



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6222

October 14, 2010

Marcy Gulden, Administrator
Golden Home Plus Inc
6 ½ N Minnesota ST Box 924
New Ulm, MN 56073

Re: Results of State Licensing Survey

Dear Ms. Gulden:

The above agency was surveyed on August 31 and September 1 and 2, 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 cursive script, appearing to read "Patricia Nelson", is written in black ink.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Brown 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 2303 6222

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 and Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	MARCY GULDEN	DATE: October 14, 2010
PROVIDER:	GOLDEN HOME CARE PLUS INC	COUNTY: BROWN
ADDRESS:	6 1/2 N MINNESOTA ST BOX 924 NEW ULM, MN 56073	HFID: 03015

On August 31 and September 1 and 2, 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 4668.0100 Subp. 4

Based on 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 delegated nursing procedures, that the RN specified in writing specific instructions for performing the procedures and staff demonstrated to the RN that he/she was competent to perform the procedures for two of two employee (B and C) records reviewed. The findings include:

Client #3 was admitted and began receiving home care services December 1, 2009, including medication administration via a gastrostomy tube and flushing of the gastrostomy tube and flushing of a suprapubic catheter.

A review of documentation indicated employee B flushed the client's suprapubic catheter on August 18 and 20, 2010, and administered medications and flushed the gastrostomy tube on August 30, September 1 and 2, 2010. A review of the home health aide charting sheet for August 16 through August 22, 2010, indicated employee B also provided suprapubic catheter care.

Documentation indicated employee C flushed the client's suprapubic catheter on August 18 and 19, 2010, and administered medications and flushed the client's gastrostomy tube on August 28 and 29 and September 1, 3 and 4, 2010. A review of the home health aide charting sheet for August 16 through August 22, 2010, indicated employee C also provided suprapubic catheter care.

There was no evidence that employees B or C received training or competency testing in medication administration via a gastrostomy tube, flushing of the gastrostomy tube, flushing of the suprapubic catheter or care of a suprapubic catheter.

A review of policy and procedures indicated there was a procedure on catheter flushes; however there was not a procedure for medication administration via a gastrostomy tube and flushes through a gastrostomy tube.

When interviewed September 1, 2010, employee E (supervising RN) stated the doctor had trained employees B and C to flush the supra pubic catheter, but she had not trained or competency tested employees B or C in medication administration via a gastrostomy tube, flushing of the gastrostomy tube or care of a suprapubic catheter.

TO COMPLY: A person who satisfies the requirements of subpart 5 may perform delegated medical or nursing and assigned therapy procedures, if:

A. prior to performing the procedures, the person is instructed by a registered nurse or therapist, respectively, in the proper methods to perform the procedures with respect to each client;

B. a registered nurse or therapist, respectively, specifies, in writing, specific instructions for performing the procedures for each client;

C. prior to performing the procedures, the person demonstrates to a registered nurse or therapist, respectively, the person's ability to competently follow the procedures; and

D. the procedures for each client are documented in the clients' records.

TIME PERIOD FOR CORRECTION: Seven (7) days

2. MN Rule 4668.0160 Subp. 6

Based on record review and interview the licensee failed to maintain a complete record for one of two clients' (#3) records reviewed. The findings include:

Client #3 was admitted and began receiving home care services December 1, 2009, including medication administration via a gastrostomy tube, flushing of the gastrostomy tube and flushing of a suprapubic catheter.

There was no documentation of the medication administration via gastrostomy tube, flushing of the gastrostomy tube and flushing of a suprapubic catheter in the client's record.

When interviewed September 2, 2010, employee E (supervising registered nurse) stated that client #3's wife wanted the flow sheets for medication administration via a gastrostomy tube, flushing of the gastrostomy tube and flushing of a suprapubic catheter kept client #3's residence, so none of the flow sheets were ever in the client's record.

TO COMPLY: The client record must contain:

A. the following information about the client:

(1) name;

(2) address;

(3) telephone number;

(4) date of birth;

(5) dates of the beginning and end of services; and

(6) names, addresses, and telephone numbers of any responsible persons;

B. a service agreement as required by part [4668.0140](#);

C. medication and treatment orders, if any;

D. notes summarizing each contact with the client in the client's residence, signed by each individual providing service including volunteers, and entered in the record no later than two weeks after the contact;

E. names, addresses, and telephone numbers of the client's medical services providers and other home care providers, if known;

F. a summary following the termination of services, which includes the reason for the initiation and termination of services, and the client's condition at the termination of services.

Class C licensees need only include the information required by items A, B, and E. Class E licensees need only include the information required by items A, B, D, and E.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

3. MN Statute §144A.44 Subd. 1(2)

Based on record review and interview, the licensee failed to provide services according to acceptable medical and nursing standards for one of two clients' (#4) records reviewed. The findings include:

Client #4 was admitted and began receiving home care services including medication administration August 24, 2008. The physician orders (which were retrieved from the business office), dated August 19, 2010, indicated the client was to receive Diazepam (Valium) 2 mg. (milligrams) via the gastrostomy tube every 6 hours, Omeprazole -2.5 mg. twice daily per the gastrostomy tube and Lasix 10 mg. per the gastrostomy tube as directed.

During reconciliation of medications by this surveyor on September 2, 2010, it was noted that medications were not administered and/or clarified with the prescriber per the current physician's orders dated August 19, 2010. The Diazepam 2 mg. was not administered August 9, 2010 through August 22, 2010. The physician's orders stated "Omeprazole" 2.5 mg. twice a day, but the medication administration record listed that Omprazole 2 mg./ml., give 2.5 ml. was administered two times a day August 9, 2010, through August 22, 2010. Lasix 10 mg per GT as directed was ordered, but no there was no evidence of administration or of directions when it should be administered. During the home visit on September 2, 2010, employee G (registered nurse/RN) stated there were no other physician orders at the client's home and current orders were not usually kept in the home.

When interviewed September 2, 2010, employee F (supervising RN) stated the direct care nurses were not aware of the orders of August 19, 2010.

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

cc: Brown 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 1350 0003 0567 0025

July 12, 2007

Marcy Gulden, Administrator
Golden Homecare Plus Inc
6 ½ N Minnesota St Box 924
New Ulm, MN 56073

Re: Results of State Licensing Survey

Dear Ms. Gulden:

The above agency was surveyed on June 7, 11, 12, and 13, 2007, 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".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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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 an on-site visit, MDH nurses will interview staff, clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to describe 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 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. 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.

Name of Class A Licensee: GOLDEN HOMECARE PLUS INC

HFID #: 03015

Date(s) of Survey: June 7, 11, 12 and 13, 2007

Project #: QL03015002

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0140 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0060 Subp. 3, 4 and 5 MN Rule 4668.0180 Subp. 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 contain all the required information. Services agreed to are provided Clients are provided referral assistance. 	<p>Focus Survey</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>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</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 client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 	<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>Focus Survey</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>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The provider promotes and protects each client’s safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statutes §144A.46 Subd. 5(b) • MN Statute §626.556 • MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 	<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. 	<p>Focus Survey</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>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: 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. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input checked="" type="checkbox"/> Met</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>	<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 administration procedures are available. • Supervision is provided as required. 	<p>Focus Survey</p> <p>___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</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>Focus Survey</p> <p>___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>Order issued ___ Education Provided</p>
<p>7. The provider is licensed and provides services in accordance with the license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 Subp. 3 • MN Rule 4668.0012 • MN Rule 4668.0060 Subp. 2 and 6 • MN Rule 4668.0180 • MN Rule 4668.0220 <p><small>Note: 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.</small></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 reflect services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>8. The provider is in compliance with MDH waivers and variances.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0016 	<ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

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 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 4668.0100 Subp. 6**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who performed home health aide tasks, received eight hours of in-service training for each twelve months of employment for two of two employees' (B and C) records reviewed. The findings include:

Employees B and C were hired May of 2004 and May of 2006 respectively as unlicensed direct care givers. There was no evidence of in service education for employees B and C. When interviewed, June 11, 2007, the social worker indicated that employees were to have completed eight hours of in-service by their anniversary date and that the information had been sent one month prior to each employee's anniversary date for 2007. Employees B and C had not completed and returned the information as of June 11, 2007.

2. MN Rule 4668.0100 Subp. 9**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for one of two clients' (#2) records reviewed. The findings include:

Client #2 began receiving services in May of 2004. Client #2 received services that required supervision including, monitoring of skin integrity, medication reminder, and assistance with reading the blood sugar monitoring results per employee B's weekly charting sheet of May 28, 2007 through June 3, 2007. There was no documentation in client #2's record of an RN supervisory visit within 14 days after initiation of services or of any supervisory or monitoring visits thereafter. RN home visits were conducted January 2 and 15, 2007, February 12 and 26, 2007, and March 12 and 26, 2007. The RN visit documented that conversations the client but lacked evidence of supervision of tasks. The "Monthly Supervision Tracking" form dated April 2007, and May 2007, which was signed by the licensed social worker (LSW) read "paperwork reviewed, in-service preparation, charting sheets updated, messages, rounds and paperwork pick up and care plan updated." When interviewed, June 11, 2007, the owner indicated he thought supervision could be done by the LSW; they go out every two weeks to "pick up hours and other paperwork".

3. MN Rule 4668.0130 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed assisted living home care services successfully completed training or demonstrated competency in the required topics, for two of two unlicensed employee (C) records reviewed. The findings include:

Employee B began working May of 2004, as an unlicensed direct caregiver. Employee B's record contained a "Home Health Aide Competency Evaluation for Licensed Only Providers" form dated May 25, 2004 that documented she had a practical skills test done for reading and recording temperature, pulse and respiration. There were no other practical skills tests documented.

Employee B worked with client #2 whose care plan stated the "PCA is allowed to assist client in getting injection (insulin) ready" and "Medication – Set up by family member – remind as needed." Employee B's, "weekly charting sheet", for May 28, 2007 through June 3, 2007 indicated she provided assistance with medication reminders, and "blood sugar check/assist w/reading."

Employee C began working May of 2006, as an unlicensed direct caregiver. Employee C's record contained a "Home Health Aide Competency Evaluation for Licensed Only Providers" form dated May of 2006. There were no practical skills tests documented. Employee C worked with client #3 whose care plan included "medication – mother will set up. Reminders as needed." Employee C's weekly charting sheets for March 26, 2007 through April 15, 2007 indicated providing services in activities of daily living, teaching/work on grooming and hygiene skills, range of motion to legs/ankles 4 times a day, teach/work on household life skills and medication remembers.

When interviewed, June 12, 2007, the registered nurse confirmed that there practical skill tests were lacking for both employees.

4. MN Rule 4668.0140 Subp. 1**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to have modifications to the service agreements in writing for two of two active clients' (#1 and #2) records reviewed. The findings include:

Client # 1's current service agreement, dated October of 1999, indicated that the client was to have personal care attendant" (PCA) service was five hours daily, by a PCA or home health aide , a registered nurse (RN) two and one half hours per month, and a licensed practical nurse (LPN) nineteen hours daily.

When interviewed June 7, 2007, the guardian/agency owner stated there had been only RN and LPN services twenty four hours a day, seven days per week "for years."

Client #2's service agreement, dated, May of 2004, indicated PCA service five and one half hours daily and RN supervision three hours per month. In April of 2007, the client received a letter from the county public health agency which stated, "Your PCA time has decreased", "this will be approximately 68 hours/month or 2 hours 15 minutes per day." There were no modifications to either of the service agreements. When interviewed, June 11, 2007, the licensed social worker indicated she was not aware that modifications to the service agreement needed to be in writing when a change in service occurred.

5. MN Rule 4668.0140 Subp. 2**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to provide a complete service agreement for three of three client's (#1, #2 and #3) records reviewed. The findings include:

Client #1's current service agreement dated October of 1999, had a description of services that read "X5645 PCA, X4037 RN, X5649 LPN." Fees read as "3.31x 4, 5.83x 4," and "5.67x4" respectively. The contingency plan read "follow schedule and back up plan." There was no further information. When interviewed June 7, 2007 the guardian/owner, indicated that client #1 required total care, was tube fed, ventilator supported and there was no written back up plan.

Client #2's current service agreement dated May of 2004, had a description of services that read "Personal Care Attendant, In Home Support, Personal Support, Home Maker, RN Supervision." There were no fees for the services indicated or circumstances when emergency medical services were not to be called. The frequency for In Home Support, Personal Support, Home Maker services was blank. There was no further information. When interviewed, June 12, 2007, client #2 stated that the Personal Care Attendant (PCA) services included home care tasks, drawing up insulin, and organizing the pills he took. Client #2's contingency plan dated May of 2004 stated "follow back up." When interviewed June 12, 2007 the owner, indicated that there was no written back up plan.

Client #3's current service agreement dated December of 2004, did not include a complete description of services, fees for the services or circumstances when emergency medical services were not to be called. The description of services read "Personal Care Attendant, In Home Support, Personal Support, Home Maker, RN Supervision." The frequency for In Home Support, Personal Support, Home Maker services was blank. There was no further information. The client's care plan indicated client #3 required assistance with putting on and taking off compression stockings, received inspection of the legs, ankles and feet, shaving legs, verbal cues for activities of daily living, total assistance with shampoo, total supervision for safety, and home maker tasks. When interviewed, June 12, 2007, the owner indicated the agency did not consider the PCA tasks to be home health aide tasks and that there was no written back up plan.

6. MN Rule 4668.0150 Subp. 3**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview the licensee failed to have medication orders dated and signed by the prescriber for one of one (#2) active clients receiving medication assistance. The findings include:

Client #2's medication orders were maintained in a care plan dated May of 2007. The orders for fourteen medications were not dated and signed by the prescriber. When interviewed June 12, 2007, client #2 stated his PCA "organizes" his medication for him. When interviewed June 12, 2007, the registered nurse confirmed the medication orders were not complete.

7. MN Rule 4668.0150 Subp. 4**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview the licensee failed to have complete medication orders that included the directions for use and the dosage for one of one (#2) active clients receiving medication assistance. The findings include:

Client #2's medication orders were maintained in a care plan dated May of 2007. The orders did not include the route of administration for fourteen of fourteen medications listed and no dosages for the sliding scale of insulin. When interviewed June 12, 2007, client #2 stated his PCA "organizes" his medication for him. A county letter dated April of 2007 read "your PCA time has decreased. This decrease is a result of less time reported as needed for medication set up." When interviewed June 12, 2007, the registered nurse confirmed the medication orders were not complete and stated she did not know routes of administration had to be included.

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

Based on record review and interview the licensee failed to assess vulnerability and develop an individual abuse prevention plan for two of two (#1 and #2) active clients. The findings include:

Clients #1 and #2 did not have a vulnerable adult assessment or individual abuse prevention plan. When interviewed, June 12, 2007, the registered nurse stated "we only do them on our elderly clients."

A draft copy of this completed form was left with Ken Gulden at an exit conference on June 13, 2007. 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 A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A 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).