



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0310

March 19, 2009

Nazeen Khatoon, Administrator
Best Care Home Health Inc
3008 University Avenue SE
Minneapolis, MN 55414

Re: Licensing Follow Up visit

Dear Ms. Khatoon:

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 March 9, 10, 11, 12, and 13, 2009.

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".

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
Mary Henderson, Program Assurance
Office of Health Facility Complaints
Jocelyn Olson, Attorney General Office
Deb Peterson, Attorney General's Office

01/07 CMR1000

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

INFORMATIONAL MEMORANDUM

PROVIDER: BEST CARE HOME HEALTH INC

DATE OF SURVEY: March 9, 10, 11, 12 and 13, 2009

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:

Nazneen Khatoon, Adm.
Amanda Jackson, DON/RN
Sylvia Gueary, Unlic. Night Staff
Mattie Beard, Home Health Aide

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # X 24 hour order

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 March 9, 10, 11 and 12, 2009 and subsequent follow up visits made on March 13, 2009. 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.

1. MN Statute §144A.44 Subd. 1(13) (24 Hour Order)

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0471

May 1, 2009
Nazeen Khatoon, Administrator
Best Care Home Health Inc
3008 University Avenue SE
Minneapolis, MN 55414

Re: Results of State Licensing Survey

Dear Ms. Khatoon;

The above agency was surveyed on March 9, 10, 11, 12, and 13, 2009, 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 that reads "Jean M. Johnston". The signature is written in a cursive style.

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
Gary Gilpin, Building Inspections, City of Brooklyn Center-HWS
Deb Peterson, Office of the Attorney General

01/07 CMR3199



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: BEST CARE HOME HEALTH INC

HFID #: 20840

Date(s) of Survey: March 9, 10, 11, 12 and 13, 2009

Project #: QL20840006

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 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 type="checkbox"/> Survey not Expanded</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>Follow-up Survey # <input type="checkbox"/></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 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="checkbox"/></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 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="checkbox"/></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 checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</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 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 # _____</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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ 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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</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>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.

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

1. MN Rule 4668.0030 Subp. 2

INDICATOR OF COMPLIANCE: # 2

Based on record review and interviews, the licensee failed to provide the Minnesota Home Care Bill of Rights for Assisted Living for one of two client (A1) records reviewed. The findings include:

Client A1 began receiving home care services in an assisted living housing with services August of 2007. Client A1’s record lacked evidence the Minnesota Home Care Bill of Rights for Assisted Living was provided to client A1.

When interviewed March 10, 2009, client A1 stated he received a copy of the bill of rights when he began receiving home care services. When interviewed March 9, 2009, the administrator stated a bill of rights that did not apply to assisted living clients was provided to each client. The administrator was unaware of the bill of rights for clients receiving assisted living services.

2. MN RULE 4668.0800 Subp. 1**INDICATOR OF COMPLIANCE: # 7**

Based on observation and interview, the Assisted Living Home Care Provider was noted to be providing services at an establishment called Kingsley Commons which they had not registered as Housing with Services (HWS). The findings include:

When interviewed, March 9, 2009, the owner stated that the agency provides services at three sites. She included Kingsley Commons at 4550 Humboldt Ave. No., Minneapolis, MN 55412 and Shingle Creek Commons at 4600 Humboldt Ave. No., Minneapolis, MN 55412. Neither had been registered as housing with services sites for the licensee nor had registrations been applied for. Both HWS were registered, exclusively, to a different licensee, XXXX. Kingsley Commons was entered during the survey and did have clients served by Best Care. The Kingsley Commons site was providing services to a client population with fewer than 80 percent of the adult residents age 55 or older.

When interviewed, March 11, 2009, the owner/licensee XXXX stated that Best Care began providing services at Kingsley Commons and Shingle Creek Commons in December of 2008. The Minnesota Department of Health (MDH), Licensing and Survey, was contacted for registration status. MDH had not received a registration application or communication from Best Care for registration for the Kingsley Commons or Shingle Creek Commons site as of the date of this survey.

3. 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 two of two clients' (A1 and B1) records reviewed. The findings include:

Clients A1 and B1 entered into a written service plan August of 2007 and December of 2008, respectively. Clients A1 and B1 received services from both licensed and unlicensed staff. The service plan for client A1 read "AL Package." The type of service, frequency of the service, the identifications of the persons or categories of persons to provide the services were not identified, and the fees for services were not identified. The service plan for client B1 did not identify the fees for services.

When interviewed March 11, 2009, the administrator stated the AL Package indicated the client received all the assisted living services offered. The administrator confirmed the fees for services were not identified.

4. MN Rule 4668.0845 Subp. 2**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure a Registered Nurse (RN) supervised unlicensed personnel who performed services that required supervision for one of two client (A1) records reviewed. The findings include:

Client A1 began receiving services August of 2007, which included assistance with medication administration. RN supervisory visits were only completed July 5, 2008, August 9, 2008 and August 23, 2008.

When interviewed March 11, 2009, the Director of Nursing stated the supervisory visits were not completed if the visits were not documented.

5. MN Rule 4668.0855 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) developed a service plan that included assistance with self- administration or medication administration for one of two client (A1) records reviewed. The findings include:

Client A1 received assistance with medication administration. A registered nurse (RN) completed assessments of client A1 on numerous occasions between August 31, 2007, and January 13, 2009. They indicated client A1 received weekly medication set up. Unlicensed direct care staff documented the provision of assistance with medication administration. The service plan, dated August 31, 2007, did not identify the provision of assistance with medication administration, the frequency of supervision of the task or the person providing the service.

When interviewed March 9, 2009, the Director of Nursing stated client A1 received assistance with self administration of medications. When interviewed March 11, 2009, the administrator stated all services were covered under the heading titled "AL Package," on the service plan, which did not contain any further information.

6. MN Rule 4668.0855 Subp. 4

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure the Registered Nurse (RN) instructed unlicensed personnel on assistance with self administration of medication or medication administration for one of two unlicensed personnel (AC) record reviewed. The findings include:

Employee AC, an unlicensed direct care staff, began employment August of 2004. The record lacked evidence of training and competency for assistance with self-administration of medication or medication administration. Employee AC did attend an in-service class related to medication administration and infection control August 21, 2008.

When interviewed March 10, 2009, employee AC stated she removed client A1's pre-filled pill boxes from a locked closet, handed the pills to client A1 for consumption, and documented giving the medications. When interviewed March 11, 2009, the Director of Nursing stated the unlicensed staff, including employee AC, were not trained and competency tested for assistance with self administration or medication administration.

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

Based on record review and interview, the licensee failed to have complete medication records for one of two clients' (A1) records reviewed. The findings include:

Client A1 received weekly medication set up by licensed staff and daily medication assistance from unlicensed direct care staff. Physician orders and medication profiles identified the medications, dosage and frequency of medications for client A1. The licensed staff that performed the weekly set up of medication documented on the clinical nursing notes the medication was set up for one week and did not document each medication placed in each pill box. The unlicensed direct care staff initialed that client A1 took his medications during the shift that services were provided. There was no way to verify that each medication had been set up and administered.

When interviewed March 11, 2009, the Director of Nursing stated the licensed staff were directed to place medications listed on the medication profile and the physician orders in each daily pill box(s). The licensed staff was not directed to document the set up of each medication and it was their practice to only document that the medications were set up for one week.

8. MN Rule 4668.0865 Subp. 2**INDICATOR OF COMPLIANCE: # 6**

Based on observations, record review and interviews, the licensee failed to develop a service plan for the provision of central storage of medications for one of two clients' (A1) records reviewed. The findings include:

Client A1 received central storage of medications. A registered nurse (RN) completed assessments of client A1 on numerous occasions between August 31, 2007, and January 13, 2009. They indicated client A1 received weekly medication set up. Unlicensed direct care staff documented the provision of assistance with medication administration. The service plan, dated August 31, 2007, did not identify the provision of central storage of medications, the frequency of supervision of the task and the person providing the service.

When interviewed March 9, 2009, the Director of Nursing stated client A1 received assistance with self administration of medication and central storage of medication. When interviewed March 11, 2009, the administrator stated all services were covered under the heading titled "AL Package," on the service plan, which did not contain any further information.

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

Based on observations, record review and interviews, the licensee failed to provide care according to acceptable medical and nursing standards for one of two client (A1) record reviewed. The findings include:

Client A1 began receiving home care services August of 2007, which included assistance with medication administration. Client A1 had a history of traumatic brain injury, bilateral leg amputations and alcoholism.

On February 9, 2009, employee AB, a licensed direct care staff, documented that client A1 had a 1.5 centimeter open area on the left leg stump. Employee AB did not notify the Registered Nurse (RN) or the physician and wound care was not initiated. On March 2, 2009, the wound on the left stump was documented as being one centimeter in circumference. The client was self treating the open area by putting Bacitracin on the wound. Again, employee AB did not notify the physician or obtain treatment orders for client A1.

When interviewed March 10, 2009, client A1 showed the reviewer a stage two wound on the end of the left stump and reported he had been treating the wound with a weekly shower and Bacitracin Zinc ointment several times per day. When interviewed March 11, 2009, the Director of Nursing stated she was unaware client A1 had an open wound on the stump of the left leg. Licensed direct care staff was to report changes in condition to the RN. Employee AB failed to notify the RN and the physician of the wound.

10. MN Statute §144A.44 Subd. 1(13) Issued as a 24 hour order March 12, 2009 and corrected March 13, 2009

INDICATOR OF COMPLIANCE: # 2

Based on observation, record review and interviews, the licensee failed to ensure that clients were served by people who were properly trained and competent to perform their duties for one of two client (A1) records reviewed. The findings include:

Client A1 began receiving home care services, including assistance with medication administration, August of 2007. Client A1 had a history of traumatic brain injury, bilateral leg amputations (due to being set on fire by someone in 2001 while homeless) and alcoholism. Behavior history includes stabbing another client in the neck with a butter knife August of 2007, while receiving services from another home care agency. Client A1 began court ordered day treatment for alcoholism, in February of 2009. When interviewed March 10 and 11, 2009, the administrator and director of nursing reported client A1 had been participating in an outpatient substance abuse program for the past two weeks, which was ordered by the courts.

When interviewed March 10, 2009, employees AC and AD, unlicensed direct care staff, stated the administrator had given client A1 permission to smoke in his room because it was too difficult for him to get outside with his wheelchair (staff had to move a ramp up to enter and exit the house.) Employees AC and AD reported they suspected that client A1 had been drinking on March 10, 2009, because he was running into walls with his electric wheelchair.

Nurse's notes dated April 19, 2008, May 31, 2008, and June 28, 2008, documented client A1 was repeatedly suspected of drinking and/or demonstrated disruptive behavior. A nurse's note dated April 19, 2008, read "Going from door to door knocking, waking others while up intoxicated. Trying to get into female client's room." A nurse's note dated August 23, 2008, read that police were called to the facility "due to alcohol use and behavior issues." A nurse's note dated December 6, 2008, read "Client drunk and passed out on bed. Client ripped door molding off another resident room during drunk..."

Drinking and disruptive behavior was documented as recently as March 3, 2009.

On March 10, 2009, two large liquid oxygen tanks were observed in the Best Care Group housing with services. No smoking signs were posted in the entry area, the bathroom and living room areas. Client A1's bedroom was within twenty feet of the two oxygen tanks. Client A1's carpet had burn holes, the bedroom window was open, and an ash tray with cigarette butts sat on a wooden chair near the window. Client A1's tobacco was on top the bed linen.

When interviewed on March 10, 2009, client A1 stated he was allowed to smoke in his room because the staff did not want to put the ramps up for him to get outside. Client A1 showed the reviewer the wound on the left stump and reported that he has been treating the wound with a weekly shower and Bacitracin Zinc ointment several times per day. (The wound was as noted above). Client A1 indicated he felt the staff lacked training and communication skills.

On February 9, 2009, employee AB a licensed direct care staff documented that client A1 had a 1.5 centimeter open area on the left leg stump. Employee AB did not notify the facility registered nurse or the physician and wound care was not initiated. On March 2, 2009, the wound on the left stump was noted to be one centimeter in circumference. The client was self treating the open area by putting Bacitracin on the wound. Again, employee AB did not notify the physician or obtain treatment for the wound.

The client's service agreement and a Home Health Aide Care Plan dated August 31, 2007, did not identify or address client A1's smoking, drinking or abuse behavior problems. An Assessment for Vulnerability and Safety dated January 9, 2009, indicated abuse and neglect was suspected, but the client was not in a current vulnerable situation. The assessment indicated he did not live with another vulnerable adult and was not at risk of being abused by others. There were no interventions identified other than twenty-four hour care skilled nursing visits every week and social worker involvement.

When interviewed March 9, 2009, the administrator and director of nursing, stated clients A2, A3 and A4, were vulnerable adults residing in the housing with services with client A1. When interviewed March 11, 2009, the Director of Nursing stated she was unaware client A1 had an open wound on the stump of the left leg. When interviewed on March 10 and 11, 2009, the administrator stated she had not given client A1 permission to smoke in his room, that is why there were no smoking signs posted.

A draft copy of this completed form was left with Nazneen Khatoon, Adm., and Amanda Jackson, DON, at an exit conference on March 13, 2009. 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).