



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0600

May 28, 2009

Stephen Vanderschaaf, Administrator
Accessible Space ASI Metro 2
2550 University Ave W #330N
St Paul, MN 55114

Re: Results of State Licensing Survey

Dear Mr. Vanderschaaf:

The above agency was surveyed on March 19, 23, 24, 25, and 27, 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

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

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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 ASI METRO 2

HFID #: 24381

Date(s) of Survey: March 19, 23, 24, 25 and 27, 2009

Project #: QL24381003

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 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 # <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>___ Survey not Expanded</p> <p>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ 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>___ 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>

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 4668.0810 Subp. 5

INDICATOR OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to ensure that documentation was entered into the client record in a timely manner and was authenticated with the name and title of the person making the entry in one of two client (B1) records reviewed. The findings include:

Client B1’s January 2008, service plan indicated that staff would assist the client with blood sugar monitoring twice daily and document it as directed. There was no documentation of the blood sugar monitoring in the client’s record, except for the days the unlicensed staff administered the client’s Glyburide.

When interviewed March 23, 2009, the site B supervisor stated staff documented the client’s blood sugar on a small pamphlet which was kept in the client’s room titled, “Diary for Self Monitoring.” The site B supervisor stated the “diary” was not part of the client’s record nor did the staff sign each entry with their name and title.

2. MN Rule 4668.0825 Subp. 4**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure written instructions were complete and documentation was retained that unlicensed staff demonstrated competency for delegated nursing tasks performed for two of two unlicensed employees' (BB and BC) records reviewed who perform blood glucose monitoring. The findings include:

Client B1's service plan dated January 2008, indicated that unlicensed staff would assist the client with blood glucose monitoring twice daily. When interviewed March 19 and 23, 2009, employees BB and BC, both unlicensed care staff, stated they assisted the client with blood glucose monitoring. Written instructions were documented on the service plan, but were not an accurate reflection of the practice the unlicensed staff followed. The service plan indicated staff would set up the blood glucose monitoring equipment, the client would insert the lancet into her skin herself, and that staff would complete clean up and document as directed. When interviewed March 19 and 23, 2009, employees BB and BC respectively stated they set up the equipment, guided the client's finger to the lancet, squeezed the blood from the client's finger onto the strip, put the strip into the blood glucose monitoring machine, and cleaned up. In addition, there was no documentation that employee BB or BC demonstrated to the registered nurse their ability to competently perform this procedure.

When interviewed March 19 and 23, 2009, employees BB and BC stated that they had demonstrated competency to the RN before performing the delegated task of blood glucose monitoring. When interviewed March 24, 2009, the RN confirmed documentation of the demonstrated competency was lacking.

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

Based on record review and interview, the licensee failed to ensure that medication administration records (MAR) were complete for two of two client (A1 and B1) records reviewed. The findings include:

Client A1 began receiving services from the licensee October 2006, which included assistance with medication administration. Client A1's most recent prescriber's orders dated March 2009, indicated the client was to receive Citrucel one to two tablespoons every day, and Lactulose 30 milliliters orally two times daily. These medications were not listed on the client's March 2009, MAR as being administered, nor was there documentation as to the reason why they were not administered. Client A1 had prescriber's orders dated January 28, 2009, which indicated, "Allergic Rhinitis-try new samples to control ear congestion, samples Nasonex, Astelin, Xyzal." There was no documentation that these medications were started until February 19, 2009, nor was there any documentation as to the reason for the delay in starting these medications.

Client B1 began receiving services from the licensee October 2006, which included assistance with medication administration. The client's January, February and March 2009, medication administration records indicated, "Glyburide 1.25 milligrams 1 tablet by mouth as needed." Documentation on the MAR's indicated that the Glyburide was administered four times in January, Fourteen times in

February, and seven times thus far in March 2009. The client's MAR did not include the times the Glyburide doses were administered.

When interviewed March 23, 2009, the registered nurse confirmed the medication records were incomplete for clients A1 and B1.

4. MN Rule 4668.0860 Subp. 2

INDICATOR OF COMPLIANCE: # 6

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

Client A1's service plan dated October 2008, indicated the licensee assisted the client with medication administration. The client's March 2009, medication administration record indicated the client received Reguloid laxative two teaspoons in eight ounces of water every day, Enemeez mini enema every day, and sterile water irrigation of her bladder daily. There were no written prescriber's orders for these medications/treatments in the client's record.

When interviewed March 23, 2009, the registered nurse (RN) confirmed there were no written prescriber's orders for the Reguloid, enema and sterile water irrigation for client A1.

Client B1's service plan dated January 2008, indicated the licensee assisted the client with medication administration. The clients' record contained two documents titled "Fax." The first document dated January 13, 2009, was a fax to a prescriber that indicated that the client stated she was not taking omeprazole any more and that she would start taking Nexium. This communication was not signed by a prescriber. The second document dated February 2009, indicated that the client reported that she was taking an antibiotic, ciprofloxacin twice a day for ten days. This communication was not signed by the prescriber.

When interviewed March 19, 2009, the RN stated that she had not spoken with the prescriber, but faxed the documents to a physician and made the changes on the client's medication administration record based on what the client stated.

Client B1's March 2009, medication administration record indicated that staff administered Diazepam ten milligrams orally at bedtime and at noon. There was no written prescriber's order for the Diazepam. When interviewed March 25, 2009, the RN acknowledged she could not find a prescriber's order for the client's Diazepam.

5. MN Rule 4668.0860 Subp. 5

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that prescribers' orders for medications were complete for two of two client (A1 and B1) records reviewed.

Client A1's service plan dated October 2008, indicated the licensee assisted the client with medication administration. Client A1 had prescriber's orders dated January 2009, which indicated, "Allergic

Rhinitis try new samples to control ear congestion,-samples Nasonex, Astelin, Xyzal.” These orders did not include the dosages or directions for use. Client A1’s prescriber’s orders dated March 2009, indicated, “Patanol eye drops, instill one drop in both eyes for itch.” The prescriber’s order did not include the frequency the eye drops were to be administered.

When interviewed March 23, 2009, the registered nurse (RN) acknowledged that the January 2009, allergy medication orders for client A1 did not include the dosages or directions for use, and that the client’s eye drops order did not include the frequency the eye drops were to be administered.

Client B1’s service plan dated January 2008, indicated the licensee assisted the client with medication administration. Client B1 had a prescriber order dated December 2008, that indicated, “Aspart insulin 5 units PRN (whenever necessary) as directed.” The order did not include what “as directed” meant, and under what circumstances the insulin should be administered. Client B1 had a prescriber’s order dated December 31, 2008, which indicated, Glyburide 1.25 milligram one tablet by oral route once daily PRN. The prescriber’s order did not include the as needed directions for use. Documentation on the client’s March 2009, medication administration record indicated the Glyburide was administered March 2 and 3, for a blood sugar reading of 110 both days. The Glyburide was administered March 9 for a blood sugar reading of 105, March 10 for a blood sugar reading of 115, March 17 for a blood sugar reading of 124, March 18, for a blood sugar reading of 265 and March 19, 2009, for a blood sugar reading of 100.

When the unlicensed staff who administered the Glyburide was questioned on March 19, 2009, as to when they would administer the Glyburide to the client, inconsistencies were noted. Employees BB and BE stated they would administer the Glyburide to client B1 if her blood sugar was over 100. Employee BF stated she would administer the Glyburide to client B1 if her blood sugar was over 200. When interviewed March 19 2009, the RN stated that she thought she had had an order for the client’s Glyburide that gave parameters, but was unable to locate it.

6. MN Statute §144A.44 Subd. 1(2)

INDICATOR OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to ensure that medication administration was provided according to acceptable nursing standards for one of one client’s (B1) records reviewed. The findings include:

Client B1 began receiving services from the licensee October 2006, which included medication administration by the unlicensed staff. When interviewed March 19, 2009, the site B supervisor stated that the client contracted with another home care provider to set-up the client’s medications in a medi-set container, and the licensee’s unlicensed staff administered the client’s medications. The narrative notes dated January 1, 2009, indicated that the client was upset because there was no more medications set-up for her in her medi-set for the day, after the morning medications were taken. The licensee’s nurse instructed the unlicensed staff to move the medications from another days slot over into the current day’s slot in the medi-set container so there would be medications to administer the remainder of the day. The narrative notes dated January 6, 2009, indicated that the unlicensed staff assisted client B1 with her morning medications and noted that the client’s Centrum vitamin was not set-up in the medi-set container. The unlicensed staff person called the licensee’s nurse, who instructed the staff person to give the medication. A Resident Accident/Incident Report dated February 22, 2009, indicated that an

unlicensed staff person was administering the client's noon medications and noticed an error. The report indicated that the staff person corrected the error and administered the client's medications.

When interviewed, March 19, 2009, the registered nurse (RN) confirmed that another home care provider set-up the client's medications in a medi-set container, and the licensee's unlicensed staff administered the client's medications. The RN acknowledged that there have been problems with this arrangement, and that it had created confusion with medication administration for client B1.

A draft copy of this completed form was left with Anthony Bradford, Administrator, at an exit conference on March 27, 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".

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. (Metro 2)

HFID #: 24381

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 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 type="checkbox"/> Training required <input 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