



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2313

April 23, 2007

Davida Israel, Administrator
Victory Home Care Inc
7420 Unity Avenue North
Brooklyn Park, MN 55443

Re: Results of State Licensing Survey

Dear Ms. Israel:

The above agency was surveyed on February 14, 15, and 16, 2007, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Jean Johnston" with a stylized initial "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

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

<http://www.health.state.mn.us>
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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: VICTORY HOME CARE INC

HFID #: 21693

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

Project #: QL21693002

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>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ 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>___ 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>

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>___ Survey not Expanded ___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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>___ Survey not Expanded ___ Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction</p>

Indicators of Compliance	Outcomes Observed	Comments
and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.]		Order issued ___ Education Provided
7. The provider is licensed and provides services in accordance with the license. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0019 Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0008 Subp. 3 • MN Rule 4668.0012 • MN Rule 4668.0060 Subp. 2 and 6 • MN Rule 4668.0180 • MN Rule 4668.0220 <p><small>Note: MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</small></p>	<ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee's advertisements accurately reflect services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	Focus Survey <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
8. The provider is in compliance with MDH waivers and variances. Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0016 	<ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided

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

SURVEY RESULTS: ___ All Indicators of Compliance listed above were met.

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

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

Based on record review and interview the licensee failed to ensure that the Minnesota Home Care Bill of Rights was given to two of three clients' (#1, and #3) records reviewed. The findings include:

Clients #1 began receiving services November of 2006. Client #3 began receiving services November June of 2005 and services ended August of 2006. Their records lacked evidence of receipt of the Minnesota Home Care Bill of Rights. During a home visit February 15, 2007, client #1's mother stated she had not received the Minnesota Home Care Bill of Rights as she had not met with the licensee about the client yet. When interviewed February 14, 2007, the administrator stated the Minnesota Home Care Bill of Rights was provided to clients.

2. MN Rule 4668.0030 Subp. 5**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview the licensee failed to ensure that an acknowledgement of receipt was obtained for the Minnesota Home Care Bill of Rights for one of two current clients' (#2) records reviewed. The findings include:

Client #2 began receiving services May of 2003. Client #2's record lacked evidence of receipt of the Minnesota Home Care Bill of Rights. During a home visit February 15, 2007, client #2's mother stated she thought she received it when services began. When interviewed February 14, 2007, the administrator stated the Minnesota Home Care Bill of Rights was provided to clients and confirmed there was no evidence of receipt.

3. MN Rule 4668.0040 Subp. 1**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview the licensee failed to ensure there was a system for receiving, investigating and resolving complaints from clients for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2, and #3 began receiving services November of 2006, May of 2003 and June of 2005 respectively. Their records lacked evidence they had been informed of a written notice of a complaint procedure for the licensee. When interviewed February 15, 2007 the administrator stated there was no complaint procedure for clients.

4. MN Rule 4668.0065 Subp. 2

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure tuberculosis screening was completed before employees had direct contact with clients for two of two (C and D) unlicensed employees records reviewed. The findings include:

Employees' C and D began providing direct client care December of 2006 and August of 2006 respectively. There was no documentation of tuberculosis screening for employees C, and D during the record review February 15, 2007. When interviewed February 15, 2007 the owner confirmed the lack of tuberculosis screening.

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

Based on record review and interview, the licensee failed to ensure orientation to home care requirements for three of four employees (A, B and C) records reviewed. The findings include:

Employees' A, B and C began providing direct client care April of 2003, January of 2006, and December of 2006. There was no evidence of an orientation to home care requirements in the employee records. When interviewed, February 15, 2007 the administrator confirmed they were lacking and stated she was not aware of this requirement.

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

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed home health aide tasks successfully completed training or demonstrated competency in the required topics, for two of three unlicensed employee (C and D) records reviewed

Client #1 began receiving services November of 2006 which included bathing, toileting and transferring assistance. Client #1 record had a "Physician's Statement of Need For Personal Care Assistant Services" dated February of 2007 read that client #1 "needs help with stand, transfer, range of motion, feeding and toileting." During a home visit February 15, 2007 this reviewer observed client #1 had significant left sided weakness and was a large man. When interviewed during the home visit February 15, 2007, employee C, a family member, who was very small, was asked how she transferred the client to his adapted wheelchair. She pointed out a Hoyer lift with a canvas sling which she used daily for transfers. There was no Hoyer transfer procedure or instructions for other procedures by a registered nurse or therapist, respectively, available. During a home visit February 15, 2007, client #1's mother stated no one from the licensee had been to the home or met with them about the client yet and the only communication had been to establish payment.

Client #2 began receiving services May of 2003, which included assistance with all activities of daily living, ventilator and tracheotomy care, gastrostomy and oral feedings, catheterization every four hours, medications and treatments, range of motion, splint and brace application.

Client #2 had physician's orders dated November of 2006, for thoracic lumbar support orthotic (TLSO) to be on when up in the wheelchair, bilateral ankle/foot orthotics (AFO's) in the morning to prevent

atrophy and foot drop, hand splints to be worn during the day, to be checked every one to two hours for skin breakdown and redness, and client to be on a stander every other day. During a home visit February 15, 2007 client #2 was observed wearing the TLSO and the AFO's while up in his wheelchair. The client was not wearing any hand splints. Employee D's documentation on client #2's patient care attendant charting sheets dated January of 2007 to February of 2007, noted that employee D provided active range of motion rather than passive range of motion as directed. There were no specific directions to follow for the procedures that were to be carried out, nor was there evidence of training or competency for the directed cares.

When interviewed, February 15, 2007 the administrator verified the findings and stated they didn't know the Minnesota Home Care rules required this.

7. MN Rule 4668.0100 Subp. 5

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' (C and D) records reviewed. The findings include:

Employees C and D, both unlicensed personnel, began providing direct client care November of 2006 and August of 2006 respectively. There was no evidence that either employee had been trained in any of the required home health aide topics. When interviewed during the home visit February 15, 2007, employee C, a family member of client #1s stated she had no home health aide training and that no one from the licensee had been to the home or met with them about the client yet. She indicated the only communication with the licensee had been to establish payment.

When interviewed February 15, 2007 the administrator confirmed employee C and D files lacked the aforementioned training and the licensee would provide it. No evidence of training was provided.

8. MN Rule 4668.0100 Subp. 9

INDICATOR OF COMPLIANCE: # 5

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 three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1 began receiving services November of 2006 which included bathing, toileting and transferring assistance. Client #2 began receiving services May of 2003. Client #2 received assistance with all activities of daily living, ventilator and tracheostomy care, gastrostomy and oral feedings, medications and treatments, range of motion, splint and brace application. Client #3 received services from June of 2005 through August of 2006 which included assistance with all personal cares, stage

three decubitus care, ventilator and tracheostomy care, gastrostomy and oral feedings, medications and treatments. There were no RN supervisory visits or licensed practical nurse monitoring visits in the records for clients #1, #2, or #3.

During an interview February 15, 2007, the licensed practical nurse confirmed that supervisory and/or monitoring visits had not been done. The licensed practical nurse explained that Client #1 had not been seen yet by a registered nurse or licensed practical nurse and had been receiving services for 67 days.

9. MN Rule 4668.0140 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to enter into a written service agreement with the client no later than the second visit for three of three client's (#1, #2 and #3) records reviewed. The findings include:

Client #1 began receiving services November of 2006 which included bathing, toileting and transferring assistance. The client record contained a "State of Minnesota Department of Human Services Medical Assistance Home Care Prior Authorization" form dated January of 2007 which indicated client #1 was approved for payment of 12.25 hours of personal care attendant care daily from February of 2007 through July of 2007. The form did not contain any of the required elements of a service agreement. There was no service agreement in the record.

Client #2 began receiving services May of 2003, which included assistance with all activities of daily living, ventilator and tracheotomy care, gastrostomy and oral feedings, catheterization every four hours, medications and treatments, range of motion, splint and brace application. Client #2's record contained a State of Minnesota Home and Community Based Services form dated August of 2006 which authorized registered nurse care twelve hours daily, licensed practical nurse care twelve hours daily, and personal care attendant assistance four hours daily. The form did not contain any of the required elements of a service agreement. There was no service agreement in the record.

Client #3 received services including all personal cares, stage three decubitus care, ventilator and tracheotomy care, gastrostomy and oral feedings, medications and treatments from June of 2005 through August of 2006. Client #3's record contained a State of Minnesota Department of Human Services (DHS) Medical Assistance (MA) Home Care Prior Authorization form dated August of 2006 which indicated client #3 was approved for payment of twenty hours of registered nurse complex care per day. The form did not contain any of the required elements of a service agreement. There was no service agreement in the record. When interviewed February 15, 2007, the administrator stated the agency used the DHS forms in lieu of a service agreement.

10. MN Rule 4668.0150 Subp. 6

INDICATOR OF COMPLIANCE: # 6

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

Client #2 began receiving services May of 2003, which included assistance with all activities of daily living, ventilator and tracheotomy care, gastrostomy and oral feedings, catheterization every four hours, medications and treatments, range of motion, splint and brace application. Client #2's record contained a physician order sheet dated November of 2006, that was not signed by a physician or other authorized prescriber. The unsigned order sheet did not accurately reflect the medications and treatments that client

#2 received assistance with. There were no other orders in the record.

When interviewed February 15, 2007 the registered nurse confirmed that there were no orders for client # 2 and indicated she was not aware of the every ninety day renewal requirement.

11. MN Rule 4668.0160 Subp. 2

INDICATOR OF COMPLIANCE: # 4

Based on record review and interview the licensee failed to establish and implement a written procedure for the security of client records for three of three client records (#1, #2, and #4) reviewed. The findings include:

Client #1, #2, and #3 records were partially maintained in the licensees' office and portions of the records were transported to their homes by the registered nurse or licensed practical nurse when they made a home visit. When interviewed February 14, 2007, the licensed practical nurse stated that a portion of the client records were kept in her briefcase to and from the client's home and the licensee's office. She indicated there was no established system for security of client records.

When interviewed February 15, 2007, the administrator confirmed there was no procedure to control the use and removal of client records. The administrative assistant indicated that for records in the office the office doors were always kept locked if she was not present and the cabinet where the records are stored was locked as well.

12. MN Rule 4668.0160 Subp. 6

INDICATOR OF COMPLIANCE: # 4

Based on observation, record review and interviews, the licensee failed to ensure services provided to the client were documented in the client's record for one of two current clients (#1) records reviewed. The findings include:

Client #1 began receiving services November of 2006 which included bathing, toileting and transferring assistance. The client record contained a "State of Minnesota Department of Human Services Medical Assistance Home Care Prior Authorization" form dated January of 2007 which indicated client #1 was approved for payment of 12.25 hours of personal care attendant care daily from February of 2007 through July of 2007. When interviewed during home visit February 15, 2007, employee C, confirmed client #1's record did not contain any notes summarizing each contact with the client.

During an interview February 15, 2007, the licensed practical nurse explained that Client #1 had not been seen yet by a registered nurse or licensed practical nurse and had been receiving services for 67 days. When interviewed February 15, 2007 the registered nurse stated she was not aware the documentation was not done.

13. MN Statute §144A.44 Subd. 1(2)**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview the licensee failed to provide 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 for one of three clients reviewed (#1). The findings include:

Client #1 began receiving services November of 2006 which included bathing, toileting and transferring assistance. Client #1's record had a "Physician's Statement of Need For Personal Care Assistant Services" dated February of 2007 read that client #1 "needs help with stand, transfer, range of motion, feeding and toileting." During a home visit February 15, 2007 this reviewer observed client #1 had significant left sided weakness and was a large man. When interviewed during the home visit February 15, 2007, employee C, a family member, who was very small, was asked how she transferred the client to his adapted wheelchair. She pointed out a Hoyer lift with a canvas sling which she used daily for transfers. There was no Hoyer transfer procedure or instructions for other procedures by a registered nurse or therapist, respectively, available. During a home visit February 15, 2007, client #1's mother stated no one from the licensee had been to the home or met with them about the client yet and the only communication had been to establish payment. When interviewed February 14, 2007 the registered nurse confirmed that no nursing plan or evaluation with the client had been done yet because they were waiting for the Department of Human Services Agreement to tell them what the personal care attendant hours were first.

Client #2 began receiving services May of 2003, which included assistance with all activities of daily living, ventilator and tracheotomy care, gastrostomy and oral feedings, catheterization every four hours, medications and treatments, range of motion, splint and brace application. Client #2 had physician's orders dated July of 2006 to brush teeth twice daily. Employee D's documentation on client #2's patient care attendant charting sheets dated January of 2007 to February of 2007, did not contain documentation of tooth brushing or any oral care.

Client #2's record contained a "Victory Home Care Physician's Order sheet that was three pages in total, with a pre-printed date of November of 2006, that was not signed by a physician or other authorized prescriber. The unsigned order sheet did not accurately reflect the medications and treatments that client #2 received assistance with and listed the name of a physician that upon a check of the Minnesota Board of Medical Practice website, which lists all licensed physicians in the state, indicated no physician existed as was spelled on this form. The site confirmed a pediatrician with a similar name spelling was licensed in Minnesota. The unsigned orders dated November of 2006, ordered thoracic lumbar support orthotic (TLSO) to be on when up in the wheelchair, bilateral ankle/foot orthotics (AFO's) in the morning to prevent atrophy and foot drop, hand splints to be worn during the day, to be checked every one to two hours for skin breakdown and redness, and the client to be on stander every other day. Client #2 also had a "Plan of Care from the licensee that was unsigned and undated. It indicated it was for 2006. There was no more recent plan of care present. The Plan of Care indicated client #2 was unable to ambulate and required passive range of motion and hand splints. The client Care Plan, also unsigned and undated, indicated cares to be done but did not contain specific direction to follow for the procedures that were to be carried out, nor was there evidence of training or competency for the directed cares. During a home visit February 15, 2007 client #2 was observed while up in his wheelchair. The client was not wearing any hand splints. Employee D's documentation on client #2's

patient care attendant charting sheets dated January of 2007 to February of 2007, noted that employee D provided active range of motion rather than passive range of motion as directed. There was no documentation of application of splints on the care sheet. Employee D documented client #2 was independent in ambulation.

Client #2's February medication administration record (MAR) indicated the client was to have "Change Mickey" every three months. The date for changed was indicated as February 25, 2007. There was no documentation of a change of the Mic-Key [correct spelling] tube feeding device at all in 2007. The unsigned order sheet indicated it was a "Micket." The MAR indicated to give "Enemees" one suppository rectally daily at 5 pm and to do digital bowel stimulation prior to the suppository. The unsigned orders indicated to give a "Enemez" suppository. Neither of these suppository names exists. The correct name and spelling is "Enemeez." There was no documentation of digital stimulation on four dates in February of 2007 although the suppository was signed as given. The MAR indicated Melatonin 3 milligrams (mg) give ½ to 1 tablet daily, as needed, for anxiety. The unsigned orders indicated to give Melatonin 3 mg by G-tube as needed once daily thirty minutes after scheduled dose. There were no indications for the as needed use.

The Mar listed Pulmicort one vial by nebulizer twice daily as needed for wheezing. The AstraZeneca manufacturer's drug information states "Pulmicort Respules is indicated for the maintenance treatment of asthma and as prophylactic therapy in children... Pulmicort Respules is NOT indicated for the relief of acute bronchospasm.... Pulmicort Respules is not a bronchodilator and is not indicated for the rapid relief of acute bronchospasm or other acute episodes of asthma." Client #2 had a total of sixty-seven medications and treatments listed on the three page unsigned order sheet. The February MAR did not include all of these but did list seven medications and treatments not listed on the unsigned orders. There were no orders for any of these medications in the record. Of the sixty-seven medications listed on the unsigned order sheet twenty-four did not match the like order that was on the MAR. Client #2 had a State of Minnesota Home and Community Based Services which was a payment for service contract with the licensee. It indicated the client was to receive twelve hours of registered nurse (RN) complex care and twelve hours of licensed practical nurse (LPN) complex care. There was no evidence of twelve hour per day RN care. There was no evidence of training or competency of unlicensed staff that preformed delegated complex cares. There was no evidence of physician or other prescriber awareness of treatments or of orders for medications and treatments. There was no evidence of nursing supervision of care tasks.

When interviewed, February 15, 2007 the administrator stated they didn't know the Minnesota Home Care rules required this.

14. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview the licensee failed to ensure there was an individual abuse prevention plan for two of two adult clients' (#1 and #3) records reviewed. The findings include:

Clients #1 and #3 began receiving services November of 2006 and June of 2005 respectively. Their records lacked evidence of an assessment or plan for abuse prevention. When interviewed, February 15, 2007 the administrator confirmed client #1 and #3 lacked individual abuse prevention plans.

A draft copy of this completed form (pages 1-11) was left with Davida Israel at an exit conference on February 16, 2007 and Pages 12-15 were sent to licensee. 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).