



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2304 1394

December 3, 2010

Jennifer Ryan, Administrator  
Happy Feet Footcare Inc  
6912 Toledo Avenue North  
Brooklyn Center, MN, 55429

RE: Results of State Licensing Survey

Dear Ms. Ryan:

The above agency was surveyed on October 25 and 26, 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 in a cursive style.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Hennepin County 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 2304 1394

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:	JENNIFER RYAN	DATE: December 3, 2010
PROVIDER:	HAPPY FEET FOOTCARE INC	COUNTY: HENNEPIN
ADDRESS:	6912 TOLEDO AVENUE NORTH BROOKLYN CENTER, MN 55429	HFID: 02914

On October 25 and 26, 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 4668.0150 Subp. 3**

Based on recorded review and interview, the licensee failed to ensure there were prescriber's orders for a treatment provided to one of three clients (#1) reviewed. The findings include:

Client #1 began receiving services on April 21, 2006. The client's record indicated that on February 12, 2010, the client's toe nails were trimmed and there was a small amount of bright red blood noted on the right third toe. The record indicated Styptic powder was applied to the right third toe. The client's record did not contain a prescriber's order for the Styptic powder.

When interviewed October 25, 2010, employee A (registered nurse) stated that the Styptic powder is used when a client's toes are nicked during trimming. Employee A went on to state that there were no prescriber's orders for the Styptic powder in the client's record.

**TO COMPLY:** All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.

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

cc: Hennepin 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 # 7004 1160 0004 8711 9885

March 24, 2006

Jennifer Ryan, Administrator  
Happy Feet Footcare Inc.  
6912 Toledo Avenue North  
Brooklyn Center, MN 55429

Re: Licensing Follow Up Revisit

Dear Ms. Ryan:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on December 15, 2005.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Jennifer Ryan, President Governing Board  
Hennepin County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Case Mix Review File

10/04 FPC1000CMR

Minnesota Department Of Health  
Division of Compliance Monitoring  
Case Mix Review Section

INFORMATIONAL MEMORANDUM

**PROVIDER:** HAPPY FEET FOOTCARE INC

**DATE OF SURVEY:** December 15, 2005

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
Class A

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Jennifer Ryan, RN, President

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up X

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on May 25, 26, and 31, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- |                                    |           |
|------------------------------------|-----------|
| 1. MN Rule 4668.0040 Subp. 2       | Corrected |
| 2. MN Rule 4668.0150 Subp. 6       | Corrected |
| 3. MN Statute §626.557 Subd. 14(b) | Corrected |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 8505

November 3, 2005

Jennifer Ryan, Administrator  
Happy Feet Footcare Inc  
6912 Toledo Avenue North  
Brooklyn Center, MN 55429

Re: Results of State Licensing Survey

Dear Ms. Ryan:

The above agency was surveyed on May 25, 26, and 31, 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: Jennifer Ryan, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
Hennepin County Social Services  
Sherilyn Moe, Office of the Ombudsman  
CMR 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: HAPPY FEET FOOTCARE INC

HFID # (MDH internal use): 02914

Date(s) of Survey: May 25, 26, and 31, 2005

Project # (MDH internal use): QL02914012

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"> <li>• MN Rules 4668.0050</li> <li>• MN Rule 4668.0060 Subpart 3</li> <li>• MN Rule 4668.0060 Subpart 4</li> <li>• MN Rule 4668.0060 Subpart 5</li> <li>• MN Rule 4668.0140</li> <li>• MN Rule 4668.0180 Subpart 8</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Service plans accurately describe the needs and services and contains all the required information.</li> <li>• Services agreed to are provided</li> <li>• Clients are provided referral assistance.</li> </ul>	<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>
<p>2. The Provider promotes client rights.</p> <ul style="list-style-type: none"> <li>• MN Statute §144A.44</li> <li>• MN Rule 4668.0030</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> </ul>	<p>Annual Licensing Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education</p>

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



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

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 4</li> <li>• MN Rule 4668.0180 subpart 5</li> <li>• MN Rule 4668.0180 subpart 6</li> <li>• MN Rule 4668.0180 subpart 7</li> <li>• MN Rule 4668.0180 subpart 9</li> <li>• MN Statute 144A.47</li> </ul> <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 4668.0040 Subp. 2 Complaint Procedure: Informing clients	X	<p>Based on observations, record review, and interview, the licensee failed to provide a complete notice related to the procedure for making a complaint for three of three client's (#1, #2, and #3) records reviewed. The findings include:</p> <p>The licensee's grievance procedure that was given to clients #1, #2, and #3 at the start of care was reviewed. The grievance procedure included an incorrect address and telephone number for the Office of Health Facility Complaints at the Minnesota Department of Health.</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>During a home visit with client #2 on May 26, 2005 it was observed that client #2 had received the grievance procedure that contained the incorrect address and telephone number for the Office of Health Facility Complaints.</p> <p>When interviewed, May 26, 2005, the director (a licensed practical nurse) acknowledged the grievance procedure contained incorrect contact information for the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p><b><u>Education:</u></b> Provided</p>
#2	#6	MN Rule 4668.0150 Subp. 6 Renewal of orders	X	<p>Based on observations, record review, and interview, the licensee failed to ensure that orders for medications and treatments were renewed by the prescriber at least every three months for four of four clients' (#1, #2, #3, and #4) records reviewed. The findings include:</p> <p>Client #1 began receiving home care services on March 1, 2004. Physician's order dated May 27, 2003, included the following, "For minor skin trauma, as a precautionary measure: Apply coagulant powder, prn (as needed), Cleanse with Bactine spray, prn, and instruct client to apply antibiotic ointment, prn." There was no evidence in client #1's record that the prescriber had renewed the orders since May 27, 2003. A home care visit note dated November 30, 2004 indicated that when trimming client #1's toenails, a small amount of bleeding was noted, and the nurse applied Bactine spray as ordered. Observations on a home visit on May 25, 2005 for client #1 revealed that employee #1, a LPN (licensed</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>practical nurse) nicked the client's skin on her toe when trimming the client's toe nails. The area began to bleed, and employee #1 was observed to apply Bactine spray as ordered several times to the area.</p> <p>Client #2's began receiving home care service on May 30, 2003. Initial physician's orders were obtained June 3, 2003. The orders were updated on August 10, 2004. There was no evidence that the physician's orders had been renewed since August 10, 2004.</p> <p>Client #3 started home care services on November 18, 2003. Physician's orders dated November 10, 2003 included the following, "For minor skin trauma, as a precautionary measure: Apply coagulant powder, prn (pro re nata), cleanse with Bactine spray, prn, and instruct client to apply antibiotic ointment, prn". There was no evidence in client #3's record that these orders had been renewed since November 10, 2003.</p> <p>Client #4 started home care services on December 8, 2004. Physician's orders dated October 18, 2004 included the following, "Debridement of corns and callus tissue by LPN with a #15 scalpel". There was no evidence in client #4's record that this order had been renewed since October 18, 2004.</p> <p>When interviewed, May 26, 2005, the director confirmed that the client's orders for medications and treatments had not been renewed every three months for clients' #1, #2, #3, and #4. The director stated the agency's policy was that orders for minor skin trauma were renewed by the prescriber yearly, and treatment orders for the debridement of corns and calluses</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>using a #15 scalpel were renewed by the prescriber every six months.</p> <p><b><u>Education:</u></b> Provided</p>
#3	#3	<p>MN Statute §626.557 Subd. 14 (b)                      Abuse prevention plans</p>	<p align="center">X</p>	<p>Based on record review and interview, the licensee failed to ensure that when individualized client vulnerabilities were identified, the specific measures to be taken to minimize the risk of abuse to clients were included in the client's records for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1 started home care service on March 1, 2004. Client #1's vulnerability assessment identified low vision and right sided weakness as areas that the client was susceptible to abuse. The approach was to use "standard precaution #1". There was nothing in the client's record that defined standard precaution #1.</p> <p>Client #2's started home care service on May 30, 2003. A vulnerable adult assessment was completed May 30, 2003. The vision area was checked. On the plan of care, "glasses – low vision/ blind" was checked. The approach was to use "standard precaution #1". There was nothing in the client's record as to what standard precaution #1 was.</p> <p>Client #3 started home care service on November 18, 2003. Client #3's vulnerability assessment identified low vision and mobility concerns as areas the client was susceptible to abuse. The approaches were to use standard precaution #1 for the vision deficit, and standard precaution #4 for the mobility concerns. There was no evidence in the client's record that defined standard precautions #1 and #4.</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed, May 25, 2005, the director confirmed the specific measures to be taken to minimize the risk of abuse were not kept in the client's records. The director stated that the definitions for the standard precautions were defined in the policy manual. She stated each LPN who did foot care also had a copy of the policy in their case notebook.</p> <p><b><u>Education:</u></b> Provided</p>

A draft copy of this completed form was left Jennifer Ryan, Director/LPN at an exit conference on May 31, 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)