



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6352

January 19, 2011

Roman Bloemke, Administrator
Welcome Home Health Care
511 Dekalb Street
Redwood Falls, MN 56283

RE: Results of State Licensing Survey

Dear Mr. Bloemke:

The above agency was surveyed November 18, 19, 22, and 23, 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,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written in a cursive style.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Redwood 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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CERTIFIED MAIL 7009 1410 0000 2303 6352

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 and Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: ROMAN D BLOEMKE DATE: January 19, 2011
PROVIDER: WELCOME HOME HEALTH CARE COUNTY: REDWOOD
ADDRESS: 511 DEKALB STREET HFID: 23560
REDWOOD FALLS, MN 56283

On November 18, 19, 22 and 23, 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 4668.0815 Subp. 2

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's service plan at least annually or more frequently when there was a change in the client's condition that required a change in service for three of four clients' (#1, #3 and #4) records reviewed. The findings include:

Clients #1, #3 and #4 were admitted September 24, 2008, March 17, 2006, and April 2, 2007, respectively. Client #1's record contained a service plan dated September 24, 2008; client # 3's record contained a service plan dated March 29, 2006; and client #4's record contained a service plan dated April 5, 2007. There was no further review or revision of client #1's, #3's or #4's service plan.

When interviewed November 19, 2010, employee A (RN) indicated that the September 24, 2008, March 17, 2006, and April 2, 2007, service plans were the only service plans that had been completed for the clients and that they had not been reviewed or revised.

TO COMPLY: A registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0815 Subp. 4

Based on record review and interview, the licensee failed to ensure that service plans were complete for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:

Client #1 was admitted September 24, 2008. The client's service plan, dated September 24, 2008, indicated the client's services included blood sugar monitoring and blood pressure checks monthly, breakfast and supper and shower assistance two times per week.

Documentation indicated the client also received daily safety checks, lunch, medication assistance, blood sugar monitoring and insulin four times per day, blood pressure monitoring weekly, central storage of medications, medication set up, garbage removal, housekeeping and laundry. The client's service plan did not include all of the services that the client was receiving.

Client #2 was admitted September 1, 2010. The service plan, dated September 1, 2010, did not contain a description of the assisted living home care services to be provided or identification of who was providing the home care services.

Documentation indicated the client received well being checks twelve times per day, bathing assistance two times per week, daily assistance with applying a prosthesis, dressing, grooming, medication administration three times per day, blood sugar monitoring six times per week, weekly medication set up, weekly housekeeping and laundry, bed making, garbage removal, three meals per day and based on interview the client also received central storage of medications. The client's service plan did not include the home care services that the client was receiving.

Client #3 was admitted March 17, 2006. The client's service plan, dated March 29, 2006, indicated the client received housekeeping and laundry one time per week, RN supervision every 62 days and medication set up. It could not be determined what other services were currently being provided to the client, because there were five pages of modifications to the service plan between from 2006 through May 4, 2009.

Documentation indicated the client received daily 3:00 a.m. checks, shower assistance twice weekly, weekly bed making, housekeeping, laundry pickup, daily garbage removal, weekly weights, level 3 dressing everyday, daily blood pressure, grooming, medication assistance, well being checks twice daily, weekly medication set up, lunch and supper everyday and per interview central storage of medications. The client's service plan did not contain a complete list of services that the client was receiving.

Client #4 was admitted April 2, 2007. The service plan, dated April 5, 2007, indicated the client received twice weekly shower assistance, daily dressing assistance, RN supervision every 62 days, well being checks as needed, weekly housekeeping and laundry and food preparation three times a day.

Documentation indicated the client also received daily safety checks, and oxygen management, level three dressing assistance, weekly medication set up by the nurse, and per interview central storage of medication. The client's service plan did not include all of the services that the client was receiving.

When interviewed November 18, 19 and 22, 2010, employee A (RN) indicated she had reviewed the client's care plans routinely, but not the service plans. She verified the service plans did not contain all of the required contents and the services that the clients were receiving, including central storage of medications.

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

3. MN Rule 4668.0825 Subp. 4

Based on observation, record review and interview, the licensee failed to ensure that unlicensed staff were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated to the RN that he/she was competent to perform the procedure for one of one client's (#11) record reviewed who received assistance with administration of an inhaler. The findings include:

Client #11 was admitted February 3, 2007, and began receiving assistance with administration of medication including an Advair inhaler on February 11, 2007. The client was observed on November 19, 2010, at 7:30 a.m. to receive assistance with the administration of an Advair Diskus 100/50 inhaler. Employee B (unlicensed staff) gave client #11 the Advair disc and told the client to take one puff, but gave no further instruction except for the client to rinse her mouth after the use of Advair.

The licensee's inhaler usage instruction sheet stated to: exhale fully, then breathe in slowly and press down on the inhaler, breathe deeply, hold your breath for 10 seconds and exhale slowly through pursed lips.

There was no documentation that employee B had received training or demonstrated competency to the RN in her ability to perform the inhaler procedure.

When interviewed November 19, 2010, at 11:15 a.m. employee B indicated she couldn't remember if she had been trained to administer an inhaler. When interviewed November 19, 2010, employee A (RN) stated there had been no training completed for administration of an inhaler.

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: Seven (7) days

4. MN Rule 4668.0855 Subp. 9

Based on record review and interview, the licensee failed to have complete medications records for six of six clients' (#4, #6, #7, #8, #9 and #10) records reviewed who received medication set up. The findings include:

Clients #4, #6, #7, #8, #9 and #10 were admitted April 2, 2007, October 3, 2009, February 14, 2009, October 11, 2010, November 6, 2009, and September 20, 2006, respectively. Clients #4, #6, #7, #8, #9 and #10 received medication set up by the registered nurse and then self administered the medications.

When client #4's, #6's, #7's, #8's, #9's and #10's medication administration records were reviewed, it was noted that the registered nurse (RN) documented medication set up but not what individual medications were set up for each client.

When interviewed November 22, 2010, employee A (RN) agreed that there was no documentation of each medication that was set up for self administration.

TO COMPLY: The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.

TIME PERIOD FOR CORRECTION: Seven (7) days

5. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to provide services according to acceptable medical and nursing standards for one of one client's (#1) record reviewed who received insulin administration. The findings include:

During observation of administration of Lantus insulin and Novolog insulin for client #1 on November 19, 2010, at 7:20 a.m. employee B (unlicensed staff) was observed to hand client #1 the Lantus insulin pen and had the client inject 23 units of the insulin. Employee B then instructed client #1 to remove the needle used to inject the Lantus insulin and put the used needle on a Novolog insulin pen to use again for injection of 8 units of Novolog insulin. The client injected the Novolg insulin using the same needle.

Instructions for the Novolog FlexPen stated to remove the protective tab from a NovoFine single-use needle, place a new NovoFine needle on the flex pen for each injection.

When interviewed November 19, 2010, employee B did not know why she hadn't instructed client #1 to change needles to administer the two insulin injections. When interviewed November 22, 2010, employee A (registered nurse/RN) and D (RN/regional director) agreed that staff should use a different needle for each type of insulin administered. Employee A contacted a diabetic educator on November 22, 2010, at 3:00 p.m. and stated the diabetic educator indicated the same insulin needle cannot be used for two different types of insulin injections.

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: Seven (7) days

6. MN Statute §626.557 Subd. 14(b)

Based on record review and interview, the licensee failed to develop an up to date individualized assessment and abuse prevention plan for one of four clients' (#1) records reviewed. The findings include:

Client #1 was admitted and began receiving services September 24, 2008. Client #1's master care plan/vulnerable adult assessment, dated September 23, 2010, indicated the client had occasional forgetfulness, occasional memory loss and occasional disorientation.

A note, dated October 1, 2010, indicated the family shut off the breaker to the oven for safety. On October 1, 2010, client #1 baked three pies without supervision and the oven breaker was shut off again per family request.

The care plan/vulnerable adult assessment did not include a plan for each of the identified vulnerabilities of forgetfulness, memory loss or disorientation.

When interviewed November 19, 2010, employee A (registered nurse) verified that the client's individual abuse plan was not complete.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Redwood 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 # 7004 1160 0004 8711 8536

October 19, 2005

Roman Bloemke, Administrator
Welcome Home Health Care
511 Dekalb Street
Redwood Falls, MN 56283

Re: Licensing Follow Up Revisit

Dear Mr. Bloemke:

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 5, 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 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: Dean Bloemke, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Redwood County Social Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
CMR File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: WELCOME HOME HEALTH CARE

DATE OF SURVEY: October 5, 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:

1. Yvonne Schell, Dir. of Resident Services
2. Joann Loken, RN/Dir. of Health Services

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) On October 5, 2005, 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 22, 23, and 24, 2005. 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 Statute §144A.46 Subd. 5(b)

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 2692

July 22, 2005

Roman Bloemke, Administrator
Welcome Home Health Care
511 Dekalb Street
Redwood Falls, MN 56283

Re: **AMENDED** Results of State Licensing Survey

Dear Mr. Bloemke:

On July 14, 2005 you were sent a letter with State Licensing deficiencies delineated on a correction order form in relation to a survey that was conducted on March 22, 23, and 24, 2005. **Please disregard the information that was mailed to you.** Subsequent to that mailing, an error was noted in the information that was mailed to you.

The corrected State licensing deficiencies are delineated on the attached **amended** Minnesota Department of Health (MDH) correction order form. The amended information that has been corrected is underscored and the stricken [~~stricken~~] information has been removed.

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: Dean Bloemke, President Governing Board
Case Mix Review File

CMR 3199 6/04



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4474

July 14, 2005

Roman Bloemke, Administrator
Welcome Home Health Care
511 Dekalb Street
Redwood Falls, MN 56283

Re: Results of State Licensing Survey

Dear Mr. Bloemke:

The above agency was surveyed on March 22, 23, and 24, 2005 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: Dean Bloemke, 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: WELCOME HOME HEALTH CARE
 HFID # (MDH internal use): 23560
 Dates of Survey: March 22, 23, and 24, 2005
 Project # (MDH internal use): QL23560001

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 promote 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 <input type="checkbox"/> 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 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>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 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 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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 are 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 <input type="checkbox"/> 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 follow 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 type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided <input checked="" 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) <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 checked="" type="checkbox"/> Education <input type="checkbox"/> 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/Education:
3.	Mn Statute §144A.46 Subd. 5(b)	X	X	<p>Based on record review and interviews the agency failed to conduct background checks for nine of thirteen employees (#1, #2, #3, #8, #9, #10, #11, #12, and #13) reviewed who have direct client contact and/or are subject to the background check. The findings include:</p> <p>Employees #1, #2, #3, #8, #9, #10, #11, #12, and #13 did not have background checks in their personnel records. When interviewed March 22, 2005, the Director of Operations and the Human Resources Director confirmed that background checks had not been obtained for employees #1, #2, #3, #8, #9, #10, #11, #12 and #13. The Human Resources Director indicated the agency had not been able to obtain the required forms from the Department of Human Services (DHS) but did not have the name of a DHS contact.</p> <p>Education: Provided</p>

A draft copy of this completed form was left with Roman D. Bloemke, Director of Operations, at an exit conference on March 24, 2005. 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).