



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0730

June 10, 2009

Stephen Vanderschaaf, Administrator
Accessible Space Inc ASI North
2550 University Avenue W #330N
St Paul, MN 55114

Re: Results of State Licensing Survey

Dear Mr. Vanderschaaf:

The above agency was surveyed on April 14, 15, 16, 17, and 21, 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: Ramsey County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199



Class F Home Care Provider

LICENSING SURVEY FORM

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

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

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

Name of CLASS F: ACCESSIBLE SPACE INC ASI NORTH

HFID #: 24379

Date(s) of Survey: April 14, 15, 16, 17, 20 and 21, 2009

Project #: QL24379003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client’s needs. Care is provided as stated in the service plan. The client and/or representative understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="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>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0065 • MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0840 • MN Rule 4668.0070 • MN Statute §144D.065 	<ul style="list-style-type: none"> • Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. • Nurse licenses are current. • The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. • The process of delegation and supervision is clear to all staff and reflected in their job descriptions. • Personnel records are maintained and retained. • Staff meet infection control guidelines. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

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

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

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

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

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

1. MN Rule 4668.0825 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 and unlicensed staff demonstrated to the RN that he/she was competent to perform the procedure for two of two clients (A1 and B2) records reviewed who received delegated nursing procedures by unlicensed staff. The findings include:

Client A1’s service plan dated January 2009, indicated that unlicensed staff performed a dressing change every evening on the client’s abdominal wound. There were no written instructions by the RN for the unlicensed staff to follow when performing the dressing change. When interviewed April 16, 2009, employee AD, an unlicensed direct care staff, stated that she had performed client A1’s dressing change. Employee AD stated she was unaware of written instructions on how to perform the dressing change and stated that another unlicensed staff showed her how to perform the dressing change. Client A1 had an ileostomy and a colostomy that she required assistance from staff with changing and emptying the bags. According to staff interviews, the client was independent in the care of her ileostomy and colostomy when she was first admitted to service but in the past month, had become dependent on staff for assistance with these cares. When interviewed April 16, 2009, employee AC, an

unlicensed direct care staff, indicated that a nurse from another home care agency showed her how to perform the ileostomy and colostomy cares, and that this nurse also wrote instructions for the staff to follow. Employee AC stated that she had not demonstrated to a RN that she was competent to perform the procedures. When interviewed April 16, 2009, employee AD stated the client instructed her on how to perform the ileostomy and colostomy care. Employee AD confirmed she had not demonstrated to a RN her ability to competently perform the procedures.

When interviewed April 16, 2009, the RN confirmed there were no written instructions on how to perform the dressing change for client A1. The RN stated she found out “just recently” that the staff were assisting client A1 with her ileostomy and colostomy care. The RN stated she was aware that an RN from another home care agency had provided written instructions on the care, but indicated that there were things that she wanted to change in the instructions that were not working for the staff. The RN confirmed that employees AC and AD had not demonstrated to a RN their ability to competently perform the dressing change, and ileostomy and colostomy cares for client A1.

Client B2’s service plan dated May 2008, indicated the client received assistance with supra-pubic catheter cares. There were no written instructions in the client’s record for performing the supra-pubic catheter care. When interviewed April 15, 2009, employee BD, an unlicensed direct care staff, stated he had assisted the client with supra-pubic catheter cares. He stated he was shown how to perform these cares by another unlicensed staff. Employee BD stated he did not recall any written procedures to follow regarding the catheter care nor did he demonstrate to a RN his ability to competently perform the procedure.

When interviewed April 16, 2009, the RN confirmed there were no written instructions for client B2’s supra-pubic catheter care. The RN stated employee BD had not demonstrated his ability to competently perform the catheter care for client B2.

2. MN Rule 4668.0855 Subp. 7

INDICATOR OF COMPLIANCE: # 6

Based on observation, record review and interview, the licensee failed to ensure that a registered nurse (RN) observed unlicensed staff perform medication administration to ensure they were competent to perform the procedure for one of four unlicensed staffs’ (BD) records reviewed who performed medication administration. The findings include:

Employee BD was hired as an unlicensed staff March 2008. Employee BD was observed April 15, 2009, to administer client B1’s medications. When interviewed April 15, 2009, employee BD stated that a RN instructed him on how to perform medication administration, but he had not demonstrated to a RN his ability to competently perform medication administration.

When interviewed April 15, 2009, the RN confirmed that employee BD had not demonstrated to a RN his ability to perform medication administration.

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

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

Client A1's service plan dated January 2009, indicated the client's medications were set-up by the nurse in a medi-set container weekly and the medications were administered by unlicensed staff up to four times a day. The client's medication administration record (MAR) did not include documentation of weekly medication set-ups, except for the client's Coumadin which was documented as being set-up on the "Coumadin Log." Client A1's prescriber's orders dated December 19, 2008, and renewal of orders dated April 14, 2009, indicated the client was to receive Hydrocodone/APAP 10 mg/325 mg every four hours, one tablet for pain rated 1-4 and two tablets for pain rated 5-10. The client's MAR dated March and April 2009, indicated the client received the Hydrocodone/APAP 2-4 times each day. The client's March and April 2009, MAR did not indicate the number of Hydrocodone tablets the client received, nor the times the Hydrocodone/APAP was administered.

When interviewed April 16, 2009, the registered nurse confirmed that she had not documented the weekly medication set-ups for client A1 and that the client's medication administration record for the administration of Hydrocodone/APAP was not complete.

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

Based on record review and interview the licensee failed to have written prescriber orders for medications for two of two clients' (A1 and B1) records reviewed. The findings include:

Client A1's service plan dated January 2009, indicated that the client received assistance with medication administration. Client A1's medication administration records (MAR) for December 2008, January, February, March and April 2009 indicated the client received Lidoderm patch 5% every day, removed after 12 hours. There was no prescriber order for this medication until April 14, 2009. Client A1's January 2009, MAR indicated that Simvastatin 40 milligrams every bedtime was administered starting January 13, 2009. There was no written prescriber's order in the record, for the Simvastatin, until April 14, 2009.

Client B1's service plan dated May 2008, indicated that he received assistance with medication administration. Client B1's MAR dated April 2009, indicated that he received Avodart 0.5 milligrams orally every day, Amantadine 100 milligrams orally twice daily and Baclofen 10 milligrams orally four times daiy. There were no prescriber's orders for the Avodart, Amantadine and Baclofen.

When interviewed April 16, 2009, the registered nurse confirmed the lack of prescriber's orders for clients A1 and B1 and stated she was not sure why there were not prescriber's orders.

5. MN Rule 4668.0860 Subp. 4**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure orders for medications and treatments were dated and signed by the prescriber for two of two clients' (A1 and B1) records reviewed. The findings include:

Client A1's service plan dated January 2009, indicated she received assistance with medication administration. Client A1 had three forms titled, "Anticoagulant Orders Needed" dated January 2 and 12, 2009, and April 13, 2009, which had Coumadin changes listed under the "Physician's orders" section. These changes in Coumadin dosages were signed by a registered nurse from a different home care agency that drew the client's INR blood level. The Coumadin dosage changes were not signed and dated by a prescriber.

Client B1's service plan dated May 2008 indicated that he received assistance with medication administration. An "After Visit Summary" dated July 7, 2008, indicated the client was start Fluoxetine 10 milligrams orally every morning. The order for this medication was not dated and signed by the prescriber. Two forms titled, "Medication Order" dated September 10, 2008, indicated the client was to start Fluoxetine 20 milligrams orally every day, and Clonazepam 0.5 milligrams orally three times a day. These orders were not dated and signed by the prescriber.

When interviewed April 16, 2009, the registered nurse confirmed client A1's Coumadin changes and client B1's Fluoxetine and Clonazepam orders were not signed by the prescriber.

6. MN Rule 4668.0860 Subp. 9**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that medication and treatment orders were renewed at least every twelve months for one of two client's (B1) records reviewed. The findings include:

Client B1's prescriber's orders indicated his medications were renewed by a prescriber January 25, 2008, and the client's standing house orders were renewed February 26, 2008. There was no subsequent review of client B1's prescriber's orders.

When interviewed April 16, 2009, the registered nurse confirmed client B1's prescriber's orders had not been renewed since January 25, 2008, and February 26, 2008.

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

Based on record review and interview, the licensee failed to have a registered nurse (RN) conduct an assessment of the client's functional status, need for central medication storage and develop a service plan for the provision of central storage of medications for one of two clients (B1) who received central storage of medications. The findings include:

Client B1's record included a note by an unlicensed staff dated March 8, 2008, that there was a concern related to some of the client's narcotic medication "missing." The note by the unlicensed staff indicated that the client's narcotic medications would be centrally stored. The narcotic medications were centrally stored. There was no assessment by the RN of the client's need for central storage of medications, nor did the client's service plan include central storage of medications.

When interviewed April 16, 2009, the RN confirmed there was not an assessment by the RN of the client's need for central storage of medications, nor was central storage of medications on the client's service plan.

A draft copy of this completed form was left with Anthony Bradford at an exit conference on April 20, 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

April 24, 2008

Timothy Mobray, Administrator
Accessible Space Inc
2550 University Ave W #330N
St. Paul, MN 55114

Re: Telephone Interview

Dear Mr. Mobray:

The information discussed during telephone interviews conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on April 10, 2008, is summarized in the enclosed documents listed below:

Telephone Interview and Education Assessment form

A summary of the items discussed during the phone interview and a listing of the education provided during the interview

Resource Sheet for Home Care Providers

A listing of web-sites and documents useful to home care providers in assuring compliance with home care regulations

Please note, it is your responsibility to share the information contained in this letter and the information from this interview with your direct care staff and the President of your facility's Governing Body.

If you have any questions, please feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

CMR TELEPHONE 03/08



Class A and Class F Home Care
Telephone Interview and Education Assessment

Registered nurses from the Minnesota Department of Health (MDH) use this form to document telephone interviews and education of newly licensed Class F and Class A (licensed only) Home Care Providers as well as other providers who have not been surveyed by Case Mix Review staff.

Licensing requirements listed below were reviewed during a telephone interview. Information from this interview along with other data will be considered when making decisions regarding the timing of an on site survey. The noted topics were discussed during the telephone interview and education was provided in the checked areas.

Name of Home Care Licensee: Accessible Space , Inc. (ASI North)

HFID #: 24379

Type of License: Class F Home Care

Date of Interview: April 10, 2008

Interview Topic	Item Discussed	Education Provided
Access to information	<input checked="" type="checkbox"/> Home Care Rules and Statutes	<input type="checkbox"/> Web address for Home Care Rules and Statutes was sent (MN Statute §144A and MN Rule 4668) <input type="checkbox"/> Web address for Vulnerable Adult Act was sent (MN Statute §626.557) <input type="checkbox"/> Web address for Maltreatment of Minors Act was sent (MN Statute §626.556) <input type="checkbox"/> Board of Nursing web address was sent Sent via: <u>E-mail</u> <input checked="" type="checkbox"/> Basic Education Provided
Client Needs	<input checked="" type="checkbox"/> Care needs of clients	<input checked="" type="checkbox"/> Home Care licensee is required to have staff sufficient in qualifications and numbers to meet client needs (MN Rule 4668.0050) <input checked="" type="checkbox"/> Basic Education Provided



Interview Topic	Item Discussed	Education Provided
Home Care Bill of Rights	<input checked="" type="checkbox"/> Bill of Rights given to clients	<input checked="" type="checkbox"/> Current and appropriate version of home care bill of rights required Minnesota Dept. of Health web-site <input checked="" type="checkbox"/> Basic Education Provided
Advertising	<input checked="" type="checkbox"/> Advertising should reflect services provided	<input checked="" type="checkbox"/> Includes all forms of advertising MN Rule 4668.0019 <input checked="" type="checkbox"/> Basic Education Provided
Unlicensed personnel (ULP) who provide direct care	<input checked="" type="checkbox"/> Training needed for ULP to be qualified to provide direct care <input checked="" type="checkbox"/> Ongoing education needed for unlicensed personnel	<input type="checkbox"/> Initial training needed MN Rule 4668.0835 Subp. 2 (Class F) <input type="checkbox"/> Competency testing required MN Rule 4668.0835 Subp. 3 (Class F) <input type="checkbox"/> Inservice training MN Rule 4668.0835 Subp. 3 (Class F) <input type="checkbox"/> Ongoing infection control training needed MN Rule 4668.0065 Subp. 3 <input checked="" type="checkbox"/> Basic Education Provided
Unlicensed personnel (ULP) and medication administration	<input checked="" type="checkbox"/> Training required <input checked="" type="checkbox"/> Insulin administration by unlicensed personnel	<input type="checkbox"/> Difference between medication administration and assistance with medication administration. MN Rule 4668.0003 Subp. 2a and Subp. 21a <input type="checkbox"/> Medication reminders – a visual or verbal cue only. MN Rule 4668.0003 Subp. 21b <input type="checkbox"/> ULP limitations with insulin administration MN Rule 4668.0855 Subp. 6 (Class F) <input type="checkbox"/> Prescriber orders required MN Rule 4668.0860 Subp. 2 (Class F) <input checked="" type="checkbox"/> Basic Education Provided

Interview Topic	Item Discussed	Education Provided
Role of registered nurse (RN) and licensed practical nurse (LPN)	<input checked="" type="checkbox"/> Need to verify licenses of nurses <input checked="" type="checkbox"/> RN does assessments <input checked="" type="checkbox"/> LPN does monitoring	<input checked="" type="checkbox"/> Difference between RN and LPN role MN Rule 4668.0820 Subp. 2 (Class F) and Minnesota Nurse Practice Act <input checked="" type="checkbox"/> Points at which RN assessment is needed - Class F requirements <input checked="" type="checkbox"/> RN assessment and change in condition MN Rule 4668.0845 Subp. 2 (Class F) <input checked="" type="checkbox"/> Basic Education Provided
Supervision of unlicensed personnel (ULP)	<input checked="" type="checkbox"/> Requirements for supervision and monitoring of unlicensed personnel	<input checked="" type="checkbox"/> RN supervision and LPN monitoring of unlicensed personnel <input checked="" type="checkbox"/> Timing of supervision and monitoring MN Rule 4668.0845 (Class F) <input checked="" type="checkbox"/> Basic Education Provided
Service plan or agreement	<input checked="" type="checkbox"/> Contents of Service Plan or Agreement <input checked="" type="checkbox"/> Person who prepares service plan	<input checked="" type="checkbox"/> Differentiate between licensee service plan and county service plan <input checked="" type="checkbox"/> Required components of service plan <input checked="" type="checkbox"/> Need to review service plan <input checked="" type="checkbox"/> Basic Education Provided MN Rule 4668.0815 (Class F)
Protection of health, safety and well being of clients	<input checked="" type="checkbox"/> Background studies for all staff <input checked="" type="checkbox"/> Assessment of vulnerability for all clients	<input type="checkbox"/> Background studies not transferable <input type="checkbox"/> Only DHS background study accepted MN Statute §144A.46 Subd. 5 <input checked="" type="checkbox"/> Plan to address identified vulnerabilities required MN Statute §626.557 Subd. 14b <input checked="" type="checkbox"/> Basic Education Provided
Infection control	<input checked="" type="checkbox"/> Tuberculosis screening prior to direct client contact	<input type="checkbox"/> System for follow up on TB status after hire MN Rule 4668.0065 Subps. 1 & 2 <input type="checkbox"/> Yearly infection control inservice required for all staff including nurses MN Rule 4668.0065 Subp. 3 <input checked="" type="checkbox"/> Basic Education Provided

Interview Topic	Item Discussed	Education Provided
Assisted Living	<input checked="" type="checkbox"/> Arranged providers for assisted living required to follow 144G	<input checked="" type="checkbox"/> Uniform Consumer Information Guide must be given to all prospective clients MN Statute 144G.03 Subd. 2b9 <input checked="" type="checkbox"/> Basic Education Provided

The data used to complete this form was reviewed with Kim Nesbitt, Adm./RN, during a telephone interview on April 10, 2008. A copy of this Telephone Interview and Education Assessment form will be sent to the licensee. Any questions about this Telephone Interview and Education Assessment form should be directed to the Minnesota Department of Health, (651) 201-4301. This form will be posted on the MDH web-site. Home care provider general information is available by going to the following web address and clicking on the appropriate home care provider link:

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

Statutes and rules can be viewed on the internet:

<http://www.revisor.leg.state.mn.us/stats> - for Minnesota Statutes

<http://www.revisor.leg.state.mn.us/arule/> - for Minnesota Rules