



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7106

August 18, 2010

Lee Vang, Administrator
Sunlight Services LLC
400 Western Avenue North
St Paul, MN 55103

Re: Results of State Licensing Survey

Dear Ms. Vang:

The above agency was surveyed on June 14, 15, and 16, 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: Ramsey 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 55164-0938 • 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 7106

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



Patricia Nelson, Supervisor - (651) 201-4309

TO:	LEE VANG	DATE: August 18, 2010
PROVIDER:	SUNLIGHT SERVICES LLC	COUNTY: RAMSEY
ADDRESS:	440 VIRGINIA STREET ST PAUL, MN 55103	HFID: 23761

On June 14, 15 and 16, 2010, surveyors 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 4668.0065 Subp. 3

Based on record review and interview, the licensee the failed to ensure annual infection control in-service training was completed for two of two contracted professional employees' (AA and BA) records reviewed. The findings include:

Employee AA (registered nurse) was hired and began providing direct care June 13, 2007. There was no documentation of any infection control training in the records for employee AA. When interviewed June 16, 2010, at 8:35 a.m., employee AA stated she could not say when her last infection control training was, but she would check her files for any documentation of training. No further documentation of infection control training was provided during the survey.

Employee BA's (licensed practical nurse) contract was dated April 15, 2006. Documentation indicated employee BA last received infection control training on March 17, 2006. Employee BA's records lacked evidence that she had received any infection control training since March 2006. No further documentation of infection control training was provided during the survey for employee BA.

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

2. MN Rule 4668.0800 Subp. 3

Based on observation, record review and interview, the licensee failed to provide all services as required by a client's service plan for one of two clients' (A2) records reviewed in housing with services site A. The findings include:

Client A2 was admitted and began receiving services May 30, 2007. Client A2's service plan, dated July 28, 2008, indicated the client was to receive assistance with bathing, skin care, dressing, grooming and oral hygiene. The health issues and plan of care form, dated May 30, 2010, indicated the client was completely groomed by staff and was to have her teeth brushed every a.m. and p.m. The June 2010 resident services delivery record indicated that personal care/grooming had been done each morning and evening. Observation of morning cares on June 15, 2010, at 8:15 a.m., did not include brushing of the client's teeth. The client was observed throughout the morning of June 15, 2010, and at 11:30 a.m. her teeth had not yet been brushed.

When interviewed June 15, 2010, at 11:50 a.m., employee AC (unlicensed direct care staff) stated she had not brushed client A2's teeth because nobody had told the staff to brush the client's teeth. When interviewed June 15, 2010, at 4:15 p.m., employee BD (program manager) did not know that staff was not brushing client A2's teeth.

TO COMPLY A class F home care provider licensee must provide all services required by a client's service plan under part [4668.0815](#).

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0805 Subp. 1

Based on record review and interview, the licensee failed to ensure each employee received orientation to home care requirements before providing home care services to clients for two of two contracted professional employees' (AA and BA) records reviewed. The findings include:

Employee AA (registered nurse) and employee BA (licensed practical nurse) were hired June 13, 2007, and April 15, 2006, respectively. There was no documented evidence of orientation to home care for either employee.

When interviewed June 16, 2010, at 4:20 p.m., employee AD (administrator) indicated she did not realize orientation to home care had to be completed for every person who provided direct care or supervision of direct care. Employee AD stated that she thought since employee AA and employee BA were professionals they did not need to be oriented to home care.

TO COMPLY: An individual applicant for a class F home care provider license and a person who provides direct care, supervision of direct care, or management of services for a licensee must complete an orientation to home care requirements before providing home care services to clients. The orientation may be incorporated into the training of unlicensed personnel required under part [4668.0835](#), subpart 2. The orientation need only be completed once.

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Rule 4668.0815 Subp. 4

Based on record review and interview, the licensee failed to provide a complete service plan for two of two clients' (A1 and A2) records reviewed in housing with services site A. The findings include:

Client A1 and A2 were admitted and began receiving home care services including medication administration February 18, 2008, and May 30, 2007, respectively. Client A1's and A2's service plans (undated) did not identify what person or category of persons were to provide the services, the person who would be supervising the services and the fee for services. The contingency plan did not include the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services, the name and telephone number of the person to contact for an emergency or significant change in the client's condition and the method for the licensee to contact a responsible person of the client.

When interviewed June 16, 2010, at 5:25 p.m., employee AA (contracted registered nurse) stated she had given the service plans to the previous program manager to have the clients sign. Employee AA said the program manager was to complete the missing information, however the program manager was no longer employed by the licensee.

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

5. 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 proper method to perform a delegated nursing procedure and demonstrated to the RN that he/she was competent to perform the procedure for two of two clients' (B1 and B2) records reviewed in housing with services site B. The findings include:

Client B1's record contained a prescriber's order, dated January 14, 2010, for HN Fiber some seven cans daily. The client's record indicated the client received the seven cans of HN Fiber some daily through his feeding tube. The client's record did not contain written instructions for how unlicensed personnel were to administer the tube feeding.

Employee BB was observed on June 15, 2010, to perform a blood sugar check and provide insulin administration to client B2. Client B2's record did not contain written instructions for how the unlicensed personnel were to perform the blood sugar checks and insulin administration.

When interviewed June 15, 2010, employee AA (registered nurse) stated there were no written instructions in housing with services site B because the staff in the home do not read English.

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: Thirty (30) days

6. MN Rule 4668.0855 Subp. 3

Based on observation, record review and interview, the licensee failed to ensure that medication administration was conducted in accordance with the definition for assistance with self-administration of medication for three of four clients' (A1, B1 and B2) records reviewed. The findings include:

Client B1 had a prescriber's order, dated May 20, 2010, to discontinue the client's Trazodone. The client's health progress notes contained an entry, dated May 20, 2010, that indicated employee BD (program manager/unlicensed personnel) removed the Trazodone from the client's mediset and updated the medication record in the file. When interviewed June 15, 2010, employee BD verified that she had removed the Trazodone from the mediset.

During medication observation on June 15, 2010, at 8:56 a.m., client B3 was observed to receive Bactrim DS. Client B3 had a prescriber's order, dated June 10, 2010, for Bactrim DS 1 tablet by mouth twice a day for three days. There was a handed written note, dated June 12, 2010, by employee BE (program manager/unlicensed staff) stating she put the Bactrim DS in the client's medi set on June 12, 2010. When interviewed June 15, 2010, employee BE verified that she had put the Bactrim DS in the client's mediset.

Client #A1 was admitted and began receiving home care services including medication administration February 18, 2008. The client's medications included a Multivitamin, Senna (laxative) and Tylenol. During observation of medication administration on June 15, 2010, at 8:25 a.m., employee AB (unlicensed staff) was observed to administer Multivitamin 1 tablet, Senna 1 tablet and Tylenol 2 tablets from the mediset. When interviewed June 15, 2010, regarding the over the counter medications in the

mediset, employee AC (unlicensed direct care staff) stated that employee BD (program manager/unlicensed staff) had added the over the counter medication to the mediset, which the pharmacist had previously set up. When interviewed June 14, 2010, at 9:30 a.m., employee A (contracted RN) stated that the pharmacy sets up all the pills except for as needed medications.

The licensee's policy and procedure, dated February 25, 2009, stated the RN (registered nurse) set up medication on a bi-weekly basis into the dosage boxes.

The definition at MN Rule 4668.0003 Subp. 2a B. defines assistance with self-administration of medications as: "opening a container containing medications set up by a nurse, physician or pharmacist."

When interviewed June 14, 2010, employee AD (administrator) BD and BE (program manager) indicated that they had added over the counter medications to the mediset containing the medication that had already set up by the pharmacist.

TO COMPLY: A registered nurse may delegate medication administration or assistance with self-administration of medication only to a person who satisfies the requirements of part [4668.0835](#), subpart 2, and possesses the knowledge and skills consistent with the complexity of medication administration or assistance with self-administration of medication, only in accordance with Minnesota Statutes, sections [148.171](#) to [148.285](#).

TIME PERIOD FOR CORRECTION: Seven (7) days

7. MN Rule 4668.0855 Subp. 7

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) specified in writing specific instructions for administering an inhaler medication for one of one client's (A1) record reviewed at housing with service site A. The findings include:

Client A1 was admitted and began receiving home care services including medication administration February 18, 2008. The client had received Advair disc (inhaler) 500/50 1 puff twice daily by unlicensed direct care staff since October 2009. There was no documentation of training or competency testing or written instructions for the unlicensed staff to follow for the administration of the Advair.

When interviewed June 15, 2010, at 9:30 a.m., employee AA (contracted RN) indicated she had trained staff in individualized client care. On June 17, 2010, employee AA proved documentation of training via facsimiles to the health department. The information provided only indicated "ask staff to write down numbers on inhalers."

TO COMPLY: A person who satisfies the training requirements of subpart 4 may perform assistance with self-administration of medication or medication administration 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 records; 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

8. MN Rule 4668.0865 Subp. 9

Based on observation, record review and interview, the licensee failed to ensure that controlled medications were stored in a locked compartment permanently affixed to the physical plant or medication cart in housing with services site A. The findings include:

During observation of the central storage medication area on June 15, 2010, a large plastic covered bin was observed to contain two unopened boxes of Fentanyl patches (10 patches per box), one opened box of Fentanyl with three patches left in it, and three Morphine 5 milligrams tablets (the Fentanyl and Morphine are schedule II controlled drugs). The medications belonged to client A3 who was discharged June 12, 2010. The medication storage area did not contain a separately locked container to store the medications.

When interviewed June 15, 2010, at 4:15 p.m., employee AC (unlicensed direct care staff) stated there was not a locked container inside the central storage closet. When interviewed June 15, 2010, at 4:30 p.m., employee BD (program manager) was not aware that schedule II medications had to be kept in a separately locked compartment and permanently attached to the physical plant or medication cart.

TO COMPLY: A class F home care provider licensee providing central storage of medications must provide separately locked compartments, permanently affixed to the physical plant or medication cart, for storage of controlled drugs listed in Minnesota Statutes, section [152.02](#), subdivision 3.

TIME PERIOD FOR CORRECTION: Seven (7) days

9. MN Statute §144A.46 Subd. 5(b)

Based on record review and interview, the licensee failed to ensure a background study was done for one of one contracted employee (AA) reviewed. The findings include:

Employee AA (contracted registered nurse) was hired and began providing direct home care service June 13, 2007. Her record contained a background study dated June 2010 from another home care provider.

When interviewed June 16, 2010, at 12 noon, employee AD (administrator) indicated she did not know that contracted professional employees needed a background study completed.

TO COMPLY: Employees, contractors, and volunteers of a home care provider are subject to the background study required by section [144.057](#). These individuals shall be disqualified under the provisions of chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.

TIME PERIOD FOR CORRECTION: Thirty (30) days

10. MN Statute §144A.441

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers for one of one client's (A1) record reviewed in housing with services site A. The findings include:

Client A1 was admitted and began receiving home care services February 18, 2008. Documentation on February 18, 2008, indicated the bill of rights was received by client A1's responsible party.

When interviewed June 15, 2010, regarding the bill of rights that client A1 received employee AD (administrator) stated she had not given the bill of rights to the client which included the current language for assisted living clients in clause 16, which included the right to at least a 30 day advance notice of termination of service by a provider. Employee AD did not realize that the current bill of rights had to be given to every client.

TO COMPLY: Assisted living clients, as defined in section [144G.01, subdivision 3](#), shall be provided with the home care bill of rights required by section [144A.44](#), except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section [144A.44, subdivision 1](#), clause (16):

"(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where:

(i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;

(ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or

(iii) the provider has not received payment for services, for which at least ten days' advance notice of the termination of a service shall be provided."

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Ramsey 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 # 7005 0390 0006 1222 2337

July 14, 2006

Lee Vang, Administrator
Sunlight Services LLC
440 Virginia St.
St. Paul, MN 55103

Re: Licensing Follow Up visit

Dear Ms. Vang:

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 July 7, 2006.

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,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: SUNLIGHT SERVICES LLC

DATE OF SURVEY: July 7, 2006

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:

Lee Vang, Administrator
Sandy Lammers, RN Health Counseling Services

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X1

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on November 3, and 4, 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 Rule 4668.0030 Subp. 2	Corrected
2. MN Rule 4668.0040 Subp. 2	Corrected
3. MN Rule 4668.0065 Subp. 1	Corrected
4. MN Rule 4668.0070 Subp. 3	Corrected
5. MN Rule 4668.0805 Subp. 1	Corrected
6. MN Rule 4668.0810 Subp. 6	Corrected
7. MN Rule 4668.0815 Subp. 1	Corrected

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| 8. MN Rule 4668.0815 Subp. 4 | Corrected |
| 9. MN Rule 4668.0865 Subp. 8 | Corrected |
| 10. MN Statute §144A.46 Subd. 5(b) | Corrected |
| 11. MN Statute §626.557 Subd. 14(b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9069

March 17, 2006

Lee Vang, Administrator
Sunlight Services LLC
440 Virginia Street
St. Paul, MN 55103

Re: Results of State Licensing Survey

Dear Lee Vang:

The above agency was surveyed on November 3 and 4, 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: Lee Vang, President Governing Body
Ron Drude, Minnesota Department of Human Services
Ramsey County Social Services
Sherilyn Moe, Office of the Ombudsman
CMR 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: SUNLIGHT SERVICES LLC

HFID # (MDH internal use): 23761

Date(s) of Survey: November 3 and 4, 2005

Project # (MDH internal use): QL23761002

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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff 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 Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff 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 Order(s) issued <input type="checkbox"/> Education provided <input checked="" type="checkbox"/> N/A **Not evaluated as no discharges to date.</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>Note: 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 Order(s) issued <input type="checkbox"/> Education provided</p>

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

Survey Results:

_____ All Indicators of Compliance listed above were met.

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0815 Subp. 1 Evaluation; documentation	X	X	<p>Based on record review and interview, the licensee failed to ensure a registered nurse (RN) established a service plan no later than two weeks after the initiation of services for one of three clients' (#2) records reviewed. The findings include:</p> <p>Client #2 began receiving services September 2005. When interviewed, November 3, 2005, the administrator stated that client #2 received assistance with activities of daily living, medication set-up and medication administration. There was no service plan noted in the client's record. The administrator verified that client #2 did not have a service plan.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0815 Subp. 4 Contents of service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that service plans were complete for two of two clients' (#1 and #3) records reviewed. The findings include:</p> <p>Clients #1 and #3s' service plans dated July 16, 2005, and July 18, 2005, respectively, indicated, "See attached" under the description of services. When interviewed, November 3, 2005, the administrator stated that the attachment was the "Health Issues and Plan of Care" document. The "Health Issues and Plan of Care" documents for clients #1 and #3 indicated that the clients received assistance with medication administration, central storage of medications, assistance with</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>activities of daily living, bowel and bladder assistance, and blood glucose testing. The document did not identify the frequency of the services, the persons or categories of persons who were to provide the services, the frequency of supervision or monitoring of the services, nor did it include the fees for the services. The administrator verified that clients #1 and #3's service plans were not complete.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0815 Subp. 6 Scheduled appointments for essential services		X	<p><u>Education:</u> Provided</p>
#2	MN Rule 4668.0030 Subp. 2 Notification of client	X	X	<p>Based on record review and interview, the licensee failed to ensure clients received a copy of the Minnesota Home Care Bill of Rights for three of three clients' (#1, #2 and #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3 began receiving services July 2005, September 2005, and July 2005, respectively. Clients #1 and #2s' records indicated that the clients received a copy of the Minnesota Home Care Bill of Rights. However, when interviewed, November 3, 2005, the administrator indicated that she had checked that the clients had received a copy of the Minnesota Home Care Bill of Rights, but stated that she had not given the clients a copy of the home care bill of rights as of yet.</p> <p>Client #3's record did not indicate that the client was given a copy of the Home Care Bill of Rights. When interviewed, November 3, 2005, the administrator confirmed that client #3 had not been given a copy of the bill of</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				rights. <u>Education:</u> Provided
#2	MN Rule 4668.0030 Subp. 4 Content of notice		X	<u>Education:</u> Provided
#3	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	X	X	Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for two of two employees' (B and C) records reviewed. The findings include: Employees B and C began providing direct care to clients on August 25, 2005, and July 23, 2005, respectively. There was no documentation of tuberculosis screening in their records. When interviewed, November 3, 2005, the administrator confirmed that the screening had not been done prior to employees B and C having direct client contact. <u>Education:</u> Provided
#3	MN Rule 4668.0805 Subp. 1 Orientation	X	X	Based on record review and interview, the licensee failed to provide orientation to home care requirements for two of two employees' (B and C) records reviewed. The findings include: Employees B and C were hired to provide direct care to clients August 2005, and July 2005, respectively. Employees B and Cs' personnel files did not include evidence they had received orientation to home care requirements. When interviewed, November 3, 2005, the administrator confirmed that employees B and C had not received an orientation to home care requirements. <u>Education:</u> Provided

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#3	MN Statute §144A.46 Subd. 5(b) Background study	X	X	<p>Based on record review and interview, the licensee failed to ensure that background studies were conducted for two of two unlicensed employees' (B and C) records reviewed. The findings include:</p> <p>Employees B and C, both home health aides, were hired to provide direct care to clients August 2005, and July 2005, respectively. There was no evidence that the Department of Human Services had completed a background study for these employees. When interviewed, November 3, 2005, the administrator confirmed that she had not submitted background studies for employees B and C.</p> <p><u>Education:</u> Provided</p>
#3	MN Statute §626.557 Subd. 14(b) Abuse prevention plans	X	X	<p>Based on record review and interview, the licensee failed to ensure that an individual abuse prevention plan was developed for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3 began receiving services from the licensee July 2005, September 2005, and July 2005, respectively. Their records did not contain an individualized assessment of the clients' susceptibility to abuse, and the specific measures to be taken to minimize the risk of abuse to those clients. When interviewed, November 3, 2005, the administrator verified that individual abuse prevention plans had not been developed for the clients.</p> <p><u>Education:</u> Provided</p>
#4	MN Rule 4668.0040 Subp. 2 Informing clients	X	X	<p>Based on record review and interview, the licensee failed to ensure that clients were provided with a written notice of the procedure for making a complaint</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>The licensee's "Consumer Grievance/Complaint Policy and Procedure" did not include the current address and telephone number of the Office of Health Facility Complaints. When interviewed, November 3, 2005, the administrator stated that clients #1, #2, and #3 were not provided a written notice of the agency's complaint policy and procedure.</p> <p><u>Education:</u> Provided</p>
#5	MN Rule 4668.0810 Subp. 2 Security		X	<p><u>Education:</u> Provided</p>
#5	MN Rule 4668.0810 Subp. 5 Form of entries		X	<p><u>Education:</u> Provided</p>
#5	MN Rule 4668.0810 Subp. 6 Content of client record	X	X	<p>Based on record review and interview, the licensee failed to ensure that at least weekly, the client's status and a summary of the home care services provided were documented for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3 began receiving services July 2005, September 2005, and July 2005, respectively. When interviewed, November 3, 2005, the administrator stated that all three clients received assistance with dressing, bathing, and grooming each day, in addition to medication administration. Clients #1, #2, and #3's records did not include a summary at least a weekly of the services that were being provided, nor did it include the status of the clients. The administrator</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>confirmed there was not at least weekly documentation in clients #1, #2, and #3's records of the services provided or the status of the clients.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0070 Subp. 3 Job descriptions	X	X	<p>Based on record review and interview, the licensee failed to ensure job descriptions were maintained for one of one licensed staff (A) record reviewed. The findings include:</p> <p>Individual A, a contracted registered nurse, was hired to provide nursing services in July of 2005. There was no job description available for this position. When interviewed, November 3, 2005, the administrator confirmed that she did not have a job description for the registered nurse.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 2 Prescriber's order required		X	<p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 8 Storage of drugs	X	X	<p>Based on observation and interview, the licensee failed to ensure that drugs were stored in locked compartments. The findings include:</p> <p>The agency provided central storage of medications for all of their clients. On November 3, 2005, medications belonging to clients were observed to be stored in separate plastic containers in an unlocked kitchen cupboard. Insulin bottles belonging to clients #3 and #4 were observed to be stored in unlocked plastic containers in the general use refrigerator in the kitchen. In addition, liquid medications requiring refrigeration for clients #2 and #3 were observed to be stored on a</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>shelf in the door of this refrigerator. When interviewed, November 3, 2005, the administrator confirmed that the clients' medications were not locked. She stated that she was in the process of purchasing a locked cabinet for the medications that were stored in the kitchen cupboard, but had not been aware that the refrigerated medications also needed to be locked.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Lee Vang, Administrator at an exit conference on November 4, 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).

(Form Revision 7/04)