



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 2357

January 18, 2008

Joseph Guertin, Administrator
Emerald Care Inc
8150 Bavaria Road
Victoria, MN 55386

Re: Licensing Follow Up visit

Dear Mr. Guertin:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on October 1, 2, 3, 4 and 8, 2007 and 22, 23, 24, 25, 26 and 29, 2007.

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 Home Care Providers

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.

Feel free to call our office if you have any questions 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

Enclosure(s)

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman 01/07 CMR1000

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

INFORMATIONAL MEMORANDUM

PROVIDER: EMERALD CARE INC

DATE OF SURVEY: October 1, 2, 3, 4 and 8, 2007 and 22, 23, 24, 25, 26 and 29, 2007

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:

| | |
|--|------------------------|
| Margaret Owens, COO | Emily Metto, RC |
| Michelle Sweeney, Director of Support Services | Apryl Garrett, RC |
| Janet Ingersoll, Residence Dir., RN, LNHA | Remedios Luker, RC |
| Shelly Nevels, Residence Dir., RN | Gloria Adomako, RC |
| Barbara Nelson, Residence Dir., RN | Katie Lawler, OTR/L |
| Rachel Spletstoeszer, RN | Beatrice Thomas, RC |
| Jeanne Anderson, RN | Sara Yaeck, RN |
| Christine Jelagat, RC | Jane Raleigh, Hskp./RC |
| Eunice Trawally, RC | Noreal Braselman RC |

SUBJECT: Licensing Survey X Licensing Order Follow Up: N/A

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to determine compliance with state licensure requirements. 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.
- 2) An unannounced visit was made to follow-up on the status of a state licensing order issued as a result of a visit made on October 1, 2, 3, 4, 8, 22, 23 and 24, 2007. The results of the survey were delineated during a conference. The status of the Correction orders is as follows:

1. MN STATUTE §144A.44 Subd. 1. (2) Issued October 24, 2007 /Corrected October 25, 2007



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0568

November 19, 2007

Joseph Guertin, Administrator
Emerald Care Inc
8150 Bavaria Road
Victoria, MN 55386

Re: Results of State Licensing Survey

Dear Mr. Guertin:

The above agency was surveyed on October 1, 2, 3, 4, and 8, 2007 and 22, 23, 24, 25, 26 and 29, 2007, 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 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) 201-4301.

Sincerely,

A handwritten signature in black ink, which appears to read "Jean Johnston".

Jean Johnston, Program Manager
Case Mix Review 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 • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
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>

An equal opportunity employer



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: EMERALD CARE INC

HFID #: 20815

Date(s) of Survey: October 1, 2, 3, 4 and 8, 2007 and 22, 23, 24, 25, 26 and 29, 2007

Project #: QL20815004

| 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>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 | <ul style="list-style-type: none"> 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 understand what care will be provided and what it costs. | <p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</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>Follow-up Survey # <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>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 | <ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. | <p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</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>Follow-up Survey # <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>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 | <ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe 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>Focus Survey</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>Expanded Survey</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>Follow-up Survey # <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>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0810 | <ul style="list-style-type: none"> Client personal information and records are secure. Any information about clients is released only to appropriate parties. Client records are maintained, are complete and are secure. | <p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</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>Follow-up Survey # <input type="text"/></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>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0065 MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0840 MN Rule 4668.0070 MN Statute §144D.065 | <ul style="list-style-type: none"> Staff have 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. Personnel records are maintained and retained. Staff meet infection control guidelines. | <p>Focus Survey</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>Expanded Survey</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>Follow-up Survey # <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>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 | <ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. | <p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</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>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p> |
| <p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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"> • 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. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. | <p>Focus Survey</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>Expanded Survey</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>Follow-up Survey # <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>8. The provider is in compliance with MDH waivers and variances</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 | <ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances | <p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</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>Follow-up Survey # <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.

1. MN STATUTE §144A.44 Subd. 1. (2) Issued October 24, 2007 /Corrected October 25, 2007

Indicator of Compliance #3

Based on record review, interview and observation, the licensee failed to ensure that care was provided according to a suitable and up-to-date plan and subject to accepted medical or nursing standards for seven of seven (#B4, #B5, #B6, #B7, #B8, #B9 and #B10) clients reviewed with alarms. The findings include:

Client #B4 began receiving contracted care from the licensee on January 31, 2005 with diagnoses of Dementia, and cerebral vascular accident. Client #B4’s care plan signed as reviewed by the registered nurse (RN) February 6, 2007 read “Use alarm in bed for safety. Attach to night clothes.” It also indicated client B4 required the assistance of one staff for transfers and for ambulation due to “very unsteady gait.” Client #B4 was unable to effectively communicate. Client #B4 had documentation dated October 20, 2007 of a fall from bed. The record read that employee Q, an unlicensed care giver, found the client on the floor of her room at approximately 8 pm bleeding from a laceration the top left area of her head. Upon interview on October 22, 2007 employee M an unlicensed direct care staff stated the client had been laid down earlier that evening at approximately 6:30 pm with the alarm string portion attached to the client and the alarm box laying on the bed. Employee M also stated the RN was immediately, verbally, informed of the fall, the client was sent to the hospital after 911 was called and the client returned with staples. The RN follow up note in client B4’s chart was dated October 22, 2007. When interviewed October 22, 2007 the RN stated she “needs to access” client B4 “but it hasn’t been done yet.” The agency policy for “Communication of Significant Change in Resident Condition” listed

“fall with any suspected serious injury (fracture or suspected head trauma.)” There was no assessment, change or update to client B4’s service plan, care plan or vulnerable adult assessment/plan when reviewed October 23, 2007.

Client #B5 began receiving contracted care from the licensee on July 3, 2003 with diagnoses of Dementia. Client #B5 was observed October 22 and 23, 2007 at approximately 9:30 pm each evening, while asleep in bed. On October 22, 2007, the alarm box was observed on top the mattress and not affixed, allowing the alarm to move with the client, rather than disengaging and sounding with movement. On October 23, 2007, the alarm box was observed to be placed under the edge of client B5’s pillow and not affixed, allowing the alarm box to move with the client. When interviewed October 22, 2007, employee M, an unlicensed direct care staff indicated client B5 was to have an alarm used while in bed.

Client #B6 began receiving contracted care from the licensee on September 25, 2007 with diagnoses of Dementia, and anxiety. Client #B6’s care plan signed as reviewed by the registered nurse (RN) September 25, 2007 read “TABs alarm at all times.” It also indicated client #B6 required the assistance of two staff for transfers. Client #B6 was observed October 22 and 23, 2007 in bed between 9:30 p.m. and 10:30 p.m. On October 22, 2007, the alarm box was observed on the mattress next to the pillow and not affixed, allowing the alarm to move with the client without sounding. A strip of Velcro was on the head board of the bed, where the alarm box was to be affixed. When interviewed October 22, 2007 employee N, an unlicensed direct care staff, stated client B6, was to have an alarm used while in bed and that the alarm box was hard to attach to the Velcro. This reviewer requested the box be attached to the bed and after several attempts by employee N, the alarm box was affixed to the Velcro on the head board of the bed.

Client #B7 began receiving contracted care from the licensee on January 18, 2003 with a diagnosis of Dementia. Client #B7 was observed in bed on October 22, 2007 between 9:30 p.m. and 10:30 p.m. The alarm box was observed on the mattress next to the pillow and not affixed to the bed thus allowing the alarm to move with the client and not sound. When interviewed October 22, 2007 employee N, an unlicensed direct care staff, stated client #B7 was to have an alarm used while in bed.

Client #B8 began receiving contracted care from the licensee on June 8, 2006 with a diagnosis of Dementia. Client #B8 was observed on October 22 and 23, 2007 in bed between 9:30 p.m. and 10:30 p.m. On October 22, 2007, client B8’s alarm box was placed under the edge of her pillow and was not affixed, allowing the alarm box to move with the client. On October 23, 2007, the alarm box was clipped to the pillow case. When the string of the alarm was pulled, the alarm box came off the pillow case and the alarm did not sound. When interviewed October 22, 2007 employee N, an unlicensed direct care staff, stated client #B8 was to have an alarm used while in bed.

Client #B9 began receiving contracted care from the licensee on August 3, 2002 with a diagnosis of Dementia. Client #B9 was observed on October 22 and 23, 2007 in bed between 9:30 p.m. and 10:30 p.m. On October 22, 2007, client #B9’s entire alarm system, box and string attachment was not applied to the client in bed. Instead it had been left on client B9’s wheelchair. When interviewed October 22, 2007 employee P, an unlicensed direct care staff, stated client #B9 was to have an alarm used while in bed and that another employee must have forgotten to re-apply the alarm when client #B9 was put into bed. Employee P attached the alarm onto client #B9 and affixed the alarm box to the half side rail on the bed.

Client #B10 began receiving contracted care from the licensee on June 29, 2005 with a diagnosis of Lewy Body Dementia. Client #B10's care plan signed as reviewed by the registered nurse (RN) June 8, 2007 read "Chair/Bed Alarm: Yes." It also indicated client #B10 required the assistance of two staff for transfers and bed mobility.

Client #B10's nurse's notes and incident report dated October 18, 2007 at 04:00 am indicated client #B10 was heard yelling "hello." Employee I, an unlicensed direct care staff, went to obtain linens, down the hall from client B10's room, and heard a thud. Employee I found client #B10 on his left side on the floor, near his dresser. Client #B10 stated he was in pain, but that he had not hit his head. Employee I observed client #B10's alarm "sitting on the bed." It had not sounded. Two additional unlicensed direct care staff were obtained to lift client #B10 off the floor and into bed. The registered nurse (RN), the paramedics were contacted, and client #B10 was transported to a hospital. The agency was notified that client #B10 had a fracture of the left hip and would need surgery.

When interviewed on October 23, 2007, employee I stated client #B10 did not sleep well at night and it was her practice not to disturb client #B10 until he was heard moving or calling out "hello." Employee I had observed client #B10 sleeping at various times and had not determined if the TABs alarm was applied to the client or not. The room motion sensor was turned off as employee I was moving in and out of client rooms. After responding to client #B10's fall, employee I observed the TAB alarm box on the bed mattress with the string hanging from the alarm box. Employee I stated that client #B10 was able to unclip the alarm. She was unsure if it had not been applied to the client or if the client had unclipped the alarm. Employee I reported that she had operated TAB alarms at other facilities and the boxes were affixed to something. She stated that most the alarms are not affixed at Emerald Crest in Shakopee and she therefore thought that TABS alarms were not required to be affixed to something at Emerald Crest in Shakopee.

During observations via making rounds and entering client rooms on October 22, and 23, 2007 between 9:30pm and 10:30 pm and observing various direct care staff inter and exit numerous client rooms in all three housing with services sites for Emerald Crest in Shakopee it was noted no motion sensors present in all rooms that can activate with anyone's movement sounded. The facility policy titled "Motion Sensors" reads "To ensure safety and security of our residents motion sensor will be activated between the hours of 10:00pm and 7:00 am. ...In the event of a motion sensor malfunction the resident room check will be conducted hourly...If a resident falls during the above hours...The investigation will include pulling up the memory of the motion sensor to verify if the motion sensor was activated at the time of the fall."

When interviewed October 23, 2007 the Chief Operating Officer stated that policy was not being followed and that it should not have not been added to the policy book and that she would expect hourly resident checks. She stated that the motion sensors sounded when a resident moved and the alarm sound was disturbing to clients.

The facility had nine falls in September and six falls up to October 23, 2007. No direct care staff interviewed was able to recall any change in plan of care for any client that fell other than client #B10's family had him discharged after his fall with a fracture and hospitalization. The discharge was cited as the change.

A draft copy of this completed form was left with Margaret Owens, COO, at an exit conference on October 29, 2007. 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) 201-4301. 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).