



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0827

December 28, 2007

Joan Vaughn, Administrator
Communities of Care
500 W Highway 96 STE 200
Shoreview, MN 55126

Re: Results of State Licensing Survey

Dear Ms Vaughn:

The above agency was surveyed on November 13, 14, 15, and 16, 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 with a large initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Ramsey 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
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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: COMMUNITIES OF CARE

HFID #: 20862

Date(s) of Survey: November 13, 14, 15 and 16, 2007

Project #: QL20862003

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 	<ul style="list-style-type: none"> • Clients’ are aware of and have their rights honored. • Clients’ are informed of and afforded the right to file a complaint. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input 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 checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input 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 ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</p>	<ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. 	<p>Focus Survey</p> <p><u>X</u> Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> 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
7. The provider is licensed and provides services in accordance with the license. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0019 Expanded Survey <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. 	Focus Survey <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
8. The provider is in compliance with MDH waivers and variances. Expanded Survey <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> Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided

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 4668.0065 Subp. 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to provide tuberculosis screening before employees had direct contact with clients for one of three (B) employees reviewed. The findings include:

Employee B was hired on August 27, 2006 as an unlicensed direct care employee. Employee B provided direct care for client #1. There was no evidence of tuberculosis screening for employee B. When interviewed, November 14, 2007, the employee support specialist verified that employee B had not been screened for tuberculosis.

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

Based on record review and interview, the licensee failed to retain documentation that each employee had completed orientation to home care for one of three employees' (B) records reviewed. The findings include:

Employee B was hired August 27, 2006, and was provided a package of materials that met the criteria for orientation to home care. Her record did not contain documentation that she had completed the orientation to home care before she provided home care services. When interviewed, November 14, 2007, the employee support specialist could not find the documentation that employee B had completed orientation to home care.

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

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed home health aide services were qualified for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was hired August 27, 2006, as an unlicensed person who performed home health aide services. There was no record of training or competency in her personnel records. When interviewed November 14, 2007, the owner verified that employee B had not completed training for home health aide tasks.

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

Based on record review and interview, the licensee failed to ensure eight hours of in-service training was completed annually for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was hired August 27, 2006. There was no evidence available that employee B had completed eight hours of in service training. When interviewed, November 14, 2007, the owner verified that the required inservice had not been completed.

5. MN Rule 4668.0140 Subp. 2

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure a complete service agreement was provided for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1's service agreement, dated August 15, 2007, stated she was to receive 24 hours a day RN/LPN (registered nurse/licensed practical nurse) private duty nursing. During a home visit on November 14, 2007, it was noted she was also receiving four hours a day/ 7 days a week of home health aide services. The service plan had no description of the services provided, fees for the services and schedule of frequency of sessions of supervision or monitoring required.

Client #2's service agreement, dated June 6, 2007, indicated the client was to receive up to 16 hours a day, three days a week of private duty nursing. The service agreement had no description of the services provided, identification of the persons or categories who were to provide the services, or the fees for services.

Client #3's service agreement, dated January 29, 2007, stated she was to receive RN/LPN (registered nurse/licensed practical nurse) home health care up to 24 hours per day/ 7 days per week. The service agreement had no description of the services provided or the fees for services.

When interviewed, November 14, 2007, the owner agreed that the service agreements for clients #1, #2 and #3 were incomplete.

6. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to ensure an individual abuse prevention plan was developed for one of one client (#1) record reviewed who was over eighteen years of age. The findings include:

Client #1 began receiving services on September 26, 2005, and was over the age of eighteen when services began. The client record did not contain a vulnerable adult assessment or an individualized abuse prevention plan. When interviewed, November 14, 2007, the owner verified that a vulnerable adult assessment had not been completed.

A draft copy of this completed form was left with Joan Vaughn at an exit conference on November 16, 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).