



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1350 0003 0567 0414

October 2, 2007

Maxwell Aforo, Administrator  
Summit Healthcare Inc  
3018 East Lake Street  
Minneapolis, MN 55406

Re: Results of State Licensing Survey

Dear Mr. Aforo:

The above agency was surveyed on August 27, 28, and 29, 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: Hennepin County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199



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: SUMMIT HEALTHCARE INC

HFID #: 21160

Date(s) of Survey: August 27, 28 and 29, 2007

Project #: QL21160004

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0140</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0060 Subp. 3, 4 and 5</li> <li>MN Rule 4668.0180 Subp. 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 contain all the required information.</li> <li>Services agreed to are provided Clients are provided referral assistance.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</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><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statutes §144A.46 Subd. 5(b)</li> <li>• MN Statute §626.556</li> <li>• MN Statutes §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</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><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0160</li> </ul> <p><b>Expanded Survey</b></p> <p>[Note: 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><b>Focus Survey</b></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><b>Expanded Survey</b></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 <b>Follow-up Survey #</b> ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100</li> <li>• [Except Subp. 2]</li> <li>• MN Rule 4668.0065</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0060 Subp. 1</li> <li>• MN Rule 4668.0070</li> <li>• MN Rule 4668.0075</li> <li>• MN Rule 4668.0080</li> <li>• MN Rule 4668.0130</li> <li>• MN Statute §144A.45 Subd. 5</li> </ul> <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"> <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>	<p><b>Focus Survey</b></p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p><b>Follow-up Survey #</b> ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100 Subp. 2</li> </ul> <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"> <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><b>Focus Survey</b></p> <p>___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p><b>Follow-up Survey #</b> ___ ___ 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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 Subp. 3</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0060 Subp. 2 and 6</li> <li>• MN Rule 4668.0180</li> <li>• MN Rule 4668.0220</li> </ul> <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"> <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 reflect 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><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</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><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>• Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings, of the focused survey may result in an expanded survey.

**SURVEY RESULTS:** \_\_\_ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below:

**1. MN Rule 4668.0060 Subp. 3****INDICATOR OF COMPLIANCE: # 1**

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

Client #2 service agreement stated the frequency of supervision was every two weeks. There was evidence of monthly supervisory visits. There was no evidence of a modification to the service plan. When interviewed, August 27, 2007, the registered nurse stated some clients with skilled cares had previously received supervisory visits every two weeks but that administration had changed it back to every month for personal care attendants as monthly was the requirement for the Department of Human Services.

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

Based on record review, interview, and observation, the licensee failed to provide training and competency evaluation of delegated nursing tasks for two of two clients' (#1 and #2) records reviewed who received medication administration and medicated wound dressing changes. The findings include:

Client #1 began receiving services, January 5, 2007, including "medication assist and change wound dressing" according to the "Home Health Aide/ PCA Care Plan". When interviewed, August 28, 2007, client #1 stated that since he is quadriplegic he has to have staff do everything for him; "my aides do the (medication) set up every night under my direction and I tell 'em which pills go where and how many, they bring them when I say and give 'em to me; I know all about the pills. I tell them what to do for the wounds; everything." When interviewed, August 28, 2007, employee B stated that he does the medications and wound dressings as the client directs and the nurse has seen this but acknowledged there were no written procedures. Client #1's home care book included the ulcer treatment from March 2007 which was "wash, irrigate, Panafil ointment, pack with 4x4 and cover with ABD dressing" and the treatment ordered by the physician July 2, 2007, was "hydrogel/wound gel apply to ulcer cover with emulsion non adhering and then cover with ABD." When observed during the home visit, August 28, 2007, the current physician ordered treatment was being implemented for wound dressing change and "skin integrity hydrogen" was being put on the non adhering dressing then ABD covered it.

Client #2's "Home Health Aide/ PCA Care Plan" of October 10, 2006, included the following: "see wound care sheet: saline pack wet to dry dressing change three times per day." Physician's orders since August 6, 2007, stated "dampen Promogran Prisma wound dressing with normal saline. Apply dressing to wound, cover Mepitel dressing to keep prisma dressing moist. Secure dressing with Kerlix gauze wrap. Change dressing daily." Client #2 and employee C stated during interview, August 28, 2007, that there were no written instructions from the registered nurse; they have followed the directions of the plastic surgeon that sees the client every two months.

Employees B and C did not have documentation of training and competency for wound care in their employee files nor was wound care listed on the "PCA/HHA/Homemaker Time and Activity Documentation." There were no written procedures for the wound cares for clients B and C. Employee

B's record did not have evidence of training or competency evaluation for medication administration.

When interviewed, August 27, 2007, the registered nurse stated that client #1 "knows his medications exactly and directs the staff; you need three of this color and three of that color to the home health aide and they pour his pills out like he says; we just help give."

### **3. MN Rule 4668.0100 Subp. 9**

#### **INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview the licensee failed to ensure supervision and monitoring was provided according to client needs for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3 began receiving services January 5, 2007, October 10, 2006, and January 15, 2007, respectively, with supervisory visits initiated one month later for each client. The supervisory visit notes were titled "Clinical/Supervisory Notes" and were documented monthly. The content of these notes was predominately clinical and did not indicate which services were being supervised. Client #1, a quadriplegic, received services requiring every fourteen day supervisory visits including medication administration and bilateral stage IV ischial tuberosity wound care. Client #2, a paraplegic, received services that required every fourteen day supervisory visits including stage IV wound cares to sacral area and right leg.

When interviewed, August 27, 2007, the registered nurse stated she had not been aware that supervision had to begin within fourteen days of services beginning and then continue every fourteen days thereafter for clients receiving medication administration and wound care. The registered nurse stated some clients with skilled cares had previously received supervisory visits every two weeks but that administration had changed it back to every month for personal care attendants as monthly was the requirement for the Department of Human Services.

When interviewed, August 28, 2007, employees B and C verified they had provided daily wound care to clients #1 and #2 respectively and employee B verified that he had also administered client #1's medications daily under the direction of client #1.

### **4. MN Rule 4668.0130 Subp. 3**

#### **INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that complete training and competency evaluation were provided for two of two unlicensed employees' (B and C) records reviewed who performed home health aide and home care aide tasks. The findings include:

Employee B and C's records did not include training and competency evaluation for medication reminders, and reading and recording temperature, pulse and respiration.

When interviewed, August 28, 2007, employees B and C stated they were experienced caregivers and had completed training before working for this agency and didn't recall if they had been tested on these skills with this agency.

**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 plan was provided for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3 began receiving services January 5, 2007, October 10, 2006, and January 15, 2007, respectively. Clients #1, #2 and #3 received personal care assistance with bathing, grooming, meal preparation, laundry, shopping and cleaning. In addition, both client #1, a quadriplegic, and client #2, a paraplegic with below the knee amputation of right leg, received complete turning and repositioning, transferring and range of motion, toileting and dressing assistance. Clients #1, #2 and #3's service agreements did not include these aforementioned services. In addition, client #1's service agreement lacked medication administration, the person who was to provide each service and the frequency of supervision for each service. The method for the client to contact the licensee whenever staff were providing services, who to contact in case of a client emergency or change in condition and a method for the agency to contact a responsible person for the client was lacking in clients #1, #2 and #3's service agreements.

When interviewed, August 27, 2007, the registered nurse stated that the licensee hired consultants and this service agreement format was provided by them. She noted that the licensee's service agreement had previously included a description of the services provided and the licensee was not informed that these other areas of content were required by the consultants.

**6. MN Rule 4668.0160 Subp. 6****INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview, the licensee failed to ensure complete client records for one of two current clients' (#1) records reviewed. The findings include:

Client #1 began receiving services, January 5, 2007, including "medication assist and change wound dressing" according to the "Home Health Aide/ PCA Care Plan". When interviewed, August 28, 2007, client #1 stated that since he is quadriplegic he has to have staff do everything for him; "my aides do the (medication) set up every night under my direction and I tell 'em which pills go where and how many, they bring them when I say and give 'em to me; I know all about the pills. I tell them what to do for the wounds; everything." There was no evidence of medication administration documentation in the client record or the "PCA/HHA/Homemaker Time and Activity Documentation".

When interviewed, August 27, 2007, the registered nurse stated that client #1 "knows his medications exactly and directs the staff; you need three of this color and three of that color to the home health aide and they pour his pills out like he says; we just help give."

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A draft copy of this completed form was left with Maxwell Aforo, Administrator, at an exit conference on August 29, 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).