



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0631

June 4, 2009

Stephen Vanderschaaf, Administrator
Accessible Space ASI Metro 3
2550 University Ave W #330 N
St Paul, MN 55114

Re: Results of State Licensing Survey

Dear Mr. Vanderschaaf:

The above agency was surveyed on March 26, 27, 30, 31, and April 1, 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

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

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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 3

HFID #: 24382

Date(s) of Survey: March 26, 27, 30, 31 and April 1, 2009

Project #: QL24382003

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 the registered nurse (RN) specified in writing, instructions for unlicensed personnel to follow when performing delegated nursing tasks and failed to document that unlicensed staff demonstrated competency for delegated nursing tasks performed for two of two clients’ (A2 and B2) records reviewed who received delegated nursing tasks. The findings include:

Client A2’s service plan dated September 2008, indicated unlicensed staff assisted the client with gastrostomy tube feedings daily. Written instructions for the unlicensed staff to follow related to the feedings were not complete as the instructions did not reflect the current practice by staff. When interviewed March 27, 2009, employees AD and AE confirmed that they assisted client A2 with her tube feeding on a daily basis and they had demonstrated to the RN their ability to competently perform the tube feedings. Employees AD and AE were unaware of the instructions that were in the client’s record. Employee AD stated they followed the instructions the client gave them. Employee AD’s and AE’s records did not contain documentation that they had demonstrated to an RN their ability to competently perform the gastrostomy tube feedings. When interviewed March 27, 2009, the RN stated she was not aware of the instructions in the client’s record related to gastrostomy tube feedings, and

stated this was not the procedure she wanted the unlicensed staff to follow. The RN confirmed she had not specified in writing specific instructions for the staff to follow related to the client's tube feeding and had not documented employees AD's and AEs' demonstrated competency in gastrostomy tube feedings.

Client B2's service plan dated June 2008, indicated unlicensed staff assisted the client with his suprapubic urinary catheter care. Client B2's medication administration record for March 2009 reflected unlicensed staff performed wound care every other day to the client's buttocks, which included applying a gel to the wound, and covering it with a DuoDERM dressing. There were no written instructions for the unlicensed staff to follow when performing these delegated nursing tasks. When interviewed March 30, 2009, employee BE confirmed that she had performed the client's catheter care and wound care. Employee BE stated that the LPN had trained her on how to perform the client's wound care, and employee BD, an unlicensed staff person trained her on how to perform the client's catheter care. Employee BE confirmed the RN had not instructed her on how to perform the wound care and catheter care. When interviewed March 30, 2009, the RN confirmed there were no written instructions for staff to follow when performing catheter care and the wound treatment for client B2. The RN confirmed that she had not instructed or observed employee BE's ability to perform these delegated nursing tasks.

2. MN Rule 4668.0855 Subp. 9

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure medication administration records (MAR) were complete and accurate for three of four clients' (A1, B1 and B2) records reviewed. The findings include:

Client A1's MAR dated March of 2009 included the medications baclofen, Coumadin, Crestor, levothyroxine, glipizide, Zolof, Sennoside-Docusate, hydrocodone, Glycerin Fleet, diazepam, Lomax omeprazole, and doxycycline. The MAR did not include the method of administration for these medications. The client's MAR indicated diazepam 5 milligrams one to two tablets were to be administered at nighttime PRN (whenever necessary). Documentation on the client's March 2009 MAR indicated the client received the medication every night, but it did not include whether the client was administered one or two tablets each night. When interviewed March 26, 2009, the registered nurse (RN) confirmed client A1's MAR did not include the method of administration for his medications, nor did staff document whether they administered one or two tablets of diazepam every night.

Client A1's March 2009 MAR indicated that he received baclofen 10 milligrams three times a day. The client's current written prescriber's orders dated March 2009, following a hospitalization indicated the client was to receive baclofen 20 milligrams four times a day. There was no documentation as to the reason why the baclofen was not administered as ordered. Client A1's March 2009 MAR indicated that he received Coumadin 5 milligrams Mondays, Wednesdays, Thursdays, Saturdays and Sundays, and Coumadin 2.5 milligrams on Tuesdays and Fridays. The client's current written prescriber's orders dated March 13, 2009, indicated the client was to receive Coumadin 5 milligrams every day. There was no documentation as to why the Coumadin had not been administered as ordered. The client had a written prescriber's order dated March 13, 2009 for Fosamax 70 milligrams one time a week. The client's March 2009 MAR did not list Fosamax as a medication being administered. The client's current written prescriber's orders dated March 13, 2009, indicated the client was to receive biscodyl 10 milligram rectal suppository every other day for constipation. The client's March 2009 MAR did not list

this medication and there was no explanation as to the reason why the biscodyl suppositories were not administered as ordered.

When interviewed March 26, 2009 the RN confirmed that client A1's medication records were not complete and that she would get clarifications from the prescriber related to the medication dosage discrepancies.

Client B1 had a prescriber's order dated February 2, 2009, for aspirin 325 milligrams every day. The client's March 2009 MAR did not list aspirin as a medication that was being administered. There was no documentation as to why the aspirin had not been administered as ordered.

When interviewed March 30, 2009, the licensed practical nurse (LPN) confirmed client B1 had a prescriber's order for aspirin every day and verified the aspirin was not being administered.

Client B2's MAR dated March of 2009 indicated the client received hydrocortisone 1% ointment four times a day PRN to affected area. Documentation March 17-30, 2009, indicated the client received the ointment one to three times a day. The time the staff administered the ointment was not documented nineteen of the twenty-two times the staff administered the ointment. The client's MAR of March 2009 indicated the client received ibuprofen 600 milligrams every six hours as needed. On March 28, 2009, staff documented they administered ibuprofen to the client, but did not document the time of administration.

When interviewed March 30, 2009, the LPN stated that staff were to document PRN medications they administered on the back of the MAR, which would include the time they administered the medication/treatment. The LPN confirmed client B2's MAR did not always include the times of administration for the hydrocortisone ointment and ibuprofen

3. MN Rule 4668.0860 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure there were written prescriber's orders for medications administered for four of four clients' (A1, A2, B1 and B2) records reviewed. The findings include:

Client A1, A2, B1 and B2 received assistance with medication administration from the licensee.

Client A1's medication administration record (MAR) for March 2009 indicated the client received a Fleet Glycerin Suppository every other day. There was no prescriber's order for the suppository.

Client A2's service plan indicated the client received gastrostomy tube feedings every day. There was not a written prescriber's order for the tube feeding. When interviewed March 26, 2009, client A2 stated that staff apply an antibiotic ointment around her gastrostomy tube site every day. There was not a written prescriber's order for the antibiotic ointment.

When interviewed March 26, 2009, the registered nurse confirmed there was not a prescriber's order for the client A1's suppository and client A2's gastrostomy tube feeding and antibiotic ointment.

Client B1's MAR for March 2009 indicated the client received Prevacid 30 milligrams every day, Effexor XR 75 milligrams every morning, and trazadone 50 milligrams every bedtime. There were not current written prescriber's orders for these medications.

Client B2 was hospitalized February 25, 2009, was transferred to a nursing home after hospitalization, and returned to the housing with services establishment March 17, 2009. The licensee resumed home care services on March 17, 2009. The client's March 2009 medication administration record indicated the client received medications such as Claritin, phenytoin, diazepam docusate sodium, ranitidine, ibuprofen, Coumadin, and wound care treatment. There were no written prescriber's orders for these medications.

When interviewed March 30, 2009, the licensed practical nurse (LPN) confirmed there were not current prescriber's orders for client B1's Prevacid, Effexor, and trazadone. The LPN acknowledged that client B2 did not have prescriber's orders for the medications they administered to the client since resumption of services on March 17, 2009. The LPN stated she mistakenly thought the forms sent by the nursing home were signed by a prescriber.

4. 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 two of two clients' (B1 and B2) records reviewed at housing with services site B. The findings include:

Client B1 received assistance with medication administration from the licensee. Client B1's medications were renewed by a prescriber in October of 2007. The client's medications were not renewed again until February 2, 2009.

When interviewed March 30, 2009, the RN stated that the client's medications had not been renewed every twelve months.

Client B2 received assistance with medication administration from the licensee. Client B2's medications were renewed by a prescriber on December 20, 2008, but did not include renewal of the standing house order medications for this client. The standing house orders medications were last renewed August 24, 2007 for client B2.

When interviewed March 30, 2009, the RN confirmed client B2's standing house order medications had not been renewed every twelve months.

A draft copy of this completed form was left with Anthony Bradford, and Diane Vandenberg, Administrators, at an exit conference on April 1, 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. (Metro 3)

HFID #: 24382

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./DON 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