



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6307

December 30, 2010

Cha Lee, Administrator
May Health Care Inc
59014 Brooklyn Blvd STE 204
Brooklyn Center, MN 55429

RE: Results of State Licensing Survey

Dear Mr. Lee:

The above agency was surveyed October 14, 18, and 28, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

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

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

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

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

Sincerely,

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

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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CERTIFIED MAIL #: 7009 1410 0000 2303 6307

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	CHA LEE	DATE: December 30, 2010
PROVIDER:	MAY HEALTH CARE INC	COUNTY: HENNEPIN
ADDRESS:	5901 BROOKLYN BLVD STE 204 BROOKLYN CENTER, MN 55429	HFID: 20858

On October 14, 18 and 28, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____
.....

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0008 Subp. 3

Based on document review and interview, the licensee failed to ensure that the contract for registered nurse services included the required content. The findings include:

The agency contracted for nursing services with individual A (registered nurse). A review of an undated contract did not include the language that the contractor would comply with the rules and statutes pertaining to home care.

When interviewed October 14, 2010, employee D (CEO) confirmed that the aforementioned document was the only contract with the registered nurse.

TO COMPLY: If a licensee contracts for a home care service with a business that is not subject to licensure under this chapter, it must require, in the contract, that the business comply with this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#).

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0060 Subp. 3

Based on record review and interview, the licensee failed to provide services required by the client's service agreement for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services October 16, 2008. The service agreement, dated October 1, 2008, indicated the client was to receive two hours of nurse services per month. The only documentation of an RN service was a home health aide/PCA (personal care attendant) care plan, dated June 10, 2009, and signed by a previously employed RN.

When interviewed October 14, 2010, employee D (CEO) stated he had not charged for RN services because the RN hadn't provided any. When interviewed October 18, 2010, employee D stated he was looking at different options for another nurse because individual A (RN) was supposed to work 10 to 15 hours per week, but she wasn't working the 10 to 15 hours a week.

TO COMPLY: The licensee shall provide all services required by the client's service agreement, required by part [4668.0140](#).

TIME PERIOD FOR CORRECTION: Seven (7) days

3. MN Rule 4668.0065 Subp. 3

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for two of two unlicensed employees' (B and C) records reviewed. The findings include:

Employees B and C were hired October 1, 2008, and September 18, 2009, respectively. Neither employee B or C had documentation of annual infection control training.

When interviewed October 14, 2010, employee D (CEO) stated the unlicensed staff are supposed to get infection control training every year. He said the registered nurse did the training, but he was not sure if employee B and C attended. When interviewed October 18, 2010, employee B indicated he had only seen an RN one time and that was at a home visit for client #1.

TO COMPLY: For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

A. hand washing techniques;

B. the need for and use of protective gloves, gowns, and masks;

C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;

D. disinfecting reusable equipment; and

E. disinfecting environmental surfaces.

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Rule 4668.0075 Subp. 1

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

Individual A (registered nurse) was hired as an independent contractor to provide nursing services on October 1, 2004. There was no evidence of orientation to home care in her record.

Employees B and C were hired October 1, 2008, and September 18, 2009, respectively. There was no evidence of orientation to home care for employees B and C.

When interviewed October 14, 2010, individual A (registered nurse) indicated she did not know what orientation to home care was. When interviewed October 14, 2010, employee D (CEO) also stated he didn't know what orientation to home care was.

TO COMPLY: Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, shall complete an orientation to home care requirements before providing home care services to clients. This orientation may be incorporated into the training required of paraprofessionals under part [4668.0130](#). This orientation need only be completed once.

TIME PERIOD FOR CORRECTION: Thirty (30) days

5. MN Rule 4668.0100 Subp. 4

Based on record review and interview, the licensee failed to ensure that unlicensed staff were instructed by the registered nurse (RN) or therapist in the proper method to perform a delegated nursing procedure, that the RN or therapist specified in writing specific instructions for performing the procedure and demonstrated to the RN or therapist that he/she was competent to perform the procedure for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted October 1, 2008, and began receiving home care services which included transfers, health related services, behavior, and walking assistance with a prosthetic leg.

Documentation from July 26, 2010 through October 13, 2010, indicated employees B and C (unlicensed staff) provided assistance with mobility, behavior, health related services and transfers for the client.

There was no documentation of instruction or demonstrated competency by a RN or therapist in the proper method to perform the mobility, behavior, health related services, and transfer with a prosthetic leg.

When interviewed October 18, 2010, employee B stated he went to physical therapy appointments with client #1 and watched what the physical therapist did. Employee B indicated he also did stretches to client #1's "whole body." When interviewed October 18, 2010, individual A (RN) stated that she usually had the physical therapist or herself train the staff, but it was not done for client #1.

When interviewed October 14, 2010, regarding what health related or behavior meant, employee D (CEO) referred the surveyor to the definitions of range of motion, redirecting, intervening, observing, monitoring and documenting behavior on the personal care attendant time and activity documentation. When interviewed October 22, 2010, individual A stated she had never seen client #1.

TO COMPLY: A person who satisfies the requirements of subpart 5 may perform delegated medical or nursing and assigned therapy procedures, if:

A. prior to performing the procedures, the person is instructed by a registered nurse or therapist, respectively, in the proper methods to perform the procedures with respect to each client;

B. a registered nurse or therapist, respectively, specifies, in writing, specific instructions for performing the procedures for each client;

C. prior to performing the procedures, the person demonstrates to a registered nurse or therapist, respectively, the person's ability to competently follow the procedures; and

D. the procedures for each client are documented in the clients' records.

TIME PERIOD FOR CORRECTION: Thirty (30) days

6. MN Rule 4668.0100 Subp. 6

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who performed home health aide tasks, received eight hours of in-service training for each twelve months of employment for two of two employees' (B and C) records reviewed. The findings include:

Employees B and C were hired October 1, 2008, and September 18, 2008, respectively to provide home care services for client #1. There was no documentation of in-service training for either employee B or C.

When interviewed October 14, 2010, employee D (CEO) indicated the registered nurse did the training, but was not sure if employees B and C attended the training.

TO COMPLY: For each person who performs home health aide tasks, the licensee must comply with items A to C.

A. For each 12 months of employment, each person who performs home health aide tasks shall complete at least eight hours of in-service training in topics relevant to the provision of home care

services, including that required by part [4668.0065](#), subpart 3, obtained from the licensee or another source.

B. Licensees shall retain documentation of satisfying this part and shall provide documentation to persons who have completed the in-service training.

C. If a person has not performed home health aide tasks for a continuous period of 24 consecutive months, the person must demonstrate to a registered nurse competence in the skills listed in part [4668.0130](#), subpart 3, item A, subitem (1).

TIME PERIOD FOR CORRECTION: Thirty (30) days

7. MN Rule 4668.0100 Subp. 9

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

Employees B and C (unlicensed staff) were hired October 1, 2008, and September 18, 2009, respectively. Documentation July 26 through October 13, 2010, indicated employees B and C provided assistance walking with a prosthetic leg, range of motion and behavior for client #1.

The only evidence of registered nurse (RN) involvement was documented June 10, 2009, on a home health aide/personal care attendant care plan by a previously employed RN.

When interviewed October 14, 2010, individual A (RN) stated she did routinely see clients, but not much this summer. When interviewed October 22, 2010, individual A stated she had never seen client #1.

TO COMPLY: After the orientation required by subpart 8, a therapist or a registered nurse shall supervise, or a licensed practical nurse, under the direction of a registered nurse, shall monitor persons who perform home health aide tasks at the client's residence to verify that the work is being performed adequately, to identify problems, and to assess the appropriateness of the care to the client's needs. This supervision or monitoring must be provided no less often than the following schedule:

A. within 14 days after initiation of home health aide tasks; and

B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or

C. every 60 days thereafter, or more frequently if indicated by a clinical assessment, for all home health aide tasks other than those described in subparts 2 to 4.

If monitored by a licensed practical nurse, the client must be supervised at the residence by a registered nurse at least every other visit, and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

TIME PERIOD FOR CORRECTION: Fourteen (14) days

8. MN Rule 4668.0140 Subp. 2

Based on record review and interview, the licensee failed to ensure that the service agreement was complete for one of one client's (#1) record reviewed. The findings include:

Client #1's service agreement, dated October 1, 2008, indicated the client was to receive PCA (personal care attendant) services 10 hours per day.

The service agreement did not include a description of the services to be provided and their frequency and the fees for service. The contingency plan lacked who to contact in case of an emergency or significant adverse change in the client's condition, the method to contact a responsible person and the circumstances when emergency medical services are not to be summoned.

When interviewed October 14, 2010, employee D (CEO) indicated he did not know what was supposed to be on the service agreement.

TO COMPLY: The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;
- B. identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required, if any;
- D. fees for services;
- E. a plan for contingency action that includes:

(1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

9. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to provide services according to acceptable medical and nursing standards for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services October 16, 2008. The service agreement, dated October 1, 2008, indicated the client was to receive two hours of nurse services per month. The only documentation of an RN service was a home health aide/PCA (personal care attendant) care plan, dated June 10, 2009, and signed by a previously employed RN.

During a 40 minute home visit October 18, 2010, client #1 did not look at the surveyor. The client only looked down onto his lap. The client either would not answer or his responses were inaudible.

When interviewed October 18, 2010, employee B (unlicensed staff) stated client #1 had been like this for a long time since his accident in 2008. The client initially wanted to die in 2008, when the accident occurred. Employee B stated the client was refusing to see a psychologist or take antidepressants. Employee B stated that before the accident client #1 was involved in sports, was active, went to school and talked a lot, but now was a changed person.

When interviewed October 18, 2010, employee D (CEO) did not know client #1 was depressed. When interviewed October 18, 2010, person E (the case manager) indicated client #1 just sits at home, watches television or goes with the PCA to see family. Person E indicated the client was depressed and not motivated, but there was not much person E could do for the client, because he was his own guardian and could refuse treatment. Person E did not know the client was not taking the antidepressant and was not seeing the psychologist. When interviewed October 22, 2010, individual A (registered nurse) stated she had not seen client #1.

TO COMPLY: A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Seven (7) days

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 0150 0003 5688 9293

September 13, 2008

Cha Lee, Administrator
May Health Care Inc
22613 County Road 50
Corcoran, MN 55340

Re: Results of State Licensing Survey

Dear Ms. Lee:

The above agency was surveyed on July 31 and August 1 and 4, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Hennepin 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

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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: MAY HEALTH CARE INC

HFID #: 20858

Date(s) of Survey: July 31, August 1 and 4, 2008

Project #: QL20858004

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

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

Indicators of Compliance	Outcomes Observed	Comments
<p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>	<ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as required. 	<p>Focus Survey</p> <p>___ Met <u>X</u> Correction Order(s) issued <u>X</u> 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 <u>X</u> Correction Order(s) issued <u>X</u> 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</p>

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

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 4668.0030 Subp. 2**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services January 2006. Her record indicated that she had received a copy of the Minnesota Home Care Bill of Rights. During record review, it was noted that the copy she received was dated June/1999. When interviewed, August 4, 2008, the owners' wife verified that the copy client #1 received, and that they were currently using, was not the most current Minnesota Home Care Bill of Rights.

2. 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 for three of three employees' (A, B and C) records reviewed. The findings include:

Employee A was hired in 2003 and provided direct care services to clients in their homes. There was no documentation of any tuberculosis screening in Employee A's record. When interviewed, July 31, 2008, employee A stated that she doesn't remember if she had a Mantoux test when she began employment but she verified that she had not had a Mantoux test within the past 24 months.

Employee B was hired March 10, 2005. She had a positive reaction to her Mantoux on May 20, 2004, followed by a negative chest x-ray on May 21, 2004. There was no documentation of any subsequent chest x-rays in her record.

Employee C was hired February 7, 2006. She had a negative Mantoux on February 5, 2005 but no documentation of any Mantoux since.

When interviewed August 4, 2008, the owners' wife verified that tuberculosis screenings were not complete for the three employees.

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

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for three of three employees' (A, B and C) records reviewed. The findings include:

Employee A was hired in 2003 as the registered nurse. Employees B and C were hired March 10, 2005, and February 7, 2006, respectively and began performing home health aide tasks in clients residences. There was no documentation in any of their records of annual infection control in-service training. When interviewed July 31, 2008, the registered nurse stated that she had not been providing infection control in-service annually and that she did have a training scheduled on August 19, 2008.

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

Based on record review and interviews, the licensee failed to ensure that each employee received orientation to home care requirements before providing direct care services to clients for three of three employees' (A, B and C) records reviewed. The findings include:

Employee A was hired in 2003. Employees B and C were hired March 10, 2005, and February 7, 2006, respectively. There was no documentation in their records that they had received orientation to home care requirements. When interviewed, August 1, 2008, employee C stated that she had received the orientation. When interviewed July 31, 2008, employee A stated that she had received the orientation but agreed there was no documentation in any of the employee records to verify that orientation to home care requirements had been provided.

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

Based on record review and interview, the licensee failed to ensure a registered nurse (RN) instructed and verified competency of unlicensed staff prior to the administration of medications for one of one client (#1) record reviewed. The findings include:

Employee C began providing services to client #1 including medication administration on February 7, 2006. There was no documentation of training or competency for medication administration in employee C's record. When interviewed, July 31, 2008, the registered nurse stated that she had not trained any unlicensed employees for medication administration since she was hired in 2003. When interviewed, August 1, 2008, employee C stated that she gives client #1 two oral medications every morning. She agreed that she was not trained by the licensee but stated that the client is her mother and she knows how to give her medications. Employee C stated that she takes client #1 (her mother) to all of her doctor appointments and the nurses at the clinic always explain any medications or changes.

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

Based on record review and interview, the licensee failed to ensure unlicensed persons performing home health aide tasks were qualified for two of two unlicensed employees' (B and C) records reviewed. The findings include:

Employees B and C were hired and began performing home health aide tasks on March 10, 2005, and February 7, 2006, respectively. There was no documentation in either employee's record of home health aide task training or competency evaluation. When interviewed, July 31, 2008, the registered nurse verified that she had not trained or verified competency for either employee. She stated that she may have taught employees B and C to do blood pressure checks. When interviewed, August 1, 2008, employee C stated that she took a child care class but never took a home health aide or nursing assistant class. She stated that another personal care attendant (PCA) trained her. She stated that the client is her mother and she knows how to care for her.

7. MN Rule 4668.0100 Subp. 6**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who performed home health aide tasks, received eight hours of in-service training for each twelve months of employment for two of two employees' (B and C) records reviewed. The findings include:

Employees B and C were hired March 10, 2005, and February 7, 2006, respectively and began performing home health aide tasks. There was no documentation in either employee record of any in-service training in the past twelve months. When interviewed, July 31, 2008 the registered nurse stated that she provided quarterly in-services, not monthly, and agreed there was no documentation in the unlicensed personnel files to verify the in-service hours were completed.

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

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

Client #1 began receiving home health aide services from a personal care attendant including medication administration, feeding, transferring assistance and toileting assistance on January 16, 2006. There was no documentation in the client record of supervisory visits by the registered nurse or monitoring visits by a licensed practical nurse every 14 days. When interviewed July 31, 2008, the registered nurse agreed that 14 day supervisory or monitoring visits had not been completed and did not realize that this was required. She stated that the last visit to client #1's residence was about one year ago.

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

Based on record review and interview, the licensee failed to ensure that the service agreement was complete for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services January 16, 2006. The Home Health Aide/PCA Care Plan in her record dated, July 30, 2006, described the services to be provided. The plan lacked the identification of the persons who were to provide the service, the frequency of sessions of supervision, the fees for services, or a plan for contingency action. When interviewed, July 31, 2008, the nurse stated that the Home Health Aide/PCA Care Plan is the service agreement, and agreed that it was incomplete.

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

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

Client #1 began receiving home care services including medication administration on January 16, 2006. The most recent medication orders in her record were dated March 21, 2007. When interviewed July 31, 2008, the registered nurse stated that she did not realize that all orders had to be renewed every three months. When interviewed August 1, 2008, client #1's son stated that the client was seen by her physician in February 2008 and had some new medications.

11. MN Statute §144A.46 Subd. 5(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to ensure that background studies were completed for one of three employees' (A) records reviewed. The findings include:

Employee A was hired in 2003. There was no background study in her record. When interviewed July 31, 2008, she stated that she is sure that one was never requested as she doesn't recall signing the form for a request. When interviewed, August 4, 2008, the owners' wife verified that a background study was never done for employee A.

A draft copy of this completed form was left with Beverly Propes, RN/PHN, at an exit conference on August 4, 2008. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. CLASS A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).