



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2257 4001

January 13, 2010

Chao Vang, Administrator  
Asian American Elderly AL LLC  
5313 62<sup>nd</sup> Avenue North  
Brooklyn Center, MN 55429

Re: Results of State Licensing Survey

Dear Ms. Vang:

The above agency was surveyed on December 9, 10, 11, and 14, 2009, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review  
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>

*An equal opportunity employer*



Class F Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class F home care providers (Class F). Class F licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class F Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: ASIAN AMERICAN ELDERLY AL LLC

HFID #: 24014

Date(s) of Survey: December 9, 10, 11 and 14, 2009

Project #: QL24014005

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0050</li> <li>• MN Rule 4668.0800 Subp. 3</li> <li>• MN Rule 4668.0825 Subp. 2</li> <li>• MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The service plan accurately describes the client's needs.</li> <li>• Care is provided as stated in the service plan.</li> <li>• The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>• Client personal information and records are secure.</li> <li>• Any information about clients is released only to appropriate parties.</li> <li>• Client records are maintained, are complete and are secure.</li> </ul>	<p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0065</li> <li>• MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0825</li> <li>• MN Rule 4668.0840</li> <li>• MN Rule 4668.0070</li> <li>• MN Statute §144D.065</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>• Nurse licenses are current.</li> <li>• The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>• The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>• Personnel records are maintained and retained.</li> <li>• Staff meet infection control guidelines.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>7. The provider has a current license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<ul style="list-style-type: none"> <li>• The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

**SURVEY RESULTS:**  All Indicators of Compliance listed above were met.

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

**1. MN Statute §626.557 Subd. 14(b)**

**INDICATOR OF COMPLIANCE: # 3**

Based on record review and interviews, the licensee failed to ensure assessments and individualized abuse prevention plans had specific measures identified to minimize the risk of abuse to that client and other vulnerable adults for one of one client’s (B1) record reviewed. The findings include:

Client B1 began receiving services February 5, 2009. A Vulnerability and Safety Assessment dated June 8, 2009, and an Individual Abuse Prevention Assessment and Plan dated August 6, 2009, indicated client B1 had a history of: confusion; impaired communication (does not speak/understand English); does not recognize hazards in the environment; impaired judgement when anxious/upset; had displayed physical aggression by cutting a family member with a knife; destroying property with a knife; and threatening people with knives when psychotic. The plan of action indicated staff should redirect, reorient and report signs of abuse and neglect to the registered nurse and provide transportation to outside events. The plan of action did not identify interventions related to the client’s use of knives or lighters/matches.

A supervisory visit May 26, 2009, indicated client B1 insisted on preparing her meals. The staff supervised meal preparation and locked up the knives immediately after meal prep. Staff reported that client B1 complained of hearing noises and seeing people. Staff stated that on December 2, 2009, client B1 burned paper for a traditional ritual which activated the smoke detectors. Client B1 gave the lighter to the staff.

A service plan dated June 8, 2009, indicated staff would provide assistance with meal preparation and allow resident to safely prepare foods. An undated care plan did not identify behavior problems or interventions.

When interviewed December 10, 2009, employee BC, an unlicensed direct care staff, stated she did not allow client B1 to use knives and she had locked up the knives.

When interviewed December 10, 2009, registered nurse (A) stated she was not informed of the fire on December 2, 2009.

---

A draft copy of this completed form was left with Chao Vang, Owner, at an exit conference on December 14, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes) <http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 1830 0003 8091 0587

May 28, 2009

Chao Yang, Administrator  
Asian American Elderly AL LLC  
5313 62<sup>nd</sup> Avenue North  
Brooklyn Center, MN 55429

Re: Results of State Licensing Survey

Dear Ms. Yang:

The above agency was surveyed on March 17, 18, 19 and 24, 2009, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Hennepin and Ramsey County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Deb Peterson, Office of the Attorney General

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review  
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>  
*An equal opportunity employer*





Class F Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class F home care providers (Class F). Class F licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class F Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: ASIAN AMERICAN ELDERLY AL LLC

HFID #: 24014

Date(s) of Survey: March 17, 18, 19 and 24, 2009

Project #: QL24014004

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The service plan accurately describes the client's needs.</li> <li>Care is provided as stated in the service plan.</li> <li>The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>Client personal information and records are secure.</li> <li>Any information about clients is released only to appropriate parties.</li> <li>Client records are maintained, are complete and are secure.</li> </ul>	<p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0820</li> <li>MN Rule 4668.0825</li> <li>MN Rule 4668.0840</li> <li>MN Rule 4668.0070</li> <li>MN Statute §144D.065</li> </ul>	<ul style="list-style-type: none"> <li>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>Nurse licenses are current.</li> <li>The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>Personnel records are maintained and retained.</li> <li>Staff meet infection control guidelines.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>7. The provider has a current license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<ul style="list-style-type: none"> <li>• The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

**SURVEY RESULTS:**  All Indicators of Compliance listed above were met.

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

**1. MN Rule 4668.0030 Subp. 2**

**INDICATOR OF COMPLIANCE: # 2**

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

Client A1 began receiving home care services in an assisted living housing with services May 2006. Client A1’s record lacked evidence the Minnesota Home Care Bill of Rights for Assisted Living was provided.

When interviewed March 17, 2009, the administrator stated she was unfamiliar with the Class F home care rules and statutes, and the home care bill of rights was not provided to client A1.

**2. MN Rule 4668.0040 Subp. 1****INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to establish a system for receiving, investigating and resolving complaints for one of one client (A1) record reviewed. The findings include:

Client A1 began receiving home care services May 2006. Client A1's record did not contain documentation indicating receipt of a complaint procedure.

When interviewed March 17, 2009, the administrator stated she did not have a complaint procedure.

**3. MN Rule 4668.0065 Subp. 1****INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to a client for two of two employee (AA and AB) records reviewed. The findings include:

Employees AA and AB began working as direct care staff on September 2008, and January 2008, respectively. Employee AA and AB's records did not contain evidence of tuberculosis screening.

When interviewed March 17, 2009, the administrator confirmed that there was no evidence of tuberculosis screening for employees AA and AB.

**4. MN Rule 4668.0070 Subp. 3****INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to establish job descriptions for two of two employees (AA and AB) records reviewed. The findings include:

Employee AA, a licensed direct care staff, and AB, an unlicensed direct care staff, began employment September 2008, and January 2008, respectively. Personnel records for employee AA and AB lacked evidence of a job description.

When interviewed March 17, 2009, the administrator stated job descriptions had not been established for either staff.

**5. MN Rule 4668.0805 Subp. 1****INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to provide orientation to home care requirements prior to providing direct care for two of two employee (AA and AB) records reviewed. The findings include:

Employees AA and AB began providing home care services September 2008, and January 2008, respectfully. Employee AA's record did not include evidence of an orientation to the home care requirements. Employee AB's record only contained evidence of training related to the Vulnerable Adults Act October 14, 16, and 20, 2008, and participation in several fire drills.

When interviewed March 19, 2009, employee AA, stated she reviewed the home care rules and statutes on-line, but did not have additional evidence of training.

When interviewed March 17, 2009, the administrator stated she was unfamiliar with the training requirements identified in the home care rules.

#### **6. MN Rule 4668.0815 Subp. 1**

##### **INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to have the registered nurse (RN) complete an individualized evaluation of the client's needs and establish, with the client or the clients responsible person a service plan, no later than two weeks after the initiation of assisted living home care services in one of one (A1) record reviewed. The findings include:

Client A1 began receiving home care services May 2006. A nursing assessment by an RN was completed November 17, 2006, October 12, 2008 and November 21, 2008. A service plan was not established.

When interviewed March 17, 2009, the administrator stated she was unfamiliar with the home care rules.

#### **7. MN Rule 4668.0825 Subp. 4**

##### **INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) specified in writing specific instructions for performing delegated nursing procedures; documented procedures for each client in the client's record, and retained documentation for demonstration of competency for delegated nursing procedures performed for one of one unlicensed employee (AB) record reviewed. The findings include:

Client A1 received blood pressure monitoring every morning, blood glucose testing four times per day, and oxygen via nasal cannula as needed as cares from unlicensed staff.

There were no written instructions for performing blood pressures, blood glucose testing or administering oxygen. The records lacked evidence that employee AB, an unlicensed direct care staff, received training or demonstrated competency to perform the identified procedures. However, employee AB received three hours of diabetes and hepatitis B training on June 23, 2008.

When interviewed March 17, 2009, employee AB stated a formerly employed RN trained her to perform blood pressures, blood glucose testing, and administer oxygen via a nasal cannula for client A1.

When interviewed March 17, 2009, the administrator confirmed employee AB performed blood pressures, blood glucose monitoring, and administered oxygen for client A1. The administrator confirmed the formerly employed RN had not specified in writing, specific instructions for performing the procedures for client A1, and had not retained evidence of employee AB's training and competency to perform the procedures.

When interviewed March 19, 2009, the current RN, stated she had not trained the unlicensed direct care staff.

#### **8. MN Rule 4668.0845 Subp. 2**

##### **INDICATOR OF COMPLIANCE: # 1**

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

Client A1 began receiving delegated nursing services, including medication administration May 2006. There were no supervisory and/or monitoring visits in the record.

When interviewed March 17, 2009, the administrator stated RN supervisory visits were not done for client A1. When interviewed March 19, 2009, the RN stated she had performed supervisory visits, but had not filed the documents in client A1's record.

#### **9. MN Rule 4668.0855 Subp. 2**

##### **INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a complete nursing assessment of the clients' functional status and need for assistance with medication administration and develop a service plan for one of one client (A1) record reviewed. The findings include:

Observations and an interview with the administrator March 17, 2009, indicated client A1 has insulin dependant diabetes mellitus, memory impairments and poor vision. Client A1 received weekly medication set up by an RN and daily medication administration, including insulin injections from unlicensed direct care staff.

A contracted RN performed an assessment of client A1's functional status and need for medication setup and administration November 2006. The assessment did not indicate client A1 was receiving insulin injections. The current RN performed physical assessments on October 12, 2008, and November 21, 2008. A service plan for the provision of medication administration was not established.

When interviewed March 17, 2009, the administrator indicated she was unfamiliar with the class F home care rules.



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

Based on record review and interview, the licensee failed to ensure that insulin was drawn up by licensed staff for one of one client (A1) record reviewed. The findings include:

Client #A1 had a diagnosis of insulin dependant diabetes mellitus. Client #A1 received Novolog per a sliding (adjustable) scale before meals and Lantus 12 units every day from unlicensed direct care staff between March 6, 2009, and March 17, 2009.

When interviewed March 17, 2009, the administrator stated unlicensed personnel dialed the insulin pen because the client's vision was poor.

**11. MN Rule 4668.0855 Subp. 8****INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to retain documentation of training with assistance with medication administration and medication administration for one of one unlicensed personnel's (AB) record reviewed. The findings include:

Medication administration records (MAR) in March 2009, indicated client #A1 received oral medications and two different types of insulin injections given by employee AB, an unlicensed direct care staff. There was no documentation of assistance with medication administration, medication administration.

When interviewed March 17, 2009, employee AB stated she was trained to administer medications by a previous RN.

When interviewed March 19, 2009, the RN stated she assumed the previous RN trained the unlicensed direct care staff to administer medications and they appeared to be trained to do it.

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

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

Client #A1 received two different types of insulin, Novolog per a sliding (adjustable) scale and Lantus. Medication administration records for March 2009 did not identify the name/type of the insulin, only the number of units of insulin that was given. The registered nurse did not sign for the medications set up. Unlicensed personnel noted that the set up medications were administered by initialing in the box.

When interviewed March 17, 2009, the administrator stated there were no other methods of documenting the administration of insulin and oral medications.

**13. MN Rule 4668.0860 Subp. 2****INDICATOR OF COMPLIANCE: # 6**

Based on record review, observation and interview, the licensee failed to have a prescribers' order for oxygen for one of one client (A1) record reviewed. The findings include:

Client A1 was observed receiving oxygen via a nasal cannula March 17, 2009. Client A1's record did not contain a prescriber's order for oxygen.

When interviewed March 19, 2009, the registered nurse confirmed there was no prescriber order for the oxygen.

**14. MN Rule 4668.0865 Subp. 3****INDICATOR OF COMPLIANCE: # 6**

Based on observations, record review and interview, the licensee failed to establish and maintain a system that addresses the control of medications for one of one client (A1) record reviewed. The findings include:

March 17, 2009, this reviewer observed client A1's Lantus and Novolog insulin stored in an unlocked kitchen refrigerator. Client A1 received medication administration and central storage of medications. Client #A1 received two different types of insulin, Novolog per a sliding (adjustable) scale and Lantus. Medication administration records for March 2009 did not identify the name/type of the insulin, only the number of units of insulin that was given. The registered nurse did not sign for the medications set up. Unlicensed personnel noted that the set up medications were administered by initialing in the box. Client #A1 had a diagnosis of insulin dependant diabetes mellitus. Client #A1 received Novolog per a sliding (adjustable) scale before meals and Lantus 12 units every day from unlicensed direct care staff between March 6, 2009, and March 17, 2009.

When interviewed March 17, 2009, the administrator stated unlicensed personnel dialed the insulin pen because the client's vision was poor.

Client A1 was observed receiving oxygen via a nasal cannula March 17, 2009. Client A1's record did not contain a prescriber's order for oxygen.

When interviewed March 19, 2009, the RN stated she was hired to perform only assessments, obtain physician orders, set up medications, perform supervisory visits and assist with discharges. When interviewed March 17, 2009, the administrator stated there were no written policies or procedures related to control of medications, handling of medications, medication storage, medication records or disposition of medications. The administrator stated she was unfamiliar with the class F home care rules.

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

Based on observation and interview, the licensee failed to ensure that all medications were stored in locked compartments. The findings include:

The licensee provides central storage of medication. When observed March 17, 2009, the unopened Lantus and Novolog insulin was stored in an unlocked kitchen refrigerator.

When interviewed March 17, 2009, the administrator confirmed the insulin was not stored a locked compartment.

**16. MN Statute §626.557 Subd. 14(b)****INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to ensure an individual assessment and abuse prevention plan was established for one of one record (A1) reviewed. The findings include:

Client A1 began receiving services on May 2006. Client A1 was unable to speak English, had memory deficits, poor vision, and insulin dependant diabetes mellitus. An assessment of the clients' susceptibility to abuse or risk of abusing others was not conducted and an abuse prevention plan 24886was not established.

When interviewed March 17, 2009, the administrator confirmed an individualized assessment and abuse prevention plan was not established for client A1.

---

A draft copy of this completed form was left with Chao Vang, Administrator, at an exit conference on March 24, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)  
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).