



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0006 8711 9922

January 31, 2006

Millicent Warrington, Administrator
Hope Health Care Inc
15278 Dupont Path
Apple Valley, MN 55124

Re: Licensing Follow Up Revisit

Dear Ms. Warrington:

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 December 30, 2005.

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: Millicent Warrington, President Governing Board
Dakota County Social Services
Gloria Lehnertz, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: Hope Health Care Inc.

DATE OF SURVEY: December 30, 2005

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 AND TITLE OF PERSONS INTERVIEWED:

Millicent Warrington, RN, Owner

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on June 22, 23, 27, and 28, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- | | |
|--------------------------------|-----------|
| 1. MN. Rule 4668.0030 Subp. 3 | Corrected |
| 2. MN. Rule 4668.0040 Subp. 2 | Corrected |
| 3. MN. Rule 4668.0100 Subp. 4 | Corrected |
| 4. MN. Rule 4668.0100 Subp. 9 | Corrected |
| 5. MN. Rule 4668.0140 Subp. 2 | Corrected |
| 6. MN. Rule 4668.0150 Subp. 5 | Corrected |
| 7. MN. Rule 4668.0160 Subp. 2 | Corrected |
| 8. MN. Rule 4668.0160 Subp. 6 | Corrected |
| 9. MN Statute §144A.46 Subd. 5 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3576

October 7, 2005

Millicent Warrington, Administrator
Hope Health Care Inc.
15278 Dupont Path
Apple Valley, MN 55124

Re: Results of State Licensing Survey

Dear Ms. Warrington:

The above agency was surveyed on June 22, 23, 27 and 28, 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: Millicent Warrington, President Governing Body
Sherilyn Moe, Office of the Ombudsman
Kelly Crawford, Minnesota Department of Human Services
Dakota County Social Services
CMR File

CMR 3199 6/04



Class A Licensed-Only Home Care Provider
LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class A Licensed-Only Home Care Providers. Class A licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate with MDH nurses during an on-site regulatory visit.

During on-site visit/s, MDH nurses will interview staff, talk with clients and/or their representatives and make observations during home visits, and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class A Licensed-Only Home Care services. Completing this Licensing Survey Form in advance would facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form. **[This form is NOT intended to be used for Class A Licensees who are also certified to participate in the Medicare program].**

Name of Class A Licensee: HOPE HEALTH CARE INC

 HFID # (MDH internal use): 20602

 Dates of Survey: June 22, 23, 27, 28, 2005

 Project # (MDH internal use): QL20602007

Indicators of Compliance	Outcomes Observed	Comments
1. The Provider accepts and retains clients for whom it can meet the needs. <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. 	Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided
2. The Provider promotes client rights. <ul style="list-style-type: none"> • MN Statute §144A.44 • MN Rule 4668.0030 • MN Rule 4668.0040 Indicator of Compliance #2	<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. 	Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # _____

Indicators of Compliance	Outcomes Observed	Comments
continued: <ul style="list-style-type: none"> • MN Rule 4668.0170 		<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 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
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 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
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"> • MN Rule 4668.0120 • MN Rule 4668.0130 	<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. 	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 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>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><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>
<p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 subpart 3 • MN Rule 4668.0012 subpart 8 • MN Rule 4668.0012 Subpart 17 • MN Rule 4668.0019 • MN Rule 4668.0060 subpart 2 • MN Rule 4668.0060 subpart 6 • MN Rule 4668.0180 subpart 2 • MN Rule 4668.0180 subpart 3 <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 4 • MN Rule 4668.0180 subpart 5 • MN Rule 4668.0180 subpart 6 	<ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee’s advertisements accurately reflects services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<p>Annual Licensing Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47 <p>[Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]</p>		

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

SURVEY RESULTS:

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

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
1	2	MN Rule 4668.0030 Subp. 5 Acknowledgment of receipt	X	<p>Based on record review, and staff interview, the agency failed to obtain written acknowledgment from each client when they received a copy of the Minnesota Home Care Bill of Rights for three of three clients' (#1, #2, #3) records reviewed. The findings include:</p> <p>Client #1 was admitted to the agency on May 13, 2004, client #2 was admitted on October 1, 2004 and client #3 was admitted on December 2, 2004. None of the client records contained written acknowledgment that the agency provided the client with a copy of the Home Care Bill of Rights. When interviewed on June 27, 2005, the owner stated the clients are given a copy of the Home Care Bill of Rights as part of their admission packet with the agency, however she does not obtain written acknowledgment that they received the Home Care Bill of Rights.</p> <p><u>Education:</u> Provided</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
2	2	MN Rule 4668.0040 Subp. 2 Informing clients	X	<p>Based on record review, and staff interview, the agency failed to provide a written notice to clients that the agency would not retaliate because of a complaint for three of three clients' (#1, #2, #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3s' records were reviewed and there was no written information contained within the agency's complaint procedure provided to each client, that the agency would not retaliate if a client complained about the agency. When interviewed on June 27, 2005, the owner verified their complaint procedure did not contain the statement as noted above.</p> <p><u>Education:</u> Provided</p>
3	5	MN. Rule 4668.0100 Subp. 4 Performance of routine procedures	X	<p>Based on record review, and staff interview, the agency failed to ensure the specific instructions for performing delegated nursing procedures were specified in writing by the registered nurse, that prior to performing the delegated nursing procedure the person demonstrated competency to perform the procedure, and the procedures were documented in the clients' records for two of two (#1, #2) clients' records reviewed. The findings include:</p> <p>Client #1 had a gastrostomy tube (G-tube). Client #1 was provided water and medications through the tube by the agency's unlicensed staff. There was no documentation in the client's record of the procedures specific to the client's cares. It was verified the unlicensed staff were trained generically for the tube feeding procedure, but not for the client's specific needs. There was no documentation that each unlicensed staff that performed client #1's gastrostomy tube cares had demonstrated competency to the registered nurse their</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>ability to perform the procedure.</p> <p>Client #2 had a G-tube, oral suctioning and blood glucose testing four times per day. The unlicensed staff were performing these delegated nursing procedures. There was no documentation in the client's record of the procedures specific to client #2. It was verified the unlicensed staff were trained generically for the tube feeding, glucose monitoring, and oral suctioning procedure, but not for the client #2's specific needs. There was no documentation that each unlicensed staff that performed these delegated nursing procedures had demonstrated competency to the registered nurse their ability to perform the procedures.</p> <p>When interviewed on June 27, 2005, the owner/registered nurse stated she had provided individual training specific to each client to all of the agency's unlicensed staff, but did not document the individual client specific training.</p> <p><u>Education:</u> Provided</p>
4	5	MN Rule 4668.0100 Subp. 9 Periodic supervision of home health aide tasks	X	<p>Based on record review, and staff interview, the agency failed to ensure that the registered nurse documented fourteen day supervisory visits for three of three clients' (#1, #2, #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3 all received delegated nursing tasks daily by agency unlicensed staff. The agency's registered nurse documented monthly supervisory monitoring visits of the unlicensed staff. The owner/registered nurse was interviewed on June 27, 2005 and stated she was in the clients' residence numerous times per day and observed the unlicensed staff performing the delegated nursing services. The owner/registered nurse</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>stated she was unaware she was required to document her supervisory visits every fourteen days.</p> <p><u>Education:</u> Provided</p>
5	1	MN. Rule 4668.0140 Subp. 2 Contents of service agreement	X	<p>Based on record review, and interview, the licensee failed to ensure that the fees for services and a contingency plan for services was included in the client's service agreements for two of three clients' (#1, #3) records reviewed. The findings include:</p> <p>The agency identified the service agreement for clients #1 and #3 as a document titled "Individual Resident Placement Assessment." When interviewed on June 27, 2005 the owner stated a county representative completed the "Individual Resident Placement Assessment" for the clients as part of the alternative care/waivered services each client was approved to receive. The owner stated a separate service agreement was not completed for each client receiving services from her Class A home care agency. The owner verified the "Individual Resident Placement Assessment" did not contain a fee for the services provided and a contingency plan for services if necessary.</p> <p><u>Education:</u> Provided</p>
6	6	MN. Rule 4668.0150 Subp. 5 Verbal orders	X	<p>Based on record review, and interview, the agency failed to ensure that verbal orders obtained from a prescriber, were forwarded to the prescriber for signature no later than seven days after receipt of the verbal order in two of three clients' (#1, #3) records reviewed. The findings include:</p> <p>Client #1's record contained numerous unsigned telephone orders. For example on May 6, 2005 the agency received a</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>verbal order from a physician to start the client on an antibiotic and for a urinalysis. At the time of the survey, the order remained unsigned and there was no indication the order had been sent to the prescriber for a signature. This was also noted for telephone orders received for client #1 by the agency on January 14, 2005, January 13, 2005 and June 14, 2004.</p> <p>Client #2's record contained a telephone order dated May 10, 2005 which had not been signed by the prescriber.</p> <p>When interviewed on June 27, 2005, the owner/registered nurse stated she brought the telephone orders to the physician's clinic routinely to be signed, but failed to obtain signatures on the above noted verbal orders.</p> <p><u>Education:</u> Provided</p>
7	4	MN Rule 4668.0160 Subp. 2 Security	X	<p>Based on observations, and review of agency policy, the agency failed to have a written procedure that addressed the control, use and removal of client records from the provider's office. The findings include:</p> <p>The agency owner was interviewed on June 22, 2005. She stated the agency kept the client records in a locked cabinet at each client's adult foster care residence. The agency's main office was located in the basement of another residence, which was approximately two miles away from the client's residence. During the survey, the agency's owner brought all client records from their residence to the main office. Some portions of the clients' records were stored at the client's residence and some were located at the agency address. The agency's client record policy did not address the location of client records or the movement of the records from client</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				residences to the agency address. <u>Education:</u> Provided
8	4	MN. Rule 4668. 0160 Subp. 6 Content of client record	X	Based on record review, and interview, the agency failed to ensure a note summarizing each client contact was entered in the client's record no later than two weeks after the contact in one of three client's (#3) records reviewed. The findings include: Client #3 was discharged from the agency on May 11, 2005. The client's record was reviewed on June 23, 2005. The client was receiving 24-hour skilled nursing care. Client #3 was ventilator dependent. The record did not contain notes for the entire 24-hour period for April 22 and April 23, 2005. There was no documentation for the one nursing shift on April 18, 19, 20, 21, 25, 27, and 2005. When interviewed on June 27, 2005, the owner/registered nurse stated that the nursing notes were entered into a notebook at the client's residence and were never entered onto a nursing note and put in the client record. <u>Education:</u> Provided
9	3	MN. Statute 144A.46 Subd. 5 Prior criminal convictions	X	Based on a review of personnel files, and interview, the agency failed to ensure a background study was completed on all employees in one of six employees (employee A) reviewed. The findings include: Employee (A) was hired by the agency of January 3, 2005. Employee (A)'s personnel file was reviewed on June 22, 2005. There was no record that a background study had been completed, or that the employee information had been submitted for a background study. When interviewed on June 23, 2005 the owner stated that a background study had been sent in to the Department of

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Human Services, but was never returned from the state agency. As a result, the owner stated she sent in another background study, but there still was not any results. The agency was unable to provide any documentation that a background study for employee A had been submitted to the Department of Human Services.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Millicent Warrington, owner at an exit conference on June 28, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-Only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us>

(Form Revision 5/05)