



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1220 3473

March 22, 2007

Joy Hansen, Administrator  
Aging Joyfully  
13050 Pioneer Trail  
Eden Prairie, MN 55347

Re: Results of State Licensing Survey

Dear Ms. Hansen:

The above agency was surveyed on February 7, 8, and 9, 2007, 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, reading "Jean M. Johnston", is positioned above the typed name.

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Hennepin 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: AGING JOYFULLY

HFID #: 24640

Date(s) of Survey: February 7, 8, and 9, 2007

Project #: QL24640001

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

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

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

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

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

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

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

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

### 1. MN Rule 4668.0030 Subp. 5

#### **INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to have the client's responsible person acknowledge receipt of the Minnesota Home Care Bill of Rights for one of one clients' (#1) records reviewed who were unable to personally acknowledge receipt of the bill of rights. The findings include:

Client #1 had a diagnosis of dementia and was unable to personally acknowledge the Home Care Bill of Rights. Client #1's record lacked documentation that the client's representative acknowledged receipt of the MN Home Care Bill of Rights. When interviewed, February 8, 2007, the administrator verified that written acknowledgment of receipt of the bill of rights had not been obtained for client #1.

### 2. MN Rule 4668.0065 Subp. 1

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

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for two of three employees' (A and C) records reviewed. The findings include:

Employee A was hired and began having direct contact with clients September of 2007. There was no documentation of tuberculosis screening in her record. When interviewed, February 8, 2007, the administrator stated that the screening had been done at her previous employment and verified that a copy of this negative Mantoux was not part of her record.

Employee C was hired and began having direct contact with clients January of 2007. Employee C had a chest X-ray dated October of 2000 for tuberculosis evaluation secondary to a prior negative Mantoux test. There was no evidence of any additional chest x-rays. When interviewed February 8, 2007, employee C verified that only one chest x-ray had been done.

### **3. MN Rule 4668.0805 Subp. 4**

#### **AREA OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to retain documentation that each employee had completed orientation to home care for one of two employees' (B) records reviewed. The findings include:

Employee B began working as an unlicensed direct care giver November of 2006. There was no evidence of orientation to home care before she provided home care services. When interviewed, February 8, 2006, the administrator indicated that employee B had received orientation to home care prior to providing home care services, and confirmed there was no documentation of this training in employee B's personnel record.

### **4. MN Rule 4668.0815 Subp. 4**

#### **AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to provide a complete service plan for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1's service plan titled "Plan of Care" dated January of 2007, included daily assistance with medication administration, catheter care, Jobst stockings, and activities of daily living. The frequency of supervision or monitoring of these delegated nursing tasks, the fees for these services and the action to be taken if non essential services could not be provided were not on the service plan.

Client #2's service plan dated January of 2007, included assistance with transferring, oral care, and toileting. The frequency of supervision or monitoring of these delegated nursing tasks and the fees for these services were not on client #2's service plan.

When interviewed, February 7, 2007, the registered nurse confirmed the service plans for client #1 and #2 were incomplete.

**5. MN Rule 4668.0835 Subp. 4****AREA OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that competency evaluations for employees who performed delegated nursing functions were documented for two of two unlicensed employees' (B and C) records reviewed. The findings include:

Employees B and C were hired November of 2006, and January of 2007, respectively to provide direct care and perform delegated nursing functions for clients. There was no documentation in either employee's record regarding competency evaluations. When interviewed, February 8, 2007, employee C and the administrator stated that competency evaluations had been demonstrated to the registered nurse and verified that this evaluation had not been documented.

**6. MN Rule 4668.0845 Subp. 2****AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 received services including assistance with medication administration, catheter care, Jobst stockings on daily, and assistance with activities of daily living. Client #2 received services including assistance with transferring, oral care, and toileting. There was no evidence of supervisory visits in clients #1 and 2's client records. When interviewed, February 7, 2007, the RN confirmed they lacked supervisory visits.

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

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2's records both lacked an individual abuse prevention plan. When interviewed, February 7, 2007, the registered nurse verified that there was no abuse prevention plan for these clients.

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A draft copy of this completed form was left with Joy Folie at an exit conference on February 9, 2007. 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).