



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3309

July 25, 2005

Deb Salhus, Administrator
Courage Center
3915 Golden Valley Road
Golden Valley, MN 55422

Re: Results of State Licensing Survey

Dear Ms. Salhus:

The above agency was surveyed on May 25, 26, and 27, 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: Original-Facility
Janet Fioloa, President Governing Board
Case Mix Review File
Hennepin County Social Services
Sherily Moe, Office of Ombudsman
Kelly Crawford, Minnesota Department of Human Services

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: COURAGE CENTER
 HFID # (MDH internal use): 03148
 Date(s) of Survey: May 25, 26, and 27, 2005
 Project # (MDH internal use): QL03148011

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

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Statute §144A.44 • MN Rule 4668.0030 • MN Rule 4668.0040 <p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0170 	<p>afforded the right to file a complaint.</p>	<p>Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided</p>
<p>3. The Provider promotes and protects each client’s safety, property, and well-being.</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Statutes §144A.46 Subdivision 5 • MN Statute §626.556 • MN Statutes §626.557 • MN Statute §626.5572 	<ul style="list-style-type: none"> • Client’s person, finances and property are safe and secure. • All criminal background checks are performed as required. • Clients are free from maltreatment. • There is a system for reporting and investigating any incidents of maltreatment. • Maltreatment assessments and prevention plans are accurate and current. 	<p>Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided</p>
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>[Note to MDH staff: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders]</p>	<ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. 	<p>Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided</p>
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 subpart 1 • MN Rule 4668.0065 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0100 <p>[For subpart 2 see indicator #6]</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 	<p>Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education</p>

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

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

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

SURVEY RESULTS:

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

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
X			X	The MDH Web sites were provided. Education: Provided

A draft copy of this completed form was left with LeeAnn Mateffy-Horn, Pediatric Therapy Manager, at an exit conference on May 27, 2005. Any correction orders 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

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