



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0322

September 25, 2007

Brenda Meyer, Administrator
Habilitative Services Inc
220 Milwaukee Street
Lakefield, MN 56150

Re: Results of State Licensing Survey

Dear Ms. Meyer:

The above agency was surveyed on August 8, 9, 13, 14, 15, 16, and 17, 2007, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

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

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

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

01/07 CMR3199



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: HABILITATIVE SERVICES INC

HFID #: 03679

Date(s) of Survey: August 8, 9, 13, 14, 15, 16 and 17, 2007

Project #: QL03679003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0140 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0060 Subp. 3, 4 and 5 MN Rule 4668.0180 Subp. 8 	<ul style="list-style-type: none"> Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement. Service plans accurately describe the needs and services and contain all the required information. Services agreed to are provided Clients are provided referral assistance. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 	<ul style="list-style-type: none"> • Clients’ are aware of and have their rights honored. • Clients’ are informed of and afforded the right to file a complaint. 	<p>Focus Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>3. The provider promotes and protects each client’s safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statutes §144A.46 Subd. 5(b) • MN Statute §626.556 • MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 	<ul style="list-style-type: none"> • Client’s person, finances and property are safe and secure. • All criminal background checks are performed as required. • Clients are free from maltreatment. • There is a system for reporting and investigating any incidents of maltreatment. • Maltreatment assessments and prevention plans are accurate and current. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p>	<ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>	<ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as required. 	<p>Focus Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</p>	<ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. 	<p>Focus Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>Order issued <input type="checkbox"/> Education Provided</p>
<p>7. The provider is licensed and provides services in accordance with the license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 Subp. 3 • MN Rule 4668.0012 • MN Rule 4668.0060 Subp. 2 and 6 • MN Rule 4668.0180 • MN Rule 4668.0220 <p><small>Note: MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</small></p>	<ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee's advertisements accurately reflect services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>8. The provider is in compliance with MDH waivers and variances.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0016 	<ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</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>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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 4668.0016 Subp. 8**INDICATOR OF COMPLIANCE: # 8**

Based on observation, interview and record review, the agency failed to follow the conditions of the Class A Variance/Waiver for Central Storage of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency failed to develop a service plan that included central storage of medications for one of one client (#2) records reviewed, who received central storage of medications in accordance with the waiver requirements at MN Rule 4668.0865 Subp. 2. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:

Client #2 began receiving services including central storage and administration of medications since admission March of 2005. The service plan, dated March of 2005 did not include central storage or medication administration. When interviewed August 14, 2007, the registered nurse stated she did not know the service plan had to include central storage and medication administration.

2. MN Rule 4668.0040 Subp. 2**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to provide clients with a complete notice related to the procedure for making a complaint for one of two (#1) clients who lived in a housing with services and one of two (#5) clients who received unlicensed staff care (UL) services in their home. The findings include:

Client #1 was admitted May of 2001 and had a copy of a residency agreement/housing contract signed May of 2006, which contained an incomplete written notice of the agency's complaint procedure. The notice stated "a tenant or their responsible party, if any, has the right to complain about the services received." The licensee "will provide tenant and/or responsible party, if, any, with a complaint procedure." No other complaint procedure was found.

Client #5 was admitted August of 2002 and had a signed copy of a "Grievance Policy" dated February 22, 2006 that did not include a statement indicating the provider will not retaliate because of a complaint.

When interviewed, August 8, 2007, the registered nurse confirmed the findings.

3. MN Rule 4668.0065 Subp. 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that personnel with direct client contact tuberculosis screening every 24 months for three of seven employees (D, E, and F) records reviewed. The findings include:

Employees D, E, and F had been employed since December of 2002, November of 2006 and September of 2002 respectively. None of them had a record of tuberculosis screening. When interviewed August 15, 2007, the registered nurse stated she thought tuberculosis testing was not required for staff who provided routine care in a client's home.

4. MN Rule 4668.0065 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for six of six employees (A, B, C, D, E, and F) who were employed greater than a year. The findings include:

Employees A, B, C, D, E, and F were hired January of 1991, January of 2007, March of 2006, December of 2002, November of 2006 and September of 2002 respectively.

Documentation indicated that employees A, B, and C attended a class on blood borne pathogens August 3, 2007, July 31, 2007 and August 1, 2007 respectively, but the class content did not indicate use of gowns, disposal of contaminated equipment, or disinfecting reusable equipment. In addition, employee C attended the class on the blood borne pathogen on December 6, 2006 also. When interviewed August 13, 2007, the registered nurse (RN) indicated she didn't know nurses had to have infection control training every year. The RN stated she had not provided infection control training every year and the only infection control training that was done was the session on blood borne pathogens. The RN agreed that the sessions on blood borne pathogens did not meet all of the required topics. Employees D, E, and F did not have evidence of infection control training. When interviewed August 15, 2007, employee G, confirmed she had not had infection control training while employed by the licensee.

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

Based on record review, observation and interview the licensee failed to ensure orientation to home care requirements was completed before providing home care services for three of seven employees (D, E, and F) records reviewed. The findings include:

Employee D was hired December of 2002, employees E and F were hired November of 2006 and September of 2002 respectively. There was no evidence employees D, E, and F had the required orientation to home care. When interviewed the registered nurse indicated they did not realize they had a class A home care license and therefore did not follow the Class A home care licensure regulations.

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

Based on interview and record review, the agency failed to ensure that unlicensed staff administering medications through a gastrostomy tube were instructed by the registered nurse in the procedures for gastrostomy tube administration, and demonstrated their ability to competently perform the procedure for two of two unlicensed staff who had administered medications through a gastrostomy tube. The findings include:

Client #2 began receiving services including receiving medication through a G-tube since admission March of 2005. Employees B and C began employment as direct care staff January of 2007 and March of 2006 respectively. Employee B had given G-tube medications to client #2 in August 2007. Employee C had given gastrostomy medications to client #2 in February, March, April, June, and July 2007. There was no documentation of training in administration of medications through a G-tube for employees B and C. Employee B had a “medication administration certification” dated May 31, 2007. Employee C had a “medication administration certification” dated May 4, 2006 which was blank for “G-tube” (gastrostomy tube). When interviewed August 13, 2007, the registered nurse confirmed she had not trained staff for administration of medications through a G-tube.

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

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed home health aide tasks successfully completed training and/or demonstrated competency in the required topics, for four of five (B, C, E and F) unlicensed employees who provided direct client care. The findings include:

Employee B was hired January of 2007 as an unlicensed direct caregiver. A “Competency Evaluation” dated January of 2007 indicated under the practical skills evaluation “shadowed staff for several shifts.” There was no evidence of demonstrated competency.

Employee C was hired March of 2006 as an unlicensed direct caregiver. Employee C had a “direct supervised training” document with dates of March 21, 22, 24, and 27, 2006 which listed “10-6 shifts.” The remainder of the document was blank. The document directions read “A new employee must complete 15 hours of supervised training with another staff person before he or she may provide any unsupervised direct services. This training must include a combination of on-the-job training and coverage of required topics (Verbal Orientation).” Employee C’s record contained a form titled, “Health Aide Competency Evaluation”, dated December 6, 2006 (nine months after hire) for “practical skills evaluation” and “written and verbal evaluation”. When interviewed August 13, 2007, the registered nurse confirmed employees B and C had not been trained.

Employee E and F were hired unlicensed direct caregivers November 1 of 2006 and September of 2002 respectively. There was no evidence of any training for either employee. When interviewed, August 15, 2007, the registered nurse indicated there had not been any documented training.

8. MN Rule 4668.0100 Subp. 9**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for four of six client (#1, #2, #4, and #5) records reviewed. The findings include:

Clients #1, #2 began receiving services required supervision including medication administration May of 2001, and March of 2005 respectively. Clients #1 and #2 had documentation of supervision of delegated tasks done May 8, and 22, June 22, September 22 (92 days later), December 20, 2006 (89 days later), March 20 (89 days later), and June 20, 2007 (92 days later). When interviewed August 8, 2007, the registered nurse stated she had started doing supervision in May of 2006, but only every 90 days.

Client #4 began receiving services required supervision including medication administration October of 1998. Client #4 had documentation of a monitoring visit by the licensed practical nurse (LPN) on January 16, and May 23, 2007(127 days later). The LPN stated that the RN had not done any supervisory visits.

Client #5 began receiving services required supervision including medication administration August of 2002. Client #5 had RN visits on May 25, June 13, 18, and 22, 2007. There was no documentation of supervision of cares. When interviewed August 15, 2007, client #5's relative indicated that the RN does not visit routinely. When interviewed August 15, 2007, the RN confirmed that supervision of cares was not done routinely.

There was no documentation in any of the client records of an RN supervisory visit within 14 days after initiation of services.

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

Based on record review and interview the licensee failed to enter into a written service agreement with one of two client's (#1) records reviewed who received home care at site A housing with services. The findings include:

Client #1 began receiving services May of 2001 which included medication administration and central storage of medications. There was no service agreement in the client's record. When interviewed August 8, 2007 the registered nurse acknowledged there was not a service agreement for this client.

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

Based on record review, and interview the licensee failed to ensure the required contents of the service agreement are documented for three of seven client (#2, #4, and #6) records reviewed. The findings include:

Client #2 had received services including gastrostomy tube (G-tube) feedings since admission March of 2005, visual checks every morning at 2:00 AM and weekly showers. The service agreement dated, March 4, 2005 read, “room and board, 3 meals per day plus snacks and individual health services.” There was no indication of what “individual health services” were, the frequency or who was to perform them. Room and board was listed as month to month with 24 hour supervision. No other supervision for any services was listed. Meals were listed as daily but did not indicate how many times daily.

Client #4 had received total care, since October of 1998 ranging from orthotics and braces being applied, assistance with activities of daily living, including feeding, cleaning, meal preparation, shopping, range of motion, stand by assistance with transfers and walking, monitoring of seizure activity and accompanying the client to school. The service agreement dated October of 2006, read, “PCA hourly as needed,” the rate per hour, and supervision “as needed,” “nursing supervision, hourly as needed,” the rate per hour, and “1-3 hrs (hours) per month.” There was no indication of what “PCA hourly as needed” services were or the frequency. There was no contingency plan listed for client #4. When interviewed August 14, 2007 the licensed practical nurse confirmed the service agreement was incomplete.

Client #5 received total care, ranging from suprapubic catheter care, medications per G-tube and G-tube feedings, skin inspection, nebulizers, suctioning, activities of daily living, laundry, shopping and housekeeping since August of 2002. The service agreement dated October of 2006 stated “PCA, hourly as needed,” the rate per hour and supervision “as needed,” “nursing supervision, hourly as needed,” the rate per hour, and “1-3 hours per month”, “respite, hourly as needed,” the rate per hour and supervision “as needed.” There was no indication of what “PCA hourly as needed” services were or the frequency. The emergency notification information was not filled out. When interviewed August 14, 2007 the registered nurse stated she did not know that services had to be described.

11. MN Rule 4668.0150 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to ensure physician orders for medications were obtained for two of two clients (#4 and #5) records reviewed who received medication administration in their home. The findings include:

Client #4 had received care from the licensee including medication administration since October of 1998. Client #4 did not have prescriber’s orders for medications in the record. Client #4 received medication administration of ten medications which were listed on Client #4’s current care plan dated August of 2007. They included Phenobarbital and Clonazepam (seizure medications), Diastate (an anxiety medication) and Lexapro (an antidepressant medication).

Client #5 received total care from the licensee including medication administration per G-tube since August of 2002. Client #5 did not have prescriber’s orders for medications in the record. Client #5 received medication administration of six medications given by gastrostomy tube which were listed on Client #5’s care plan dated June of 2007. They included Baclofen (a skeletal muscle relaxant,) and Oxybutynin (a bladder medication.) When interviewed August 14, 2007 the registered nurse stated that the caregivers administered medications to both clients.

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

Based on interview and record review, the agency failed to ensure that orders were renewed at least every three months for one of two clients' (#2) records reviewed, who resided in the Housing with Services. The findings include:

Client #2 was admitted March of 2005 with gastrostomy tube feedings, which continued to be administered through August of 2007. The last order for the client's tube feeding was renewed May of 2006. When interviewed August 14, 2007 the registered nurse stated she did not know of the need for renewal of orders.

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

Based on record review, observation, and interview the licensee failed to ensure that notes summarizing each contact with the client, was documented for two of two (#4 and #5) client records reviewed, who received care services in their home. The findings include:

Client #4 had received care from the licensee including medication administration since October of 1998. Client #4 did not have prescriber's orders for medications in the record. Client #4 received medication administration of ten medications which were listed on Client #4's current care plan dated August of 2007. They included Phenobarbital and Clonazepam (seizure medications), Diastate (an anxiety medication) and Lexapro (an antidepressant medication). There was no documentation of medications administered by the licensee's staff.

Client #5 received total care from the licensee including medication administration per G-tube since August of 2002. Client #5 did not have prescriber's orders for medications in the record. Client #5 received medication administration of six medications given by gastrostomy tube which were listed on Client #5's care plan dated June of 2007. They included Baclofen (a skeletal muscle relaxant,) and Oxybutynin (a bladder medication). There was no documentation of medications administered by the licensee's staff.

When interviewed August 14, 2007, the registered nurse and the licensed practical nurse (LPN) confirmed that the caregivers were administering medications to both clients. The LPN indicated that if medication administration was documented it would be on the caregivers time sheet. The caregiver's time sheets did not document medications administered.

14. MN Statute §144A.44 Subd. 1(2)**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview the licensee failed to ensure that medications were administered according to accepted nursing standards for two of two clients (#4 and #5) who received services in their homes. The findings include:

Client #4 began receiving services October of 1998. When interviewed August 13, 2007, per phone and August 14, 2007 in person, the licensed practical nurse stated that client #4's direct caregivers gave medications that the mother set up. The care plan, dated August of 2006, read "mother orders and set up all medications/PCA may administer." When interviewed August 14, 2007 the registered nurse confirmed that client #4's direct caregivers gave medications that the mother set up.

Client #5 began receiving services August of 2002. Employee C, who provided direct care for client #5 including medication administrations through a gastrostomy tube (G-tube), had a "Medication Administration Certification" dated May 4, 2006 which did not include competency in administration of medications through a G-tube. When interviewed, August 14, 2007, two registered nurses confirmed that client #4's direct caregivers gave medications that the mother set up.

15. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview the licensee failed to ensure that a vulnerable adult assessment and abuse prevention plan was developed for two of two (#4 and #5) client records reviewed who received care services in their home. The findings include:

Client #4 and #5 had received services since October of 1998 and August of 2002 respectively. There was no vulnerable adult assessment or abuse prevention plan for client #4 or #5. When interviewed August 14, 2007, the registered nurse stated, "no we wouldn't have done one."

A draft copy of this completed form was left with Brenda Meyer at an exit conference on August 17, 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).