



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail: #7008 2810 0001 2258 0866

November 20, 2009:

Peter Giving, Administrator
Edgewood Care Inc
102 10th Ave PO Box 39
Bovey, MN 55709

Re: **AMENDED** Results of State Licensing Survey

Dear Mr. Giving:

On October 30, 2009, you were sent a letter with State Licensing deficiencies delineated on a correction order form in relation to a survey that was conducted on October 6, 2009. Subsequent to that mailing, an error was noted in the information that was mailed to you. The original correction orders were not included in the mailing. Enclosed please find the correct documents. All copy within the body of these documents remains the same.

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,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # ~~7008 2810 0001 2258 0538~~
7008 2810 0001 2258 0866

~~October 30, 2009~~

November 20, 2009

Peter Giving, Administrator
Edgewood Care Inc
102 10th Ave PO Box 39
Bovey, MN 55709

Re: Results of State Licensing Survey

Dear Mr. Giving:

The above agency was surveyed on October 6, 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.

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Itasca 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: EDGEWOOD CARE INC

HFID #: 24649

Date of Survey: October 6, 2009

Project #: QL24649004

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>___ 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>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><u> X </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Expanded Survey</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>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><u> </u> Met</p> <p><u> X </u> Correction Order(s) issued</p> <p><u> X </u> Education Provided</p> <p>Expanded Survey</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>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><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>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><u> </u> Met</p> <p><u> X </u> Correction Order(s) issued</p> <p><u> X </u> Education Provided</p> <p>Expanded Survey</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>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><u> X </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> X </u> Education Provided</p> <p>Expanded Survey</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>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><u> X </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Expanded Survey</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 Expanded Survey <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 	<i>This area does not apply to a Focus Survey.</i> Expanded Survey <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 4668.0805 Subp. 1

INDICATOR 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 one employee's (A) record reviewed. The findings include:

Employee A was hired July 2007. The record lacked evidence that employee A had received orientation to home care.

When interviewed October 6, 2009, the owner was uncertain that orientation to home care had been completed.

2. MN Rule 4668.0815 Subp. 1**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to have a registered nurse (RN) establish a service plan for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services on January 7, 2009. The client record did not contain a service plan.

When interviewed October 6, 2009, the owner confirmed there was no service plan.

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

Based on observation, record review and interview the licensee failed to ensure that the registered nurse (RN) provided written instructions for unlicensed personnel to follow when performing delegated nursing tasks and documented competency for delegated nursing tasks for one of one unlicensed employee's (B) record reviewed. The findings include:

Client #1 received blood sugar testing four times a day from unlicensed personnel including employee B. There were no written instructions for performing the blood sugar testing in the record. There was no documentation of training for blood sugar testing for employee B.

When interviewed, October 7, 2009, the owner stated the RN had trained employee B in doing the blood sugar testing; and verified there were no written instructions on how to perform the blood sugar testing and no documentation of employee B's competency for blood sugar testing.

A draft copy of this completed form was faxed to Peter Giving, Owner/CAN, for an exit conference on October 7, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

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

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 1404

February 27, 2008

Peter Giving, Administrator
Edgewood Care Inc
102 10th Avenue PO BOX 39
Bovey, MN 55709

Re: Results of State Licensing Survey

Dear Mr. Giving:

The above agency was surveyed on February 1 and 5, 2008, 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". The signature is written in a cursive style with a large, looped "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Itasca 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: EDGEWOOD CARE INC

HFID #: 24649

Date(s) of Survey: February 1 and 5, 2008

Project #: QL24649002

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>___ 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><input checked="" type="checkbox"/> 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>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 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 type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>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><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>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><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Expanded Survey</p> <p><u> </u> Survey not Expanded</p> <p><u> </u> Met</p> <p><u> X </u> Correction Order(s) issued</p> <p><u> X </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>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><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</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>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><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</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
8. The provider is in compliance with MDH waivers and variances Expanded Survey <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 	<i>This area does not apply to a Focus Survey.</i> Expanded Survey <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 4668.0065 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that tuberculosis screening was completed for one of three employees (AC) reviewed. The findings include:

Employee AC began direct care to clients in the agency on January 31, 2007. Employee AC record lacked evidence that a tuberculosis screening had been done. When interviewed, employee AC confirmed he had not had a tuberculosis screening done.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0065 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the agency failed to ensure infection control training was completed for two of three employees' (AB and AC) records reviewed. The findings include:

Employees AB and AC were hired in November of 2006 as direct care staff. Employees AB and AC records lacked evidence they had received infection control training. When interviewed, February 1, 2008, employee AB stated she had had infection control at her previous place of employment in August 2004 but had not had infection control training since. Employee AC stated he had not had infection control training.

3. MN Rule 4668.0805 Subp. 1

INDICATOR 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 two of three employees' (AA and AC) records reviewed. The findings include:

Employees AA and A3 were hired August 16, 2007 and in November 2006 respectively as direct care staff. Their records lacked evidence that they had received orientation to home care. When interviewed February 1, 2008 the owner confirmed orientation to home care had not been done.

4. MN Rule 4668.0815 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to have a registered nurse (RN) establish a service plan for three of three client's (A1, A2 and A3) records reviewed. The findings include:

Clients A1, A2 and A3 began receiving services on January 31, 2007, May 1, 2007, and March 12, 2007 respectively. The client's records did not contain a service plan. When interviewed on February 1, 2008 the owner confirmed there were no service plans.

5. MN Rule 4668.0825 Subp. 4

INDICATOR OF COMPLIANCE: # 5

Based on observation, record review and interview the licensee failed to ensure that the registered nurse (RN) specified in writing the instructions for unlicensed personnel to follow when performing delegated nursing tasks and documentation by the RN regarding the demonstrated competency for one of one client (A1) records reviewed. The findings include:

Client A1 received blood sugar testing three times a day. There were no written instructions for performing the blood sugar testing in the record. Client A1's medication administration record indicated employee AB and AC had preformed the blood sugar testing. On February 1, 2008 employee AC was observed performing blood sugar testing on client A1. When interviewed, February 1, 2008, employees AB and AC stated the RN had trained them in doing the blood sugar testing. Employee AB and AC also indicated there were no written instruction on how to perform the blood sugar testing. There was no documentation of the training.

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

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for two of two current clients' (A1 and A2) records reviewed. The findings include:

Clients A1 and A2 received weekly baths and medication administration by unlicensed personnel. Clients A1 and A2's records lacked evidence that supervisory visits had been completed. When interviewed on February 1, 2008 the owner confirmed supervisory visits had not been completed.

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

Based on observation, record review and interviewed the licensee failed to ensure that documentation of medication administration training by a registered nurse was in the unlicensed employee record for two of two (AB and AC) employee records reviewed. The findings include:

Employees AB and AC records lacked evidence of medication administration training. On February 1, 2008, employees AB and AC were observed to administer medications to clients. When interviewed, February 1, 2008, employees AB and AC stated the registered nurse had trained them in medication administration.

A draft copy of this completed form was left with Pete Giving at an exit conference on February 5, 2008. 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).