



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6987

October 1, 2010

Michael Hess, Administrator
Accredo Health Group Inc
2915 Waters Road Suite 109
Eagan, MN 55121

Re: Results of State Licensing Survey

Dear Mr. Hess:

The above agency was surveyed on September 16, 17, and 20, 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: Dakota 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>
An equal opportunity employer

CERTIFIED MAIL #: 7009 1410 0000 2303 6987

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:	<u>MICHAEL HESS</u>	DATE: <u>October 1, 2010</u>
PROVIDER:	<u>ACCREDITO HEALTH GROUP INC</u>	COUNTY: <u>DAKOTA</u>
ADDRESS:	<u>2915 WATERS ROAD, SUITE 109</u> <u>EAGAN, MN 55121</u>	HFID: <u>03256</u>

On September 16, 17 and 20, 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 4668.0140 Subp. 1

Based on interview and record review, the licensee failed to ensure that modifications of the service agreement were in writing and agreed to by the client or the client's responsible person for two of three clients' (#1 and #3) records reviewed. The findings include:

Client #1's service agreement, dated August 17, 2005, indicated the client received registered nurse (RN) visits one time a day for an infusion. A prescriber's order, dated April 21, 2010, indicated the client's infusion changed to one time every two weeks. The client's service agreement was not modified to reflect the change in services.

Client #3's service agreement, dated February 7, 2008, indicated the client received RN visits one time a day for an infusion. A prescriber's order, dated June 10, 2010, indicated the client's infusion changed to one time every two weeks. The client's service agreement was not modified to reflect the change in services.

When interviewed September 17, 2010, employee B (RN) confirmed clients #1 and #3 did not have a modification to their service agreements when the frequency of the services changed. Employee B stated they have not been doing modifications to the service agreements for any of the clients when there has been a change in their services.

TO COMPLY: No later than the second visit to a client, a licensee shall enter into a written service agreement with the client or the client's responsible person. Any modifications of the service agreement must be in writing and agreed to by the client or the client's responsible person.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Dakota 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 # 7005 0390 0006 1222 1194

March 14, 2006

David Stevens, Administrator
Accredo Health Group, Inc.
2915 Waters Road Suite 109
Eagan, MN 55121

Re: Licensing Follow Up Revisit

Dear Mr. Stevens:

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 February 10, 2006.

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: Steven Fitzpatrick, President Governing Board
Dakota 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: ACCREDO HEALTH GROUP INC.

DATE OF SURVEY: February 10, 2006

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

NAMES AND TITLES OF PERSONS INTERVIEWED:

Jerilyn Weiler, RN, DON
Theresa Main, Records Coordinator

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 June 10, 13, and 14, 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 4668.0030 Subp. 2 | Corrected |
| 2. MN Rule 4668.0040 Subp. 2 | Corrected |
| 3. MN Rule 4668.0140 Subp. 2 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3316

October 11, 2005

David Stevens, Administrator
Accredo Health Group Inc.
2915 Waters Road Suite 109
Eagan, MN 55121

Re: Results of State Licensing Survey

Dear Mr. Stevens:

The above agency was surveyed on June 10, 13, and 14, 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: Steven Fitzpatrick, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Dakota 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: ACCREDO HEALTH GROUP INC

HFID # (MDH internal use): 03256

Date(s) of Survey: June 10, 13, 14, 2005,

Project # (MDH internal use): QL03256011

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The Provider accepts and retains clients for whom it can meet the needs.</p> <ul style="list-style-type: none"> • MN Rules 4668.0050 • MN Rule 4668.0060 Subpart 3 • MN Rule 4668.0060 Subpart 4 • MN Rule 4668.0060 Subpart 5 • MN Rule 4668.0140 • MN Rule 4668.0180 Subpart 8 	<ul style="list-style-type: none"> • Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement. • Service plans accurately describe the needs and services and contains all the required information. • Services agreed to are provided • Clients are provided referral assistance. 	<p>Annual Licensing Survey</p> <p style="padding-left: 20px;"><input type="checkbox"/> Met</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Met</p> <p style="padding-left: 20px;"><input type="checkbox"/> Not Met</p> <p style="padding-left: 20px;"><input type="checkbox"/> New Correction Order(s) issued</p> <p style="padding-left: 20px;"><input type="checkbox"/> Education Provided</p>
<p>2. The Provider promotes client rights.</p> <ul style="list-style-type: none"> • MN Statute §144A.44 • MN Rule 4668.0030 	<ul style="list-style-type: none"> • Clients' are aware of and have their rights honored. • Clients' are informed of and afforded the right to file a complaint. 	<p>Annual Licensing Survey</p> <p style="padding-left: 20px;"><input type="checkbox"/> Met</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Education</p>

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

Indicators of Compliance	Outcomes Observed	Comments
<p>continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0120 • MN Rule 4668.0130 • MN Statute 144A.45 Subdivision 5 • MN Statute 144A.461 <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>	<p>administration procedures are available.</p> <ul style="list-style-type: none"> • Supervision is provided as required. 	
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 • MN Rule 4668.0100 [Subpart 2] <p>[Note to MDH staff: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage and disposition.]</p>	<ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. 	<p>Annual Licensing Survey</p> <p>___ Not Applicable</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ 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"> • MN Rule 4668.0008 subpart 3 • MN Rule 4668.0012 subpart 8 • MN Rule 4668.0012 Subpart 17 • MN Rule 4668.0019 • MN Rule 4668.0060 subpart 2 • MN Rule 4668.0060 subpart 6 • MN Rule 4668.0180 subpart 2 • MN Rule 4668.0180 subpart 3 <p>Indicator of Compliance #7 continued:</p>	<ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee's advertisements accurately reflects services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<p>Annual Licensing Survey</p> <p><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"> • MN Rule 4668.0180 subpart 4 • MN Rule 4668.0180 subpart 5 • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47 <p>[Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]</p>		

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

SURVEY RESULTS:

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

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
1	2	MN Rule 4668.0030 Subp. 2 Content of notice	X	<p>Based on client record review, and staff interview, the licensee failed to provide the current Home Care Bill of Rights to four of four clients (#1, #2, #3, and #4) reviewed. The findings include:</p> <p>Records for clients #1, #2, #3, and #4 contained signed acknowledgment of an outdated MN Home Care Bill of Rights. When interviewed on June 13, 2005, the director of nurses stated the agency was not aware there had been an update to the Bill of Rights.</p> <p><u>Education:</u> Provided</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
2	2	MN Rule 4668.0040 Subp. 2 Informing clients	X	<p>Based on record review, a review of agency policy and procedures, and staff interview, the licensee failed to provide written notice to each client of the agency's complaint procedure for four of four clients' (#1, #2, #3, and #4) records reviewed. The findings include:</p> <p>The records of clients #1, #2, #3, and #4 did not include evidence that a written notice of the agency's complaint procedure had been given to each client. When interviewed on June 13, 2005, the director of nurses verified the agency did not provide the clients with notice of the agency's complaint procedure.</p> <p><u>Education:</u> Provided</p>
3	1	MN Rule 4668.0140 Subp. 2 Contents of service agreement	X	<p>Based on record review and interview, the licensee failed to include a plan for contingency action in the service agreements for three of four clients (#1, #2, and #4) records reviewed. The findings include:</p> <p>The service agreements of client #1, #2, and 34 did not include a contingency plan. When interviewed on June 13, 2005, the director of nursing stated that each client was assigned two nurses with one of them being the backup for the first nurse, but they did not have a formal contingency plan for each client that was included in the client's service agreements.</p> <p><u>Education:</u> Provided</p>
	5	MN Rule 4668.0065 Subp. 3 Infection control in-service training	X	<p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Jerilyn Wieler, RN at an exit conference on June 14, 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)