



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 0150 0001 1713 6420

September 26, 2008

Elizabeth Mafe, Administrator
Joyous Care Services
2145 University Avenue W #4
St. Paul, MN 55114

Re: Results of State Licensing Survey

Dear Ms. Mafe:

The above agency was surveyed on August 12, 13, and 14, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

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

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



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: JOYOUS CARE SERVICES

HFID #: 21955

Date(s) of Survey: August 12, 13, and 14, 2008

Project #: QL21955005

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

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

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

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

SURVEY RESULTS:

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

**1. MN Rule 4668.0016 Subp. 8
MN Rule 4668.0855 Subp. 6****INDICATOR OF COMPLIANCE: # 8****INDICATOR OF COMPLIANCE: # 6**

Based on observation, interview, and record review, the agency failed to follow the conditions of the Class A Variance/Waiver for Delegation of Insulin Administration, which was approved by the Minnesota Department of Health in July 1999. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11 and was granted a waiver under MN Rule 4668.0100 Subp. 3. The agency failed to ensure that unlicensed staff adhered to the requirements of MN Rule 4668.0855 Subp 6 as the agency failed to ensure that only licensed staff drew up insulin for injection for one of one client (#1) record reviewed. The findings include:

Client #1 had orders for NovoLog Insulin and Symlin Insulin to be given three (3) times per day before meals and Lantus Insulin to be given two (2) times per day. These insulin injections were all to be given per flex pen. The medication administration record indicated insulin had been given as ordered. When interviewed, August 13, 2008, the program coordinator indicated the insulin dosage had been set on the flex pen by employee B, an unlicensed staff member. The program coordinator stated she was unaware that an insulin pen could not be dialed by unlicensed staff and specifically was unaware that employee B as a trained medication aide could not dial the insulin pen.

**2. MN Rule 4668.0016 Subp. 8
MN Rule 4668.0855 Subp. 9****INDICATOR OF COMPLIANCE: # 8****INDICATOR OF COMPLIANCE: # 6**

Based on observation, interview, and record review, the agency failed to follow the conditions of the Class A Variance/Waiver for Delegation of Insulin Administration, which was approved by the Minnesota Department of Health in July 1999. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11 and was granted a waiver under MN Rule 4668.0100 Subp. 3. The agency failed to ensure that unlicensed staff adhered to the requirements of MN Rule 4668.0855 Subp 9 as the agency failed to ensure complete medication administration records for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving a sliding scale of insulin June 20, 2008. Her medication administration record of June, July, and August 2008 did not contain documentation for the sliding scale insulin. When interviewed August 14, 2008, the program coordinator stated she did not chart the sliding scale insulin. The glucose machine was taken to the medical doctor (MD) when the client visits and the MD can read what insulin client #1 should have gotten for each elevated blood sugar. The MD questions the staff to see what dosage should have been given for each elevated blood sugar.

Client #1 had an increase of her Lantus insulin from 10 units per day to 12 units per day on June 20, 2008. The medication administration record for June did not reflect this dosage change. It continued to be documented in June for 10 units Lantus insulin per day. The change was reflected on the July medication administration record. When interviewed August 13, 2008, the program coordinator stated she was sure the increased dose was started right away in June even though the documentation did not reflect the change.

**3. MN Rule 4668.0016 Subp. 8
MN Rule 4668.0865 Subp. 2****INDICATOR OF COMPLIANCE: # 8****INDICATOR OF COMPLIANCE: # 6**

Based on observation, interview, and record review, the agency failed to follow the conditions of the Class A Variance/Waiver for Delegation of Insulin Administration, which was approved by the Minnesota Department of Health in July 1999. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11 and was granted a waiver under MN Rule 4668.0100 Subp. 3. The agency failed to ensure that unlicensed staff adhered to the requirements of MN Rule 4668.0865 Subp 2 as the agency failed to ensure that a registered nurse assessed the client for the need for central storage of medications and included central storage of medications in the service agreement for one of one client (#1) record reviewed. The findings include:

Client #1 had her medications centrally stored in her apartment where she had a roommate. The registered nurse (RN) had not done an assessment to determine the need for central storage of medications. The RN also had not developed a plan for the central storage of medications. When interviewed August 14, 2008, the program coordinator stated she was unaware of the need to assess and have a plan for central storage of medications.

**4. MN Rule 4668.0016 Subp. 8
MN Rule 4668.0865 Subp. 3****INDICATOR OF COMPLIANCE: # 8****INDICATOR OF COMPLIANCE: # 6**

Based on observation, interview, and record review, the agency failed to follow the conditions of the Class A Variance/Waiver for Delegation of Insulin Administration, which was approved by the Minnesota Department of Health in July 1999. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11 and was granted a waiver under MN Rule 4668.0100 Subp. 3. The agency failed to ensure that the requirements of MN Rule 4668.0865 Subp 3 were followed as the agency failed to establish and maintain a system for the control of medications for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services including central storage of medications and medication administration beginning January 1, 2008. The program coordinator stated that services included medication set up every week by employee B, an unlicensed staff member. Client #1's medication administration record for August 2008 indicated the client received medications including Thorazine and Insulin. The record did not indicate an involvement in the medication set up by the registered nurse (RN). When interviewed August 13, 2008, the program coordinator stated she was not aware that medications needed to be set up by the RN. She thought employee B could set up medications as she was a trained medication aide.

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

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for two of two employees' (A and B) records reviewed. The findings include:

Employee A began working as a registered nurse (RN) December 24, 2007. Her record did not include any tuberculosis screening. When interviewed August 13, 2008, the program coordinator indicated she thought the RN got tested at her other job.

Employee B began working as the program coordinator December 21, 2002. Her record did not include any tuberculosis screening. When interviewed August 13, 2008, the program coordinator stated employee B had a positive reaction to the Mantoux and had a negative X-ray but was not sure when and could not find any documentation.

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

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

Employee A was hired December 24, 2007 as a registered nurse (RN). The record did not include documentation of any infection control training. When interviewed August 13, 2008, the program coordinator indicated she thought the RN had gotten infection control training on her other job but did not have any documentation.

Documentation indicated employee B last had infection control training on March 5, 2005. When interviewed August 13, 2008 the program coordinator indicated she was unable to find further documentation of infection control training for employee B.

7. MN Rule 4668.0070 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview the licensee failed to provide a job description for two of two employees' (A and B) records reviewed. The findings include:

Employee A was hired December 24, 2007, as a registered nurse (RN) and did not have a job description available.

Employee B began employment December 21, 2002, as the program coordinator and did not have a job description available. When interviewed, August 13, 2008, the program director indicated she did not know a job description was required for all employees.

8. MN Rule 4668.0075 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interviews, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for one of one unlicensed employee (B) record reviewed. The findings include:

There was no documentation that employee B had received orientation to home care requirements prior to providing home care services. When interviewed, August 13, 2008, the program coordinator stated that employee B had not received orientation to home care requirements.

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

Based on record review and interview, the agency failed to ensure that each personal care attendant (PCA) was instructed in medication administration and demonstrated competency to the registered nurse (RN for one of one unlicensed employee (B) record reviewed who administered medications. The findings include:

When interviewed August 13, 2008, employee B, an unlicensed employee stated she had set up the medications for the clients, provided medication administration including setting the insulin dose on the insulin pen for a client and indicated the agency's RN had not instructed her in medication administration nor had she demonstrated competency to the RN for medication administration. There was no evidence of training for medication administration for employee B. Employee B indicated the client could not set her own insulin dose accurately because of low vision and behavior issues and indicated she was unaware that an unlicensed person was not to do this task for the client.

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

Based on observation, record review and interview, the licensee failed to ensure unlicensed employees who performed delegated nursing functions were qualified for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B began employment December 21, 2002, and provided direct care including delegated nursing functions. There was no documentation in the employee's file of training and competency evaluation. When interviewed August 13, 2008, the program coordinator indicated she was not aware employee B needed training and competency evaluation as she had prior experience providing direct care.

11. 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 inservice training for each twelve months of employment for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B began employment as an unlicensed employee December 21, 2002, to provide direct care for clients. Employee B's personnel file indicated she had not had any inservice training since July 20, 2005. When interviewed August 13, 2008, the program coordinator confirmed that employee B lacked the required inservice training hours. She added that employee B had many hours of training that did not relate to home health aide tasks.

12. MN Rule 4668.0100 Subp. 9**INDICATOR OF COMPLIANCE: # 1**

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

Client's #1 began receiving services on January 1, 2008. Client #1 received services that required supervision including medication administration. There was documentation in the client record of an RN supervisory visit every thirty (30) days after initiation of services but not every fourteen (14) days as required for a client receiving medication administration. When interviewed August 13, 2008, the RN stated she is at the agency every other week and is continually supervising the unlicensed staff, however she had not documented all the supervisory visits in the clients' records.

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

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

Client #1 began receiving services January 1, 2008, including assist with grooming, meal preparation, shopping, homemaking, monitoring of behavior and medication administration. Client #1's service agreement was not dated and did not include medication administration, the fees for services, the persons providing the services or the frequency of supervision or monitoring. In addition, the service plan did not include the action to be taken if essential services could not be provided. The service agreement was not signed by the client or a responsible person. When interviewed August 13, 2008, the program coordinator confirmed the service plan was incomplete.

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

Based on record review and interview, the licensee failed to ensure an assessment of vulnerability was completed for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services January 1, 2008. There was no evidence of an assessment of vulnerability or plan to address the client's vulnerability in the records. When interviewed, August 13, 2008, the program coordinator confirmed an assessment of vulnerability and abuse prevention plan had not been completed.

A draft copy of this completed form was left with Elizabeth Mafe, Program Co-ordinator/Owner, at an exit conference on August 15, 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).