



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6239

October 14, 2010

Heidi Vorwerk, Administrator  
MBW Company Inc  
1200 South Broadway  
New Ulm, MN 56073

Re: Results of State Licensing Survey

Dear Ms. Vorwerk:

The above agency was surveyed on September 14, 15, and 16, 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 above the typed name.

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

CERTIFIED MAIL #: 7009 1410 0000 2303 6239

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:	<u>HEIDI VORWERK</u>	DATE: October 14, 2010
PROVIDER:	<u>MBW COMPANY INC</u>	COUNTY: BROWN
ADDRESS:	<u>1200 SOUTH BROADWAY</u>	HFID: 03081
	<u>NEW ULM, MN 56073</u>	

On September 14, 15 and 16, 2010, 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 4668.0065 Subp. 3**

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

Employee A (registered nurse) was hired July 18, 2006. The only documentation of infection control training for employee A was dated January 16, 2008.

When interviewed September 14, 2010, employee A stated she had documentation of infection control training that she would send by facsimile to the licensee. No further documentation of infection control training was provided during the survey.

**TO COMPLY:** For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

- A. hand washing techniques;
- B. the need for and use of protective gloves, gowns, and masks;
- C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
- D. disinfecting reusable equipment; and
- E. disinfecting environmental surfaces.

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

## **2. MN Rule 4668.0100 Subp. 4**

Based on observation, record review and interview, the licensee failed to ensure that unlicensed staff were instructed by a registered nurse (RN) in the proper method to perform a delegated nursing procedure, and demonstrated to the RN that he/she was competent to perform the procedure for two of two employees' (B and C) records reviewed.

Client #1 was admitted and began receiving home care services, including hooyer lift transfers and oximetry testing (a procedure that measures the amount of oxygen in the blood) September 1, 1992.

A review of the August and September 2010 client care lists indicated employees B and C provided hooyer lift transfers and respiratory assistance. The undated and unsigned care plan indicated the client used oxygen per nasal cannula at 2 liters per minute continuously and was to have oxygen levels and a pulse taken every day and more frequently if the client was short of breath.

There was no documentation of competency noted for employees B and C on the hooyer lift transfers or oximetry testing. When interviewed September 14, 2010, at 2:50 p.m. employee A (RN) indicated the employees had all been trained, but there was no documentation of the competency.

When interviewed September 15, 2010, at 11:10 a.m., employee B stated she had been trained to perform hooyer lift transfers by other unlicensed staff. When interviewed September 16, 2010, at 1:10 p.m., employee C stated she had been trained by other unlicensed staff to perform hooyer lift transfers and oximetry testing.

**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:** Thirty (30) days

### **3. MN Rule 4668.0140 Subp. 2**

Based on record review and interview, the licensee failed to ensure that service agreements were complete for one of one client (#1) record reviewed. The findings include:

Client #1 was admitted September 1, 1992, and began receiving services which included total assistance with activities of daily living, oximetry testing (a procedure that measures the amount of oxygen in the blood) medication administration and hooyer lift transfers. The service agreement, dated June 22, 2005, only indicated PCA (personal care assistant) as a description of services to be provided.

When interviewed September 14, 2010, employee D (administrator) indicated they didn't know that listing "PCA" was not a description of services provided.

**TO COMPLY:** The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;
- B. identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required, if any;
- D. fees for services;
- E. a plan for contingency action that includes:

(1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

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

#### **4. MN Rule 4668.0150 Subp. 3**

Based on record review and interview, the licensee failed to have current prescriber's orders for medications and treatments for one of one client's (#1) record reviewed. The findings include:

Client #1's September 2010 medication administration record (MAR) indicated she received Lexapro 30 mg. (milligrams) everyday, Oxybutnin (sic) CL (Oxybutynin chloride) 10 mg. at bedtime and Floranex chewable 2 tabs four times per day. The records also indicated the client had oximetry testing (a procedure that measures the amount of oxygen in the blood) done thirteen times from August 30 through September 14, 2010.

The current physician orders, dated February 8, 2010, stated the client was to receive Lexapro 20 mg. every day. The orders did not include the Oxybutynin CL, Floranex or oximetry testing. The physician orders, dated February 8, 2010, also included Vesicare 5 mg. and Carafate 1 gram three times per day, but neither medication was documented as administered.

When interviewed September 14, 2010, regarding the discrepancies employee A (registered nurse) stated we don't have the orders; the orders go to the pharmacy. No further information was provided during the survey.

**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

#### **5. MN Rule 4668.0150 Subp. 6**

Based on record review and interview, the licensee failed to ensure that medication and treatment orders were renewed every three months for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services which included medication administration September 1, 1992. The current prescriber's orders were dated February 8, 2010. There was no subsequent renewal of orders for client #1.

When interviewed September 15, 2010, employee A (registered nurse) stated she was really behind in getting the physician orders renewed.

**TO COMPLY:** All orders must be renewed at least every three months.

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

**6. MN Rule 4668.0160 Subp. 2**

Based on observation, record review and interview, the licensee failed to ensure client records were kept secure for two of two clients' (#1 and #2) records reviewed. The findings include:

On September 15, 2010, employee A (registered nurse/RN) brought part of client #1's medical record to the agency to be reviewed by the surveyor. When employee A was going to leave the agency, employee A's husband came into the licensee's office and began picking up client #1's medical record. Employee E (supervising RN) told employee A that her husband could not help transport client #1's medical records.

Client #2's nursing notes, dated July 8 and August 17, 2010, indicated that employee F (personal care assistant/PCA) had taken the PCA documentation book and it was not at client #2's home while the supervising RN was there.

During observation of programming for client #2 on September 15, 2010, the PCA documentation was not available for review. When interviewed September 16, 2010, employee F stated she had taken client #2's record home with her. Upon further questioning employee F did not know if the record was at home in her desk or if she had transported the documentation to the licensee's office.

When interviewed September 15, 2010, at 5:30 p.m., employee D (administrator) and employee E (supervising RN) indicated there was a procedure for safety of client records, but it did not include medical records being at an employee's home.

When interviewed September 16, 2010, employee D indicated client #2's record had been in the client's home on the afternoon of September 15, 2010, but employee F did not realize the record was there.

**TO COMPLY:** The licensee shall establish written procedures to control use and removal of client records from the provider's offices and for security in client residences and to establish criteria for release of information. The client record must be readily accessible to personnel authorized by the licensee to use the client record.

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

**7. 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 of care for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 was admitted and began receiving home care services September 1, 1992. During a phone interview September 14, 2010, client #1 and person #3 (interpreter) stated that during the overnight shift a personal care assistant (PCA) was bringing her baby to work. Client #1, through person #3, complained that employee C's baby was getting bigger, getting teeth and cried during the night requiring care, which resulted in client #1 not getting care.

The agency's employee policy stated: if an employee desires to bring a child to work, it must be cleared with the supervisor prior to the intended time and only for an emergency type situation.

When interviewed September 14, 2010, employee D (administrator) and employee E (supervising registered nurse/RN) did not know that employee C brought her baby to work. Employee D and E stated it was against the licensee's policy to bring children to work. When interviewed September 14, 2010, employee A (RN) indicated she knew employee C brought her baby to work, but employee A did not know about the policy of not bringing children to work.

When interviewed September 15, 2010, employee B (lead PCA) indicated she knew that employee C was bringing a child to work. When interviewed September 16, 2010, employee C stated she had brought the one year old child to work almost every night she worked.

Client #2 was admitted and began receiving services June 7, 2001. Documentation provided on September 16, 2010, for August 2010 indicated employee F (PCA) was performing ROM/stretching for client #2. During a home visit on September 15, 2010, employee F explained the range of motion program (ROM) and demonstrated the communication program she provided to client #2. There was no documentation of training or competency testing in the ROM or communication program for employee F.

The care plan signed by employee E (RN) on August 20, 2010, indicated the client was to have a ROM and communication program. A nurse's note, dated August 20, 2010, indicated the care plan was reviewed and there was no change. There were no prescriber's orders for a ROM or communication program. There was also no assessment by the RN, which indicated the need for ROM or a communication program. When interviewed September 15, 2010, employee E (RN) verified there were not any prescriber's orders for a communication or ROM program.

**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:** Thirty (30) 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 0759

November 9, 2007

Vicki Sieve, Administrator  
MBW Company Inc  
1200 South Broadway  
New Ulm, MN 56073

Re: Results of State Licensing Survey

Dear Ms. Sieve:

The above agency was surveyed on October 24, 25, and 29, 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". The signature is written in a cursive style.

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

<http://www.health.state.mn.us>

*An equal opportunity employer*





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: MBW COMPANY INC

HFID #: 03081

Dates of Survey: October 24, 25, and 29, 2007

Project #: QL03081003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0140</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0060 Subp. 3, 4 and 5</li> <li>MN Rule 4668.0180 Subp. 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 contain all the required information.</li> <li>Services agreed to are provided Clients are provided referral assistance.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes client 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> </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><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 type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <input type="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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statutes §144A.46 Subd. 5(b)</li> <li>• MN Statute §626.556</li> <li>• MN Statutes §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</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><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0160</li> </ul> <p><b>Expanded Survey</b></p> <p>[Note: 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><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>

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  <b>Follow-up Survey #</b> ___            ___ New Correction Order issued            ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100</li> <li>• [Except Subp. 2]</li> <li>• MN Rule 4668.0065</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0060 Subp. 1</li> <li>• MN Rule 4668.0070</li> <li>• MN Rule 4668.0075</li> <li>• MN Rule 4668.0080</li> <li>• MN Rule 4668.0130</li> <li>• MN Statute §144A.45 Subd. 5</li> </ul> <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"> <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 administration procedures are available.</li> <li>• Supervision is provided as required.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met  <u>X</u> Correction Order(s) issued  <u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded            ___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Follow-up Survey #</b> ___            ___ New Correction Order issued            ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100 Subp. 2</li> </ul> <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"> <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><b>Focus Survey</b></p> <p>___ Met  <u>X</u> Correction Order(s) issued  <u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded            ___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Follow-up Survey #</b> ___            ___ New Correction</p>

Indicators of Compliance	Outcomes Observed	Comments
and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.]		Order issued ___ Education Provided
<p>7. The provider is licensed and provides services in accordance with the 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 Subp. 3</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0060 Subp. 2 and 6</li> <li>• MN Rule 4668.0180</li> <li>• MN Rule 4668.0220</li> </ul> <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"> <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 reflect 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><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

***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 4668.0075 Subp. 1****INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to provide orientation to home care requirements for two of three staff (A and C) reviewed. The findings include:

Employee A and employee C were hired June of 2006 and November of 2002 as direct care staff. There was no documentation regarding orientation to home care before services were provided for either employee. Employee A read and signed the Guide to Home Care on October 25, 2007 during the survey. When interviewed, October 24, 2007, the administrator indicated employee A had gone over the Rules with a previous nurse, “page by page, but probably not the rest of it.” Employee agreed she had gone over the Rules with the previous nurse. When interviewed October 29, 2007, the administrator confirmed that employee C had not had the required orientation to home care.

**2. 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 two of three client (#1 and #3) records reviewed. The findings include:

Client #1’s service agreement, dated January of 2004, indicated client #1 was to receive personal care assistance, Monday through Fridays. There was no description of services to be provided on the service agreement. The contingency plan only indicated county family services would be contacted and listed the case manager’s name and telephone number. When interviewed October 26, 2007, the parents indicated “total” cares were provided for client #1 including running after the client constantly to prevent elopement. They stated that if the agency was unable to provide, care usually because a caregiver did not arrive as scheduled, a parent stayed home. When interviewed, October 26, 2007 the registered nurse (RN) stated the county would not come and take care of client #1 as indicated on the contingency plan.

Client #3’s service agreement dated June of 2005 indicated the client receive registered nurse supervision two hours monthly, however no schedule for supervision was listed. The contingency plan was blank except for the name and telephone number of the contacts.

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A draft copy of this completed form was left with Vicki Sieve, Administrator, at an exit conference on October 29, 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)