



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6925

August 24, 2010

Marcia Dooner, Administrator  
Parkinsons Specialty Care  
10405 6<sup>th</sup> Avenue North  
Plymouth, MN 55441

Re: Results of State Licensing Survey

Dear Ms. Dooner:

The above agency was surveyed on June 21, 22, and 24, 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 correction order 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,

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

CERTIFIED MAIL #: 7009 1410 0000 2303 6925

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care & Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor- (651) 201-4309

TO: MARCIA DOONER DATE: August 24, 2010
PROVIDER: PARKINSONS SPECIALTY CARE COUNTY: HENNEPIN
ADDRESS: 10405 6TH AVENUE NORTH HFID: 21434
PLYMOUTH, MN 55441

On June 21, 22 and 24, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0008 Subp. 3

Based on interview, the licensee failed to establish a contract with the business that provided registered nursing (RN) services for the licensee. The findings include:

When interviewed June 22, 2010, employee E (Human Resource Manager) indicated that RN services for the home care provider were provided by individual A (registered nurse/RN) who was not an employee of the home care provider. Employee E stated when questioned, that the licensee had not entered into a contract with individual A for this home care service.

When interviewed June 24, 2010, individual A confirmed she was an independent contractor and provided RN services for the home care provider.

**TO COMPLY:** If a licensee contracts for a home care service with a business that is not subject to licensure under this chapter, it must require, in the contract, that the business comply with this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#).

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

## **2. MN Rule 4668.0065 Subp. 3**

Based on interview and record review, the licensee failed to ensure that for each twelve months of employment, employees and contractors who have contact with the clients completed infection control inservice training for two of two licensed staffs' (A and B) records reviewed. The findings include:

Individual A (a registered nurse) who provided home care services for the home care provider, began providing services February 6, 2009. There was no evidence of infection control training for individual A in her record. When interviewed June 22, 2010, employee E (Human Resource Manager) confirmed individual A did not have infection control training since she was hired.

Employee B (licensed practical nurse) began providing services for the home care provider September 27, 2006. There was no infection control training in the employee's record since 2007. When interviewed June 22, 2010, employee B stated she had not had annual infection control training and was not aware that she needed infection control training.

**TO COMPLY:** For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

- A. hand washing techniques;
- B. the need for and use of protective gloves, gowns, and masks;
- C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
- D. disinfecting reusable equipment; and
- E. disinfecting environmental surfaces.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

## **3. MN Rule 4668.0815 Subp. 4**

Based on observation, interview and record review, the licensee failed to ensure that service plans were complete for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the home care provider June 2, 2010. Observations on June 21, 2010, and June 22, 2010, and a review of client #1's progress notes, medication administration record, and unlicensed staffs' care records indicated the client received assistance with his activities of daily living, medication administration including insulin injections, urinary catheter care and blood glucose checks. The client's service plan, dated May 27, 2010, indicated the services provided were "Personal Care Services/Rental Agreement" by the home health aide and "Assessment" by the registered nurse. The service plan did not include a description of the services that were to be provided.

Client #2 began receiving services from the home care provider September 19, 2007. Observation on June 21, 2010, and June 22, 2010, and a review of client #2's progress notes, medication administration record, and unlicensed staffs' care records indicated the client received assistance with her activities of daily living, medication administration including insulin injections and blood glucose monitoring. The client's service plan, dated December 1, 2009, indicated the services provided were "Personal Care Services/Rental Agreement" by the home health aide and "Assessment" by the registered nurse. The service plan did not include a description of the services that were to be provided.

When interviewed June 21, 2010, employee B (licensed practical nurse) confirmed that "personal care services" was not a description of the services that were provided. Employee B stated she was not aware that this language was not acceptable to meet the requirement.

**TO COMPLY:** The service plan required under subpart 1 must include:

A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;

B. the identification of the persons or categories of persons who are to provide the services;

C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;

D. the fees for each service; and

E. a plan for contingency action that includes:

(1) the action to be taken by the class F home care provider licensee, client, and responsible person if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the class F home care provider licensee whenever staff are providing services;

(3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the class F home care provider licensee to contact a responsible person of the client, if any; and

(5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

**4. MN Rule 4668.0825 Subp. 4**

Based on observation, interview and record review, the licensee failed to ensure that before performing a delegated procedure, the unlicensed staff person was instructed by the registered nurse (RN) in the procedure and demonstrated to the RN their ability to competently follow the procedure for one of one employee (D) observed, who performed a blood glucose test. The findings include:

Client #1 began receiving services from the home care provider June 2, 2010, which included the delegated nursing task of blood glucose monitoring four times a day. Employee D (unlicensed staff person) was observed on June 21, 2010, at 11:50 a.m. to perform client #1's blood glucose test.

Employee D began employment with the home care provider on February 25, 2010. Employee D's personnel file did not include evidence that before performing the delegated procedure of blood glucose monitoring, that she was instructed by the RN in the procedure and demonstrated to the RN her ability to competently follow the procedure.

When interviewed June 21, 2010, employee D stated that employee B, a licensed practical nurse (LPN) trained and tested her on how to perform the blood glucose test. When interviewed June 21, 2010, employee B (LPN) confirmed that she had trained employee D on how to perform the blood glucose test. When interviewed June 24, 2010, individual A (RN) stated that when unlicensed staff were hired, the LPN did the initial training and testing of unlicensed staff for delegated nursing tasks and then sometime later, individual A would follow up with the unlicensed staff to see how they were doing.

**TO COMPLY:** A person who satisfies the requirements of part [4668.0835](#), subpart 2, may perform delegated nursing procedures if:

A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;

B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;

C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;

D. the procedures for each client are documented in the client's record; and

E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

**TIME PERIOD FOR CORRECTION:** Fourteen (14) days

**5. MN Rule 4668.0855 Subp. 6**

Based on observation, interview and record review, the licensee failed to ensure that unlicensed staff did not administer subcutaneous injections other than insulin for one of one client (#2) reviewed who received an injection other than insulin. The findings include:

Client #2 began receiving services from the home care provider on September 19, 2007. Client #2 had a prescriber's order to receive Apokyn ( a medication used to treat muscle stiffness, slow movements and difficulty starting movements in advanced Parkinson's Disease) subcutaneous (SQ) injections three times a day and twice a day whenever necessary.

Observations on June 22, 2010, at 2:00 p.m. revealed employee C (unlicensed staff person) assisted client #2 with setting up the Apokyn injection for administration.

When interviewed June 22, 2010, employee C stated depending on the client's motor function at the time of the scheduled injection, the unlicensed staff either administered the Apokyn SQ injection, or assisted the client with the set-up of the medication and the client self-injected the medication. Employee C stated that the client's morning dose was almost always administered by the unlicensed staff.

When interviewed June 24, 2010, individual A (registered nurse) confirmed that the unlicensed staff administered client #2's Apokyn SQ injections the majority of the time.

**TO COMPLY:** A person who administers medications under subpart 3 may not draw up injectables. Medication administered by injection under subpart 5 is limited to insulin.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

**6. MN Rule 4668.0865 Subp. 8**

Based on observation and interview, the licensee failed to ensure that medications were stored in locked compartments for three of three medication storage areas observed. The findings include:

On June 21, 2010, from 9:00 a.m.-2:00 p.m. and on June 22, 2010, from 9:00 a.m. until 10:45 a.m. clients' medications were observed to be centrally stored in three unlocked cupboards on the west side of the facility. When interviewed June 22, 2010, employee C (unlicensed staff person) stated the cupboards were usually left unlocked during the morning hours because staff accessed the medications approximately every hour and it was easier for the staff if the cupboards were left unlocked. When interviewed June 22, 2010, employee B (licensed practical nurse) confirmed the medication storage cupboards were not locked, but stated the cupboards have the capability of being locked and proceeded to lock them. A refrigerator on the west side of the facility was observed on June 22, 2010, at 10:50 a.m., to be unlocked and contained Tylenol Suppositories, Bisacodyl suppositories, 3 vials of insulin and 1 vial of Vitamin B12 that were stored on a shelf. When interviewed June 22, 2010, employee B stated she was not aware these medications needed to be locked.

On June 22, 2010, at 10:50 a.m. the central storage of medication area in the lower level of the facility on the east side was observed. Two cupboards in the kitchen area were observed to be designated as the storage area for client's medications and the cupboards were noted to be unlocked. The cupboards contained medications for client #1 and #2. When interviewed June 22, 2010, employee D (unlicensed staff person) stated the cupboards that stored the medications do not have the capability of being locked and have not been locked since she started working at the facility in February 2010.

On June 22, 2010, at 11:00 a.m. the central storage of medication area in the lower level of the facility on the west side was observed. One cupboard in the kitchen area was observed to have the clients' medications stored in them. The cupboard was noted to be unlocked.

When interviewed June 22, 2010, employee B confirmed the three areas of the facility where clients' medications were stored were not locked.

**TO COMPLY:** A class F home care provider licensee providing central storage of medications must store all drugs in locked compartments under proper temperature controls and permit only authorized nursing personnel to have access to keys.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

#### **7. MN Statute §144A.44 Subd. 1(2)**

Based on observation and interview, the licensee failed to ensure clients received care and services according to accepted nursing standards related to infection control for two of three clients (#1 and #3) observed receiving care and services. The findings include:

Staff were observed to not follow infection control procedures that were in place related to the use of gloves and handwashing.

Employee D (unlicensed staff person) was observed on June 21, 2010, at 11:45 a.m. to administer client #3's eye drops. Employee D was not wearing gloves during the administration of the eye drops. Employee D did not wash her hands after administering the eye drops, but rather, the employee was observed to put the eye drops away into the medication storage area, and take client #1's medi-set container and blood glucose monitoring machine out of the cupboard. Employee D was observed to take client #1's pills out of the medi-set container with her fingers and put them into a medication cup. Employee D then administered the pills to client #1. Employee D was observed to put on a pair of gloves and set-up the client's blood glucose monitoring supplies. Employee D placed the lancet onto the client's fingertip to prick the skin, but did not prepare the skin with an alcohol preparation pad prior to pricking the client's finger. After testing the client's blood glucose, employee D was observed to put the client's blood glucose testing supplies away before removing her gloves and washing her hands. Employee D was observed to dry her hands on a kitchen towel that appeared to have stains on it and was wet from prior use. Employee D was observed on June 22, 2010, at 8:00 a.m. to administer client #1's insulin. Employee D was observed to again dry her hands after washing them with the same kitchen towel that was used the day before. When interviewed June 22, 2010, regarding paper towel use, employee D stated that she had "run out of paper towels."

The home care provider's policy and procedure titled, "Infection Control" indicated that "gloves are to be worn when touching mucous membranes" and that hands are to be washed "immediately after gloves are removed." The home care provider's written instructions for administering eye drops indicated gloves were to be used when administering eye drops. A policy titled, "Blood Glucose Monitoring" indicated that staff were to assist the client to wash hands with soap and water or use an alcohol wipe before obtaining a blood sample.

When interviewed June 24, 2010, individual A (registered nurse) stated staff were to use gloves when administering eye drops, wash their hands after administering eye drops, prepare the client's skin prior to obtaining a blood sample when testing a client's blood glucose, and use paper towels instead of a dish towel when drying their hands.

**TO COMPLY:** A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

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





*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 0576

January 28, 2005

Marcia Dooner, Administrator  
Edina Care Residence  
6804 Dovre Drive  
Edina, MN 55436

Re: Results of State Licensing Survey

Dear Ms. Dooner:

The above agency was surveyed on December 2, 3, and 6, 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: Marcia Dooner, President Governing Board  
Case Mix Review File



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: EDINA CARE RESIDENCE  
 HFID # (MDH internal use): 21434  
 Date(s) of Survey: December 2, 3, and 6, 2004  
 Project # (MDH internal use): QL21434001

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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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 who 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><u>X</u> Met ___ Correction ___ Order(s) issued ___ 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><u>X</u> Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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><u>X</u> Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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><u>X</u> Met ___ Correction ___ Order(s) issued ___ 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:

X 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/Education:
	CLIA Waiver		X	<b>Education:</b> A copy of the CLIA information and the web site information was given to executive director.

A draft copy of this completed form was left with Marcia Dooner, Executive Director at an exit conference on December 6, 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)