



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1350 0003 0567 1466

February 29, 2008

Julie Summy, Administrator  
Luellas House of Care  
616 Hazel Lane  
Owatonna, M 55060

Re: Licensing Follow Up visit

Dear Ms. Summy:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on (date).

The documents checked below are enclosed.

X Informational Memorandum

Items noted and discussed at the facility visit including status of outstanding licensing correction orders.

MDH Correction Order and Licensed Survey Form

Correction order(s) issued pursuant to visit of your facility.

Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

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

01/07 CMR1000

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>

*An equal opportunity employer*

**Minnesota Department of Health  
Division of Compliance Monitoring  
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

**PROVIDER:** LUELLAS HOUSE OF CARE

**DATE OF SURVEY:** February 21, 2008

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER: Class A

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Julie Summy, Director

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: #1

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on December 26, and 27, 2007 and January 2, 2008. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on February 21, 2008 is as follows:

- |                                     |                  |
|-------------------------------------|------------------|
| <b>1. MN Rule 4668.0030 Subp. 4</b> | <b>Corrected</b> |
| <b>2. MN Rule 4668.0140 Subp. 2</b> | <b>Corrected</b> |
| <b>3. MN Rule 4668.0160 Subp. 1</b> | <b>Corrected</b> |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 2238

January 18, 2008

Julie Summy, Administrator  
Luella's House of Care  
616 Hazel Lane  
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Summy:

The above agency was surveyed on December 26 and 27, 2007, January 2, 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".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Steele 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: LUELLAS HOUSE OF CARE

HFID #: 21866

Date(s) of Survey: December 26, 27, 2007 and January 2, 2008

Project #: QL21866004

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

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

Indicators of Compliance	Outcomes Observed	Comments
<p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>	<p>upon request.</p>	<p>___ Survey not Expanded            ___ Met            ___ Correction Order(s) issued            ___ Education Provided  <b>Follow-up Survey #</b> ___            ___ New Correction Order issued            ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100</li> <li>• [Except Subp. 2]</li> <li>• MN Rule 4668.0065</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0060 Subp. 1</li> <li>• MN Rule 4668.0070</li> <li>• MN Rule 4668.0075</li> <li>• MN Rule 4668.0080</li> <li>• MN Rule 4668.0130</li> <li>• MN Statute §144A.45 Subd. 5</li> </ul> <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>	<ul style="list-style-type: none"> <li>• Staff, employed or contracted, have received all the required training.</li> <li>• Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>• Personnel records are maintained and retained.</li> <li>• Licensee and all staff have received the required Orientation to Home Care.</li> <li>• Staff, employed or contracted, are registered and licensed as required by law.</li> <li>• Documentation of medication administration procedures are available.</li> <li>• Supervision is provided as required.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded            ___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Follow-up Survey #</b> ___            ___ New Correction Order issued            ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100 Subp. 2</li> </ul> <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With</p>	<ul style="list-style-type: none"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded            ___ Met            ___ Correction Order(s) issued            ___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Services setting with regards to medication administration, storage and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p><b>Follow-up Survey #</b> _____                      _____ New Correction Order issued                      _____ Education Provided</p>
<p>7. The provider is licensed and provides services in accordance with the license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 Subp. 3</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0060 Subp. 2 and 6</li> <li>• MN Rule 4668.0180</li> <li>• MN Rule 4668.0220</li> </ul> <p><u>Note</u>: 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.</p>	<ul style="list-style-type: none"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee’s advertisements accurately reflect services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p><b>Focus Survey</b></p> <p>_____ Met                      _____ Correction Order(s) issued                      _____ Education Provided</p> <p><b>Expanded Survey</b></p> <p>_____ Survey not Expanded                      _____ Met  <u>X</u> _____ Correction Order(s) issued during a pre licensing survey for a Class F license  <u>X</u> _____ Education Provided</p> <p><b>Follow-up Survey #</b> _____                      _____ New Correction Order issued                      _____ Education Provided</p>
<p>8. The provider is in compliance with MDH waivers and variances.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>• Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p>_____ Survey not Expanded                      _____ Met                      _____ Correction Order(s) issued                      _____ Education Provided</p> <p><b>Follow-up Survey #</b> _____                      _____ New Correction Order issued                      _____ 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. 4**

#### **INDICATOR OF COMPLIANCE: # 2**

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

The records of clients #1 and #2 contained copies of the home care bill of rights which did not include the most recent changes in 2007. Client #1 acknowledged receipt of the bill of rights March 9, 2006 and client #2 acknowledged receipt of the bill of rights on October 15, 2007. When interviewed December 26, 2007, the owner stated she was unaware of the changes to the bill of rights and clients #1 and #2 had not been provided with the updated version of the bill of rights.

### **2. MN Rule 4668.0140 Subp. 2**

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

Based on record review and interview, the licensee failed to ensure that there was a complete service plan for one of two clients' (#1) records reviewed. The findings include:

Client #1's service plan was last reviewed March 7, 2006. The current service plan did not include central storage of medications which was provided nor did it include need for tube feeding. Client #1 had been tube fed with since December 2006. When interviewed December 26, 2007, the owner stated she was not aware a year had already past since the last service plan was done.

### **3. MN Rule 4668.0160 Subp. 1**

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

Based on record review and interview, the licensee failed to ensure that all entries in the client's record were authenticated with the name and title of the person making the entry for one of two clients' (#1) records reviewed. The findings include:

Client #1's service agreement dated March 7, 2006 lacked authentication by the licensee. When interviewed December 26, 2007, the owner verified that client #1's service plan lacked the signature by the licensee.



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A draft copy of this completed form was left with Julie Summy at an exit conference on January 2, 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).



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1350 0003 0567 0063

August 10, 2007

Julie Summy, Administrator  
Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060

Re: Licensing Follow Up visit

Dear Ms. Summy:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on (date).

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

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

01/07 CMR1000

Minnesota Department of Health  
Division of Compliance Monitoring  
Case Mix Review Section

INFORMATIONAL MEMORANDUM

**PROVIDER:** LUELLAS HOUSE OF CARE

**DATE OF SURVEY:** July 30, 2007

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
Class A

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Julie Summy, Director

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: # 4

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on June 6, 7, 8, and 21, 2005 and subsequent follow up visits made on March 6, 7, and 9, 2006, July 17, 18, and 20, 2006 and November 7 and 8, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on June 6, 7, 8, and 21, 2005, and not corrected during subsequent follow up visits made on March 6, 7, and 9, 2006, July 17, 18, and 20, 2006, and November 7, and 8, 2006, is as follows:

**2. MN Rule 4668.0016 Subp. 8** **Corrected**

**16. MN Rule 4668.0100 Subp. 9** **Corrected**

The status of the correction order issued as a result of a follow up visit made on July 17, 18, and 20, 2006, and not corrected on a subsequent follow up visit made on November 7, and 8, 2006, is as follows:

**4. MN Statute §144A.46 Subd. 5(b)** **Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1220 3060

December 15, 2006

Julie Summy, Administrator  
Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060

Re: Licensing Follow Up visit

Dear Ms. Summy:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on November 7 and 8, 2006..

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Steele County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance

06/06 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1220 3060

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOLLOWING A SUBSEQUENT REINSPECTION FOR  
CLASS A HOME CARE PROVIDERS**

December 15, 2006

Julie Summy, Administrator  
Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060

RE: QL21866003

Dear Ms. Summy:

1. On November 7 and 8, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of follow up visits to an original survey completed on June 6, 7, 8, and 21, 2005, and subsequent follow up visits made on March 6, 7, and 9, 2006, and July 17, 18, and 20, 2006, with correction orders received by you on November 1, 2005, March 31, 2006, and August 18, 2006, and found to be uncorrected during an inspection completed on November 7 and 8, 2006.

As a result of correction orders remaining uncorrected on the March 6 and 9, 2006, and July 17, 18, and 20, 2006 re-inspections, a penalty assessment in the amount of **\$3500.00** was imposed on August 16, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on November 7 and 8, 2006:

**2. MN Rule 4668.0016 Subp. 8**

**\$1400.00**

Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variances/Waiver 99-7 for Central Storage of Medications, which was approved by the Minnesota Department of Health in July 1999. The agency failed to assure that a registered (RN) conducted a nursing assessment of the client's functional status and need for central storage of medications for one of one client (#1) record reviewed who received central storage of medication in accordance with the waiver requirements at MN Rule 4668.0865, subpart 2. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:

**December 15, 2006**

Client #1 began services including central storage of medication April 1, 2004. There was no evidence of a nursing assessment of client #1's functional status and the need for central storage of medication.

When shown the Class A Variance/Waiver 99-7 for Central Medication Storage for Clients Living in Housing with Services Settings, the owner indicated she was not familiar with this waiver or its requirements.

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

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: **\$1400.00.**

**16. MN Rule 4668.0100 Subp. 9**

**\$1400.00**

Based on record review and interview, the licensee failed to ensure supervision or monitoring of persons who performed home health aide tasks for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3's records lacked evidence of supervision by a registered nurse or monitoring by a licensed practical nurse of the cares that were provided by unlicensed staff. When interviewed, June 6, 2005, the owner stated she wasn't aware of this requirement.

**TO COMPLY:** After the orientation required by subpart 8, a therapist or a registered nurse shall supervise, or a licensed practical nurse, under the direction of a registered nurse, shall monitor persons who perform home health aide tasks at the client's residence to verify that the work is being performed adequately, to identify problems, and to assess the appropriateness of the care to the client's needs. This supervision or monitoring must be provided no less often than the following schedule:

- A. within 14 days after initiation of home health aide tasks; and
- B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or
- C. every 60 days thereafter, or more frequently if indicated by a clinical assessment, for all home health aide tasks other than those described in subparts 2 to 4.

If monitored by a licensed practical nurse, the client must be supervised at the residence by a registered nurse at least every other visit, and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$1400.00.**

**December 15, 2006**

2. On November 7 and 8, 2006, a re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a subsequent revisit completed on July 17, 18, and 20, 2006, with correction orders received by you on August 18, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on November 7 and 8, 2006:

**4. MN Statute 144A.46 Subd. 5(b)**

**No Fine**

Based on record review and interview, the licensee failed to ensure a background study was completed prior to having direct client contact for one of one professional staff (T) reviewed. The findings include:

Employee T, a registered nurse (RN), was hired April 21, 2006. When interviewed July 17, 2006, the RN stated she did client assessments for licensee. There was no background study available for review for employee T. When interviewed July 20, 2006, the director indicated that the RN was an "independent" RN and she did not have one.

**TO COMPLY:** (b) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section [144.057](#). These individuals shall be disqualified under the provisions of chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: **\$2800.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Division of Compliance Monitoring, within 15 days of the receipt of this notice.

**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

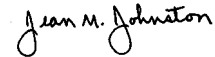
Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

**August 16, 2006**

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.

If you have any questions, please feel free to give me a call at 651-201-4301.

Sincerely,



Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Steele County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance

07/06 FPCCMR 2697



Minnesota Department Of Health  
Division of Compliance Monitoring  
Case Mix Review Section

INFORMATIONAL MEMORANDUM

**PROVIDER:** LUELLAS HOUSE OF CARE

**DATE OF SURVEY:** November 7, and 8, 2006

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
Class A

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Julie Summy, Director

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: # 3

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on June 6, 7, 8, and 21, 2005 and subsequent follow up visits made on March 6, 7, and 9, 2006 and July 17, 18, and 20, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on June 6, 7, 8, and 21, 2005 and not corrected during subsequent follow up visits made on March 6, 7, and 9, 2006 and July 17, 18, and 20, 2006 is as follows:

<b>2. MN Rule 4668.0016 Subp. 8</b>	<b>Not Corrected</b>	<b>\$1400.00</b>
-------------------------------------	----------------------	------------------

Based on record review and interview the licensee failed to follow the conditions of the Class A Variance/Waiver 99-7 for Central Storage of Medication, which was approved by the Minnesota Department of Health in July of 1999. The agency failed to ensure that a registered nurse (RN) conducted an assessment for the need for central storage of medications for one of one client (#1) record reviewed who received central storage of medications in accordance with the waiver requirements at Minnesota Rule 4668.0865 Subp. 2. The agency is licensed as a Class A provider in accordance of the definition of MN Rule 4668.0003 Subp. 11. The findings include:

Client #1 began receiving central storage of medications April 1, 2004. There was no evidence of a nursing assessment for the need for central storage of medications. When interviewed November 7, 2006, the director stated “it should be there,” but couldn’t find it.

<b>3. MN Rule 4668.0016 Subp. 8</b>	<b>Corrected</b>	
<b>5. MN Rule 4668.0030 Subp. 2</b>	<b>Corrected</b>	
<b>7. MN Rule 4668.0065 Subp. 1</b>	<b>Corrected</b>	
<b>16. MN Rule 4668.0100 Subp. 9</b>	<b>Not Corrected</b>	<b>\$1400.00</b>

Based on record review and interview the licensee failed to ensure a registered nurse (RN) supervised persons who performed home health aide tasks for one of one client (#1) record reviewed. The findings include:

Client #1 received services that required supervision by a RN including assistance with medications. When reviewed, November 7, 2006, client #1 had a supervisory visit dated December 20, 2005 and a monitoring visit by a licensed practical nurse dated August 24, 2006. No further supervisory or monitoring visits were documented. When interviewed, November 7, 2006, the director stated, “oh, she was coming to do that.”

The status of the correction orders issued as a result of a follow up visit made on July 17, 18, and 20, 2006 is as follows:

<b>1. MN Rule 4668.0070 Subp. 2</b>	<b>Corrected</b>	
<b>2. MN Rule 4668.0075 Subp. 1</b>	<b>Corrected</b>	
<b>3. MN Rule 4668.0100 Subp. 5</b>	<b>Corrected</b>	
<b>4. MN Statute §144A.46 Subd. 5(b)</b>	<b>Not Corrected</b>	<b>No Fine</b>

Based on record review and interview the licensee failed to ensure that the background study was completed prior to having direct client contact for one of two licensed staff (T) reviewed. The findings include:

Employee T, began providing direct care as a licensed employee on April 21, 2006. There was no background study for employee T. When interviewed November 7, 2006, the director confirmed that no background study for employee T had been done by the agency.



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1781

August 16, 2006

Julie Summy, Administrator  
Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060

Re: Licensing Follow Up visit

Dear Ms. Summy:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on July 17, 18, and 20, 2006.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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.

Feel free to call our office if you have 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, flowing style.

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Steele County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance

06/06 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1781

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOLLOWING A SUBSEQUENT REINSPECTION FOR  
HOME CARE PROVIDERS**

August 16, 2006

Julie Summy, Administrator  
Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060

RE: QL21866003

Dear Ms. Summy:

1. On July 17, 18 and 20, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a survey completed on June 6, 7, 8, and 21, 2005, received by you on November 1, 2005 and found to be uncorrected during an inspection completed on March 6, 7, and 9, 2006.

As a result of correction orders remaining uncorrected on the on March 6, 7, and 9, 2006, re-inspection, a penalty assessment in the amount of **\$2250.00** was imposed on March 28, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on July 17, 18 and 20, 2006.

**2. MN Rule 4668.0016 Subp. 8**

**\$700.00**

Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variances/Waiver 99-7 for Central Storage of Medications, which was approved by the Minnesota Department of Health in July 1999. The agency failed to assure that a registered (RN) conducted a nursing assessment of the client's functional status and need for central storage of medications for one of one client (#1) record reviewed who received central storage of medication in accordance with the waiver requirements at MN Rule 4668.0865, subpart 2. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:

Client #1 began services including central storage of medication April 1, 2004. There was no evidence of a nursing assessment of client #1's functional status and the need for central storage of medication.

When shown the Class A Variance/Waiver 99-7 for Central Medication Storage for Clients Living in Housing with Services Settings, the owner indicated she was not familiar with this waiver or its requirements.

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

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$700.00.**

**3. MN Rule 4668.0016 Subp. 8**

**\$600.00**

Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variances/Waiver 99-7 for Central Storage of Medications, which was approved by the Minnesota Department of Health in July 1999. The agency failed to establish and maintain a system that addresses the control of medications, handling of medications, medication containers, medication records and disposition of medications in accordance with the waiver requirements at MN Rule 4668.0865, subpart 3. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:

There were no policies or procedures of a system available for review related to medications, the control of medications, the handling of medications, medication records or disposition of medications. When interviewed, June 8, 2005, the owner indicated she did not have any policies or procedures.

When shown the Class A Variance/Waiver 99-7 for Central Medication Storage, Delegation of Insulin Administration, and Electronic Submission of Orders for Clients Living in Housing with Services Settings, the owner indicated she was not familiar with this waiver or its requirements.

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

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$600.00.**

**5. MN Rule 4668.0030 Subp. 2**

**\$500.00**

Based on record review and interview the licensee failed to deliver the Minnesota Home Care Bill of Rights to three of three clients' (#1, #2, and #3) records reviewed. The findings include:

Clients #1, #2, and #3's records contained a statement of rights from the Steele County adult foster care program. There was no evidence that the Minnesota Home Care Bill of Rights was given to these clients. When interviewed, June 7, 2005, the owner acknowledged she had not given any of the clients the Minnesota Home Care Bill of Rights.

**TO COMPLY:** The provider shall give a written copy of the home care bill of rights, as required by Minnesota Statutes, section [144A.44](#), to each client or each client's responsible person.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$500.00.**

**7. MN Rule 4668.0065 Subp. 1**

**\$1000.00**

Based on record review and interview the licensee failed to assure that employees had tuberculosis screening before having direct contact with clients for thirteen of seventeen employees (C, E, F, H, I, J, K, L, M, N, O, P, and Q) reviewed. The findings include:

Employee E, F, H, J, K, L, M, N, O, P, and Q provided direct care to clients. There was no evidence of tuberculosis screening for these employees.

Employee C began providing direct services to clients June 28, 2004, but did not receive tuberculosis screening until June 30, 2004. Employee I began providing direct services to clients June 25, 2004, but did not receive tuberculosis screening until June 28, 2004. There was no evidence that these employees had tuberculosis screening prior to direct care of clients.

When interviewed, June 7, 2005, the owner verified employees E, F, H, J, K, L, M, N, O, P, and Q had not been screened for tuberculosis and employees C and I had been screened for tuberculosis after they began providing direct care to clients.

**TO COMPLY:** No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:

A. the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or

B. if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:

(1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or

(2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy; or

C. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or

**Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060  
August 16, 2006**

**Page 4 of 5**

currently taking a course of tuberculosis preventative therapy.

In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$1000.00.**

**16. MN Rule 4668.0100 Subp. 9**

**\$700.00**

Based on record review and interview, the licensee failed to ensure supervision or monitoring of persons who performed home health aide tasks for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3's records lacked evidence of supervision by a registered nurse or monitoring by a licensed practical nurse of the cares that were provided by unlicensed staff. When interviewed, June 6, 2005, the owner stated she wasn't aware of this requirement.

**TO COMPLY:** After the orientation required by subpart 8, a therapist or a registered nurse shall supervise, or a licensed practical nurse, under the direction of a registered nurse, shall monitor persons who perform home health aide tasks at the client's residence to verify that the work is being performed adequately, to identify problems, and to assess the appropriateness of the care to the client's needs. This supervision or monitoring must be provided no less often than the following schedule:

- A. within 14 days after initiation of home health aide tasks; and
- B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or
- C. every 60 days thereafter, or more frequently if indicated by a clinical assessment, for all home health aide tasks other than those described in subparts 2 to 4.

If monitored by a licensed practical nurse, the client must be supervised at the residence by a registered nurse at least every other visit, and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$700.00.**

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$3500.00.** This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Division of Compliance Monitoring, within 15 days of the receipt of this notice.

Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060  
August 16, 2006

Page 5 of 5

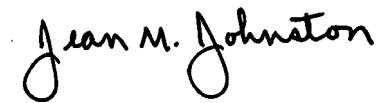
**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

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.

If you have any questions, please feel free to give me a call at 651-201-4301.

Sincerely,



Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Steele County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance

06/06 FPCCMR 2697



Minnesota Department Of Health  
Division of Compliance Monitoring  
Case Mix Review Section

INFORMATIONAL MEMORANDUM

**PROVIDER:** LUELLAS HOUSE OF CARE

**DATE OF SURVEY:** July 17, 18, and 20, 2006

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
Class A

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Julie Summy, Director/PCA

April Proper, PCA

Margie Gaardner, RN

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up #2

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on June 6, 7, 8, and 21, 2005, and a follow up visit made on March 6, 7, and 9, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a survey June 6, 7, 8, and 21, 2005, and not corrected during a March 6, 7, and 9, 2006, follow-up visit is as follows:

<b>2. MN Rule 4668.0016 Subp. 8</b>	<b>Not Corrected</b>	<b>\$700.00</b>
-------------------------------------	----------------------	-----------------

Based on record review and interview, the licensee failed to follow the conditions of the Class A Variance/Waiver 99-7 for Central Storage of Medication, which was approved by the Minnesota Department of Health in July of 1999. The agency failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for central storage of medications for one of one active client's (#1) record reviewed who received central storage of medications in accordance with the waiver requirements at MN Rule 4668.0865, subpart 2. The agency is licensed as a Class A Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings Include:

Client #1 began receiving central storage of medications April 1, 2004 there was no evidence of a nursing assessment of client #1's functional status and the need for central storage of medications. When interviewed July 17, 2006, staff indicated there was no evidence of a nursing assessment and that there was no other information.

**3. MN Rule 4668.0016 Subp. 8** **Not Corrected** **\$600.00**

Based on record review and interview, the licensee failed to follow the conditions of the Class A Variance/Waiver 99-7 for Central Storage of Medications, which was approved by the Department of Health in July 1999. The agency failed to have a registered nurse (RN) or pharmacist establish and maintain a system that addressed medication containers and disposition of medications in accordance with the waiver requirements at MN Rule 4668.0865 Subpart 3. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:

The medication policy did not address medication containers or disposition of medications. When interviewed July 17, 2006, employee E indicated that the policy that had been written did not address all of the components. When interviewed July 17, 2006, the RN indicated that the policy to establish a system had not been established by a RN nor by a pharmacist.

**5. MN Rule 4668.0030 Subp. 2** **Not Corrected** **\$500.00**

Based on record review and interview, the licensee failed to ensure the Minnesota Home Care Bill of Rights was provided to each client for two of two clients' (#1 and #4) records reviewed. The findings include:

Client #1 and #4's record lacked evidence that they had been given a copy of the Minnesota Home Care Bill of Rights. Client #1's record indicated the guardian was sent the "Statement of Rights Foster Care Provider." When interviewed, July 20, 2006, the director indicated that client #1's guardian was sent a resident placement packet, which included the "Statement of Rights Foster Care Provider" as the bill of rights. When interviewed July 17, 2006, employee E confirmed there was no evidence that client #4 had received the Minnesota Home Care Bill of Rights.

**7. MN Rule 4668.0065 Subp. 1** **Not Corrected** **\$1,000.00**

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening before having direct contact with clients for two of two employees' (S and T) records reviewed. The findings include:

Employee S was hired June 12, 2006 as a direct care staff. A negative Mantoux test was documented for employee S on June 19, 2006. A review of employee S's time card indicated she had direct contact with clients prior to having a negative Mantoux test. When interviewed July 20, 2006, the director indicated that employee S should have had a Mantoux test since she had previous home care experience and confirmed there was no record of a negative Mantoux prior to client contact available.

Employee T, a registered nurse (RN), was hired April 21, 2006. A review of client #1's record indicated that employee T performed a "Care Needs Assessment," on April 21,

2006. When interviewed July 17, 2006, employee T indicated that there was a current Mantoux report, but she had not been asked to provide a copy of the report. When interviewed, July 20, 2006, the director stated the RN was an “independent nurse,” therefore she believed a Mantoux test was not needed.

**16. MN Rule 4668.0100 Subp. 9** **Not Corrected** **\$700.00**

Based on record review and interview, the licensee failed to ensure a registered nurse supervised persons who performed home health aide tasks for two of two clients’ (#1 and #4) records reviewed. The findings include:

Clients’ #1 and #4 received services that required supervision by a RN including assistance with medication. When reviewed July 17, 2006 client #1’s last supervisory visit was done December 20, 2005, 208 days past. Client #4’s record lacked evidence of supervisory visits by a registered nurse (RN) or monitoring by a licensed practical nurse (LPN) of the cares that were provided by unlicensed staff. When interviewed, July 17, 2006, the RN stated “Oh no, I don’t do them.”

**17. MN Rule 4668.0140 Subp. 1** **Corrected**

**22. MN Statute §144A.44 Subd. 1(2)** **Corrected**

**27. MN Statute § 626.557 Subd. 14(b)** **Corrected**

The status of the correction order issued as a result of a March 6, 7, and 9, 2006, follow-up visit is as follows:

**1. MN Rule 4668.0150 Subp. 6** **Corrected**

2) Although a State licensing survey was not due at this time, correction orders were issued.



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 on-site visit/s, MDH nurses will interview staff, talk with clients and/or their representatives and make observations during home visits, and review documentation. The survey is an opportunity for the licensee to explain 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 would 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. **[This form is NOT intended to be used for Class A Licensees who are also certified to participate in the Medicare program].**

Name of Class A Licensee: LUELLAS HOUSE OF CARE  
 HFID # (MDH internal use): 21866  
 Date(s) of Survey: July 17, 18, and 20, 2006  
 Project # (MDH internal use): QL21866003

Indicators of Compliance	Outcomes Observed	Comments
1. The Provider accepts and retains clients for whom it can meet the needs. <ul style="list-style-type: none"> <li>• MN Rules 4668.0050</li> <li>• MN Rule 4668.0060 Subpart 3</li> <li>• MN Rule 4668.0060 Subpart 4</li> <li>• MN Rule 4668.0060 Subpart 5</li> <li>• MN Rule 4668.0140</li> <li>• MN Rule 4668.0180 Subpart 8</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement.</li> <li>• Service plans accurately describe the needs and services and contains all the required information.</li> <li>• Services agreed to are provided</li> <li>• Clients are provided referral assistance.</li> </ul>	Annual Licensing Survey ___ Met ___ Correction ___ Order(s) issued ___ Education ___ Provided  Follow-up Survey # ___ ___ Met ___ Not Met ___ New Correction ___ Order(s) issued ___ Education ___ Provided
2. The Provider promotes client rights. <ul style="list-style-type: none"> <li>• MN Statute §144A.44</li> <li>• MN Rule 4668.0030</li> <li>• MN Rule 4668.0040</li> </ul>	<ul style="list-style-type: none"> <li>• Clients' are aware of and have their rights honored.</li> <li>• Clients' are informed of and afforded the right to file a complaint.</li> </ul>	Annual Licensing Survey ___ Met ___ Correction ___ Order(s) issued ___ Education ___ Provided

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0170</li> </ul>		<p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>
<p>3. The Provider promotes and protects each client’s safety, property, and well-being.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0035</li> <li>MN Statutes §144A.46 Subdivision 5</li> <li>MN Statute §626.556</li> <li>MN Statutes §626.557</li> <li>MN Statute §626.5572</li> </ul>	<ul style="list-style-type: none"> <li>Client’s person, finances and property are safe and secure.</li> <li>All criminal background checks are performed as required.</li> <li>Clients are free from maltreatment.</li> <li>There is a system for reporting and investigating any incidents of maltreatment.</li> <li>Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	<p>Annual Licensing Survey</p> <p>_____ Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0160</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders]</p>	<ul style="list-style-type: none"> <li><b>Client records are maintained and retained securely.</b></li> <li><b>Client records contain all required documentation.</b></li> <li>Client information is released only to appropriate parties.</li> <li>Discharge summaries are available upon request.</li> </ul>	<p>Annual Licensing Survey</p> <p>_____ Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0060 subpart 1</li> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0070</li> <li>MN Rule 4668.0075</li> <li>MN Rule 4668.0080</li> <li>MN Rule 4668.0100</li> </ul> <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0120</li> <li>MN Rule 4668.0130</li> </ul>	<ul style="list-style-type: none"> <li>Staff, employed or contracted, have received all the required training.</li> <li>Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>Personnel records are maintained and retained.</li> <li>Licensee and all staff have received the required Orientation to Home Care.</li> <li>Staff, employed or contracted, are registered and licensed as required by law.</li> <li>Documentation of medication administration procedures are available.</li> <li>Supervision is provided as required.</li> </ul>	<p>Annual Licensing Survey</p> <p>_____ Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ Education Provided</p> <p>Follow-up Survey # <u>2</u></p> <p>_____ Met</p> <p><u>X</u> Not Met</p> <p><u>X</u> New Correction Order(s) issued</p> <p><u>X</u> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Statute 144A.45 Subdivision 5</li> <li>• MN Statute 144A.461</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>		
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> <li>• MN Rule 4668.0100 [Subpart 2]</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage and disposition.]</p>	<ul style="list-style-type: none"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>
<p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 subpart 3</li> <li>• MN Rule 4668.0012 subpart 8</li> <li>• MN Rule 4668.0012 Subpart 17</li> <li>• MN Rule 4668.0019</li> <li>• MN Rule 4668.0060 subpart 2</li> <li>• MN Rule 4668.0060 subpart 6</li> <li>• MN Rule 4668.0180 subpart 2</li> <li>• MN Rule 4668.0180 subpart 3</li> </ul> <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 4</li> <li>• MN Rule 4668.0180 subpart 5</li> <li>• MN Rule 4668.0180</li> </ul>	<ul style="list-style-type: none"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee’s advertisements accurately reflects services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47  [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]		

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

#### SURVEY RESULTS:

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
#1	#5	<b>MN Rule 4668.0070 Subp. 2</b> Personnel Records	X	<p>Based on record review and interview, the licensee failed to maintain a personnel record for one of one professional staff (T) reviewed. The findings include:</p> <p>Employee T, a registered nurse (RN), was hired April of 2006. When interviewed July 17, 2006, the RN stated she did client assessments for licensee. There was no personnel record available for review for employee T. When interviewed July 20, 2006, the director stated that the RN was an “independent” RN and she did not have a personnel record.</p> <p><b><u>Education:</u></b> Provided</p>
#2	#5	<b>MN Rule 4668.0075 Subp. 1</b> Orientation	X	<p>Based on record review and interview, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for two of two employees’ (T and S) records reviewed. The findings include:</p> <p>Employee S was hired June of 2006 as an unlicensed direct caregiver. A review of</p>

**Class A (Licensed – Only) Licensing Survey Form**  
**Page 5 of 6**

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>employee S's time cards for the period June 2006 through July 2006 indicated she began providing care to clients four days after being hired in June of 2006. There was no documentation that employee S had received orientation to home care requirements. When interviewed July 17, 2006, employee E indicated employee S had been observing current staff providing home care services from June of 2006 to July of 2006 as her orientation.</p> <p>Employee T, a registered nurse (RN), was hired April of 2006. There was no documentation that employee T had received orientation to home care. When interviewed July 17, 2006, employee T indicated she had not received orientation to home care requirements.</p> <p><b>Education:</b> Provided</p>
#3	#5	<p><b>MN Rule 4668.0100 Subp. 5</b></p> <p>Qualifications for persons who perform home health aide tasks</p>	X	<p>Based on record review and interview, the licensee failed to ensure that persons who performed home health aide tasks had successfully completed the training and passed a competency evaluation for one of one unlicensed employee's (S) record reviewed. The findings include:</p> <p>Employee S was hired June of 2006 as an unlicensed direct caregiver. A review of employee S's time cards for the period June of 2006 through July of 2006 indicated she began providing care to clients four days after being hired in June of 2006. The time cards indicated employee S had provided cares to clients, which included dressing, grooming, feeding and transfers via a mechanical lift. In addition, employee S's time card for the period June of 2006 through July of 2006 indicated employee S had been the overnight sleeping staff seven times. No other staff was present for the overnight shifts. There was no documentation that employee S had received training and passed a competency evaluation to perform home health aide tasks. When interviewed, July 20, 2006, the director indicated that employee S had provided care and was the only overnight staff person performing duties without</p>



**Class A (Licensed – Only) Licensing Survey Form**  
**Page 6 of 6**

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>having the training and competency evaluation by the registered nurse (RN). The director stated that staff is trained by other staff members before they are trained and competency tested by the RN.</p> <p><b><u>Education:</u></b> Provided</p>

A draft copy of this completed form was left with Julie Summy at an exit conference on July 20, 2006. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). 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 supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us>

(Form Revision 3/06)



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1316

March 28, 2006

Julie Summy, Administrator  
Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060

Re: Licensing Follow Up Revisit

Dear Ms. Summy:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on March 6, 7, and 9, 2006.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Julie Summy, President Governing Body  
Steele County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Mary Henderson, Program Assurance  
Jocelyn Olson, Attorney General's Office  
Paul Ciello, Office of the Attorney General-MA Fraud  
CMR File

10/04 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1316

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOR HOME CARE PROVIDERS**

March 28, 2006

Julie Summy, Administrator  
Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060

RE: QL21866003

Dear Ms. Summy:

On March 6, 7, and 9, 2006, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders found during an inspection completed on June 21, 2005, with correction orders received by you on November 1, 2005.

The following correction orders were not corrected in the time period allowed for correction:

**2. MN Rule 4668.0016 Subp. 8 \$350.00**

Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variances/Waiver 99-7 for Central Storage of Medications, which was approved by the Minnesota Department of Health in July 1999. The agency failed to assure that a registered (RN) conducted a nursing assessment of the client's functional status and need for central storage of medications for one of one client (#1) record reviewed who received central storage of medication in accordance with the waiver requirements at MN Rule 4668.0865, subpart 2. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:

Client #1 began services including central storage of medication April 1, 2004. There was no evidence of a nursing assessment of client #1's functional status and the need for central storage of medication.

When shown the Class A Variance/Waiver 99-7 for Central Medication Storage for Clients Living in Housing with Services Settings, the owner indicated she was not familiar with this waiver or its requirements.

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

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.**

**3. MN Rule 4668.0016 Subp. 8**

**\$300.00**

Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variances/Waiver 99-7 for Central Storage of Medications, which was approved by the Minnesota Department of Health in July 1999. The agency failed to establish and maintain a system that addresses the control of medications, handling of medications, medication containers, medication records and disposition of medications in accordance with the waiver requirements at MN Rule 4668.0865, subpart 3. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:

There were no policies or procedures of a system available for review related to medications, the control of medications, the handling of medications, medication records or disposition of medications. When interviewed, June 8, 2005, the owner indicated she did not have any policies or procedures.

When shown the Class A Variance/Waiver 99-7 for Central Medication Storage, Delegation of Insulin Administration, and Electronic Submission of Orders for Clients Living in Housing with Services Settings, the owner indicated she was not familiar with this waiver or its requirements.

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

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$300.00.**

**5. MN Rule 4668.0030 Subp. 2**

**\$250.00**

Based on record review and interview the licensee failed to deliver the Minnesota Home Care Bill of Rights to three of three clients' (#1, #2, and #3) records reviewed. The findings include:

Clients #1, #2, and #3's records contained a statement of rights from the Steele County adult foster care program. There was no evidence that the Minnesota Home Care Bill of Rights was given to these clients. When interviewed, June 7, 2005, the owner acknowledged she had not given any of the clients the Minnesota Home Care Bill of Rights.

**TO COMPLY:** The provider shall give a written copy of the home care bill of rights, as required by Minnesota Statutes, section [144A.44](#), to each client or each client's responsible person.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$250.00.**

**7. MN Rule 4668.0065 Subp. 1**

**\$500.00**

Based on record review and interview the licensee failed to assure that employees had tuberculosis screening before having direct contact with clients for thirteen of seventeen employees (C, E, F, H, I, J, K, L, M, N, O, P, and Q) reviewed. The findings include:

Employee E, F, H, J, K, L, M, N, O, P, and Q provided direct care to clients. There was no evidence of tuberculosis screening for these employees.

Employee C began providing direct services to clients June 28, 2004, but did not receive tuberculosis screening until June 30, 2004. Employee I began providing direct services to clients June 25, 2004, but did not receive tuberculosis screening until June 28, 2004. There was no evidence that these employees had tuberculosis screening prior to direct care of clients.

When interviewed, June 7, 2005, the owner verified employees E, F, H, J, K, L, M, N, O, P, and Q had not been screened for tuberculosis and employees C and I had been screened for tuberculosis after they began providing direct care to clients.

**TO COMPLY:** No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:

A. the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or

B. if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:

(1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or

(2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy;

or

C. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy.

In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$500.00.**

**16. MN Rule 4668.0100 Subp. 9**

**\$350.00**

Based on record review and interview, the licensee failed to ensure supervision or monitoring of persons who performed home health aide tasks for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3's records lacked evidence of supervision by a registered nurse or monitoring by a licensed practical nurse of the cares that were provided by unlicensed staff. When interviewed, June 6, 2005, the owner stated she wasn't aware of this requirement.

**TO COMPLY:** After the orientation required by subpart 8, a therapist or a registered nurse shall supervise, or a licensed practical nurse, under the direction of a registered nurse, shall monitor persons who perform home health aide tasks at the client's residence to verify that the work is being performed adequately, to identify problems, and to assess the appropriateness of the care to the client's needs. This supervision or monitoring must be provided no less often than the following schedule:

- A. within 14 days after initiation of home health aide tasks; and
- B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or
- C. every 60 days thereafter, or more frequently if indicated by a clinical assessment, for all home health aide tasks other than those described in subparts 2 to 4.

If monitored by a licensed practical nurse, the client must be supervised at the residence by a registered nurse at least every other visit, and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.**

**17. MN Rule 4668.0140 Subp. 1**

**\$250.00**

Based on record review and interview the licensee failed to enter into a service agreement for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1 began receiving services April 1, 2004. Client #2 began receiving services May 23, 2005. Client #3 began receiving services March 21, 2004 and was discharged on May 30, 2005. There was no evidence of service agreements for any of these clients. When interviewed regarding service agreements, June 7, 2005, the owner indicated she goes by what the county says or if they are private pay she talks to them about the charges before she begins providing services.

**TO COMPLY:** No later than the second visit to a client, a licensee shall enter into a written service agreement with the client or the client's responsible person. Any modifications of the service agreement must be in writing and agreed to by the client or the client's responsible person.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$250.00.**

**22. MN Statute §144A.44 Subd. 1(2)**

**\$250.00**

Based on record review and interviews, the licensee failed to provide nursing services based on acceptable medical and nursing standards for two of two clients (#1 and #2) records reviewed. The findings include:

Client #1's plan of care indicated she required total assistance with feeding, bathing, toileting, dressing and grooming. She was unable to ambulate, reposition herself and required a mechanical lift for transfer. During an interview June 7, 2005, the client stated, "they do everything for me." A review of the client's record revealed that there was no documentation by a registered nurse (RN) since the owner purchased the agency on April 1, 2004. The record contained two assessments, dated February 25, 2003 and February 10, 2004. During an interview June 7, 2005 the owner stated that the county did the preceding assessments.

Client #2's plan of care indicated she was unable to independently transfer, had potential for skin breakdown and had diabetes. The client's needs included partial bathing, incontinence care, transfer to the toilet, moderate assist with upper body dressing, maximum assist with lower body dressing, inability to walk, ulcer care daily on her ankle and foot, blood sugar checks and stretching exercises. The client's record included an evaluation done by an RN on May 22, 2005, but there was no other documentation by a RN.

Client #2's record contained a note by the owner, dated May 27, 2005, which indicated the physician discontinued the client's Colace (laxative medication). An attendant note (undated) by employee (D) stated "told her to continue to take her colace for the time being." A note by the owner, dated May 29, 2005, stated that the client needed the Colace, "she doesn't drink enough water to have normal B.M.s (bowel movements)." When interviewed June 7, 2005, the owner stated, "it's an across the counter drug."

An attendant note, dated June 1, 2005, stated client #2 ran into the wall with her scooter again. She ripped off the skin on the top of her big toe; the toe bled for a long time and a bandage was applied. A note by the licensed practical nurse, dated June 2, 2005, stated "new wound on L great toe 3x3 cm with bleeding cleansed with wound cleaner and applied pad and tape." When interviewed by phone June 7, 2005, employee (O) stated that she didn't call the doctor for the scrape. She indicated that she did not know who the RN is and she did not notify the on call nurse.

During observation of client #2's medications at 10:15 a.m. on June 7, 2005 a bottle of Aspirin was noted which contained 325 mg. (milligram) tablets. The client had a physician's order, dated May 27, 2005, for Aspirin 81 mg. There was no Aspirin 81mg. in the client's medication box.

The May 2005 medication administration record (MAR) indicated the client received Aspirin 325 mg. on May 27, 28, 29, but none May 30 or 31, 2005. The June 2005 MAR indicated Aspirin 81 mg. was given daily at 8:00 a.m. The discrepancy was brought to the attention of employee (D) and she acknowledged the error. When interviewed June 7, 2005 regarding the

order for Aspirin 81 mg., the owner stated that the client was supposed to receive Aspirin 81 mg. and said "don't they have it there?"

**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.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$250.00.**

**27. MN Statute §626.557 Subd. 14(b)**

**No Fine**

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for three of three client's (#1, #2 and #3) records reviewed. The findings include:

Client #1's start of service was April 1, 2004. An Individual Abuse Prevention Plan, dated April 1, 2004, indicated the client was vulnerable in the areas of mobility, eating/drinking, toileting, personal hygiene/grooming, dressing, vision, allergies, medications, financial, self preservation behavioral and community orientation. The record did not contain specific measures to minimize the risk of abuse to the client in the areas of vulnerability that were identified.

Client #2's start of service was May 23, 2005. An Individual Abuse Prevention Plan, dated March 26, 2005, indicated the client was vulnerable in the areas of mobility, eating/drinking, toileting, personal hygiene/grooming, dressing, medications, financial and self-preservation. The record did not contain specific measures to minimize the risk of abuse to the client in the areas of vulnerability that were identified.

Client #3's start of service was March 21, 2004. An Individual Abuse Prevention Plan, dated March 21, 2004, was completed by the client's spouse, vulnerabilities included eating/drinking, toileting, personal hygiene/grooming, dressing, some assistance with keeping medical appointments, speech/communication, self preservation, community orientation. The record did not contain specific measures to minimize the risk of abuse to the client in the areas of vulnerability that were identified.

**TO COMPLY**: (b) Each licensee, 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 the person's susceptibility to abuse by other individuals, including other vulnerable adults, and a statement of the specific measures to be taken to minimize the risk of abuse to that person. For the purposes of this clause, the term "abuse" includes self-abuse.

**No assessment is due for this uncorrected order.**



**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$2250.00.** This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the MN Department of Health P.O. Box 64900 St Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

Sincerely,

Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Julie Summy, President Governing Body  
Steele County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Mary Henderson, Program Assurance  
Jocelyn Olson, Attorney General's Office  
Paul Ciello, Office of the Attorney General-MA Fraud  
CMR File

12/04 FPCCMR 2697

**Minnesota Department Of Health  
Division of Compliance Monitoring  
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

**PROVIDER:** LUELLAS HOUSE OF CARE

**DATE OF SURVEY:** March 6, 7, and 9, 2006

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
Class A

**NAMES AND TITLES OF PERSONS INTERVIEWED:**

Julie Summy, Director  
Cea Grass, Steele County Financial Worker

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up X 1

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on June 6, 7, 8, and 21, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

<b>1. MN Rule 4668.0016 Subp. 8</b>	<b>Corrected</b>	
<b>2. MN Rule 4668.0016 Subp. 8</b>	<b>Not Corrected</b>	<b><u>\$350.00</u></b>

Based on observation, record review and interview, the licensee failed to follow the conditions of the Class A Variance/Waiver 99-7 for Central Storage of Medications, which was approved by the Minnesota Department of Health in July of 1999. The agency failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for central storage of medications for one of one client (#1) record reviewed who received central storage of medication in accordance with the waiver requirements at MN Rule 4668.0865 subpart 2. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:

Client #1 began receiving central storage of medication April 1, 2004. There was no evidence of a nursing assessment of client #1's functional status and the need for central storage of medications. When interviewed, March 6, 2006, the owner verified the assessment had not been done.

**3. MN Rule 4668.0016 Subp. 8** **Not Corrected** **\$300.00**

Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variance/Waiver 99-7 for Central Storage of Medications, which was approved by the Minnesota Department of Health in July of 1999. The agency failed to establish and maintain a system that addresses the control of medications, handling of medications, medication containers, medication records and disposition of medications in accordance with the waiver requirements at MN Rule 4668.0865 Subpart 3. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:

There were no policies or procedures available for review related to a system for medications, the control of medications, the handling of medications, medication records or disposition of medications. When interviewed, March 6, 2006, the owner indicated it had not been done.

**4. MN Rule 4668.0016 Subp. 8** **Corrected**

**5. MN Rule 4668.0030 Subp. 2** **Not Corrected** **\$250.00**

Based on record review and interview, the licensee failed to ensure the Minnesota Home Care Bill of Rights was provided to each client for one of one client (#1) record reviewed. The findings include:

Client #1's record contained a statement of rights from the Steele County adult foster care program. There was no evidence that the Minnesota Home Care Bill of Rights was given to the client. When interviewed, March 6, 2006, the owner acknowledged she had neither given the client a copy of the Minnesota Home Care Bill of Rights nor sent it to the guardian for signature.

**6. MN Rule 4668.0040 Subp. 1** **Corrected**

**7. MN Rule 4668.0065 Subp. 1** **Not Corrected** **\$500.00**

Based on record review and interview, the licensee failed to assure that employees had tuberculosis screening before having direct contact with clients for three of three employees' (E, H and O) records reviewed. The findings include:

Employees E, H and O provided direct care to the clients. There was no evidence of tuberculosis screening for these employees. When interviewed, March 7, 2006, the owner verified employees E, H and O had not been screened for tuberculosis before providing direct cares.

**8. MN Rule 4668.0065 Subp. 3** **Corrected**

<b>9. MN Rule 4668.0070 Subp. 2</b>	<b>Corrected</b>	
<b>10. MN Rule 4668.0070 Subp. 3</b>	<b>Corrected</b>	
<b>11. MN Rule 4668.0075 Subp. 1</b>	<b>Corrected</b>	
<b>12. MN Rule 4668.0100 Subp. 4</b>	<b>Corrected</b>	
<b>13. MN Rule 4668.0100 Subp. 5</b>	<b>Corrected</b>	
<b>14. MN Rule 4668.0100 Subp. 6</b>	<b>Corrected</b>	
<b>15. MN Rule 4668.0100 Subp. 8</b>	<b>Corrected</b>	
<b>16. MN Rule 4668.0100 Subp. 9</b>	<b>Not Corrected</b>	<b><u>\$350.00</u></b>

Based on record review and interview, the licensee failed to ensure supervision or monitoring of persons who performed home health aide tasks for one of one client (#1) record reviewed. The findings include:

Client #1's records lacked evidence of supervision by a registered nurse (RN) or monitoring by a licensed practical nurse (LPN) of the cares that were provided by unlicensed staff. The last supervisory visit was done on December 20, 2005. When interviewed, March 7, 2006, the owner verified the visits were late because there was no RN to do the supervisory visits.

<b>17. MN Rule 4668.0140 Subp. 1</b>	<b>Not Corrected</b>	<b><u>\$250.00</u></b>
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Based on record review and interview, the licensee failed to enter into a service agreement for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services April 1, 2004. There was no evidence of a service agreement for the client. When interviewed March 6, 2006, the owner indicated she goes by what the county says for providing services.

<b>18. MN Rule 4668.0150 Subp. 3</b>	<b>Corrected</b>	
<b>19. MN Rule 4668.0160 Subp. 2</b>	<b>Corrected</b>	
<b>20. MN Rule 4668.0160 Subp. 5</b>	<b>Corrected</b>	
<b>21. MN Rule 4668.0180 Subp. 9</b>	<b>Corrected</b>	
<b>22. MN Statute §144A.44 Subd. 1(2)</b>	<b>Not Corrected</b>	<b><u>\$250.00</u></b>

Based on record review and interview, the licensee failed to provide nursing services based on acceptable medical and nursing standards for one of one client (#1) record reviewed. The findings include:

Client #1's plan of care indicated she required total assistance with feeding, bathing,

toileting, dressing, grooming, and medications. She was unable to ambulate, reposition herself and required a mechanical lift for transfer. A review of the client's record revealed there was no documentation by a registered nurse (RN) since the owner purchased the agency on April 1, 2004. There was an annual assessment done on October 25, 2005, by the county public health nurse in the record. On January 5, 2006, the physician ordered a five (5) day course of Zithromax, which was given by unlicensed personnel without RN involvement. When interviewed March 6, 2006, the owner stated that medication orders go to the pharmacy, are processed, and sent to the facility where they are given as stated on the bottle.

<b>23. MN Statute §144A.44 Subd. 1(14)</b>	<b>Corrected</b>	
<b>24. MN Statute §144A.44 Subd. 1(15)</b>	<b>Corrected</b>	
<b>25. MN Statute §144A.44 Subd. 1(16)</b>	<b>Corrected</b>	
<b>26. MN Statute §144A.46 Subd. 5(b)</b>	<b>Corrected</b>	
<b>27. MN Statute §626.557 Subd. 14(b)</b>	<b>Not Corrected</b>	<b>No Fine</b>

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for one of one client (#1) record reviewed. The findings include:

Client #1's began receiving services on April 1, 2004. An individual abuse prevention plan dated October 9, 2006, indicated the client was vulnerable in the areas of mobility, eating/drinking, toileting, personal hygiene/grooming, dressing, vision, allergies, medications, financial, self preservation, behavioral, and community orientation. The form was done and signed by an unlicensed staff person. When interviewed, the owner stated she hadn't realized the abuse prevention plan needed to be completed by an RN.

- 2) Although a State licensing survey was not due at this time, correction orders were issued.
- 3) The following referral is being made:
  - i) Attorney General-HWS  
17 point contract not in place. Owner is working on this. – but it is not completed.



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 on-site visit/s, MDH nurses will interview staff, talk with clients and/or their representatives and make observations during home visits, and review documentation. The survey is an opportunity for the licensee to explain 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 would 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. **[This form is NOT intended to be used for Class A Licensees who are also certified to participate in the Medicare program].**

Name of Class A Licensee: LUELLAS HOUSE OF CARE

HFID # (MDH internal use): 21866

Date(s) of Survey: March 6, 7, and 9, 2006

Project # (MDH internal use): QL21866003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The Provider accepts and retains clients for whom it can meet the needs.</p> <ul style="list-style-type: none"> <li>• MN Rules 4668.0050</li> <li>• MN Rule 4668.0060 Subpart 3</li> <li>• MN Rule 4668.0060 Subpart 4</li> <li>• MN Rule 4668.0060 Subpart 5</li> <li>• MN Rule 4668.0140</li> <li>• MN Rule 4668.0180 Subpart 8</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement.</li> <li>• Service plans accurately describe the needs and services and contains all the required information.</li> <li>• Services agreed to are provided</li> <li>• Clients are provided referral assistance.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>
<p>2. The Provider promotes client rights.</p> <ul style="list-style-type: none"> <li>• MN Statute §144A.44</li> <li>• MN Rule 4668.0030</li> <li>• MN Rule 4668.0040</li> </ul>	<ul style="list-style-type: none"> <li>• Clients' are aware of and have their rights honored.</li> <li>• Clients' are informed of and afforded the right to file a complaint.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0170</li> </ul>		<p>___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided</p>
<p>3. The Provider promotes and protects each client's safety, property, and well-being.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0035</li> <li>MN Statutes §144A.46 Subdivision 5</li> <li>MN Statute §626.556</li> <li>MN Statutes §626.557</li> <li>MN Statute §626.5572</li> </ul>	<ul style="list-style-type: none"> <li>Client's person, finances and property are safe and secure.</li> <li>All criminal background checks are performed as required.</li> <li>Clients are free from maltreatment.</li> <li>There is a system for reporting and investigating any incidents of maltreatment.</li> <li>Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	<p>Annual Licensing Survey ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided</p>
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0160</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders]</p>	<ul style="list-style-type: none"> <li><b>Client records are maintained and retained securely.</b></li> <li><b>Client records contain all required documentation.</b></li> <li>Client information is released only to appropriate parties.</li> <li>Discharge summaries are available upon request.</li> </ul>	<p>Annual Licensing Survey ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided</p>
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0060 subpart 1</li> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0070</li> <li>MN Rule 4668.0075</li> <li>MN Rule 4668.0080</li> <li>MN Rule 4668.0100</li> </ul> <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0120</li> <li>MN Rule 4668.0130</li> </ul>	<ul style="list-style-type: none"> <li>Staff, employed or contracted, have received all the required training.</li> <li>Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>Personnel records are maintained and retained.</li> <li>Licensee and all staff have received the required Orientation to Home Care.</li> <li>Staff, employed or contracted, are registered and licensed as required by law.</li> <li>Documentation of medication administration procedures are available.</li> <li>Supervision is provided as required.</li> </ul>	<p>Annual Licensing Survey ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Statute 144A.45 Subdivision 5</li> <li>• MN Statute 144A.461</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>		
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> <li>• MN Rule 4668.0100 [Subpart 2]</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage and disposition.]</p>	<ul style="list-style-type: none"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<p>Annual Licensing Survey</p> <p style="padding-left: 20px;">___ Not Applicable</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p> <p>Follow-up Survey # _____</p> <p style="padding-left: 20px;">___ Not Applicable</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Not Met</p> <p style="padding-left: 20px;"><u>X</u> New Correction Order(s) issued</p> <p style="padding-left: 20px;"><u>X</u> Education Provided</p>
<p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 subpart 3</li> <li>• MN Rule 4668.0012 subpart 8</li> <li>• MN Rule 4668.0012 Subpart 17</li> <li>• MN Rule 4668.0019</li> <li>• MN Rule 4668.0060 subpart 2</li> <li>• MN Rule 4668.0060 subpart 6</li> <li>• MN Rule 4668.0180 subpart 2</li> <li>• MN Rule 4668.0180 subpart 3</li> </ul> <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 4</li> <li>• MN Rule 4668.0180 subpart 5</li> </ul>	<ul style="list-style-type: none"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee's advertisements accurately reflects services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p>Annual Licensing Survey</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p> <p>Follow-up Survey # _____</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Not Met</p> <p style="padding-left: 20px;">___ New Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p>



Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 6</li> <li>• MN Rule 4668.0180 subpart 7</li> <li>• MN Rule 4668.0180 subpart 9</li> <li>• MN Statute 144A.47</li> </ul> <p>[Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]</p>		

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

**SURVEY RESULTS:**

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
#1	#6	MN Rule 4668.0150 Subp. 6 Renewal of medication orders	X	<p>Based on record review and interview the licensee failed to renew medication or treatment orders every three months for one of one client (#1) record reviewed. The findings include:</p> <p>Client #1 began receiving services including assistance with medications on April 1, 2004. The last renewal of medication orders was on November 9, 2005. When interviewed, March 6, 2006, the owner verified that orders had not been renewed as required.</p> <p><b><u>Education:</u></b> Provided</p>

A draft copy of this completed form was left with Julie Summy, Director at an exit conference on March 9, 2006. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us>

(Form Revision 5/05)



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 3392

October 28, 2005

Julie Summy, Administrator  
Luellas House of Care  
616 Hazel Lane  
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Summy:

The above agency was surveyed on June 6, 7, 8, and 21, 2005 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 feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

Cc: Julie Summy, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
Steele County Social Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Assistant Attorney General  
Office of Health Facility Complaints  
CMR File

CMR 3199 6/04



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 on-site visit/s, MDH nurses will interview staff, talk with clients and/or their representatives and make observations during home visits, and review documentation. The survey is an opportunity for the licensee to explain 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 would 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. **[This form is NOT intended to be used for Class A Licensees who are also certified to participate in the Medicare program].**

Name of Class A Licensee: LUELLAS HOUSE OF CARE

HFID # (MDH internal use): 21866

Date(s) of Survey: June 6, 7, 8, and 21, 2005

Project # (MDH internal use): QL21866003

Indicators of Compliance	Outcomes Observed	Comments
1. The Provider accepts and retains clients for whom it can meet the needs. <ul style="list-style-type: none"> <li>• MN Rules 4668.0050</li> <li>• MN Rule 4668.0060 Subpart 3</li> <li>• MN Rule 4668.0060 Subpart 4</li> <li>• MN Rule 4668.0060 Subpart 5</li> <li>• MN Rule 4668.0140</li> <li>• MN Rule 4668.0180 Subpart 8</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement.</li> <li>• Service plans accurately describe the needs and services and contains all the required information.</li> <li>• Services agreed to are provided</li> <li>• Clients are provided referral assistance.</li> </ul>	Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided  Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ Education Provided
2. The Provider promotes client rights. <ul style="list-style-type: none"> <li>• MN Statute §144A.44</li> <li>• MN Rule 4668.0030</li> <li>• MN Rule 4668.0040</li> </ul>	<ul style="list-style-type: none"> <li>• Clients' are aware of and have their rights honored.</li> <li>• Clients' are informed of and afforded the right to file a complaint.</li> </ul>	Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0170</li> </ul>		<p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>
<p>3. The Provider promotes and protects each client's safety, property, and well-being.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0035</li> <li>MN Statutes §144A.46 Subdivision 5</li> <li>MN Statute §626.556</li> <li>MN Statutes §626.557</li> <li>MN Statute §626.5572</li> </ul>	<ul style="list-style-type: none"> <li>Client's person, finances and property are safe and secure.</li> <li>All criminal background checks are performed as required.</li> <li>Clients are free from maltreatment.</li> <li>There is a system for reporting and investigating any incidents of maltreatment.</li> <li>Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	<p>Annual Licensing Survey</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>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0160</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders]</p>	<ul style="list-style-type: none"> <li><b>Client records are maintained and retained securely.</b></li> <li><b>Client records contain all required documentation.</b></li> <li>Client information is released only to appropriate parties.</li> <li>Discharge summaries are available upon request.</li> </ul>	<p>Annual Licensing Survey</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>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0060 subpart 1</li> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0070</li> <li>MN Rule 4668.0075</li> <li>MN Rule 4668.0080</li> <li>MN Rule 4668.0100</li> </ul> <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0120</li> <li>MN Rule 4668.0130</li> </ul>	<ul style="list-style-type: none"> <li>Staff, employed or contracted, have received all the required training.</li> <li>Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>Personnel records are maintained and retained.</li> <li>Licensee and all staff have received the required Orientation to Home Care.</li> <li>Staff, employed or contracted, are registered and licensed as required by law.</li> <li>Documentation of medication administration procedures are available.</li> <li>Supervision is provided as required.</li> </ul>	<p>Annual Licensing Survey</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>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Statute 144A.45 Subdivision 5</li> <li>• MN Statute 144A.461</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>		
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> <li>• MN Rule 4668.0100 [Subpart 2]</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage and disposition.]</p>	<ul style="list-style-type: none"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Not Applicable</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>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>
<p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 subpart 3</li> <li>• MN Rule 4668.0012 subpart 8</li> <li>• MN Rule 4668.0012 Subpart 17</li> <li>• MN Rule 4668.0019</li> <li>• MN Rule 4668.0060 subpart 2</li> <li>• MN Rule 4668.0060 subpart 6</li> <li>• MN Rule 4668.0180 subpart 2</li> <li>• MN Rule 4668.0180 subpart 3</li> </ul> <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 4</li> <li>• MN Rule 4668.0180 subpart 5</li> <li>• MN Rule 4668.0180</li> </ul>	<ul style="list-style-type: none"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee’s advertisements accurately reflects services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p>Annual Licensing Survey</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>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47  [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]		

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

**SURVEY RESULTS:**

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
#1	#6	MN Rule 4668.0016 Subp. 8 Waivers and Variances	X	Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variances/Waiver for Delegation of Insulin Administration, which was approved by the Minnesota Department of Health in July 1999. The agency failed to assure that a licensed nurse drew up the insulin for administration by unlicensed personnel for one of one client (#1) record reviewed who received insulin in accordance with the waiver requirements at MN Rule 4668.0855 Subpart 6. The findings include:  Client #1 received 40 units of Novolin N insulin every morning since April 6, 2005. Client #1's medication administration record indicated that unlicensed personnel administered the insulin. Unlicensed staff dialed the insulin dose thus dispensing the insulin into the administration device and then administered it. When interviewed, June 6, 2005, the owner indicated that all unlicensed personnel could give the insulin with the Novolin N InnoLet (insulin pen with a dial for the dose) as the physician had said it was "fool proof".

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When shown the Class A Variance/Waiver for Central Medication Storage, Delegation of Insulin Administration, and Electronic Submission of Orders for Clients Living in Housing with Services Settings, the owner indicated she was not familiar with this waiver or its requirements.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#2	#6	MN Rule 4668.0016 Subp. 8 Waivers and Variances		<p>Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variances/Waiver for Central Storage of Medications, which was approved by the Minnesota Department of Health in July 1999. The agency failed to assure that a registered (RN) conducted a nursing assessment of the client's functional status and need for central storage of medications for one of one client (#1) record reviewed who received central storage of medication in accordance with the waiver requirements at MN Rule 4668.0865, subpart 2. The findings include:</p> <p>Client #1 began services including central storage of medication in April 2004. There was no evidence of a service agreement or of a nursing assessment of client #1's functional status and the need for central storage of medication.</p> <p>When shown the Class A Variance/Waiver for Central Medication Storage, Delegation of Insulin Administration, and Electronic Submission of Orders for Clients Living in Housing with Services Settings, the owner indicated she was not familiar with this waiver or its requirements.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#3	#6	MN Rule 4668.0016 Subp. 8 Waivers and Variances		<p>Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variances/Waiver for Central Storage of Medications, which was approved by the Minnesota Department of Health in July 1999. The agency failed to establish and maintain a system that addresses the control of medications, handling of medications, medication</p>



Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>containers, medication records and disposition of medications in accordance with the waiver requirements at MN Rule 4668.0865, subpart</p> <p>The findings include:</p> <p>There were no policies or procedures available for review related to medications, the control of medications, the handling of medications, medication records or disposition of medications. When interviewed, June 8, 2005, the owner indicated she did not have any policies or procedures.</p> <p>When shown the Class A Variance/Waiver for Central Medication Storage, Delegation of Insulin Administration, and Electronic Submission of Orders for Clients Living in Housing with Services Settings, the owner indicated she was not familiar with this waiver or its requirements.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#4	#6	MN Rule 4668.0016 Subp. 8 Waivers and Variances		<p>Based on observation, record review and interview the licensee failed to follow the conditions of the Class A Variances/Waiver for Central Storage of Medications, which was approved by the Minnesota Department of Health in July 1999. The agency failed to assure that all drugs were stored in locked compartments in accordance with the waiver requirements at MN Rule 4668.0865 Subpart 8. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:</p> <p>Client #1's insulin was stored in the kitchen refrigerator door in an unlocked box. When interviewed, June 21, 2005, the owner, an unlicensed staff person, stated she locked the oral medications because of her adult foster care license.</p> <p>When shown the Class A Variance/Waiver for Central Medication Storage, Delegation of Insulin Administration, and Electronic Submission of Orders for Clients Living in Housing with Services Settings, the owner indicated she was not familiar with this waiver or its requirements.</p>

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				<b><u>EDUCATION:</u></b> Provided
#5	#2	MN Rule 4668.0030 Subp. 2 Home Care Bill of Rights: Notification of Clients	X	Based on record review and interview the licensee failed to deliver the Minnesota Home Care Bill of Rights to three of three clients' (#1, #2, and #3) records reviewed. The findings include: Clients #1, #2, and #3's records contained a statement of rights from the Steele County adult foster care program. There was no evidence that the Minnesota Home Care Bill of Rights was given to these clients. When interviewed, June 7, 2005, the owner acknowledged she had not given any of the clients the Minnesota Home Care Bill of Rights. <b><u>EDUCATION:</u></b> Provided
#6	#2	MN Rule 4668.0040 Subp. 1 Complaint Procedure	X	Based on record review and interview, the licensee failed to establish a system for receiving, investigating and resolving complaints for three of three clients' (#1, #2 and #3) records reviewed. The findings include: Clients #1, #2, and #3's records did not contain documentation indicating receipt of a complaint procedure. When interviewed, June 7, 2005, the owner indicated that she did not have a complaint procedure as she thought the vulnerable adult pamphlet from the Minnesota Board of Aging was adequate. When asked about a complaint procedure, June 7, 2005, client #2 stated she could talk to the owner, but the owner "just sticks up for the girls". <b><u>EDUCATION:</u></b> Provided
#7	#5	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	X	Based on record review and interview the licensee failed to assure that employees had tuberculosis screening before having direct contact with clients for thirteen of seventeen employees (C, E, F, H, I, J, K, L, M, N, O, P, and Q) reviewed. The findings include: Employee E, F, H, J, K, L, M, N, O, P, and Q provided direct care to clients. There was no evidence of tuberculosis screening for these employees. Employee C began providing direct services

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>to clients June 28, 2004, but did not receive tuberculosis screening until June 30, 2004. Employee I began providing direct services to clients June 25, 2004, but did not receive tuberculosis screening until June 28, 2004. There was no evidence that these employees had tuberculosis screening prior to direct care of clients.</p> <p>When interviewed, June 7, 2005, the owner verified employees E, F, H, J, K, L, M, N, O, P, and Q had not been screened for tuberculosis and employees C and I had been screened for tuberculosis after they began providing direct care to clients.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#8	#5	MN Rule 4668.0065 Subp. 3 Infection control in-service training	X	<p>Based on record review and interview the licensee failed to ensure that infection control training was completed for each twelve months of employment for four of seven employees (A, L, N, Q) hired before June 21, 2004. The findings include: Employees A, L, N, and Q had provided services since April 1, 2004, September 20, 2003, December 10, 2003, and December 12, 2002, respectively. There was no evidence of infection control training for any of these employees.</p> <p>When interviewed regarding infection control training, June 7, 2005, the owner verified the lack of infection control training.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#9	#5	MN Rule 4668.0070 Subp. 2 Personnel records	X	<p>Based on record review and interview the licensee failed to maintain a record for each employee for two of seventeen employee (F, P) records reviewed and failed to obtain evidence of licensure for one of four professional employees' (P) records reviewed. The findings include: Employee F was hired on May 30, 2005. There was no file for employee F. When interviewed, June 7, 2005, the owner verified there was no file for employee F. Employee P was employed as a registered nurse (RN) July 2, 2004 through March 15, 2005. There were entries in client records identifying employee P as an RN. There was no record or evidence of licensure</p>

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>found for employee P. When interviewed, June 7, 2005, the owner, stated that she had worked with employee P before and knew she was an R.N.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#10	#5	<p>MN Rule 4668.0070 Subp. 3 Personnel records: Job descriptions</p>	X	<p>Based on record review and interview the licensee failed to maintain job descriptions for four of four professional employees' (K, N, O, and P) records reviewed. The findings include: Employee K and O were hired as licensed practical nurses March 3, 2005, and December 20, 2004, respectively. Employees N and P were hired as registered nurses December 10, 2003, and July 2, 2004, respectively. There were no job descriptions available for either registered nurse or licensed practical nurse. When interviewed about job descriptions for licensed staff, June 7, 2005, the owner verified she did not have job descriptions for licensed staff.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#11	#5	<p>MN Rule 4668.0075 Subp. 1 Orientation to home care requirements</p>	X	<p>Based on record review and interview the licensee failed to assure home care orientation for fifteen of seventeen employees B, D, E, F, G, H, I, J, K, L, M, N, O, P, and Q prior to staff providing services to clients. The findings include: Employees B, D, E, F, G, H, I, J, K, L, M, N, O, P, and Q all provided direct care to clients. There was no evidence of orientation to home care in any of their files. When asked about orientation to home care, June 7, 2005, the owner stated that they read the employee handbook. When reviewed, the employee handbook did not include information for orientation to home care.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#12	#5	<p>MN Rule 4668.0100 Subp. 4 Home health aide tasks: Performance of routine procedures</p>	X	<p>Based on record review and interview the licensee failed to have a registered nurse instruct staff prior to performing routine procedures, receive demonstrations of competency for these procedures and</p>

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>provide written instructions in the client record for two of two clients' (#1 and #2) records reviewed. The findings include: Client #1 received total care including medication administration, transferring with a Hoyer lift, range of motion, catheter care, and accu-checks. Client #2 received total care including transferring with a Hoyer lift, range of motion, medication administration and accu-checks. There were no written procedures in the clients' files for any of these services. When interviewed, June 8, 2005, the owner stated that there were not any written procedures other than what comes with the Hoyer lift and the accu-check books.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#13	#5	<p>MN Rule 4668.0100 Subp. 5 Qualifications for persons who perform home health aide tasks</p>	<p align="center">X</p>	<p>Based on record review and interview the licensee failed to ensure that persons who performed home health aide tasks had successfully completed training and competency evaluation before giving cares for thirteen of thirteen unlicensed employees' (A, B, C, D, E, F, G, H, I, J, L, M, and Q) records reviewed. The findings include:</p> <p>Employees A, B, C, D, E, F, G, H, I, J, L, M, and Q were all unlicensed personnel that gave direct client care. The agency used a personnel competency form for documentation of staff training. This form did not include the required competency topics of personal hygiene, toileting, transfer, range of motion, ambulation, temperature, pulse, and respiration. Employee A's home health aide training from 1993 was only forty-eight hours. Employee B's competency form was X'd for demonstration of medication administration assistance. This form was not dated or signed, nor did it indicate pass or fail of competency.</p> <p>The competency form in employee C's file did not contain an employee name. The competency form in employee D's file did not contain an employee name or date. Employee D's hire date was June 28, 2004. A nurses aide course was completed December 13, 2004 and a home health aide</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>course on March 18, 2005.            Employees E, G, J, L, M and Q did not have any competency documentation.            Employee F did not have a personnel file and there was no evidence of training or competency evaluations.            Employee H's competency form was not dated. It lacked evidence of written, oral, or skills demonstration for medication, had a "P" in the pass/fail area but was not signed by a registered nurse.            Employee I's competency form was totally blank and the training record was not signed or dated by the employee for training completion.            When interviewed about training and competency evaluations, June 7, 2005, the owner was non-responsive.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#14	#5	MN Rule 4668.0100 Subp 6 Inservice training and demonstration of competence	X	<p>Based on record review and interview, the licensee failed to ensure that employees who performed home health aide tasks received eight hours of inservice training for each twelve months of employment for two of five unlicensed employees (B and L) records reviewed who had worked for one year or longer. The findings include:            Employees B and L were hired on April 1, 2004 and September 20, 2003, respectively. Neither employee B or L had evidence of any inservice training.            When interviewed, June 7, 2005, the owner stated she hadn't followed up on the paperwork for inservice. She went on to say that she didn't pay for employees' inservice, that they pay for their own inservice.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#15	#5	MN Rule 4668.0100 Subp.8 Initiation of home health aide tasks	X	<p>Based on record review and interview, the licensee failed to have a registered nurse orient each person to each client prior to initiation of care for three of three clients' (#1, #2, and #3) records reviewed. The findings include:            The records for clients #1, #2 and #3 lacked evidence of employees being oriented to their individual cares. Unlicensed employee records did not have evidence of orientation</p>

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				to individual client care. When interviewed, June 7, 2005, the owner, an unlicensed person, stated she usually just trained them regarding what to expect and what she wanted.  <b><u>EDUCATION:</u></b> Provided
#16	#5	MN Rule 4668.0100 Subp.9 Periodic supervision of home health aide tasks	X	Based on record review and interview, the licensee failed to ensure supervision or monitoring of persons who performed home health aide tasks for three of three clients' (#1, #2 and #3) records reviewed. The findings include: Clients #1, #2 and #3's records lacked evidence of supervision by a registered nurse or monitoring by a licensed practical nurse of the cares that were provided by unlicensed staff. When interviewed, June 6, 2005, the owner stated she wasn't aware of this requirement.  <b><u>EDUCATION:</u></b> Provided
#17	#1	MN Rule 4668.0140 Subp.1 Service agreements	X	Based on record review and interview the licensee failed to enter into a service agreement for three of three clients' (#1, #2 and #3) records reviewed. The findings include: Client #1 began receiving services in April 2004. Client #2 began receiving services in May 2005. Client #3 began receiving services in March 2004 and was discharged on May 2005. There was no evidence of service agreements for any of these clients. When interviewed regarding service agreements, June 7, 2005, the owner indicated she goes by what the county says or if they are private pay she talks to them about the charges before she begins providing services.  <b><u>EDUCATION:</u></b> Provided
#18	#6	MN Rule 4668.0150 Subp.3 Medication and treatment orders: Authorizations	X	Based on record review and interview the licensee failed to obtain a dated and signed order from the physician for one of two (#1) clients reviewed. The findings include: Attendant notes from April 5, 2005 indicated the owner (non licensed staff) took a phone order, for an increase in insulin dosage for client #1. There was no

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>evidence a written order was ever obtained. When interviewed regarding the need for signed orders, June 7, 2005, the owner stated, “the pharmacist takes the order from the doctor” and “we do what the pharmacist says”.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#19	#4	MN Rule 4668.0160 Subp.2 Client records: Security	X	<p>Based on interview, the licensee failed to establish written procedures for client records. The findings include:            A review of the facility’s policies and procedures revealed that there were no written procedures for the client records, which included the use, removal and security of client records and release of client information. When interviewed June 7, 2005, the owner confirmed that there was no written procedures related to client records.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#20	#4	MN Rule 4668.0160 Subp. 5 Client records: Forms of entries	X	<p>Based on record review and interview, the licensee failed to ensure that all entries in the client’s record were authenticated with the name and title of the person making the entry for one of two (#2) clients reviewed. The findings include:            Client #2 had twenty-nine attendant entries in her record and only three were signed with the first and last name and title of the person making the entry. The other 26 entries were missing either the first name or title. When interviewed June 8, 2005, the owner indicated that staff knew they were to sign each entry with their full name and title.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#21	#7	MN Rule 4668.0180 Subp. 9		<p>Based on interview, the licensee failed to implement a quality assurance plan. The findings include:            When interviewed June 7, 2005 regarding a written quality assurance plan the owner stated that she did not have anything in writing and did not know one was needed.</p> <p><b><u>EDUCATION:</u></b> Provided</p>



Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
#22	#2	MN Statute 144A.44 Subd. 1 (2) Bill of rights: right to receive care subject to plan and accepted standards	X	<p>Based on record review and interviews, the licensee failed to provide nursing services based on acceptable medical and nursing standards for two of two clients (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's plan of care indicated she required total assistance with feeding, bathing, toileting, dressing and grooming. She was unable to ambulate, reposition herself and required a mechanical lift for transfer. During an interview June 7, 2005, the client stated, "they do everything for me." A review of the client's record revealed that there was no documentation by a registered nurse (RN) since the owner purchased the agency on April 1, 2004. The record contained two assessments, dated February 25, 2003 and February 10, 2004. During an interview June 7, 2005 the owner stated that the county did the preceding assessments.</p> <p>Client #2's plan of care indicated she was unable to independently transfer, had potential for skin breakdown and had diabetes. The client's needs included partial bathing, incontinence care, transfer to the toilet, moderate assist with upper body dressing, maximum assist with lower body dressing, inability to walk, ulcer care daily on her ankle and foot, blood sugar checks and stretching exercises. The client's record included an evaluation done by an RN on May 22, 2005, but there was no other documentation by a RN.</p> <p>Client #2's record contained a note by the owner, dated May 27, 2005, which indicated the physician discontinued the client's laxative medication. An attendant note (undated) by employee (D) stated, "told her to continue to take her laxative medication for the time being." A note by the owner, dated May 29, 2005, stated that the client needed the Colace, "she doesn't drink enough water to have normal B.M.s (bowel movements)." When interviewed June 7, 2005, the owner stated, "it's an across the counter drug."</p> <p>An attendant note, dated June 1, 2005,</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>stated client #2 ran into the wall with her scooter again. She ripped off the skin on the top of her big toe; the toe bled for a long time and a bandage was applied. A note by the licensed practical nurse, dated June 2, 2005, stated “new wound on L great toe 3x3 cm with bleeding cleansed with wound cleaner and applied pad and tape.” When interviewed by phone June 7, 2005, employee (O) stated that she didn’t call the doctor for the scrape. She indicated that she did not know who the RN is and she did not notify the on call nurse.</p> <p>During observation of client #2’s medications at 10:15 a.m. on June 7, 2005 a bottle of Aspirin was noted which contained 325 mg. (milligram) tablets. The client had a physician’s order, dated May 27, 2005, for Aspirin 81 mg. There was no Aspirin 81mg. in the client’s medication box. The May 2005 medication administration record (MAR) indicated the client received Aspirin 325 mg. on May 27, 28, 29, but none May 30 or 31, 2005. The June 2005 MAR indicated Aspirin 81 mg. was given daily at 8:00 a.m. The discrepancy was brought to the attention of employee (D) and she acknowledged the error. When interviewed June 7, 2005 regarding the order for Aspirin 81 mg., the owner stated that the client was supposed to receive Aspirin 81 mg. and said “don’t they have it there?”</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#23	#2	MN Statute 144A.44 Subd. 1 (14) Bill of rights: Right to be treated with courtesy and respect	X	Based on record review, and interview the licensee failed to treat the client with courtesy and respect for one of two (#2) clients reviewed. The findings include: A staff communication book was reviewed, which was located in a cupboard in client #2’s apartment. The client was unable to reach the book, however it was accessible to other individuals. The book contained numerous entries regarding the client and descriptive documentation regarding the client’s behavior. During an interview June 7, 2005, the client stated to the reviewer that she had asked an identified employee to “close the patio door” due to rain. The client stated to the reviewer that the

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>employee told her “it was too hot in here” and the employee would not close the door. During the client interview June 7, 2005, an identified employee sat on the couch. As she listened to the conversation she shook her head no and rolled her eyes, and interrupted one time with an answer. A second identified employee also interrupted the client and reviewer’s conversation.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#24	#2	MN Statute 144A.44 Subd. 1 (15) Bill of rights: Right to be free from physical and verbal abuse	X	<p>Based on record review and interview the licensee failed to assure that each client was free from verbal abuse for one of two (#2) clients reviewed. The findings include:</p> <p>A review of the communication book contained numerous attendant notes regarding client #2 and descriptive documentation regarding the client’s behavior.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#25	#2	MN Statute 144A.44 Subd. 1 (16) Bill of rights: Right to advance notice of changes in services	X	<p>Based on record review and interview, the licensee failed to give the client a reasonable advance notice of changes in service and charges for one of two clients’ (#2) records reviewed. The findings include:</p> <p>The client had a physician’s order, dated, May 23, 2005, which stated “16 hours of care.” A client expenditure form for the period May 18 to June 3, 2005 noted that on May 27, 2005 the client was charged for 20 hours, 14 hours of which were at \$17.00 per hour and 6 hours at \$15.00 per hour. On June 3, 2005, the client was charged for 7 hours at \$17.00 per hour and 10 hours at \$15.00 per hour. The owner/attendant note, dated May 27, 2005, stated “was here today to assist (employee D) with bath.” On June 3, 2005 employee (B’s) attendant note stated, “client showered by other staff &amp; manager. Laundry done &amp; drying.” On June 9, 2005, the owner stated, the client has a home health aide, one on one, for 6 hours at 17.00 per hour and 10 hours of meals, laundry, cleaning for \$15.00 per hour. When asked about the increased hours of service the owner stated, “I had to</p>

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				<p>help with her bath, I didn't know I had to tell her about any increase in hours."</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#26	#3	MN Statute 144A.46 Subd. 5 (b) Criminal background studies	X	<p>Based on record review and interview, the licensee failed to have a background study completed by the Minnesota Department of Human Services for eleven of seventeen (B, E, F, J, K, L, M, N, O, P and Q) employees reviewed. The findings include:                      The employees were hired on the following dates: Employee (B) April 1, 2004; employee (F) May 30, 2005; employee (P) July 2, 2004; employee (J) March 8, 2005; employee (K) December 20, 2004; employee (O) March 3, 2005; employee (E) February 10, 2005, employee (L) September 20, 2003; employee (M) May 16, 2005; employee (N) December 10, 2003; and employee (Q) December 12, 2002. The preceding employees did not have a copy of background study as required by state statute their records.                      When interviewed June 7, 2005, the owner stated, "I had sent them to the county and they sent them back to me, I didn't know I needed send them into the state."</p> <p><b><u>EDUCATION:</u></b> Provided</p>
#27	#3	MN Statute 626.557 Subd. 14 (b) Abuse prevention plan	X	<p>Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for three of three client's (#1, #2 and #3) records reviewed. The findings include:                      Client #1's start of service was April 2004. An Individual Abuse Prevention Plan indicated the client was vulnerable in the areas of mobility, eating/drinking, toileting, personal hygiene/grooming, dressing, vision, allergies, medications, financial, self preservation, behavioral and community orientation. The record did not contain specific measures to minimize the risk of abuse to the client in the areas of vulnerability that were identified.                      Client #2's start of service was May 2005. An Individual Abuse Prevention Plan indicated the client was vulnerable in the areas of mobility, eating/drinking, toileting, personal hygiene/grooming, dressing,</p>

**Class A Licensed-Only Survey Report Form**

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>medications, financial and self-preservation. The record did not contain specific measures to minimize the risk of abuse to the client in the areas of vulnerability that were identified.</p> <p>Client #3's start of service was March 2004. An Individual Abuse Prevention Plan was completed by the client's spouse, vulnerabilities included eating/drinking, toileting, personal hygiene/grooming, dressing, some assistance with keeping medical appointments, speech/communication, self preservation, community orientation. The record did not contain specific measures to minimize the risk of abuse to the client in the areas of vulnerability that were identified.</p> <p><b><u>EDUCATION:</u></b> Provided</p>
		CLIA waiver		<b><u>EDUCATION:</u></b> Provided

A draft copy of this completed form was left with Julie Summy at an exit conference on June 21, 2005. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-Only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us>

(Form Revision 5/05)