



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6314

December 28, 2010

John Arndt, Administrator
New Millennium Health Care
6264 Sunrise Terrace
Brooklyn Park, MN 55428

RE: Results of State Licensing Survey

Dear Mr. Arndt:

The above agency was surveyed October 12 and 13, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

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

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

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

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

Sincerely,

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

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2303 6314

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>JOHN ARNDT</u>	DATE: December 28, 2010
PROVIDER:	<u>NEW MILLENNIUM HEALTH CARE</u>	COUNTY: HENNEPIN
ADDRESS:	<u>6264 SUNRISE TERRACE</u>	HFID: 21361
	<u>BROOKLYN PARK, MN 55428</u>	

On October 12 and 13, 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 4668.0140 Subp. 2

Based on record review and interview, the licensee failed to ensure that service agreements were complete for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 were admitted and began receiving total nursing care March 17, 2009, and April 10, 2009, respectively. Client #1's and #2's services included medication administration, ventilator, tube feeding and tracheostomy care. Client #1's and #2's service agreement, dated March 12, 2009, and March 23, 2009, respectively, stated as a description of services private duty RN (registered nurse) or private duty LPN (licensed practical nurse) complex, shared or regular care and PCA (personal care assistant).

The frequency of service for client #2 was not listed nor was there a description of what complex, shared or regular care included for either client #1 or #2.

When interviewed October 12, 2010, employee D (co-owner/registered nurse) stated that the terms complex, shared or regular were medical assistance terms for description of care. Employee D indicated he did not have any further description of the terms complex, shared or regular.

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

2. MN Rule 4668.0016 Subp. 8

Waiver 99-7: MN Rule 4668.0865 Subp. 2 requirement not met

Based on observation, interview and record review, the agency failed to follow the conditions of the Class A Variance/Waiver for Central Medication Storage for Clients Living in Housing with Services Settings, which was approved by the Minnesota Department of Health in July 1999. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 10 and was granted a variance under MN Rule 4668.0003 Subp. 11. The agency failed to ensure that the variance requirements of MN Rule 4668.0865 Subp. 2 were followed in that the agency failed to

ensure the registered nurse developed a service agreement for the provision of the central storage of medications for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 were admitted and began receiving central storage of medication March 17, 2009, and April 10, 2009, respectively. Client #1's and #2's service agreements dated March 12, 2009, and March 23, 2009, respectively did not include central storage of medication.

When interviewed October 12, 2010, employee D (co-owner/registered nurse) confirmed that central storage was not included on the service agreements. Employee D stated he did not know about Informational Bulletin 99-7.

TO COMPLY: A failure to comply with the terms of a variance shall be deemed to be a violation of this chapter.

TO COMPLY with MN Rule 4668.0865 Subp. 2: For a client for whom medications will be centrally stored, a registered nurse must conduct a nursing assessment of a client's functional status and need for central medication storage, and develop a service plan for the provision of that service according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part 4668.0845. The service plan for central storage of medication must be maintained as part of the service plan required under part 4668.0815.

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0016 Subp. 8

Waiver 99-7: MN Rule 4668.0865 Subp. 8 requirement not met

Based on observation, interview and record review, the agency failed to follow the conditions of the Class A Variance/Waiver for Central Medication Storage for Clients Living in Housing with Services Settings, which was approved by the Minnesota Department of Health in July 1999. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 10 and was granted a variance under MN Rule 4668.0003 Subp. 11. The agency failed to ensure that the variance requirements of MN Rule 4668.0865 Subp. 8 were followed in that the agency failed to ensure medications that were centrally stored were stored in locked compartments for two of two client's (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 were admitted and began receiving central storage of medication March 17, 2009, and April 10, 2009, respectively.

The central storage of medication cupboard was located in a kitchen, which also had a walk out door to the outside deck. There was unrestricted access to the kitchen area/central storage of medication by anyone who would be present at the housing with services.

During observation of central medication storage October 12, 2010, at approximately 1:00 p.m., and October 13, 2010, at approximately 9:30 a.m., it was noted that medications in the upper medication cupboard, which had a padlock on the door, was not always locked.

The lower cabinets and refrigerator, which had medication storage, was not locked at any time during the survey of October 12 and 13, 2010.

During observation of an unlocked lower cabinet on October 13, 2010, at approximately 9:30 a.m., it was noted that the cupboard contained 29 extra bottles and/or bubble packs of medications for clients #1 and #2.

Throughout the survey of October 12 and 13, 2010, it was noted that the kitchen refrigerator was unlocked and contained eight bottles of medications, which included: nasal sprays and Novolog and Lantus insulins.

When interviewed October 12, 2010, employee D (co-owner/registered nurse) didn't know that all medications had to be in locked compartments, and indicated that the top cabinet was usually locked.

TO COMPLY: A failure to comply with the terms of a variance shall be deemed to be a violation of this chapter.

TO COMPLY with MN Rule 4668.0865 Subp. 8: A class F home care provider licensee providing central storage of medications must store all drugs in locked compartments under proper temperature controls and permit only authorized nursing personnel to have access to keys.

TIME PERIOD FOR CORRECTION: Seven (7) days

4. MN Rule 4668.0016 Subp. 8

Waiver 99-7: MN Rule 4668.0865 Subp. 9 requirement not met

Based on observation, interview and record review, the agency failed to follow the conditions of the Class A Variance/Waiver for Central Medication Storage for Clients Living in Housing with Services Settings, which was approved by the Minnesota Department of Health in July 1999. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 10 and was granted a variance under MN Rule 4668.0003 Subp. 11. The agency failed to ensure that the variance requirements of MN Rule 4668.0865 Subp. 9 were followed in that the agency failed to ensure schedule II medications that were centrally stored, were stored in separately locked compartments, permanently affixed to the physical plant or medication cart, for one of one client's (#1) record reviewed who had schedule II medications. The findings include:

During observation of central storage of medications on October 12, 2010, it was noted that client #1's schedule II medications, Fentanyl 100 mcg/hr (micrograms per hour) patch and morphine sulfate 20 mg. (milligrams)/5 ml. (milliliters) were stored in a plastic bin, in the same unlocked cupboard that client #1's other medications were stored in. Client #2 also had medications stored in the same unlocked cupboard.

The Fentanyl and morphine sulfate were not stored separately in a locked compartment that was permanently affixed to the physical plant.

When interviewed October 13, 2010, employee D (co-owner/registered nurse) did not know that schedule II medications had to be stored in separately locked compartments which were permanently affixed to the physical plant.

TO COMPLY: A failure to comply with the terms of a variance shall be deemed to be a violation of this chapter.

TO COMPLY with MN Rule 4668.0865 Subp. 9: A class F home care provider licensee providing central storage of medications must provide separately locked compartments, permanently affixed to the physical plant or medication cart, for storage of controlled drugs listed in Minnesota Statutes, section 152.02, subdivision 3.

TIME PERIOD FOR CORRECTION: Seven (7) days

5. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview the licensee failed to provide services according to acceptable medical and nursing standards of care related to infection control for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 were admitted and began receiving total nursing care March 17, 2009, and April 10, 2009, respectively. Client #1's and #2's services included medication administration, ventilator, tube feeding and tracheostomy care.

Prior to medication administration for client #1 on October 13, 2010, at 9:00 a.m. employee C, registered nurse (RN) washed her hands, and then wiped her hands on cloth towel #1. Employee C turned off the faucet with towel #1 and continued to wipe her hands on towel #1. After employee C completed the care for client #1, employee C washed her hands, used towel #1 to dry her hands and turn off the faucet. Employee C then washed the mortar and pestle used to crush medications and dried it with towel #1. After client #1's nebulizer treatment, employee C used towel #1 to dry her hands.

On October 13, 2010, at approximately 9:40 a.m. employee C performed ventilator care for client #2, then washed her hands and used the same cloth towel (#2) that employee E (co-owner/licensed practical nurse) had previously used to dry her hands.

During observation of cares for client #1 on October 13, 2010, at 1:30 p.m., employee C wore gloves to perform incontinent bowel care. Employee C performed incontinent bowel care by wiping three times from client #1's rectal area to vaginal area. Employee C then suctioned client #1's tracheostomy and wiped client #1's mouth with a tissue, while wearing the gloves that were used for client #1's incontinent bowel care, and without washing her hands or using hand gel.

The hand washing procedure stated, dry hands with a clean, disposable, (or single use) towel, being careful to avoid touching the faucet handles or towel holder with clean hands.

When interviewed October 13, 2010, employee C stated that client #1 wasn't tolerating the turning with incontinent care, so the procedures needed to be completed quickly. When interviewed October 13, 2010, employee D (co-owner/registered nurse) stated that use of cloth towels was to prevent using paper towels and to aid in the recycling effort. Employee C stated that not washing hands in-between incontinent care and suctioning was not an acceptable method of care.

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: Thirty (30) days

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 0150 0003 5688 9194

August 22, 2008

John Arndt, Administrator
New Millennium Health Care
7931 6th Street Northeast
Spring Lake Park, M 55432

Re: Results of State Licensing Survey

Dear Mr. Arndt:

The above agency was surveyed on July 14, 15, and 17, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Anoka 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: NEW MILLENNIUM HEALTH CARE

HFID #: 21361

Date(s) of Survey: July 14, 15 and 17, 2008

Project #: QL21361005

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

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

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

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

1. MN Rule 4668.0030 Subp. 2**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights to two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2s' records contained copies of the home care bill of rights which did not include the most recent additions to MN Statute 144A.44, Subd.1 (16). Clients #1 and #2 had documented an acknowledgement of receipt of this version of the bill of rights on September 26, 2006 and December 28, 2005, respectively. When interviewed July 14, 2008, the owner/administrator stated that he was unaware of the changes to the bill of rights and that clients #1 and #2 had not been provided with the updated version.

2. MN Rule 4668.0030 Subp. 4**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure that in addition to the Minnesota Home Care Bill of Rights, clients were given the required addresses and phone numbers of who to contact if they wanted to make a complaint about the agency or the person providing home care services for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 began receiving services October 9, 2006 and December 18, 2005, respectively. They had been given a copy of the bill of rights that did not contain the telephone numbers and addresses for the Office of Health Facility Complaints, the Office of the Ombudsman, and the licensee's name, address, telephone number, and name or title of the person to whom problems or complaints may be directed.

When interviewed July 14, 2008, the owner/administrator confirmed the required content regarding making a complaint was not included on the version of the bill of rights that was given to the clients.

3. MN Rule 4668.0065 Subp. 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that tuberculosis screening was completed for one of two employees' (D) records reviewed, who were employed greater than twenty-four months. The findings include:

Employee D was hired to provide direct care to clients November 1, 2003. Employee D had a negative Mantoux test on March 29, 2006. There was no evidence of tuberculosis screening for employee D after March 29, 2006. When interviewed on July 15, 2008, the owner/administrator confirmed that there was no tuberculosis screening after March 29, 2006 for employee D. The owner/administrator contacted employee D on July 15, 2008 and employee D stated she could not recall when she had her last Mantoux test.

4. MN Rule 4668.0075 Subp. 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that each employee received an orientation to the home care requirements before providing home care services to clients 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 on April 18, 2002, November 1, 2003, April 1, 2008, and March 23, 2008, respectively. Employee C had a form that indicated that he read, "A Guide to the Home Care and Hospice Services" but not until December 7, 2007 (five years after he began providing direct care to clients). There was no evidence of this orientation in employees D, E and F's records. When interviewed on July 15, 2008, the owner/administrator confirmed there was no evidence of the orientation to the home care requirements in the above mentioned employees' records.

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

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who administered medications to clients were competent to administer medications for one of one unlicensed personnel (C) reviewed, who administered medications. The findings include:

Client #1 received medication administration from staff on a daily basis. Documentation indicated the client was administered nebulizer treatments four times a day. Employee C, an unlicensed staff, documented in the progress notes that he administered the client's nebulizer treatment on May 1 and May 8, 2008. There were no written procedures for the unlicensed staff to follow to administer the nebulizer treatment, nor was there evidence that employee C demonstrated to the registered nurse (RN) his ability to perform the nebulizer treatment. When interviewed on July 15, 2008, the owner/administrator stated that the unlicensed staff did not set-up the nebulizer medication, but rather an RN or licensed practical nurse set it up, and the unlicensed staff administered it to the client. The owner/administrator stated he had not viewed this as medication administration. The owner/administrator confirmed there were no written procedures for unlicensed staff to follow regarding administering nebulizer treatments, nor was there evidence that employee C demonstrated competency to the RN his ability to perform the treatment.

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

Based on interview and record review, the licensee failed to ensure that the registered nurse (RN) specified in writing the instructions for unlicensed personnel (ULP) to follow when performing delegated nursing tasks, and that ULP demonstrated their ability to competently perform the delegated nursing task for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the agency on October 9, 2006 and required total assistance with all cares, received gastrostomy tube feedings, and was on a ventilator. Progress notes indicated that

the ULP routinely performed tracheostomy suctioning on the client several times each shift. There were no written instructions by the RN for the ULP on how to perform the tracheostomy suctioning for client #1. There was no evidence that unlicensed staff demonstrated to the RN their ability to competently follow the procedure. When interviewed on July 15, 2008, the owner/administrator confirmed there were no written instructions for the ULP on tracheostomy suctioning for client #1, nor was there evidence of competency testing.

Client #2 began receiving services from the agency on December 18, 2005, and received total assistance with all cares, oral suctioning, and range of motion exercises by ULP. There were no written instructions by the RN for the ULP to follow on how to perform oral suctioning and range of motion exercises for client #2. When interviewed on July 15, 2008, employee D and G confirmed there were no written instructions for these delegated nursing tasks.

7. MN Rule 4668.0100 Subp. 5

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who performed home health aide tasks, successfully completed training or demonstrated competency in the required topics, for two of two unlicensed employees' (C and F) records reviewed. The findings include:

Employees C and F were hired April 18, 2002 and March 23, 2008, respectively, to perform home health aide tasks. There was no record of training and/or competency testing in their personnel files. When interviewed on July 15, 2008, the owner/administrator confirmed the required training and/or competency testing had not been completed, and he stated he was not aware of this requirement.

8. MN Rule 4668.0100 Subp. 9

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised and/or a licensed practical nurse (LPN) monitored unlicensed personnel (ULP) who performed services that required supervision for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 began receiving services from the agency on October 9, 2006 and December 18, 2005, respectively. ULP assisted client #1 with his activities of daily, tracheal suctioning, and administration of nebulizer treatments. ULP assisted client #2 with her activities of daily living, and oral suctioning. There was no documentation of RN supervisory visits or LPN monitoring visits of the ULP every fourteen days in the client's records. When interviewed on July 15, 2008, the owner/administrator confirmed supervisory/monitoring visits of the ULP were not performed every fourteen days. He stated that he has a form to use for these visits, but did not do the supervisory visits consistently.

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

Based on record review and interview, the licensee failed to ensure service agreements were complete for two of two clients' (#1 and #2) records reviewed. The findings include

Client #1 and #2s' service agreements dated September 29, 2006 and December 28, 2005, respectively, listed a description of all the services that the agency may provide to a client, but did not list the services the agency was actually providing to the client. The schedule or frequency of supervision/monitoring of the unlicensed personnel and the fees for services were not included on the service agreements. When interviewed on July 15, 2008, the owner/administrator confirmed the service agreements for clients #1 and #2 were lacking the required information.

10. MN Rule 4668.0150 Subp. 3**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have signed and dated prescriber's orders for medications for one of two clients' (#2) records reviewed. The findings include:

Client #2's Medication Administration Record (MAR) dated July 2008 indicated the client received Trazodone 100 milligrams at bedtime and Miralax 1 capful every morning. There were no prescriber's orders for these two medications. When interviewed July 15, 2008, employee D confirmed there were no prescriber's orders for the Trazadone and Miralax.

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

Based on record review and interview, the licensee failed to ensure that prescriber's orders for medications and treatments were renewed at least every three months for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 started receiving services from the agency on October 9, 2006 which included medication administration. Client #1's medications were renewed by the prescriber August 1, 2007 and not again until December 20, 2007. Client #1's medications were renewed on March 6, 2008 and not again until July 3, 2008. When interviewed on July 15, 2008, the owner/administrator stated that he did not consistently renew the medications every three months.

Client #2 started receiving services from the agency on December 18, 2005 which included medication administration. Client #2's medications were renewed by the prescriber December 18, 2007. There were no further renewals of the client's medications. When interviewed on July 15, 2008 employee D confirmed there was not medication renewals every three months and stated that she was not aware of the requirement.

12. MN Statute §626.557 Subd. 14(b)**INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to ensure that an individualized assessment of the client's susceptibility to abuse was conducted for one of two clients' (#2) records reviewed. The findings include:

Client #2 began receiving services from the agency December 18, 2005, and required total assistance with her activities of daily living, required gastrostomy tube feedings, and was on a ventilator. There was no assessment of the client's susceptibility to abuse. When interviewed on July 15, 2008, employee D confirmed that client #2 did not have an individualized assessment of her susceptibility to abuse.

A draft copy of this completed form was left with John Arndt, Administrator, at an exit conference on July 17, 2008. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. CLASS A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A Home Care Provider link:

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

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