



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0070

August 3, 2007

Louise Sunderman, Administrator
Leisure Cottage Inc
7041 Da Mar Estates
Lesueur, MN 56058

Re: Results of State Licensing Survey

Dear Ms. Sunderman:

The above agency was surveyed on June 14, 18, 19, and 28th, 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". The signature is written in a cursive style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Nicollet 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>

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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: LEISURE COTTAGE INC

HFID #: 20230

Date(s) of Survey: June 14, 18, 19 and 28, 2007

Project #: QL20230002

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 checked="" type="checkbox"/> Met</p> <p><input 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><input checked="" type="checkbox"/> Met</p> <p><input 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 # <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>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><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 # <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>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><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>

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 <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ 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 <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> 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 ___ 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 ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ 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>___ Survey not Expanded ___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ 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: # 6**

Based on observation, record review and interview, the licensee failed to follow the conditions of the Class A Variance/Waiver for Medication Administration and Assistance with Self-Administration of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency failed to develop a service agreement which addressed assistance with self-administration or medication administration in accordance with the waiver requirements at MN Rule 4668.0855 Subpart 2 for one of two current clients (#1) records reviewed. The licensee 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 include:

Client #1 had monthly medication administration records signed by the licensee's unlicensed staff that indicated client #1 received medication administration from unlicensed staff since admission April of 2007. Client #1 had a service agreement dated April of 2007 which did not include medication assistance or medication administration. When interviewed June 18, 2007 the owner indicated she did not know the service agreement had to include medication assistance or administration.

2. MN Rule 4668.0016 Subp 8**INDICATOR OF COMPLIANCE: # 6**

Based on observation, record review and interview, the licensee failed to follow the conditions of the Class A Variance/Waiver for Medication Administration and Assistance with Self-Administration of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency failed to have had a complete "medication administration record" which indicated the method of administration of all prescribed medications in accordance with the waiver requirements at MN Rule 4668.0855 Subpart 9 for two of two current client (#1 and #2) records reviewed. The licensee 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 include:

Client #1's June 2007 "medication administration record" did not indicate the route of administration for any of the ten medications that were administered. Client #2's June 2007 "medication administration record" did not indicate the route of administration for any of the ten medications that were administered. When interviewed June 18, 2007 the owner indicated she did not know the medications on the MAR needed to list the route of administration.

3. MN Rule 4668.0016 Subp 8**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview the licensee failed to follow the conditions of the Class A Waiver/Variance for Central Storage of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency failed to obtain medications and/or treatments orders for one of two current client (#1) records reviewed in accordance with the waiver requirements at MN rule 4668.0860 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 #1 began receiving services April of 2007. Client #1's June 2007 "medication administration record" indicated client #1 received eight different medications, two in various doses including Ativan (anti anxiety medication) and Namenda (cognition medication) through June 18, 2007. A nurse's note dated April 15, 2007 read "gave her one Tylenol at 10:45. A nurse's note dated April 24, 2007 read "I put Neosporin on it." There was no prescriber order for any of the medications that had been given in June. When interviewed, June 18, 2007, the owner stated, "We don't have orders. The family brings in the meds and we go from there."

4. MN Rule 4668.0016 Subp 8**INDICATOR OF COMPLIANCE: #6**

Based on record review and interview the licensee failed to follow the conditions of the Class A Waiver/Variance for Central Storage of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency failed to obtain complete medication orders for one of two (#2) current client records reviewed in accordance with the waiver requirements at MN rule 4668.0860 Subp. 5. 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 July of 2000 which included medication administration. Clinic referrals with medical orders, dated, January 29, 2007, February 2 and 19, 2007, do not include the route of administration for any medications. When interviewed June 14, 2007, the owner confirmed there was no route of administration noted.

5. MN Rule 4668.0016 Subp 8**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview the licensee failed to follow the conditions of the Class A Waiver/Variance for Central Storage of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency failed to have a registered nurse conduct a nursing assessment of a client's functional status and need for central medication storage, and develop a service agreement for the provision of central storage for two of two (#1 and #2) clients who received central storage of medications in accordance with the waiver requirements at MN rule 4668.0865 Subpart. 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:

Clients # 1 and #2 began receiving central storage of medications April of 2007 and July of 2000 respectively. Client #1 and #2's records lacked an assessment for central storage of medication and their service agreements did not include central storage of medications. When interviewed, June 18, 2007, the owner was indicated she was unaware of the need for the assessment and service plan.

6. MN Rule 4668.0016 Subp. 8

INDICATOR OF COMPLIANCE: # 6

Based on record review, observation, interview, the licensee failed to follow the conditions of the Class A Variance/Waiver for Central Storage of Medications, which was approved by the Minnesota Department of Health in July 1999. The licensee failed to establish a system for the control of medication for two of two (#1 and #2) clients in accordance with the waiver requirements at MN Rule 4668.0865 Subpart 3. The licensee is licensed as a Class A Home Care Provider in accordance with the definition of MN rule 4668.0003 Subpart 11. The findings include:

Clients # 1 and #2 began receiving central storage of medications, and medication administration on April of 2007 and July of 2000 respectively. Their records lacked complete medication orders, documentation of route of medications given, assessments for medication assistance, and central storage of medications. When interviewed, July 18, 2007, regarding a system for control of medications the owner stated they had "nothing like that."

7. MN Rule 4668.0016 Subp. 8

INDICATOR OF COMPLIANCE: #6

Based on observation and interview the licensee 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 license was not storing medications in accordance with the waiver requirements at MN Rule 4668.0865 Subpart 8. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.003 Subpart 11. The findings include:

During the tour of the housing with services site June 14, 2007, it was observed that three unlocked cupboards in the kitchen, contained client medications. When interviewed, June 14, 2007 employee C, an unlicensed care giver stated that the unlocked upper cabinet cupboard contained pro ra nata (as needed) medications. When observed one unlocked lower cabinet cupboard contained an unlocked pull out drawer with client medications inside. The pull out drawer did have a lock, but it was not locked on June 14, 18, or 28, 2007. The pull out drawer had an approximately two inch space present between the top of the drawer and the bottom of the cabinet counter, which the reviewer was able to reach into and pull out medication bottles which contained pills. The third medication storage cabinet cupboard was above the refrigerator and also unlocked. When interviewed, June 14, 2007, the owner stated she did not realize medications had to be locked. As of June 28, 2007, the three cupboards remained unlocked.

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

Based on record review and interview, the licensee failed to ensure that tuberculosis screening was completed every 24 months for four of four employees (A, B, C, and D) reviewed. The findings include:

Employees A, B, C, and D all had direct client contact. Employees C and D were hired January of 2002 and August of 2000, respectively. Employee C had Mantoux testing done January of 2002 and employee D on August of 2001. There was no evidence of subsequent screening for employees C and D. Employee A, the owner, had been a home care provider since August of 1996 and employee B per interview of owner's husband on June of 2007 had been employed for about one and a half months. There was no evidence of tuberculosis screening for employees A or B. When interviewed June 19, 2007, the owner indicated that she had Mantoux testing, but she had not had screening every two years.

9. MN Rule 4668.0070 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on observation and interview the licensee failed to have a record for two of two professional staff (A and B) reviewed. The findings include:

Employee A, the owner, had been a home care provider since August of 1996 and employee B, per interview of owner's husband on June 18, 2007 had been employed for about one and a half months as a licensed direct care staff. Neither employee A nor employee B had a record. When interviewed, June 18, 2007, the owner indicated there was not a record for herself or for employee B.

10. MN Rule 4668.0070 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview the licensee failed to provide a job description for two of two professional (A and B) employees reviewed. The findings include:

Employee A, the owner, had been a home care provider since August of 1996 and employee B, per interview of owner's husband on June of 2007 had been employed for about one and a half months as a licensed direct care staff. Neither employee A nor employee B had a job description. When interviewed June 18, 2007, the owner's husband indicated the job descriptions were in the policy and procedure book, which contained unlabeled daily duties for what appeared to be the home health aides (HHA). When interviewed, June 18, 2007, employee D, a HHA, verified that the list was the daily duties of the home health aides.

11. MN Rule 4668.0075 Subp. 4**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to provide orientation to home care requirements for three of four employees (A, B and C) reviewed. The findings include:

Employee A, the owner, had been a home care provider since August of 1996 and employee B, per interview of owner's husband on June of 2007 had been employed for about one and a half months as a licensed direct care staff. Employee C was hired January of 2002 as a direct care staff. Neither employee A, B, nor employee C had evidence of having received the required orientation to home health care. When interviewed, June 18, 2007, the owner's husband confirmed there was nothing documented.

12. MN Rule 4668.0100 Subp. 5

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that employees who performed home health aid tasks met the required training requirements for one of two unlicensed employees (C) reviewed. The findings include:

Employee C was hired January of 2002 as a home health aide. The "nurse aide performance record" dated September of 2002, did not indicate competency in adequate nutrition and fluid intake, vital signs, safe transfer and ambulation techniques, and range of motion. No training was documented in observation, reporting, and documentation of client status and care or services provided, communication skills, basic elements of body function, recognition and handling of emergencies, and physical, emotional and developmental needs of clients. When interviewed June 18, 2007, the owner indicated she thought the registered nurse (RN) had done it. The RN was unavailable for interview during the survey.

13. MN Rule 4668.0160 Subp 2

INDICATOR OF COMPLIANCE: # 4

Based on observation and interview the licensee failed to ensure the security of client records for two of two (#1 and #2) current client records reviewed. The findings include:

All of the client's records which consisted of one colored plastic three ring binder each and one color coordinated file each, were readily accessible in an open book shelf, which was set on a desk in the front living room, at which employees charted. Clients and visitors had access to all client records. Client #1's record also had two envelopes which were not sealed and contained \$37.00 and \$20.00 per the writing on the envelopes and observation. When interviewed, June 14, 2007, employee C, a direct care staff, indicated that was what they had to work with.

14. MN Rule 4668.0160 Subp 5

INDICATOR OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to ensure that entries in the client record were complete for two of two current client (#1, and #2) records reviewed. The findings include:

Client #1 and #2's nurse's notes had multiple entries that were not signed or dated. When interviewed, June 18, 2007, the owner confirmed entries were not signed and or dated by the person making the entry.

15. MN Statute §144A.46 Subd. 5(b)**INDICATOR OF COMPLIANCE: # 3**

Based on review and interview, the licensee failed to obtain a background check for one of two licensed employees (B) reviewed. The findings include:

Employee B, per interview of owner's husband on June 18, 2007 had been employed for about one and a half months as a licensed direct care staff. There was no evidence of a background study for employee B. When interviewed, June 18, 2007, the owners' husband confirmed there was not a background check for employee B.

16. MN Statute §626.557 Subd. 14(b)**INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview the licensee failed to ensure that an individualized assessment and abuse prevention plan was developed for two of two (#1 and #2) current client records reviewed. The findings include:

Client #1 had a "vulnerability assessment" form dated April of 2007 which indicated it was completed by the client's daughter, who was a teacher. Client's daughter was not employed by the licensee. Client #2 did not have a vulnerable adult assessment. There were no plans for abuse prevention for clients #1 or #2. When interviewed June 28, 2007, the owner stated she thought it probably wasn't required when the clients were admitted.

A draft copy of this completed form was left with Louise Sunderman at an exit conference on June 28, 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).