



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 2708

December 14, 2005

Liz Auch, Administrator
Countryside Public Health Services
201 13th Street South
Benson, MN 56215

Re: Results of State Licensing Survey

Dear Ms. Auch:

The above agency was surveyed on October 12, 13, 17, and 18, 2005 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 feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Wendell Armstrong, President Governing Board
Gloria Lehnertz, Minnesota Department of Human Services
Swift, County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

CMR 3199 6/04



Class A Licensed-Only 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 A Licensed-Only Home Care Providers. Class A 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 with MDH nurses during an on-site regulatory visit.

During on-site visit/s, MDH nurses will interview staff, talk with clients and/or their representatives and make observations during home visits, 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 A Licensed-Only Home Care services. Completing this Licensing Survey Form in advance would 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. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form. **[This form is NOT intended to be used for Class A Licensees who are also certified to participate in the Medicare program].**

Name of Class A Licensee: COUNTRYSIDE PUBLIC HEALTH SERV

HFID # (MDH internal use): 02394

Date(s) of Survey: October 12, 13, 17, and 18, 2005

Project # (MDH internal use): QL02394001

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|--|
| <p>1. The Provider accepts and retains clients for whom it can meet the needs.</p> <ul style="list-style-type: none"> • MN Rules 4668.0050 • MN Rule 4668.0060 Subpart 3 • MN Rule 4668.0060 Subpart 4 • MN Rule 4668.0060 Subpart 5 • MN Rule 4668.0140 • MN Rule 4668.0180 Subpart 8 | <ul style="list-style-type: none"> • Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement. • Service plans accurately describe the needs and services and contains all the required information. • Services agreed to are provided • Clients are provided referral assistance. | <p>Annual Licensing Survey</p> <p style="text-align: center;">___ Met</p> <p style="text-align: center;"><u>X</u> Correction Order(s) issued</p> <p style="text-align: center;">___ Education Provided</p> <p>Follow-up Survey # _____</p> <p style="text-align: center;">___ Met</p> <p style="text-align: center;">___ Not Met</p> <p style="text-align: center;">___ New Correction Order(s) issued</p> <p style="text-align: center;">___ Education Provided</p> |
| <p>2. The Provider promotes client rights.</p> <ul style="list-style-type: none"> • MN Statute §144A.44 • MN Rule 4668.0030 | <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. | <p>Annual Licensing Survey</p> <p style="text-align: center;">___ Met</p> <p style="text-align: center;"><u>X</u> Correction Order(s) issued</p> <p style="text-align: center;">___ Education</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|---|--|
| <ul style="list-style-type: none"> • MN Rule 4668.0040 Indicator of Compliance #2 continued: <ul style="list-style-type: none"> • MN Rule 4668.0170 | | Provided Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided |
| 3. The Provider promotes and protects each client’s safety, property, and well-being. <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Statutes §144A.46 Subdivision 5 • MN Statute §626.556 • MN Statutes §626.557 • MN Statute §626.5572 | <ul style="list-style-type: none"> • Client’s person, finances and property are safe and secure. • All criminal background checks are performed as required. • Clients are free from maltreatment. • There is a system for reporting and investigating any incidents of maltreatment. • Maltreatment assessments and prevention plans are accurate and current. | Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided |
| 4. The Provider maintains and protects client records. <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>[Note to MDH staff: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders]</p> | <ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. | Annual Licensing Survey <u>X</u> Met ___ Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided |
| 5. The Provider employs and/or contracts with qualified and trained staff. <ul style="list-style-type: none"> • MN Rule 4668.0060 subpart 1 • MN Rule 4668.0065 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0100 [For subpart 2 see indicator #6] Indicator of Compliance #5 | <ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication | Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided |

| Indicators of Compliance | Outcomes Observed | Comments |
|---|---|---|
| <p>continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0120 • MN Rule 4668.0130 • MN Statute 144A.45 Subdivision 5 • MN Statute 144A.461 <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p> | <p>administration procedures are available.</p> <ul style="list-style-type: none"> • Supervision is provided as required. | |
| <p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 • MN Rule 4668.0100 [Subpart 2] <p>[Note to MDH staff: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage and disposition.]</p> | <ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. | <p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> New Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> |
| <p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 subpart 3 • MN Rule 4668.0012 subpart 8 • MN Rule 4668.0012 Subpart 17 • MN Rule 4668.0019 • MN Rule 4668.0060 subpart 2 • MN Rule 4668.0060 subpart 6 • MN Rule 4668.0180 subpart 2 • MN Rule 4668.0180 subpart 3 <p>Indicator of Compliance #7 continued:</p> | <ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee’s advertisements accurately reflects services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. | <p>Annual Licensing 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>Follow-up Survey # _____</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> New Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|-------------------|----------|
| <ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 4 • MN Rule 4668.0180 subpart 5 • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47 <p>[Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]</p> | | |

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

SURVEY RESULTS:

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|---|--------------------|---|
| 1 | 2 | MN Rule 4668.0030 Subp. 2 Notification of Client | X | <p>Based on record review and interview, the licensee failed to provide a written copy of the Minnesota Home Care Bill of Rights for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>The records of clients #1, #2, and #3 lacked evidence that the Minnesota Home Care Bill of Rights had been given to the clients. When interviewed, October 12, 2005, the deputy administrator confirmed that the licensee had not given the clients a copy. When interviewed via telephone, October 17, 2005, clients #1 and #2 stated they had not received a copy of the home care bill of rights.</p> |

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| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|---|--------------------|--|
| | | | | <u>Education:</u> provided. |
| 2 | 2 | MN Rule 4668.0040 Subp. 1 Complaint Procedure | X | <p>Based on record review and interview, the licensee failed to have a complaint procedure in place for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>The records of clients #1, #2, and #3 had no evidence a complaint procedure had been given to them. When interviewed via telephone, October 18, 2005, the deputy administrator verified that the licensee did not have a complaint procedure.</p> <p><u>Education:</u> provided.</p> |
| 3 | 5 | MN Rule 4668.0075 Subp. 1 Orientation | X | <p>Based on record review and interview, the licensee failed to provide orientation to home care for three of three employees' (A, B, and C) records reviewed. The findings include:</p> <p>Employees A, B, and C provided direct care to client. There was no evidence that they had been oriented to home care requirements before providing home care services to clients.</p> <p>When interviewed, October 12, 2005, the deputy administrator indicated that the licensee was providing educational teaching to clients only and verified they did not provide orientation to home care for employees.</p> <p>When interviewed, October 13, 2005, employee A, a registered nurse (RN), indicated she did home visits to the client's homes depending on their needs and provided services including taking the client's vital signs, blood pressure and checking the lung sounds. Employee A stated she did an</p> |

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|---|--------------------|--|
| | | | | <p>assessment of the client's condition before doing educational teaching. When interviewed via telephone, October 17, 2005, client #1 stated that employee A had changed her surgical dressing three weeks ago and had taken her vital signs.</p> <p><u>Education:</u> provided.</p> |
| 4 | 1 | MN Rule 4668.0140 Subp.1 Service Agreement | X | <p>Based on record review and interview, the licensee failed to provide a service agreement for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1's records indicated that employee A, a registered nurse (RN), provided home care visits August 16, 2005, September 23, 2005, and October 06, 2005. There was no evidence of a service agreement.</p> <p>Client #2's records indicated that employee A, a RN, provided home care visits August 12, and 30, 2005, and October 06, 2005. There was no evidence of a service agreement.</p> <p>Client # 3's records, indicated that employee B, an RN, provided home care visits January 20, 2005, March 17, 2005, and April 06, 2005. There was no evidence of a service agreement.</p> <p>When interviewed via telephone, October 17, 2005, client #1 stated that she had never signed a service agreement and client #2 indicated she had not been given a service agreement.</p> <p><u>Education:</u> provided.</p> |
| 5 | 3 | MN Statutes 626.557 Subd. 14b Abuse prevention plan | X | <p>Based on record review and interview, the licensee failed to assure an individual abuse prevention plan was</p> |

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| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|--|--------------------|--|
| | | | | <p>provided for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Clients #1, #2 and #3's records had no evidence of assessments for vulnerabilities and there was no abuse prevention plan for any of these clients.</p> <p>When interviewed via telephone, October 18, 2005, the deputy administrator indicated that the licensee did not have a vulnerable assessment in place for the clients.</p> <p><u>Education:</u> provided.</p> |
| | 4 | MN Rule 4668.0160 Subp. 6 Contents of client record | X | <u>Education:</u> provided. |

A draft copy of this completed form was left with Linda Norland at an exit conference on October 18, 2005. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-Only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us>

(Form Revision 5/05)