



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 7137

September 13, 2010

Curt Jenson, Administrator  
Country Place Apartments  
23110 347<sup>th</sup> Street SE  
Erskine, MN 56535

Re: Results of State Licensing Survey

Dear Mr. Jenson:

The above agency was surveyed on July 27 and 30, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order 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) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written over a white background.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program  
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273  
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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CERTIFIED MAIL #: 7009 1410 0000 2303 7137

FROM: Minnesota Department of Health, Division of Compliance Monitoring  
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900  
Home Care & Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	<u>CURT JENSON</u>	DATE: <u>September 13, 2010</u>
PROVIDER:	<u>THE COUNTRY PLACE APARTMENTS</u>	COUNTY: <u>POLK</u>
ADDRESS:	<u>23110 347TH STREET SE</u>	HFID: <u>20593</u>
	<u>ERSKINE, MN 56535</u>	

On July 29 and 30, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

**1. MN Rule 4668.0815 Subp. 1**

Based on record review and interview, the licensee failed to ensure the registered nurse (RN) established a service plan no later than two weeks after initiation of assisted living home care services for one of one client (A1) record reviewed. The findings include:

Client A1 began receiving services on April 16, 2010. Client A1's record did not contain a service plan. When interviewed July 29, 2010, employee AA (RN) stated she had completed a service plan, but was unable to find the service plan at this time.

**TO COMPLY:** No later than two weeks after the initiation of assisted living home care services to a client, a registered nurse must complete an individualized evaluation of the client's needs and must establish, with the client or the client's responsible person, a suitable and up-to-date service plan for providing assisted living home care services in accordance with accepted standards of practice for professional nursing. The service plan must be in writing and include a signature or other authentication by the class F home care provider licensee and by the client or the client's responsible person documenting agreement on the services to be provided.

**TIME PERIOD FOR CORRECTION:** Fourteen (14) days

## **2. MN Rule 4668.0825 Subp. 4**

Bases on observation, record review and interview, the licensee failed to ensure that unlicensed staff were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, that the RN specified in writing specific instructions for performing the procedure and demonstrated to the RN that he/she was competent to perform the procedure for one of one client (A1) record reviewed. The findings include:

Client A1 was observed on July 29, 2010, in her apartment receiving oxygen at four liters per minute per nasal cannula via an oxygen concentrator. When interviewed on July 29, 2010, client A1 stated the staff helps her with her oxygen. Client A1's record did not contain written instructions pertaining to the use of the oxygen and the oxygen concentrator.

Employee AB's and AC's (unlicensed staff) record lacked evidence they had been trained by a RN in the use of the oxygen concentrator.

When interviewed July 29, 2010, employee AA (RN) stated she had not trained employee AB and AC on the use of the oxygen concentrator.

**TO COMPLY:** A person who satisfies the requirements of part [4668.0835](#), subpart 2, may perform delegated nursing procedures if:

- A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;
- B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;
- C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;
- D. the procedures for each client are documented in the client's record; and
- E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

**TIME PERIOD FOR CORRECTION:** Fourteen (14) days

**3. MN Rule 4668.0855 Subp. 9**

Based on record review and interview, the licensee failed to have complete medication records for one of two clients' (A2) records reviewed. The findings include:

Client A2's July 2010 medication administration record (MAR) indicated that Calcium 600 milligrams with vitamin D was to be given twice a day. The dates July 25, 26, 27, 28 and 29, 2010, had the initials circled for this medication, but did not indicate why the initials were circled.

When interviewed July 29, 2010, employee AA (registered nurse) verified the client's MAR did not indicate what the circle meant. Employee AA went on to state the medications were not given because the pharmacy would not fill the medication without the physician giving them a new prescription.

**TO COMPLY:** The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

**4. MN Rule 4668.0860 Subp. 2**

Based on record review and interview, the licensee failed to have a current prescriber's order for medications for one of one client (A1) reviewed. The findings include:

Client A1 was observed on July 29, 2010, in her apartment receiving oxygen at four liters per minute per nasal cannula. The client's record did not contain a prescriber's order for the oxygen.

When interviewed July 29, 2010, employee AA (registered nurse) verified they did not have a prescriber's order for the oxygen.

**TO COMPLY:** There must be a written prescriber's order for a drug for which an class F home care provider licensee provides assistance with self-administration of medication or medication administration, including an over-the-counter drug.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

**5. MN Statute §144A.44 Subd. 1(2)**

Based on observation, record review and interview, the licensee failed to provide services according to acceptable nursing standards for four of four clients (A3, A4, A5 and A6) reviewed. The findings include:

During observation of medication administration on July 29, 2010, at 12:00 noon employee AC (unlicensed personnel) was observed to take the medication out of client A3's, A4's, A5's and A6's individual medi sets and place their noon pills in medication cups with their initial on them. Employee AC did not refer to the client's medication administration record (MAR) when she put the pills in the initialed medication cups. Employee AC then proceeded to take a tray with the four initialed medications cups to the dining room and administer the medication to the clients. Employee AC then administered the medications to the clients in the dining room. At 12:15 p.m. employee AC brought the tray back into the office and set it on top of the medication cart. She did not document the medications as being given after administering the medications. At 1:00 p.m. employee AC still had not documented the administration of the medications.

A review of the licensee's medication administration policy indicated the staff are to check the MAR to see what times medications are to be administered, check to see if the MAR is flagged for any order changed, and that documentation of medication administration is to be done on the MAR immediately after the task is completed.

Employee AC's record indicated she had received medication administration training on December 27, 2009.

When interviewed July 29, 2010, employee AC confirmed she had not looked at the MAR when she prepared the client's medication for administration and did not document the medications as given immediately after administering the medications.

When interviewed July 29, 2010, employee AA (registered nurse) stated staff is to refer to the MAR when preparing the medications for administration for the clients and they are to document the administration of medications after the medication is given.

**TO COMPLY:** A person who receives home care services has these rights:  
(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

**TIME PERIOD FOR CORRECTION:** Seven (7) days

#### **6. MN Statute §626.557 Subd. 14(b)**

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for one of one client's (A1) record reviewed. The findings include:

Client A1's record contained a Vulnerable Adult Assessment dated April 28, 2010. The assessment did not contain the person's susceptibility to abuse by other individuals or the person's risk of abusing other vulnerable adults. When interviewed July 29, 2010, employee AA (registered nurse) verified the vulnerable adult assessment did not contain an assessment of the person's susceptibility to abuse by other individuals or the person's risk of abusing other vulnerable adults.

**TO COMPLY:** Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

cc: Polk County Social Services  
Ron Drude, Minnesota Department of Human Services



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1350 0003 0567 1664

April 4, 2008

Curt Jenson, Administrator  
The Country Place Apartments  
23110 347<sup>th</sup> Street SE  
Erskine, MN 56535

Re: Results of State Licensing Survey

Dear Mr. Jenson:

The above agency was surveyed on March 18, 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 cursive script that reads "Jean M. Johnston".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Polk 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: THE COUNTRY PLACE APARTMENTS

HFID #: 20593

Date(s) of Survey: March 18, 2008

Project #: QL20593004

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>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>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>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><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 checked="" type="checkbox"/> Met</p> <p><input 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>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><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>Follow-up Survey # <input type="text"/></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 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 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>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><input checked="" type="checkbox"/> Met</p> <p><input 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>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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><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>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>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>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.

A draft copy of this completed form was left with Karen Friedley R.N., Housing Manager, at an exit conference on March 18, 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).