



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2258 0545

October 30, 2009

Katherine T Mason, Administrator  
Vintage Moments LLC  
4559 Bramblewood Avenue  
Vadnais Heights, MN 55127

Re: Results of State Licensing Survey

Dear Ms. Mason:

The above agency was surveyed on October 8 and 9, 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". The signature is written in a cursive style with a large, looped initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

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

01/07 CMR3199



Class F Home Care Provider

LICENSING SURVEY FORM

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

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

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

Name of CLASS F: VINTAGE MOMENTS LLC

HFID #: 25313

Date(s) of Survey: October 8 and 9, 2009

Project #: QL25313004

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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><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><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><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><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><b>Follow-up Survey #</b> _____</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><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><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><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>___ 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><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ 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>___ Correction Order(s) issued</p> <p>___ 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><b>Follow-up Survey #</b> ___</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><b>Expanded Survey</b></p> <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>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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 4668.0065 Subp. 3**

**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for one of three employees' (E) records reviewed. The findings include:

Employee E was hired January 29, 2008, as a registered nurse. There was no evidence that employee E had received any infection control training since hire.

When interviewed October 8, 2009, the Co-Owners/Administrators verified the lack of infection control training for employee E. They stated she may have had this training at her other place of employment, but did not have documentation of the training.

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

Based on record review and interview, the licensee failed to ensure there were written instructions for performing a delegated procedure; failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated to the RN that he/she was competent to perform the procedure for one of two clients' (#2) records reviewed. The findings include:

Client #2's record indicated that blood glucose checks were to be completed every morning. There were no specific written instructions by the RN on how to perform the blood glucose check, and there was no evidence that the unlicensed staff demonstrated to the RN they were competent to perform the blood glucose check.

When interviewed October 8, 2009, employees C and D confirmed that they had performed client #2's blood glucose check. Employees C and D stated there were no written instructions on how to perform the blood sugar check, and the RN had not instructed them on how to perform the procedure. Employees C and D stated they had experience doing blood glucose checks at their previous places of employment.

When interviewed October 8, 2009, the Co-Owners/Administrators confirmed there were no written instructions on how to perform the blood glucose checks, the RN had not instructed the unlicensed staff on how to perform the procedure and the unlicensed staff had not demonstrated to the RN they were competent to perform the blood glucose check.

**3. MN Rule 4668.0835 Subp. 3****INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who performed home care services, received eight hours of inservice training for each twelve months of employment for two of two unlicensed employees' (C and D) records reviewed. The findings include:

Employees C and D were hired August 2, 2007, and September 19, 2007, respectively. Employee C had 7.5 hours of inservice training from her anniversary hire date August 2008 to August 2009. Employee D had 7.5 hours of in-service training from her anniversary hire dated of September 2008 to September 2009.

When interviewed October 8, 2009 the Co-Owners/Administrators confirmed they tracked the unlicensed employees' in-service training hours by anniversary hire date, and that employees C and D did not have the required eight hours of in-service training.

**4. 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 one of two clients' (#2) records reviewed. The findings include:

Client #2 began receiving services which included medication administration on September 30, 2009. Client #2's prescriber's orders dated October 1, 2009, indicated the client was to receive Oyst-Cal-D 500 milligrams one orally twice a day. The client's October 2009 MAR indicated the client received Oyst-Cal-D only one time a day. There was no documentation that indicated the reason why the Oyst-Cal-D was not administered as ordered. Client #2 also had a prescriber's order dated October 1, 2009, for Lotemax 0.5% eye drops, one drop in affected eye three times per day. The client's October 2009 MAR did not include the Lotemax eye drop. There was no documentation that indicated the reason why the eye drop was not administered as ordered.

When interviewed October 8, 2009 the Co-Owners/Administrators confirmed the Oyst-Cal D was not administered at the frequency that was ordered by the prescriber, and client #2's Lotemax eye drops had not been administered since the prescriber ordered them.

**5. MN Rule 4668.0865 Subp. 9****INDICATOR OF COMPLIANCE: # 6**

Based on observation and interview, the licensee failed to ensure that controlled drugs were stored in a separately locked compartment that was permanently affixed to the physical plant. The findings include:

Observations on October 8, 2009, of the licensee's central storage of medications area revealed fourteen tablets of Morphine (a controlled substance) that were stored on a shelf in a cupboard with other clients' medications that were not narcotics. The Morphine was not in a separately locked compartment that was permanently affixed to the physical plant.

When interviewed October 8, 2009, the Co-Owners/Administrators confirmed that the Morphine was not in a separately locked compartment that was permanently affixed to the physical plant.

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

Based on record review and interview, the licensee failed to ensure that when areas of vulnerability were assessed for a client, that specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults were identified for one of one client's (1) record reviewed. The findings include:

Client #1's "Assessment for Resident Vulnerability and Safety" dated September 15, 2008, identified the client as being vulnerable in the areas of orientation to time, place and person, not being able to give accurate information, having anxiety, not being able to ambulate safely, having confusion, and not being



able to follow directions. There were no specific measures identified to be taken to assist in minimizing the risk of abuse to this client.

When interviewed October 8, 2009, the Co-Owners/Administrators confirmed that specific measures to assist in minimizing the risk of abuse were not identified for client #1.

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A draft copy of this completed form was left with Katherine Mason and Lisa Butzlaff, Co-owners/Administrators, at an exit conference on October 9, 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 3, 2008

Katherine Mason, Administrator  
Vintage Moments LLC  
455 Bramblewood Avenue  
Vadnais Heights, MN 55217

Re: Telephone Interview

Dear Ms. Mason:

The information discussed during a telephone interview conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on March 12, 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: VINTAGE MOMENTS LLC

HFID #: 25313

Type of License: Class F Home Care

Date of Interview: March 13 and 17, 2008

Interview Topic	Item Discussed	Education Provided
<b>Access to information</b>	<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 checked="" type="checkbox"/> Board of Nursing web address was sent  Sent via: <u>E-mail</u>  <input checked="" type="checkbox"/> Basic Education Provided
<b>Client Needs</b>	<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
<b>Home Care Bill of Rights</b>	<input checked="" type="checkbox"/> Bill of Rights given to clients	<input 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
<b>Advertising</b>	<input checked="" type="checkbox"/> Advertising should reflect services provided	<input type="checkbox"/> Includes all forms of advertising MN Rule 4668.0019  <input checked="" type="checkbox"/> Basic Education Provided
<b>Unlicensed personnel (ULP) who provide direct care</b>	<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 checked="" 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
<b>Unlicensed personnel (ULP) and medication administration</b>	<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
<b>Role of registered nurse (RN) and licensed practical nurse (LPN)</b>	<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 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 type="checkbox"/> RN assessment and change in condition MN Rule 4668.0845 Subp. 2 (Class F) <input checked="" type="checkbox"/> Basic Education Provided
<b>Supervision of unlicensed personnel (ULP)</b>	<input checked="" type="checkbox"/> Requirements for supervision and monitoring of unlicensed personnel	<input type="checkbox"/> RN supervision and LPN monitoring of unlicensed personnel <input type="checkbox"/> Timing of supervision and monitoring  MN Rule 4668.0845 (Class F) <input checked="" type="checkbox"/> Basic Education Provided
<b>Service plan or agreement</b>	<input checked="" type="checkbox"/> Contents of Service Plan or Agreement <input checked="" type="checkbox"/> Person who prepares service plan	<input type="checkbox"/> Differentiate between licensee service plan and county service plan <input type="checkbox"/> Required components of service plan <input type="checkbox"/> Need to review service plan <input checked="" type="checkbox"/> Basic Education Provided  MN Rule 4668.0815 (Class F)
<b>Protection of health, safety and well being of clients</b>	<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 type="checkbox"/> Plan to address identified vulnerabilities required MN Statute §626.557 Subd. 14b <input checked="" type="checkbox"/> Basic Education Provided
<b>Infection control</b>	<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 Lisa Butzlaff, Co-owner during a telephone interview on March 17, 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