



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2304 1387

December 3, 2010

Gary Poblacki, Administrator
Quality Living Home Health Care
164 East 4th Street
Winona, MN 55987

RE: Results of State Licensing Survey

Dear Mr. Poblacki:

The above agency was surveyed on October 11, 12, and 14, 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: Winona 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 2304 1387

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:	<u>GARY POBLOCKI</u>	DATE: December 3, 2010
PROVIDER:	<u>QUALITY LIVING HOME HEALTH CAR</u>	COUNTY: WINONA
ADDRESS:	<u>164 EAST 4TH STREET SUITE #1</u>	HFID: 21081
	<u>WINONA, MN 55987</u>	

On October 11, 12 and 14, 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 4668.0065 Subp. 3

Based on interview and record review, the licensee failed to ensure that employees who have contact with clients completed in-service training related to infection control techniques for two of two employees' (E and F) records reviewed, who were employed greater than twelve months. The findings include:

Employees E and F were hired to provide direct care to clients December 14, 2005, and April 6, 2009, respectively. There was no evidence of infection control training in their records since they were hired. When interviewed October 11, 2010, employee E confirmed she had not received any infection control training.

When interviewed October 12, 2010, employee A (co-owner/administrator) confirmed annual infection control training was lacking for all employees.

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

2. MN Rule 4668.0075 Subp. 2

Based on interview and record review, the licensee failed to ensure that orientation to the home care requirements included the required components for four of four employees' (C, D, E and F) records reviewed. The findings include:

Employees C, D, E and F were hired to provide direct care to clients July 21, 2010, March 5, 2010, December 14, 2005, and April 6, 2009, respectively. The employees' records lacked evidence that orientation to the home care requirements included an overview of Minnesota Rules 4668 and Minnesota Statutes 144A.43 to 144A.47; the home care bill of rights; handling of clients' complaints and reporting of complaints to the Office of Health Facility Complaints; and services of the ombudsman for older Minnesotans.

When interviewed October 12, 2010, employee A (co-owner/administrator) confirmed employee C's, D's, E's and F's orientation to the home care requirements did not include all the required components.

TO COMPLY: The orientation required by subpart 1 must contain the following topics:

- A. an overview of this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#);
- B. handling of emergencies and use of emergency services;
- C. reporting the maltreatment of vulnerable minors or adults under Minnesota Statutes, sections [626.556](#) and [626.557](#);
- D. home care bill of rights;

E. handling of clients' complaints and reporting of complaints to the Office of Health Facility Complaints; and

F. services of the ombudsman for older Minnesotans.

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0100 Subp. 2

Based on interview and record review, the licensee failed to ensure that pro re nata (PRN) medication use was reported to the registered nurse (RN) within 24 hours of its administration or within a time period that was specified by the RN prior to the administration for one of one client's (#1) record reviewed who utilized PRN medications. The findings include:

Client #1 began receiving services from the licensee May 4, 2001, which included medication administration by unlicensed staff. Client #1's October 2010 medication administration record (MAR) listed "oxycodone 2 tablets, promethazine 20 cubic centimeters (cc)" and "Tylenol" to be administered on a PRN basis. Client #1 had a prescriber's order that read, "Acetaminophen/oxycodone 325/5 two tablets per G-tube as needed for break through pain. The client's October 2010 MAR indicated the oxycodone was administered two times each day on October 8, 9 and 10, 2010.

When interviewed October 11, 2010, employee E (unlicensed staff) stated client #1 received the PRN oxycodone routinely after his gastric tube feeding around 1:00 p.m. and in the evening. Employee E stated she would just administer the PRN medications as needed. Employee E stated she did not notify the RN of administering a PRN medication and was not aware of any policy/procedure related to notification of the RN after administering a PRN medication.

When interviewed October 11, 2010, employee A (co-owner/administrator) confirmed the RN was not notified of clients' PRN medication use. Employee A stated he was not aware of this requirement.

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.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

4. MN Rule 4668.0100 Subp. 6

Based on interview and record review, the licensee failed to ensure that for each twelve months of employment, unlicensed staff that performed home health aide tasks completed at least eight hours of in-service training for two of two unlicensed staffs' (E and F) records reviewed. The findings include:

Employees E and F were hired to provide home health aide tasks on December 14, 2005, and April 6, 2009, respectively. There was no evidence of at least eight hours of in-service training in their records.

When interviewed October 11, 2010, employee E stated she had not received any in-service training in the past year. Employee E stated she took a cardio-pulmonary resuscitation course a couple of years ago on her own, but had not had any training since.

When interviewed October 12, 2010, employee A (co-owner/administrator) confirmed that the unlicensed staff have not completed at least eight hours of in-service training every year. Employee A stated he was not aware of this requirement.

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

5. MN Rule 4668.0100 Subp. 9

Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted supervisory visits as required for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee May 4, 2001, which included assistance with medication administration, tracheostomy care, gastric tube feedings and colostomy care. Client #1's record contained monthly RN supervisory visits instead of every fourteen days as required. The RN supervisory visits in the client's record were dated April 29, 2010, May 27, 2010, June 24, 2010, and August 12, 2010. When interviewed October 11, 2010, employee A (co-owner/administrator) confirmed the RN supervisory visits were only conducted monthly because monthly RN supervisory visits was what the agency was reimbursed for.

Client #2 began receiving services from the licensee on June 2, 2008, which included medication set-ups by a licensed nurse and assistance with bathing and homemaking tasks by unlicensed staff. The only RN supervisory visit in the client's record was dated July 3, 2008. When interviewed October 11, 2010, employee A confirmed the lack of RN supervisory visits for client #2.

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

6. MN Rule 4668.0140 Subp. 2

Based on interview and record review, the licensee failed to ensure that service agreements were complete for one of two clients' (#2) records reviewed. The findings include:

Client #2 began receiving services from the licensee June 2, 2008, which included medication set-ups by a licensed nurse weekly, assistance with bathing by unlicensed staff, and shopping and housekeeping by unlicensed staff. The client had a document titled "Client Service Agreement" which was signed by the client June 2, 2008. The document had an area to list services provided, staff person providing service, frequency of service, frequency of supervision, fees for service, who to bill to and client responsibility. These areas on the service agreement were blank.

When interviewed October 12, 2010, employee A (co-owner/administrator) confirmed client #2's service agreement was not complete. Employee A stated he did not know why the service agreement was blank.

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

7. MN Rule 4668.0150 Subp. 3

Based on observation, interview and record review, the licensee failed to ensure there were medication orders signed by the prescriber for one of one client's (#2) record reviewed who received medication set-ups by a nurse. The findings include:

Client #2 began receiving services from the licensee June 2, 2008, which included medication set-ups weekly by a licensed nurse. On October 12, 2010, the surveyor observed the medication bottles that were used by the nurse to set-up the medications on a weekly basis. The medications D-Amphetamine Salt XR 50 milligrams, Gabapentin 300 milligrams, Lunesta 2 milligrams, and Topiramate 25 milligrams were being set up in the client's medi-set containers, but there were no prescriber's orders for the medications in the client's record.

When interviewed October 12, 2010, employee A (co-owner/administrator) confirmed there were no prescriber's orders for client #2's medications.

TO COMPLY: All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.

TIME PERIOD FOR CORRECTION: Seven (7) days

8. MN Rule 4668.0180 Subp. 9

Based on interview, the licensee failed to ensure that a quality assurance plan was established and implemented. The findings include:

When interviewed October 12, 2010, employee B (co-owner) stated the agency had not developed or implemented a quality assurance plan. Employee B stated he was not aware of this requirement.

TO COMPLY: The licensee shall establish and implement a quality assurance plan, described in writing, in which the licensee must:

A. monitor and evaluate two or more selected components of its services at least once every 12 months; and

B. document the collection and analysis of data and the action taken as a result.

TIME PERIOD FOR CORRECTION: Thirty (30) days

9. MN Statute §144A.44 Subd. 1(2)

Based on observation, interview and record review, the licensee failed to ensure that services were provided in accordance with accepted nursing standards related to infection control practices and completeness of medication records for two of two clients' (#1 and #2) reviewed. The findings include:

Client #1 began receiving services from the licensee May 4, 2001, which included medication set-ups, medication administration, assistance with his activities of daily living, gastric tube feedings, tracheostomy care, and care of his colostomy. Client #1's medical history indicated he had a history of methicillin resistant staphylococcus aureus (MRSA) – no site specified and was recently discharged from the hospital on October 8, 2010, for treatment of pneumonia. On October 11, 2010, at 12:00 noon, employee E (unlicensed staff) was observed to provide client #1 with tracheostomy care. Employee E washed her hands, put on a pair of gloves and removed the client's inner and outer tracheostomy cannula. Employee E was observed to clean around the client's tracheostomy stoma and then re-inserted a new outer and inner trach cannula into the stoma. Employee E removed her gloves, but did not wash her hands. Employee E proceeded to adjust the client's trach ties/collar around his neck and then assisted the client to put on his shirt. Employee E took the client's oral temperature and then began preparing the client's tube feeding by pouring the cans of nutrition into a bag. Employee E was observed to remove the cap from the client's gastrostomy tube and hook up the tubing for the feeding. After starting the gastrostomy tube feeding, employee E was observed to provide oral suctioning. Employee E did not wash her hands between providing tracheostomy care and his tube feeding nor from the tube feeding to oral suctioning. The licensee's policy regarding handwashing indicated, "Wash hands thoroughly before and after providing care, when changing diapers, or doing perineal cleansing and during any other contacts with body secretions and excretions." When interviewed October 12, 2010, employee B (co-owner) stated employee E should have washed her hands between cares.

Client #1 received medication administration from unlicensed staff through his gastrostomy tube. Client #1's medication administration record (MAR) was not complete. The client's October 2010 MAR indicated the name of the medications to be administered, but did not include the dosage of the medications or the frequency of the medications. The client's pro ra nata (PRN or whenever necessary) medications were only listed by the name of the drug. It did not list the dosage, how frequent the medications could be administered, nor for what symptom the PRN medication was to be administered for. The client's October 2010 MAR indicated the client received PRN oxycodone two times on October 8, 9, 10 and 11, 2010. The times the PRN oxycodone was given, were not listed on the client's MAR. When interviewed October 12, 2010, employee A (co-owner/administrator) stated he was not aware this information needed to be on the MAR.

Client #2 began receiving services from the licensee June 2, 2008, which included medication set-ups on a weekly basis. Observations during a home visit on October 12, 2010, at 11:00 a.m., revealed a medication container with pills in the boxes for morning, noon, evening and night. The client's record did not contain evidence that the client's medications were set-up on a weekly basis. There was no way to determine what medications the nurse set-up for each day. When interviewed October 12, 2010, employee A confirmed weekly medication set-ups were not documented in client #2's record.

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: Winona 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 # 7004 1350 0003 0567 0742

November 9, 2007

Gary Poblocki, Administrator
Quality Living Home Health
164 East 4th Street Suite #1
Winona, MN 55987

Re: Results of State Licensing Survey

Dear Mr. Poblocki:

The above agency was surveyed on October 23, 24, 25, and 26, 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, looped "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Winona 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: QUALITY LIVING HOME HEALTH

HFID #: 21081

Date(s) of Survey: October 23, 24, 25, and 26, 2007

Project #: QL21081003

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 # <u> </u></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 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>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 type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>	<ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as required. 	<p>Focus Survey</p> <p>___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</p>	<ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. 	<p>Focus Survey</p> <p>___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> 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><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>
<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:

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 ensure that tuberculosis screening was completed every 24 months for two of three employees (B and C) reviewed. The findings include:

Employees B and C were hired December of 2003 and December of 2005 respectively. Employee B's record contained documentation of a negative Mantoux dated October of 2005. There was no other documentation of Mantoux testing. Employee C's record contained documentation of a negative Mantoux dated June of 2005. There was no other documentation of Mantoux testing. When interviewed October 25, 2007, the CEO/owner verified that there were no other Mantoux testing.

2. MN Rule 4668.0100 Subp. 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed persons performing delegated nursing services were qualified to perform the services for two of two employees' (B and C) records reviewed. The findings include:

Employees B and C were hired December of 2003 and December of 2005 respectively, as unlicensed direct caregivers who preformed delegated nursing services. There was no evidence that they had received training for performing delegated nursing services. When interviewed October 24, 2007, the CEO/owner stated he hired certified nurses aides so they did not require much training.

3. 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 assisted living home care services, 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 December of 2003 and December of 2005 respectively. Their personnel files did not indicate any hours of in-service training from their date of hire through October 25, 2007. When interviewed October 24, 2007, the CEO/owner confirmed that employee B and C lacked the required in-service training hours.

4. 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 (RN) supervised unlicensed personnel who performed services that required supervision for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1's service agreement and care plan, dated July of 2004 noted she received total assistance with activity of daily living cares, received gastric tube feeding, received range of motion, medications, and nebulizer treatments. The last supervisory visit documented was April of 2007 and did not indicate supervision of unlicensed personnel.

Client #2's service agreement and care plan, dated April of 2005 noted he received total assistance with activity of living cares, received gastric tube feeding, received tracheostomy cares, and medications. The last supervisory visit was documented September of 2007.

When interviewed October 25, 2007, the Registered Nurse stated that she wrote notes on every month when she made a visit. She did not know what might have happened to the documentation. When interviewed October 25, 2007, the CEO/owner stated the medical assistance service plan paid for only one supervisory visit per month. He was not aware clients who received medications and delegated nursing services needed supervision every fourteen days.

5. MN Rule 4668.0130 Subp. 3

INDICATOR OF COMPLIANCE: # 5

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

There was no documentation that employees' B and C received orientation to home care requirements prior to providing home care services. Employee B worked with a licensed practical nurse for two shifts prior to providing home care services. Employee C had worked with a certified nurse's aide for two shifts prior to providing home care services. Employee C had received orientation to tracheostomy care for a specific client, but the sheet with that orientation was on was not dated. When interviewed, October 24, 2007, the CEO/owner stated that employees B and C had not received any orientation other than working with experienced staff. He stated that he hired certified nurse's aides so they didn't need so much training.

6. MN Rule 4668.0150 Subp. 6

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to ensure medication orders were renewed every three month for two of two clients (1 and #2) reviewed. The findings include:

Client # 1 received medications which were ordered March of 2007. There were no documented renewal orders. Client # 2 received medications which were ordered January of 2007. There were no documented renewal orders. When interviewed, October 24, 2007, the CEO/owner confirmed the orders had not been renewed.

A draft copy of this completed form was left with Gary Poblocki, CEO, at an exit conference on October 26, 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).