



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 0150 0001 1713 6505

October 6, 2008

Mai Yer Soung, Administrator
My Home Health Care Inc
569 Dale Street North Suite 100
St. Paul, MN 55103

Re: Results of State Licensing Survey

Dear Ms. Soung:

The above agency was surveyed on August 19, 20, and 21, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Ramsey 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: MY HOME HEALTH CARE INC

HFID #: 21876

Date(s) of Survey: August 19, 20 and 21, 2008

Project #: QL21876005

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

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

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

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

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

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

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

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

Based on record review and interview, the licensee failed to ensure that in addition to the text in Minnesota Home Care Bill of Rights, clients were given the required information regarding complaints for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services January of 2004. The client had been given a copy of the bill of rights that did not contain the information regarding contacting the Office of Health Facility Complaints or the Ombudsman if she had a complaint about the agency or person(s) providing her home care services. When interviewed on August 19, 2008, the administrator confirmed the above mentioned information was not given to the client with the bill of rights.

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

Based on record review and interview, the licensee failed to provide clients with a complete notice related to the agency's procedure for making a complaint. The findings include:

The agency's information given to clients concerning their complaint procedure did not include the name and title of the person(s) to contact with a complaint, nor did it include a statement that the provider would in no way retaliate because of a complaint. In addition, the address and telephone number of the Ombudsman, and the telephone number of the Office of Health Facility Complaints were not accurate. When interviewed August 19, 2008, the administrator confirmed the name and title of the person(s) to contact with a complaint and the statement regarding no retaliation were lacking in the information given to clients, and the address and phone numbers of the Ombudsman and the Office of Health Facility Complaints were inaccurate.

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

Based on record review and interview, the licensee failed to ensure that tuberculosis screening was completed every twenty-four months for one of two employees (B) reviewed. The findings include:

Employee B was hired February of 2006 as a direct care staff. Her record contained documentation of a negative Mantoux test from February 2006. There was no further documentation of Mantoux testing. When interviewed August 19, 2008, the administrator confirmed that employee B had not had any further Mantoux testing after her initial Mantoux in February 2006. The administrator stated that she was in the process of developing a system to conduct Mantoux tests in a timely manner.

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

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was provided for two of two employees (A and B) reviewed. The findings include:

Employee A was hired March of 2006 as a licensed direct care staff. There was no evidence that employee A received infection control training since being hired. When interviewed on August 20, 2008, employee A stated he had attended infection control classes. There was no evidence in the employee's file or training records to determine when he attended the classes and if the content of the classes he attended included the required topics. No evidence was provided during the survey.

Employee B was hired February 7, 2006 as a direct caregiver. Documentation indicated that she received infection control training on February 15, 2006. There was no infection control training after February of 2006 for employee B. When interviewed August 19, 2008, the administrator confirmed there was no infection control training after February 2006 for employee B.

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

Based on record review and interview, the licensee failed to ensure that each employee received orientation to the home care requirements before providing home care services to clients for one of two employees (A) record reviewed. The findings include:

Employee A was hired March of 2006 as a licensed direct care staff. Employee A's record did not include evidence of orientation to the home care requirements. When interviewed on August 20, 2008, employee A stated that he did not receive orientation to the home care requirements when hired with this agency, but stated that he was a nurse and had worked for other agencies where he had received training. It could not be determined what training he had received. When interviewed on August 19, 2008, the administrator stated she was unsure if employee A had received an orientation to the home care requirements.

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

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

Employee B was hired February of 2006 as a direct caregiver. Employee B assisted client #1 with self administration of medications. There were no written procedures for the unlicensed staff to follow to assist the client with self administration of medications, nor was there evidence that employee B demonstrated to the registered nurse her ability to assist the client with self administration of her medications. When interviewed on August 20, 2008, the administrator confirmed the above mentioned procedures and competency were not performed.

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

Based on record review and interview, the licensee failed to ensure that unlicensed staff that performed home health aide tasks was qualified to perform the services for one of two employee's (B) record reviewed. The findings include:

Employee B was hired February of 2007 as a direct caregiver. Employee B assisted client #1 with bathing, dressing, grooming, transferring, and meal preparation on a daily basis. There was no evidence that employee B had successfully completed training and/or competency evaluations of the required topics. When interviewed August 20, 2008, the administrator confirmed employee B had not received the required training and/or competency evaluations. The administrator stated she was unaware that this requirement pertained to the unlicensed staff.

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

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who performed home health aide tasks, received eight hours of in-service training for each twelve months of employment for one of two employee's (B) record reviewed. The findings include:

Employee B was hired February of 2006 as an unlicensed direct care staff. Employee B's record indicated that she watched a video on infection control, fire safety and personal care in February of 2006. There was no further in-service training documented for employee B. When interviewed August 19, and 20, 2008, the administrator confirmed that employee B had not completed eight hours of in-service training for each twelve months of employment. The administrator stated she was not aware that this requirement pertained to her unlicensed staff.

9. MN Rule 4668.0100 Subp. 9**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for one of one client (#1) record reviewed. The findings include:

Client #1's "Personal Care Attendant Care Plan" dated July of 2008 indicated that the unlicensed staff assisted the client with dressing, grooming, bathing, transferring, toileting, and medications on a daily basis. The registered nurse documented a "supervisory visit" of the unlicensed personnel on a monthly basis, rather than every fourteen days as required. Although the RN conducted monthly supervisory visits, the visits from December 5, 2007, until the most recent one, July 9, 2008, noted unlicensed staff was not present or supervised during the visits. When interviewed on August 19, 2008, the administrator confirmed that the RN visits were done on a monthly basis instead of every fourteen days, and stated she was not aware that the unlicensed staff needed to be present during the visit.

TIME PERIOD FOR CORRECTION: Thirty (30) days

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

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

Client #1's service agreement dated January of 2007 contained a "description" of service which read that she received "PCA," (unlicensed care giver) services, "RN" (registered nurse) services, and "Homemaker" services. The service agreement did not include a description of what services the "PCA, RN and Homemaker" provided. When interviewed August 19, 2008, the administrator confirmed the client's service agreement did not include a description of the service's provided.

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

Based on record review and interview, the agency failed to have a current prescriber order for medications for one of one client (#1) record reviewed. The findings include:

During a home visit on August 20, 2008 client #1's medications that were set up by the agency's registered nurse were reviewed. One Biscodyl tablet was noted to be set-up everyday in the client's "am" medi-set container. Client #1's most recent prescriber's orders dated July of 2008 did not contain an order for the Biscodyl tablets. When interviewed on August 20, 2008, the registered nurse (RN) confirmed that he had set-up one Biscodyl tablet for the client every day. The RN stated client #1 used to have a prescriber's order for Biscodyl tablets. He stated he was not aware there no longer was a prescriber's order. The administrator confirmed on August 20, 2008, that there was not a prescriber's order for the Biscodyl tablets.

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

Based on observation, record review and interview, the licensee failed to ensure that medications were administered as ordered for one of one client (#1) record reviewed. The findings include:

Client #1 had a prescriber's order dated July of 2008 for calcium with vitamin D, one tablet three times a day. During a home visit on August 20, 2008 client #1's medications that were set up by the agency's registered nurse were reviewed. There were no calcium with vitamin D tablets noted to be set-up in the client's "am" or "pm" medi-set container; although there was a bottle of calcium tablets with the client's other medication bottles. When interviewed on August 20, 2008, the registered nurse who set-up the client's medications every two weeks, stated that the calcium tablets should have been set-up in the client's medi-set container, and that he must have "missed it."

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

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

Client #1 began receiving services from the agency January of 2004. The client lived alone, did not speak English, and required total assistance with her activities of daily living and meal preparation. There was no individualized assessment of the client's susceptibility to abuse by other individuals and measures to minimize the risk of abuse to the client. When interviewed August 19, 2008, the administrator confirmed that client #1 did not have an individualized abuse prevention plan, and stated that she was not aware of this requirement.

A draft copy of this completed form was left with Mai Yer Soung, Owner/Administrator, at an exit conference on August 21, 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).