



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6369

January 6, 2011

Judith Sandmann, Administrator  
Fairfax Community Home Health  
300 10<sup>th</sup> Ave SE  
Fairfax, MN 55332

RE: Results of State Licensing Survey

Dear Ms. Sandmann:

The above agency was surveyed November 17 and 18, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written in a cursive style.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Renville 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 6369

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>JUDITH SANDMANN</u>	DATE: January 6, 2011
PROVIDER:	<u>FAIRFAX COMMUNITY HOME HEALTH</u>	COUNTY: RENVILLE
ADDRESS:	<u>300 10TH AVE SE</u>	HFID: 03554
	<u>FAIRFAX, MN 55332</u>	

On November 17 and 18, 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 4668.0040 Subp. 2**

Based on record review and interview, the licensee failed to provide a complete complaint procedure for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services October 2, 2006. Documentation indicated the client received a copy of the bill of rights on August 3, 2007. When interviewed November 17, 2010, employee A (RN) indicated that the complaint procedure was contained in the bill of rights.

The complaint procedure lacked a written notice to each client which included the right to complain to the licensee about the services received, and a statement that the provider will in no way retaliate because of a complaint.

When interviewed November 18, 2010, employee D (administrator) agreed that the bill of rights/complaint procedure, which all the clients had received, did not contain all of the required information.

**TO COMPLY:** The system required by subpart 1 must provide written notice to each client that includes:

- A. the client's right to complain to the licensee about the services received;
- B. the name or title of the person or persons to contact with complaints;
- C. the method of submitting a complaint to the licensee;
- D. the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and
- E. a statement that the provider will in no way retaliate because of a complaint.

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

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

Based on observation, record review and interview, the registered nurse failed to appropriately delegate the task of medication administration to unlicensed staff for one of one client's (#3) record reviewed. The findings include:

Client #3 was admitted and began receiving home care services January 2, 2010, including medication administration.

During observation of medication administration November 17, 2010, at 8:50 a.m. client #3 asked employee B (unlicensed staff) to get her (client #3's) pills ready for bedtime and the next day, because her daughter was coming for a visit and they did not want to be disturbed. Employee B told client #3 that she would set up her pills though November 18, 2010.

Client #3's November 17, 2010, medication administration record (MAR) indicated employee C (unlicensed staff) "sent" Halcion (sleep aid), Albuterol inhaler and Sinemet (antiparkinsonians). On November 18, 2010, the MAR indicated employee C (unlicensed staff) "sent" Albuterol inhaler, multivitamin and Aricept (central nervous system), Sinemet, levothyroxine, Plavix (cardiovascular), primidone (anticonvulsant), calcium with vitamin D and Namenda.

When interviewed November 17, 2010, employee C indicated that "sent" meant the medications had been set up for administration at a later time.

MN Rule 4668.0003 Subp. 21a. defines medication administration as performing a task to ensure a client takes a medication, and includes the following tasks, performed in the following order: A. checking the client's medication record; B. preparing the medication for administration; C. administering the medication to the client; D. documenting after administration, or the reason for not administering the medication as ordered; and E. reporting information to a nurse regarding concerns about the medication or the client's refusal to take the medication.

When interviewed November 18, 2010, employee E (registered nurse/director of nursing) stated she knew that unlicensed staff had been setting up medications to be taken at a later time and indicated she was aware that this practice was not supposed to be done.

**TO COMPLY:** A person who satisfies the requirements of subpart 5 may administer medications, whether oral, suppository, eye drops, ear drops, inhalant, topical, or administered through a gastrostomy tube, if:

A. the medications are regularly scheduled;

B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:

(1) within 24 hours after its administration; or

(2) within a time period that is specified by a registered nurse prior to the administration;

C. prior to the administration, the person is instructed by a registered nurse in the procedures to administer the medications to each client;

D. a registered nurse specifies, in writing, and documents in the clients' records, the procedures to administer the medications; and

E. prior to the administration, the person demonstrates to a registered nurse the person's ability to competently follow the procedure.

For purposes of this subpart, "pro re nata medication," commonly called p.r.n. medication, means a medication that is ordered to be administered to or taken by a client as necessary.

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

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

Based on observation, record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed unlicensed personnel on the procedures for administration of medications for two of two unlicensed employees' (B and C) records reviewed. The findings include:

Employees B and C were hired October 19, 2008, and September 11, 2002, respectively.

Client #3 was admitted and began receiving home care services January 2, 2010. Client #3's November 2010 medication administration record indicated that both employee B and C administered an Albuterol inhaler to the client.

During observation of administration of the Albuterol inhaler on November 17, 2010, at 8:50 a.m., employee B did not instruct client #3 on how to use the inhaler. Client #3 quickly took a breath from the inhaler and let the breath out immediately. During administration of client #3's Albuterol inhaler November 17, 2010, at 4:00 p.m. employee C did not look at the MAR or the inhaler to check for the correct drug, but quickly grabbed an inhaler out of the medication cart drawer and then assisted client #3 to administer the inhaler.

The agency's policy and procedure for using an inhaler stated: tilt your head back slightly and breathe out, breathe in slowly for 3 to 5 seconds, hold your breath for 10 seconds to allow the medicine to reach deeply into your lungs. The policy and procedure for medication administration stated: remember the 6 rights when administering all medications: right person, right medication, right time, right route, right dose, right chart and to check the medication administration sheet in home health book on the cart.

There was no documentation of training in the administration of an inhaler for either employee B or C.

When interviewed November 17, 2010, employee A (RN) and D (administrator) did not know about the lack of proper technique in administration of the inhaler. When interviewed November 17, 2010, employee A indicated she had not trained unlicensed staff on the administration of inhalers.

**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

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

Based on record review and interview, the licensee failed to ensure that service agreements were complete for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 were admitted and began receiving home care services on October 2, 2006, and August 9, 2006, respectively.

Client #1's service agreement, dated January 1, 2010, indicated the client received ADL (activities of daily living) assistance daily. There was no description on the service agreement of what ADL services were to be provided and their frequency. The weekly visit record, dated November 2010, indicated client #1 received assistance with dressing, tub bath, skin care and nail care. In addition, the contingency

plan lacked a method to contact a responsible person of the client, if any.

Client #2's service agreement, dated January 2010, indicated the client received medication administration, central storage of medications and weekly glucometer checks. The weekly visit record, dated October 4 through November 15, 2010, indicated the client received a shower, personal care, assistance with dressing, hair care and skin care every Monday. There were no ADL services listed on the service agreement for client #2.

When interviewed November 17, 2010, employee A (registered nurse) agreed that a description of each service provided was not on the service agreement for either client #1 or #2. When interviewed November 17, 2010, employee D (administrator) and employee E (director of nursing) indicated that client #2 got a bath every week and didn't know why it wasn't on the service agreement.

**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

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

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

Client #1 was admitted and began receiving home care services October 2, 2006. The standing orders, dated August 2, 2008, were not renewed every three months.

When interviewed November 17, 2010, employee A (registered nurse) indicated she did not realize that the standing orders had not been renewed every three months.

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

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

cc: Renville 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 1817

April 24, 2008

Judith Sandmann, Administrator  
Fairfax Community Home Health  
300 10<sup>th</sup> Ave SE  
Fairfax, MN 55332

Re: Results of State Licensing Survey

Dear Ms. Sandmann:

The above agency was surveyed on April 2 and 3, 2008, 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: Renville 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: FAIRFAX COMMUNITY HOME HEALTH

HFID #: 03554

Date(s) of Survey: April 2, and 3, 2008

Project #: QL03554003

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 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> <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 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>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 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>

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  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> 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            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded            ___ Met  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> 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. 4****INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to retain documentation that each employee had completed orientation to home care for one of two employees' (B) records reviewed. The findings include:

Employee B was hired February of 2007. Her record did not contain documentation that she had completed the orientation to home care before she provided home care services. When interviewed, April 2, 2008, the administrator indicated that employee B was oriented by the previous registered nurse but she could not find a copy of the orientation form. When interviewed April 3, 2008, employee B stated that she had received this training prior to providing home care services, but confirmed there was no documentation of the training in her personnel record.

**2. MN Rule 4668.0100 Subp. 2****INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) was notified, either within twenty-four hours after it's administration, or within a time period that was specified by a registered nurse prior to the administration, when an unlicensed person administered a pro re nata (PRN, as needed) medication to a client for one of one client's (#1) record reviewed. The findings include:

Client #1's PRN medication administration record indicated she was given one tablet of Vicodin for pain at various times between January of 2008 and February of 2008 by unlicensed personnel. There was no documentation that a RN was notified of the administration of the PRN Vicodin. When interviewed, April 2, 2008, employee B indicated that she would give the PRN medication to the client and then document it in the client's record; she did not notify the RN routinely. When interviewed April 2, 2008, the RN stated that she was not aware that she had to be notified when a PRN medication had been administered to a client by an unlicensed personnel.

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

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services on December of 2007. Her service agreement, dated December of 2007, noted she received medication management, ADL assistance, leg wraps and therapeutic exercises by unlicensed staff. There was no evidence of supervisory visits in the client's record.

During an interview April 2, 2008, the registered nurse confirmed that supervisory and/or monitoring visits had not been done.

**4. MN Rule 4668.0160 Subp. 6****INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview, the licensee failed to maintain a complete record for one of one client (# 1) record reviewed. The findings include:

Client #1' received medication administration and treatments from unlicensed staff. The Medication Administration Records indicated that Lamisil cream twice daily was not signed as applied for the mornings of March 5 and 25, 2008, the morning or evening of April 1, 2008, or the evenings of April 2 and 3, 2008. Client #1''s bilateral leg wraps were not signed as done for the mornings of March 5 and 25, 2008, or the morning of April 1, 2008. The A & D ointment to her buttocks twice daily was not signed as applied the mornings of March 5 and 25, 2008, or the morning or evening of April 1 and 2, 2008. The Lasix 40 milligrams, twice daily was not signed off as given on the evening of March 27, 2008. There was no documentation of why they were not given or applied as directed.

When interviewed April 3, 2008, employee B, an unlicensed staff, stated that at times she would forget to sign off the medication sheet after doing the treatment but did not know about some of the other omissions.

---

A draft copy of this completed form was left with Judith Sandmann, Administrator, at an exit conference on April 3, 2008. 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).