the housing administrator confirmed that there were no further x-rays done.</p> <p><b>Education:</b> Education was provided clients.</p>

A draft copy of this completed form was left with Jill Schewe, Housing Administrator, Angela Carlson, Assistance Living Manager and Angela Nelson, Registered Nurse. \_\_\_\_\_ at an exit conference on October 28, 2004. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

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

(Form Revision 7/04)