



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2304 1400

December 3, 2010

Dan Vlasisavljevic, Administrator
Visiting Angels
14551 County Road 11
Burnsville, MN 55337

RE: Results of State Licensing Survey

Dear Mr. Vlasisavljevic:

The above agency was surveyed on October 28 and 29, 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 cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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CERTIFIED MAIL #: 7009 1410 0000 2304 1400

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 & Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	<u>DAN VLAISAVLJEVICH</u>	DATE: December 3, 2010
PROVIDER:	<u>VISITING ANGELS</u>	COUNTY: DAKOTA
ADDRESS:	<u>14551 COUNTY ROAD 11 SUITE 135</u> <u>BURNSVILLE, MN 55337</u>	HFID: 21703

On October 28 and 29, 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 Statute §144A.44 Subd. 1(2)

Based on observation, interview and record review, the licensee failed to ensure that care and services were provided in accordance with accepted medical and nursing standards related to medications for three of four clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1 began receiving services from the licensee on September 4, 2009, which included medication set-ups and assistance with medication administration. Client #1's October 2010 medication administration record (MAR) indicated the client received salt tablets one tablet orally twice a day. The client's current prescriber's orders, dated October 15, 2010, did not include an order for the salt tablets. Documentation on a laboratory report, dated September 15, 2010, indicated client #1's sodium level was "High" at 149 mEq/L.

Client #1 had a prescriber's order, dated October 15, 2010, which read, acetaminophen 650 milligrams two tablets two times a day. Transcription of the acetaminophen order on the client's October 2010 MAR indicated Tylenol 650 milligrams two tablets twice a day was to be administered at 8:00 a.m. and 8:00 p.m. On October 29, 2010, at 9:50 a.m. client #1 was observed to receive her morning medications. Client #1 was observed to receive two tablets of acetaminophen 325 milligrams instead of 650 milligrams as prescribed. A review of client #1's medication bottles in the home, revealed acetaminophen 325 milligrams not the 650 milligrams as prescribed.

When interviewed October 29, 2010, employee A (registered nurse) confirmed client #1 did not have a current prescriber's order for the salt tablets. Employee A also confirmed that client #1 had been receiving two tablets of acetaminophen 325 milligrams instead of two 650 milligram tablets as prescribed, because she was unable to find the 650 milligrams tablets at the pharmacy.

Client #2's pro ra nata (PRN or as needed) medications were transcribed to be administered on a regular basis without physician notification. Client #2 began receiving services from the licensee on October 8, 2009, which included medication set-ups and assistance with medication administration. The February 2010 medication profile identified a prescriber's order for Trazodone (antidepressant) 50 mg ½ - 1 tablet at HS (hour of sleep) PRN. The transcription onto the MAR indicated the medication was to be given at 8:00 p.m. and PRN. The documentation on the monthly MARs revealed the medication had been administered routinely every evening since February 2010. The documentation also lacked any identification of what dosage was given. On May 20, 2010, client #2 received a prescriber's order for Miralax (laxative) 17 GMs in 8 ounces of liquid 1-2 times a day PRN. The transcription onto the MAR indicated the medication was given at 8:00 a.m. and 8:00 p.m. routinely. The documentation on the MAR identified the client received the medication two times per day on a daily basis instead of PRN as prescribed. On July 20, 2010, client #2 received a prescriber's order for Calcium plus Vitamin D 600/400 on Monday, Tuesday, Wednesday, Friday, Saturday and Sunday, then Vitamin D 50,000IU every week on Thursdays. The transcription onto the MAR indicated two tablets of the Calcium with Vitamin D 600/400 was to be administered two times a day. The record lacked evidence the prescriber ordered the medication two times per day.

On October 29, 2010, at 10:30 a.m., a review of client #2's medication bottles and pharmacy labels in the home, revealed Calcium plus D one tablet two times daily. The Vitamin D 50,000 IU label indicated the following; "Take one capsule by oral route one time a week for 13 weeks then follow up in 3 months. At the time of the survey on October 29, 2010, there had not been a follow up on the medication order.

The licensee's policy and procedure for Medication Administration (not dated) identified the following for administration of PRN medications; "PRN (as needed) medications are those given at the client's request or as instructed by the nurse, but no more often than the physician's orders specify."

When interviewed on October 29, 2010, at 2:00 p.m., employee A stated medication orders were transcribed onto the MARs in the client's home by licensed personnel. The medications were set up by licensed personnel then administered by unlicensed personnel who were qualified to do so. Client #2 had 24 hour unlicensed live in care givers that administered the medications. Employee A verified client #2's PRN medications were not transcribed as ordered by the prescriber and verified the medications were given on a daily basis without prescriber notification. Employee A also verified there was no identification of what dose of Trazodone was being administered and verified there were discrepancies on the Calcium order as to what was ordered, what was transcribed, and what was given.

Client #3 began receiving services from the licensee on July 5, 2005, which included medication set-ups by a licensed nurse. Client #1 had a prescriber's order, dated September 1, 2010, which read, acetaminophen 500 milligrams two tablets orally four times a day. The client's September 2010 MAR was transcribed to read Tylenol 500 milligrams two tablets orally QID (four times a day). The QID was crossed out and TID (three times a day) was written next to it, with no date as to when this change was made. Documentation of the medication set-ups for the acetaminophen indicated that on September 1, 2, 3, 10, 16, 17, 27, 28, 29 and 30, 2010 the acetaminophen was set-up to be administered twice a day at 9:00 a.m. and noon. On September 6, 7, 8, 9, 13, 14, 15, 20, 21, 22, and 23, 2010 the acetaminophen was set-up to be administered three times a day. There was no evidence for the entire month of September 2010 that the acetaminophen had been administered four times a day as prescribed.

When interviewed October 29, 2010, employee A confirmed the discrepancies in client #3's acetaminophen set-ups. Employee A stated she was not sure why the error occurred and indicated the nurse who set-up the client's acetaminophen was no longer an employee of the agency.

TO COMPLY: A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Seven (7) days

2. MN Statute §626.557 Subd. 14(b)

Based on interview and record review, the licensee failed to ensure that when areas of susceptibility to abuse were identified, that specific measures were noted to assist in minimizing the risk of abuse to that person and other vulnerable adults for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:

Client #1 began receiving services from the licensee on September 4, 2009. A Vulnerable Adult Assessment, dated July 7, 2010, indicated that client had deficits in the areas of mental orientation, decision making abilities, sensory deficits affecting safety, functional limitations affecting safety, and was at risk of abuse from others. There were no specific measures identified for these areas of vulnerability to assist in minimizing the risk of abuse to the client or other vulnerable adults.

Client #2 began receiving services from the licensee on October 8, 2009. A Vulnerable Adult Assessment, dated October 16, 2009, indicated the client had deficits in the area of functional limitations affecting safety and that the client was at risk of abuse from others. The assessment identified the client was considered vulnerable but there were no signs of abuse. The client's plan of care received on October 28, 2010, identified the client's functional limitations were ambulation, endurance and fall risk. The plan of care also indicated the client was hard of hearing with hearing loss in both ears. There was no documentation on the plan of care or the Vulnerable Adult Assessment that identified specific measures for the identified areas of vulnerability to assist in minimizing the risk of abuse to the client and other vulnerable adults.

Client #3 began receiving services from the licensee on July 5, 2005. A Vulnerable Adult Assessment, dated March 4, 2010, indicated the client had deficits in the areas of mental orientation, adequate decision making abilities, inability to safely ambulate, functional limitations affecting safety, and was at risk of abuse from others. There were no specific measures identified for these areas of vulnerability to assist in minimizing the risk of abuse to the client and other vulnerable adults.

Client #4 began receiving services from the licensee on February 4, 2009. The client required assistance with medication set-ups and had decreased vision. There was no individualized abuse prevention plan for this client.

When interviewed October 29, 2010, employee A (registered nurse) confirmed client #1's, #2's and #3's vulnerability assessments did not include specific measures to assist in minimizing the risk of abuse to the clients in areas that they were identified as vulnerable. Employee A confirmed she was unable to find a Vulnerability Assessment for client #4 and stated she would have the nurse complete one.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0773

November 15, 2007

Scott Hemenway, Administrator
Visiting Angels
1000 East 146th St Suite 130
Burnsville, MN 55337

Re: Results of State Licensing Survey

Dear Mr. Hemenway:

The above agency was surveyed on October 31 and November 1 and 2, 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". The signature is written in a cursive style and is positioned above the typed name.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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Class A Licensed-Only Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class A Licensed-Only Home Care Providers. Class A licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate with MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to describe to the MDH nurse what systems are in place to provide Class A Licensed-Only Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form.

Name of Class A Licensee: VISITING ANGELS

HFID #: 21703

Date(s) of Survey: October 31 and November 1 and 2, 2007

Project #: QL21703004

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

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><input checked="" type="checkbox"/> Met ___ Correction Order(s) issued ___ 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 N/A</p> <p><input checked="" type="checkbox"/> Met ___ Correction Order(s) issued ___ 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.

NO VIOLATIONS NOTED

A draft copy of this completed form was left with Scott Hemenway at an exit conference on November 2, 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).