



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1220 4562

January 10, 2007

Mary Vien, Administrator  
Homefront Health Care Inc  
224 North 19<sup>th</sup> Street  
Motevideo, MN 56265

Re: Licensing Follow Up visit

Dear Ms. Vien:

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 November 29, 2006.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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

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

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** HOMEFRONT HEALTH CARE INC

**DATE OF SURVEY:** November 29, 2006

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
Class A

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

Eric Hargrave, RN  
Linda Trauba, HHA

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: # 3

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of follow-up visits on May 1 and 2, 2006 and August 22, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a follow-up visit made on May 1 and 2, 2006 and not corrected during an August 22, 2006 follow-up visit is as follows:

**1. MN Rule 4668.0100 Subp. 2** **Corrected**

**3. MN Statute §144A. 46 Subd. 5(b)** **Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 2047

September 19, 2006

Mary Vien, Administrator  
Homefront Health Care Inc  
224 North 19<sup>th</sup> Street  
Montevideo, MN 56265

Re: Licensing Follow Up visit

Dear Ms. Vien:

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 August 22, 2006.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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

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

Sincerely,

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

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Chippewa County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance

06/06 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 2047

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOLLOWING A SUBSEQUENT REINSPECTION FOR  
CLASS A HOME CARE PROVIDERS**

September 19, 2006

Mary Vien, Administrator  
Homefront Health Care Inc  
224 North 19<sup>th</sup> Street  
Montevideo, MN 56265

RE: QL21051001

Dear Ms. Vien:

1. On August 22, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of follow up visits to an original survey completed on October 7, 2006, and subsequent follow up visits made on May 2, 2006, with correction orders received by you on January 26, 2005, and May 12, 2006 and found to be uncorrected during an inspection completed on August 22, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on August 22, 2006.

**1. MN Rule 4668.0100 Subp. 2**

**\$350.00**

Based on record review and interview, the licensee failed to have unlicensed personnel demonstrate to a registered nurse their ability to competently follow the procedure for administration of medication for one of one unlicensed employee (G) record reviewed. The findings include:

Employee G was hired March 22, 2006, as a home health aide and provided care including medication administration. Employee G's April 6, 2006, competency evaluation for medication administration was done by a licensed practical nurse. When interviewed, May 2, 2006, the housing manager stated that the licensed practical nurse tested the unlicensed staff. The housing manager was not aware that a registered nurse had to do the competency testing of unlicensed staff.

**TO COMPLY:** A person who satisfies the requirements of subpart 5 may administer medications, whether oral, suppository, eye drops, ear drops, inhalant, topical, or administered through a gastrostomy tube, if:

- A. the medications are regularly scheduled;
- B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:
  - (1) within 24 hours after its administration; or
  - (2) within a time period that is specified by a registered nurse prior to the administration;
- C. prior to the administration, the person is instructed by a registered nurse in the procedures to administer the medications to each client;
- D. a registered nurse specifies, in writing, and documents in the clients' records, the procedures to administer the medications; and
- E. prior to the administration, the person demonstrates to a registered nurse the person's ability to competently follow the procedure.

For purposes of this subpart, "pro re nata medication," commonly called p.r.n. medication, means a medication that is ordered to be administered to or taken by a client as necessary.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00**

**3. MN Statute §144A.46 Subd. 5(b)**

**No Fine**

Based on record review and interview the licensee failed to submit a background check for one of five employees' (E) records reviewed. The findings include:

Employee E was hired on September 6, 2005. There was no background check in employee E's file. When interviewed, May 2, 2006, the housing manager verified that a background check had not been submitted on employee E.

**TO COMPLY:** Employees, contractors, and volunteers of a home care provider are subject to the background study required by section [144.057](#). These individuals shall be disqualified under the provisions of chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.

**No assessment is due for this uncorrected order.**

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$350.00.** This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

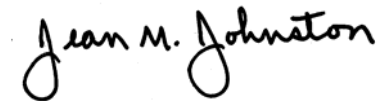
**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

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.

If you have any questions, please feel free to give me a call at 651-201-4301.

Sincerely,



Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Chippewa County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance

07/06 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** HOMEFRONT HEALTH CARE INC

**DATE OF SURVEY:** August 22, 2006

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
Class A

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

Tracy Viessman, Housing Director/Manager  
Judy Larson, LPN  
Linda Trauba, HHA

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up # 2

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on May 1 and 2, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

**1. MN Rule 4668.0100 Subp.2** **Not Corrected** **\$350.00**

Based on record review and interview, the licensee failed to have unlicensed personnel demonstrate to a registered nurse their ability to competently follow the procedure for administration of medication for two of three unlicensed employee's (I and J) records reviewed. The findings include:

Employee I was hired May 2, 2005 as a home health aide and provided cares including medication administration and tube feeding including medications by feeding tube. Employee I's competency evaluation for medication administration was done by a licensed practical nurse on June 29, 2005. There was no competency evaluation for medications by feeding tube.

Employee J was hired May 13, 2005 as a resident assistant and provided care including medication administration. Employee J's June 29, 2005, competency evaluation for medication administration was done by a licensed practical nurse.

When interviewed, August 22, 2006, the housing director/ manager indicated that she thought the competency evaluation was to be done by the registered nurse on new employees not on the employees previously hired. The housing director/manager was not aware that employee I did not have a competency evaluation for medications by feeding tube.

- |   |                      |                |
|---|----------------------|----------------|
| <b>2. MN Rule 4668. 0100 Subp. 9</b>      | <b>Corrected</b>     |                |
| <b>3. MN Statute §144A. 46 Subd. 5(b)</b> | <b>Not Corrected</b> | <b>No Fine</b> |

Based on record review and interview the licensee failed to submit a background check for one of four employees' (J) records reviewed. The findings include:

Employee J was initially hired in 2002 and resigned in 2003. Employee J was rehired on May 13, 2005 as a resident assistant. Her only background check was dated December 6, 2002. There was no evidence of a background study since being rehired in May of 2005.

When interviewed, August 22, 2006, the housing director/ manager stated that she did not do another background check since employee J already had one done before.





*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1682

May 10, 2006

Mary Vien, Administrator  
Homefront Health Care Inc  
224 North 19<sup>th</sup> Street  
Montevideo, MN 56265

Re: Licensing Follow Up visit

Dear Ms. Vien:

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 May 1 and 2, 2006.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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

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

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Ron Drude, Minnesota Department of Human Services  
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** HOMEFRONT HEALTH CARE INC

**DATE OF SURVEY:** May 1 and 2, 2006

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
Class A

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

Tracy Viessman, CNA/HHA/Housing Manager

Eric Hargrave, RN

Judy Larson, LPN

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up \_\_\_\_\_ #1

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on October 3, 4, 5, and 7, 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:

<b>1. MN Rule 4668.0016 Subp. 8</b>	<b>Corrected</b>
<b>2. MN Rule 4668.0016 Subp. 8</b>	<b>Corrected</b>
<b>3. MN Rule 4668.0065 Subp. 3</b>	<b>Corrected</b>
<b>4. MN Rule 4668.0160 Subp. 5</b>	<b>Corrected</b>
  
- 2) Although a State licensing survey was not due at this time, correction orders were issued.



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: HOMEFRONT HEALTH CARE INC

HFID # (MDH internal use): 21051

Date(s) of Survey: May 1 and 2, 2006

Project # (MDH internal use): QL21051001

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The Provider accepts and retains clients for whom it can meet the needs.</p> <ul style="list-style-type: none"> <li>• MN Rules 4668.0050</li> <li>• MN Rule 4668.0060 Subpart 3</li> <li>• MN Rule 4668.0060 Subpart 4</li> <li>• MN Rule 4668.0060 Subpart 5</li> <li>• MN Rule 4668.0140</li> <li>• MN Rule 4668.0180 Subpart 8</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Service plans accurately describe the needs and services and contains all the required information.</li> <li>• Services agreed to are provided</li> <li>• Clients are provided referral assistance.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>
<p>2. The Provider promotes client rights.</p> <ul style="list-style-type: none"> <li>• MN Statute §144A.44</li> <li>• MN Rule 4668.0030</li> <li>• MN Rule 4668.0040</li> </ul>	<ul style="list-style-type: none"> <li>• Clients' are aware of and have their rights honored.</li> <li>• Clients' are informed of and afforded the right to file a complaint.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0170</li> </ul>		<p>Follow-up Survey # _____</p> <p>___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided</p>
<p>3. The Provider promotes and protects each client's safety, property, and well-being.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0035</li> <li>MN Statutes §144A.46 Subdivision 5</li> <li>MN Statute §626.556</li> <li>MN Statutes §626.557</li> <li>MN Statute §626.5572</li> </ul>	<ul style="list-style-type: none"> <li>Client's person, finances and property are safe and secure.</li> <li>All criminal background checks are performed as required.</li> <li>Clients are free from maltreatment.</li> <li>There is a system for reporting and investigating any incidents of maltreatment.</li> <li>Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met ___ Not Met <u>X</u> New Correction Order(s) issued <u>X</u> Education Provided</p>
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0160</li> </ul> <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"> <li><b>Client records are maintained and retained securely.</b></li> <li><b>Client records contain all required documentation.</b></li> <li>Client information is released only to appropriate parties.</li> <li>Discharge summaries are available upon request.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided</p>
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0060 subpart 1</li> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0070</li> <li>MN Rule 4668.0075</li> <li>MN Rule 4668.0080</li> <li>MN Rule 4668.0100</li> </ul> <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0120</li> </ul>	<ul style="list-style-type: none"> <li>Staff, employed or contracted, have received all the required training.</li> <li>Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>Personnel records are maintained and retained.</li> <li>Licensee and all staff have received the required Orientation to Home Care.</li> <li>Staff, employed or contracted, are registered and licensed as required by law.</li> <li>Documentation of medication administration procedures are available.</li> <li>Supervision is provided as</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met ___ Not Met <u>X</u> New Correction Order(s) issued <u>X</u> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Rule 4668.0130</li> <li>• MN Statute 144A.45 Subdivision 5</li> <li>• MN Statute 144A.461</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>	<p>required.</p>	
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> <li>• MN Rule 4668.0100 [Subpart 2]</li> </ul> <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"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p><u>X</u> New Correction Order(s) issued</p> <p><u>X</u> Education Provided</p>
<p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 subpart 3</li> <li>• MN Rule 4668.0012 subpart 8</li> <li>• MN Rule 4668.0012 Subpart 17</li> <li>• MN Rule 4668.0019</li> <li>• MN Rule 4668.0060 subpart 2</li> <li>• MN Rule 4668.0060 subpart 6</li> <li>• MN Rule 4668.0180 subpart 2</li> <li>• MN Rule 4668.0180 subpart 3</li> </ul> <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 4</li> <li>• MN Rule 4668.0180</li> </ul>	<ul style="list-style-type: none"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee’s advertisements accurately reflects services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
subpart 5 • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47  [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]		

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

**SURVEY RESULTS:**

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

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
1	6	MN Rule 4668.0100 Subp. 2 Training for Administration of Medication	X	<b><u>Education:</u></b> Provided.
2	5	MN Rule 4668.0100 Subp. 9 Supervision of Home Health Aide Tasks	X	<b><u>Education:</u></b> Provided.
3	3	MN Statute §144A.46 Subd. 5(b) Background studies	X	<b><u>Education:</u></b> Provided.

A draft copy of this completed form was left with Tracy Viessman at an exit conference on May 2, 2006. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

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

(Form Revision 3/06)



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7973

January 23, 2006

Mary Vien, Administrator  
Homefront Health Care Inc.  
224 North 19<sup>th</sup> Street  
Montevideo, MN 56265

Re: Results of State Licensing Survey

Dear Ms. Vien:

The above agency was surveyed on October 3, 4, 5, and 7, 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: Mary Vien, President Governing Body  
Chippewa County Social Services  
Gloria Lehnertz, Minnesota Department of Human Services  
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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.

Name of Class A Licensee: HOMEFRONT HEALTH CARE INC  
 HFID # (MDH internal use): 21051  
 Date(s) of Survey: October 3, 4, 5, and 7, 2005  
 Project # (MDH internal use): QL21051001

<b>Indicators of Compliance</b>	<b>Outcomes Observed</b>	<b>Comments</b>
1. The Provider accepts and retains clients for whom it can meet the needs.  <ul style="list-style-type: none"> <li>• MN Rules 4668.0050</li> <li>• MN Rule 4668.0060 Subpart 3</li> <li>• MN Rule 4668.0060 Subpart 4</li> <li>• MN Rule 4668.0060 Subpart 5</li> <li>• MN Rule 4668.0140</li> <li>• MN Rule 4668.0180 Subpart 8</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Service plans accurately describe the needs and services and contains all the required information.</li> <li>• Services agreed to are provided</li> <li>• Clients are provided referral assistance.</li> </ul>	Annual Licensing Survey <input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided
2. The Provider promotes client rights.  <ul style="list-style-type: none"> <li>• MN Statute §144A.44</li> <li>• MN Rule 4668.0030</li> <li>• MN Rule 4668.0040</li> </ul> Indicator of Compliance #2 continued:	<ul style="list-style-type: none"> <li>• Clients' are aware of and have their rights honored.</li> <li>• Clients' are informed of and afforded the right to file a complaint.</li> </ul>	Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education Provided  Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>MN Rule 4668.0170</li> </ul>		Order(s) issued ___ Education ___ Provided
<p>3. The Provider promotes and protects each client’s safety, property, and well-being.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0035</li> <li>MN Statutes §144A.46 Subdivision 5</li> <li>MN Statute §626.556</li> <li>MN Statutes §626.557</li> <li>MN Statute §626.5572</li> </ul>	<ul style="list-style-type: none"> <li>Client’s person, finances and property are safe and secure.</li> <li>All criminal background checks are performed as required.</li> <li>Clients are free from maltreatment.</li> <li>There is a system for reporting and investigating any incidents of maltreatment.</li> <li>Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	Annual Licensing Survey <u>X</u> Met ___ Correction ___ Order(s) issued ___ Education ___ Provided  Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction ___ Order(s) issued ___ Education ___ Provided
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0160</li> </ul> <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"> <li><b>Client records are maintained and retained securely.</b></li> <li><b>Client records contain all required documentation.</b></li> <li>Client information is released only to appropriate parties.</li> <li>Discharge summaries are available upon request.</li> </ul>	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
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0060 subpart 1</li> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0070</li> <li>MN Rule 4668.0075</li> <li>MN Rule 4668.0080</li> <li>MN Rule 4668.0100</li> </ul> <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0120</li> <li>MN Rule 4668.0130</li> <li>MN Statute 144A.45 Subdivision 5</li> <li>MN Statute 144A.461</li> </ul>	<ul style="list-style-type: none"> <li>Staff, employed or contracted, have received all the required training.</li> <li>Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>Personnel records are maintained and retained.</li> <li>Licensee and all staff have received the required Orientation to Home Care.</li> <li>Staff, employed or contracted, are registered and licensed as required by law.</li> <li>Documentation of medication administration procedures are available.</li> <li>Supervision is provided as required.</li> </ul>	Annual Licensing Survey <u>X</u> Met ___ Correction ___ Order(s) issued <u>X</u> Education ___ Provided  Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction ___ Order(s) issued ___ Education ___ Provided

Indicators of Compliance	Outcomes Observed	Comments
<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"> <li>• MN Rule 4668.0150</li> <li>• MN Rule 4668.0100 [Subpart 2]</li> </ul> <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"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<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"> <li>• MN Rule 4668.0008 subpart 3</li> <li>• MN Rule 4668.0012 subpart 8</li> <li>• MN Rule 4668.0012 Subpart 17</li> <li>• MN Rule 4668.0019</li> <li>• MN Rule 4668.0060 subpart 2</li> <li>• MN Rule 4668.0060 subpart 6</li> <li>• MN Rule 4668.0180 subpart 2</li> <li>• MN Rule 4668.0180 subpart 3</li> </ul> <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 4</li> <li>• MN Rule 4668.0180 subpart 5</li> <li>• MN Rule 4668.0180 subpart 6</li> <li>• MN Rule 4668.0180 subpart 7</li> <li>• MN Rule 4668.0180</li> </ul>	<ul style="list-style-type: none"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee’s advertisements accurately reflects services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<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
subpart 9 • MN Statute 144A.47  [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]		

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

**SURVEY RESULTS:**

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

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
1	4	MN Rule 4668.0016 Subp. 8 Waiver: Medication record	X	<p>Based on record review and interview, the agency failed to follow the conditions of the Class A Variance/Waiver for Central Storage of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency failed to document the name, date, time, quantity of dosage and the method of administration of all prescribed legend and over-the-counter medications with the signature and title of the authorized person who provided medication administration for three of three clients' (A1, A2, and B1) records reviewed in accordance with the waiver requirements at MN. Rule 4668.0855 Subpart 9. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:</p> <p>Clients A1, A2 and B1 had service agreements dated February of 2004, August of 2005, and February of 2005, respectively that indicated they all received central storage of medication and medication set-up weekly by nursing. Client A1 and A2's September</p>

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>2005 medication administration records and client B1's October 2005 medication administration record all included set-up which was initialed as done by the licensed practical nurse (LPN) weekly. There was no documentation regarding the name, date, time, and quantity of dosage of each medication that was set-up for the client.</p> <p>Client A1's September 2005 medication record indicated Dosage Box. The staff signed off their initials at 6:00 a.m., 10:00 a.m., 3:00 p.m. and 8:00 p.m. Client A2's September 2005 medication record indicated Dosage Box. The staff signed off their initials at 7:00 a.m., 8:00 a.m., 12:00 p.m., and 6:00 p.m. Client B1's October 2005 medication record indicated Dosage box. The staff signed off their initials at 8:00 a.m., noon, 6:00 p.m. and HS. There was no documentation regarding the name, date, time, and quantity of dosage of each medication that was administered to the client.</p> <p>When interviewed, October 4, 2005, the LPN indicated she set-up the client's medication weekly by using the client's medication profile sheet and checking the label on the pill bottle and putting the pills in the pill caddy. She verified that she did not document what medications she had set-up for the clients.</p> <p><b><u>Education:</u></b> provided.</p>
2	4	MN Rule 4668.0016 Subp. 9 Waiver: Storage of Schedule II Drugs	X	Based on observation and interview, the agency failed to follow the conditions of the Class A Variance/Waiver for Central Storage of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency was not storing schedule II medications in accordance with the waiver

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>requirements at MN Rule 4668.0865 Subpart 9. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:</p> <p>On October 4, 2005, while touring centrally stored medication at site A, client A3's bottle of Percocet (a controlled drug) was observed in the client's pillbox together with other pill bottles. It was not stored in a separate locked box permanently attached to the physical plant. When interviewed at site A, October 4, 2005, the licensed practical nurse indicated that she was not aware that Percocet had to be in a separate locked box permanently attached to the physical plant.</p> <p>On October 5, 2005, while touring the centrally stored medications at site B, it was observed that client B4 had a bottle of Vicodin (a controlled drug) in the client's pillbox together with other pill bottles. It was not stored in a separate locked box permanently attached to the physical plant. When interviewed, October 5, 2005, employee D, he unlicensed person passing medications at site B, verified that controlled drugs were not stored according to the requirements.</p> <p><b><u>Education:</u></b> provided.</p>
3	5	MN Rule 4668.0065 Subp. 3 Infection control	X	<p>Based on record review and interview, the licensee failed to ensure an annual infection control in-service was completed for every twelve months of employment for one of three employees' (B) records reviewed. The findings include:</p> <p>Employee B began working as a direct care staff November of 2002. Her file</p>

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>indicated she had last completed an infection control in-service June of 2004.</p> <p>When interviewed, October 5, 2005, employee B stated that she had not had an infection control in-service for 2005, she was not aware that it had to be done within 12 months.</p> <p>When interviewed, October 5, 2005, the housing director stated that an infection control in-service would be offered to the staff by the end of the year.</p> <p><b><u>Education:</u></b> provided.</p>
4	4	MN Rule 4668.0160 Subp. 5 Form of Entries	X	<b><u>Education:</u></b> provided.

A draft copy of this completed form was left with Tracey Viessman at an exit conference on October 7, 2005. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-Only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

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

(Form Revision 5/05)