



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 4746

January 29, 2007

Mary Decker, Administrator
Decker's Family Care, Inc.
3443 Pine Street PO Box 217
Ranier, MN 56649

Re: Licensing Follow Up visit

Dear Ms. Decker:

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 January 3, 2007.

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

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in cursive script that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

01/07 CMR1000

Minnesota Department of Health
Division of Compliance Monitoring
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: DECKERS FAMILY CARE INC

DATE OF SURVEY: January 3, 2007

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

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Betsy Loop, RN

Kathy Cockayne, HHA

Jodene Bruess, Clinic Nurse

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # 3

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 follow-up visit made on July 11, 12 and 13, 2006. 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 issued as a result of a visit made on July 11, 12 and 13, 2006 is as follows:

- | | |
|------------------------------|-----------|
| 1. MN Rule 4668.0150 Subp. 2 | Corrected |
| 2. MN Rule 4668.0150 Subp. 6 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2399

August 2, 2006

Mary Decker, Administrator
Deckers Family Care Inc
3443 Pine Street PO Box 217
Ranier, MN 56649

Re: Licensing Follow Up visit

Dear Ms. Decker:

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 July 11, 12, and 13, 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

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.

Feel free to call our office if you have 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

Enclosure(s)

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

06/06 FPC1000CMR

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

Minnesota Department Of Health
Division of Compliance Monitoring
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: DECKERS FAMILY CARE INC

DATE OF SURVEY: July 11, 12, and 13, 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

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

John Decker, Owner/LPN

Mary Decker, Owner/RN

Kathie Cockayne, HHA

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #2 _____

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 February 27 and 28, 2006 and March 1 and 6, 2006. 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 order issued on March 24, 2006 is as follows:

1. MN Rule 4668.0160 Subp. 2 Corrected



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: DECKERS FAMILY CARE INC

HFID # (MDH internal use): 20001

Date(s) of Survey: July 11, 12 and 13, 2006

Project # (MDH internal use): QL20001001

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;">_ Met</p> <p style="padding-left: 20px;">___ Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p> <p>Follow-up Survey # _____</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Not Met</p> <p style="padding-left: 20px;">___ New Correction Order(s) issued</p> <p style="padding-left: 20px;">___ 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 • MN Rule 4668.0040 	<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;">___ Met</p> <p style="padding-left: 20px;">___ Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0170 		<p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education 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</p> <p>_____ 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>
<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</p> <p>_____ 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>
<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> <p>Indicator of Compliance #5 continued:</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. 	<p>Annual Licensing Survey</p> <p>_____ 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 4668.0120 • 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>	<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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # <u>2</u></p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p><u>X</u> 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</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>___ 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
continued: <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 [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]		

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	6	MN Rule 4668.0150 Subp. 3 Authorizations	X	<u>Education:</u> Provided
2	6	MN Rule 4668.0150 Subp. 6 Renewal of orders	X	<u>Education:</u> Provided

Class A (Licensed – Only) Licensing Survey Form
Page 5 of 5

A draft copy of this completed form was left with Mary Decker R.N./Owner at an exit conference on July 13, 2006. 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) 201-4301. 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 3/06)



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1132

March 24, 2006

Mary Decker, Administrator
Deckers Family Care Inc.
3443 Pine Street PO Box 217
Ranier, MN 56649

Re: Licensing Follow Up Revisit

Dear Mr. Decker:

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 27, 28, March 1 and 6, 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: John Decker, President Governing Body
Koochiching County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
CMR File

10/04 FPC1000CMR

Minnesota Department Of Health
Division of Compliance Monitoring
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: DECKERS FAMILY CARE INC

DATE OF SURVEY: February 27, 28, March 1, and 6, 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:

John Decker, Licensed Practical Nurse/Manager
Mary Decker, Owner

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1

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 July 18, 19, 20 and 21, 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 4668.0016 Subp. 8 Corrected
2. MN Rule 4668.0016 Subp. 8 Corrected
3. MN Rule 4668.0016 Subp. 8 Corrected
4. MN Rule 4668.0040 Subp. 2 Corrected
5. MN Rule 4668.0075 Subp. 4 Corrected
6. MN Rule 4668.0100 Subp. 8 Corrected

- 7. MN Rule 4668.0100 Subp. 9 Corrected**
- 8. MN Rule 4668.0130 Subp. 1 Corrected**
- 9. MN Rule 4668.0140 Subp. 1 Corrected**
- 10. MN Rule 4668.0140 Subp.2 Corrected**
- 11. MN Rule 4668.0150 Subp.6 Corrected**



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.

Name of Class A Licensee: DECKERS FAMILY CARE INC

HFID # (MDH internal use): 20001

Date(s) of Survey: February 27, 28, March 1, and 6, 2006

Project # (MDH internal use): QL20001001

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 Met</p> <p style="padding-left: 40px;">___ Correction Order(s) issued</p> <p style="padding-left: 40px;">___ Education Provided</p> <p>Follow-up Survey #_1___</p> <p style="padding-left: 40px;">___ Met ___ Not Met ___ New Correction Order(s) issued ___ 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 • MN Rule 4668.0040 	<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 Met</p> <p style="padding-left: 40px;">___ Correction Order(s) issued</p> <p style="padding-left: 40px;">___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0170 		<p>Follow-up Survey # __1__</p> <p>___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education 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</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey #_1_____</p> <p>___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education 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</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey #_1_____</p> <p>___ Met <u>x</u> Not Met <u>x</u> New Correction Order(s) issued <u>x</u> Education 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> <p>Indicator of Compliance #5</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 	<p>Annual Licensing Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey #__1__</p> <p>___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided</p>

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>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>___ Met</p> <p>___ Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p> <p>Follow-up Survey # __1__</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ 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</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>___ Met</p> <p>___ Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p> <p>Follow-up Survey # __1__</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
continued: <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 		

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.	4	MN Rule 4668.0160 Subp. 2 Client Record Security	X	Based on record review, and interview, the agency failed to maintain the security of three of five current client (A4, A5 and A6) records reviewed. The findings include: The records for clients' A4, A5 and A6 did not contain doctor's orders or service plans. Clients' A4, A5 and A6 began receiving services January of 2006 February of 2006 and January of 2006 respectively. When interviewed, February 28, 2006, and asked for the missing doctor's orders and service plans, the manager/owner stated that the registered nurse (RN) had that information with her at her home. The owner also indicated that she did not know why the RN had taken the record portions with her.

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education:</u> Provided

A draft copy of this completed form was left with No written draft left at agency at an exit conference on March 6, 2006. Any correction order 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:

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Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3712

December 5, 2005

Mary Decker, Administrator
Deckers Family Care Inc
3443 Pine Street PO Box 217
Ranier, MN 56649

Re: Results of State Licensing Survey

Dear Ms. Decker:

The above agency was surveyed on July 18, 19, 20, and 21, 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: John Decker, President Governing Board
Koochiching, County Social Services
Gloria Lehnertz, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review 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: DECKERS FAMILY CARE INC

HFID # (MDH internal use): 20001

Date(s) of Survey: July 18, 19, 20, and 21, 2005

Project # (MDH internal use): QL20001001

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;">___ Met</p> <p style="padding-left: 20px;"><u>X</u> Correction Order(s) issued</p> <p style="padding-left: 20px;"><u>X</u> Education Provided</p> <p>Follow-up Survey # _____</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Not Met</p> <p style="padding-left: 20px;">___ New Correction Order(s) issued</p> <p style="padding-left: 20px;">___ 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;">___ Met</p> <p style="padding-left: 20px;"><u>X</u> Correction Order(s) issued</p> <p style="padding-left: 20px;"><u>X</u> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0040 Indicator of Compliance #2 continued: • MN Rule 4668.0170 		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
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 <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
4. The Provider maintains and protects client records. <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. 	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
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 <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</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. 	Annual Licensing Survey <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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

Indicators of Compliance	Outcomes Observed	Comments
<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>	<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 style="padding-left: 20px;"><input type="checkbox"/> Not Applicable</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"/> Not Applicable</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>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 style="padding-left: 20px;"><input checked="" type="checkbox"/> Met</p> <p style="padding-left: 20px;"><input type="checkbox"/> Correction Order(s) issued</p> <p style="padding-left: 20px;"><input 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>

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	6	MN Rule 4668.0016 Subp. 8 Waiver: Insulin injection	X	Based on observation, interview and record review, the agency failed to follow the conditions of the Class A Variance/Waiver for Delegation of Insulin Administration, which was approved by the Minnesota Department of Health in July 1999. The agency's unlicensed staff failed to adhere to the waiver requirements of MN Rule 4668.0855 Subpart 6 and drew up insulin for one of one client (B1) record reviewed from site B who received insulin. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11 and was granted a waiver under MN Rule 4668.0100 Subp. 3. The findings

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>include:</p> <p>Client B1 had a physicians order dated April of 2005, for Insulin to be given per sliding scale. The July 2005 diabetic flow sheet indicated a home health aide had given insulin to client B1. When interviewed, July 18, 2005, the owner indicated the home health aide had drawn up client B1's insulin and had given the injection to client B1. When interviewed, July 18, 2005, the operations manager verified the home health aides had been instructed on how to draw up insulin, how to give the insulin injection and had drawn up and given the insulin injection to client B1.</p> <p><u>Education:</u> Provided</p>
2	6	MN Rule 4668.0016 Subp. 8 Waiver: Assessment for central storage of medications	X	<p>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 assure a registered nurse conducted a nursing assessment of the need for central storage of medications and developed a service plan for three of three clients' (A1, A2, and A3) records reviewed in housing with services site A and three of three clients' (B1, B2, and B3) records reviewed in housing with services site B in accordance with the waiver requirements of MN. Rule 4668.0865 Subparts 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:</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed, July 18, 2005, the owner indicated they provide central storage of medications for all of their clients. The records of clients A1, A2 and A3 at site A, and B1, B2, and B3 at site B lacked evidence that a registered nurse had completed an assessment of the client's functional status and need for central storage of medications. When interviewed, July 19, 2005, the operations manager confirmed that assessments for central storage of medications had not been completed for clients A1, A2 and A3 at site A, and clients B1, B2, and B3 at site B.</p> <p><u>Education:</u> Provided</p>
3	6	MN Rule 4668.0016 Subp. 8 Waiver: Disposition of medications	X	<p>Based on record review and interview, 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 had not established a medication system in accordance with the waiver requirements of MN Rule 4668.0865 Subpart 3 and failed to assure documentation of the disposition of medications for one of two discharged clients' (B3) records reviewed. 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:</p> <p>Client B3 was sent to the emergency room June of 2005. When interviewed, July 20,2005, the owner stated the client was sent from the emergency room to a skilled nursing facility out of the area. The record did not indicate how or when the medications were disposed. The</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>owner further stated the medications were sent with the client's husband.</p> <p><u>Education:</u> Provided</p>
4	2	MN Rule 4668.0040 Subp.2 Complaint Procedure	X	<p>Based on record review and interview, the licensee failed to provide clients with a complaint procedure for one of three clients' (A3) records reviewed in site A and three of three clients' (B1, B2, and B3) records reviewed in site B. The findings include:</p> <p>Client A3's record in site A lacked evidence that client A3 had been given a complete written copy of the licensee's complaint procedure.</p> <p>Clients B1, B2 and B3's records lacked evidence that clients B1, B2 and B3 had been given a complete written copy of the licensee's complaint procedure.</p> <p>When interviewed, July 19, 2005 and July 20, 2005, the operations manager confirmed the preceding findings.</p> <p><u>Education:</u> Provided</p>
5	5	MN Rule 4668.0075 Subp 4 Home Care Orientation Documentation	X	<p>Based on record review and interview, the licensee failed to retain evidence that orientation of home care was provided to two of eight employees (employee # 4 and # 6) reviewed. The findings include:</p> <p>The personnel records for employee # 4 and # 6 contained an orientation checklist. The orientation check list indicated the employee was to be oriented to home care. The orientation checklist was not signed of to indicate employee # 4 and # 6 had received the</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				orientation to home care. During interview on July 18, 2005 employee # 4 confirmed the above. <u>Education:</u> Provided
6	6	MN Rule 4668.0100 Subp.2 Medication administration, PRN reporting	X	<u>Education:</u> Provided
7	5	MN Rule 4668.0100 Subp.8 Initiation of Home Health Aide Tasks	X	Based on record review and interview, the licensee failed to ensure a registered nurse oriented each person performing home health aide tasks to each client and the task to be performed for three of three clients' (A1, A2, and A3) records reviewed in housing with services A and three of three clients' (B1, B2, and B3) records reviewed in housing with services B. The findings include: Clients A1, A2, A3, B1, B2, and B3's records lacked evidence the person providing home health aide tasks had been oriented to the client and task to be performed. When interviewed, July 20, 2005, employee # 4 indicated the licensed practical nurse "went over" each client with staff during their orientation, but the clients records lacked evidence the staff had been oriented to the client by a registered nurse. <u>Education:</u> Provided
8	5	MN Rule 4668.0100 Subp. 9 Supervision of Home Health Aide Tasks	X	Based on record review and interview, the agency failed to have a registered nurse supervise unlicensed staff who provide services that require supervision for six of six (#A1, #A2, #A3, B#1, B#2

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>and B#3) records reviewed. The findings include:</p> <p>Clients' #A1, #A2, #A3, #B1, #B2 and #B3 lacked evidence the registered nurse had completed the every 14 day supervisory visits. Clients' #A1, #A2, #A3, #B1, #B2 and #B3 Daily Care records indicated "RN supervision noted every 2 weeks," but there was no documentation to indicate the registered nurse supervision had been completed.</p> <p><u>Education:</u> Provided</p>
9	5	MN Rule 4668.0130 Subp.1 Home Health Aide Training instructor	X	<p>Based on record review and interview, the licensee failed to ensure the registered nurse had completed competency evaluation for one of five home health aide (F) records reviewed. The findings include:</p> <p>Employee F's record contained a competency evaluation form dated November of 2004. The registered nurse had not signed the competency evaluation. The competency evaluation contained the initials "DD." When interviewed, July 18, 2005, the operations manager indicated the initials "DD" were those of the licensed practical nurse who goes over the competency evaluation first with the unlicensed staff.</p> <p><u>Education:</u> Provided</p>
10	1	MN Rule 4668.0140 Subp.1 Service Agreement	X	<p>Based on record review and interview, the licensee failed to have a service agreement for one of three clients' (B2) records reviewed in housing with services B. The findings include:</p> <p>There was no evidence of a service</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>agreement for client B2. When interviewed, July 20, 2005, the operations manager verified there was no service agreement for client B2.</p> <p><u>Education:</u> Provided</p>
11	1	MN Rule 4668.0140 Subp.2 Service Agreement Contents	X	<p><u>Education:</u> Provided</p>
12	6	MN Rule 4668.0150 Subp 6 Renewal of orders	X	<p>Based on record review and interview, the licensee failed to have physicians orders renewed every three months for three of three clients' (A1, A2 and A3) records reviewed in site A, and two of three clients' (B1 and B2) records reviewed in site B. The findings include:</p> <p>Client A1, A2 and A3 in site A contained renewal of physicians orders January of, 2005, June of 2004, and January of 2005, respectively; and clients B1, and B2 in site B contained renewal of physicians orders on April of 2005, and January of 2005, respectively. There was no evidence of subsequent renewal of physician orders.</p> <p>When interviewed, July 19, 2005, and July 20, 2005, the owner and the operations manager stated they thought the physician orders needed to be renewed annually rather that every three months.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Mary Decker and John Decker at an exit conference on July 21, 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:
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(Form Revision 5/05)