



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0235

March 20, 2009

Emmanuel Okidegbe, Administrator
Esteem Nursing Care Inc
3300 Bass Lake Road Suite 108
Brooklyn Center, MN 55429

Re: Results of State Licensing Survey

Dear Mr. Okidegbe:

The above agency was surveyed on February 11, 12, and 13, 2009, 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: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

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

<http://www.health.state.mn.us>
An equal opportunity employer



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: ESTEEM NURSING CARE INC

HFID #: 21960

Date(s) of Survey: February 11, 12 and 13, 2009

Project #: QL21960005

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

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

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

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

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

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

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

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

Based on record review and interview, the licensee failed to assure registered nurse supervisory visits every fourteen days for two of three client (#1 and #2) records reviewed. The findings include:

Both clients #1 and #2 began receiving services August of 2008. Client #1 had been receiving assistance with medication administration and blood glucose monitoring from unlicensed staff. Client #2 had been receiving assistance with medication administration and daily wound care from unlicensed staff. The last two documented supervisory visits by the registered nurse were December 20, 2008 and January 20, 2009 for both clients.

When interviewed February 12, 2009, the nurse stated that she had been doing the supervisory visits every thirty days and thought the requirement was actually every sixty days. She stated she did not realize that the visits had to be every fourteen days for those clients.

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

Based on record review and interview, the licensee failed to ensure service agreements were complete for two of three client (#2 and # 3) records reviewed. The findings include:

Clients #2 and #3 began receiving services August of 2008 and May of 2008 respectively. The service agreement for client #2 was signed and dated October of 2008. The service agreement for client #3 was signed and dated May of 2008. Neither agreement was completely filled in. The description of services, the identification of persons who were to provide the services, the schedule of supervision and fees were left blank on the agreement form.

When interviewed February 12, 2009, the nurse stated that the services were on the care plan for client#2. She agreed the service agreement did not refer to the care plan and the entire agreement was blank except for the client signature and date. When interviewed February 13, 2009, the owner agreed the service agreement was also not completely filled in for client #3. He also stated, the services were on the care plan and the fees are on the rate sheet.

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

Based on record review and interview, the licensee failed to ensure that medication and treatment orders were renewed at least every three months for two of three client (#1 and #2) records reviewed. The findings include:

Client #1's physician's orders indicated his medications were renewed October 13, 2008. Client #2's physician's orders indicated his medications were renewed October 17, 2008. There were no subsequent order renewals. Both clients physician's orders should have been renewed in January 2009.

When interviewed February 12, 2009, the nurse stated that she was aware that orders needed to be renewed every three months and agreed she was late in getting the medication renewals.

A draft copy of this completed form was left with Emmanuel Okidegbe, Owner/Administrator, at an exit conference on February 13, 2009. 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 # 7005 0390 0006 1220 2742

November 3, 2006

Emmanuel Okidegbe, Administrator
Esteem Nursing Care Inc
3300 Bass Lake Road Suite 108
Brooklyn Center, MN 55429

Re: Amended Licensing Follow Up visit

Dear Mr. Okidegbe:

On November 2, 2006, you were sent an Informational Memorandum as the result of a follow-up visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program. **Please disregard the information that was mailed to you.** Subsequent to that mailing, an error was noted in the information that was mailed to you.

Attached is the corrected Informational Memorandum. The amended information that has been corrected is underscored and the stricken [~~stricken~~] information has been removed.

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.
- Notice Of Assessment For Noncompliance With Correction Orders 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: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

06/06 FPC1000CMRAMMENDEED

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

INFORMATIONAL MEMORANDUM

PROVIDER: ESTEEM NURSING CARE INC

DATE OF SURVEY: October 17, 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:

Emmanuel Okidegbe, Owner/Administrator
Zachcharia Ogwang, 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 21, 22, 23, 24, and July 1, 2005, and subsequent follow up visits made on March 1, 2, 3 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 visit made on October 17, 2006, is as follows:~~

~~1. MN Rule 4668.0140 Subp. 2 Corrected~~

~~9. MN Rule 4668.0100 Subp. 9 Corrected~~

~~10. MN Rule 4668.0140 Subp. 1 Corrected~~

~~13. MN Statute §626.557 Subd. 14(b) Corrected~~

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 21, 22, 23, 24, and July 1, 2005, and subsequent follow up visits made on March 1, 2, 3 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 visit made on June 21, 22, 23, 24, and July 1, 2006 and not corrected at the follow-up visit on March 1, 2, 3, and 9, 2006 are as follows:

9. MN Rule 4668.0100 Subp. 9 Corrected

10. MN Rule 4668.0140 Subp. 1 Corrected

13. MN Statute §626.557 Subd. 14(b) Corrected

The status of the correction order issued at the follow-up visit on March 1, 2, 3, and 9, 2006 is as follows:

1. MN Rule 4668.0140 Subp. 2 Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1460

April 13, 2006

Emmanuel Okidegbe, Administrator
Esteem Nursing Care Inc.
3300 Bass Lake Road Suite 108
Brooklyn Center, MN 55429

Re: Amended Licensing Follow-Up Visit

Dear Mr. Okidegbe:

On March 24, 2006, you were sent an Informational Memorandum as the result of a follow-up visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program. **Please disregard the information that was mailed to you.** Subsequent to that mailing, an error was noted in the information that was mailed to you.

Attached is the corrected Informational Memorandum. The amended information that has been corrected is underscored and the stricken [~~stricken~~] information has been removed.

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.
- Notice Of Assessment For Noncompliance With Correction Orders Home Care Providers

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

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Emmanuel Okidegbe, President Governing Body
Hennepin, Ramsey and Anoka County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
CMR File

10/04 FPC1000CMRAMMENDED



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1323

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

March 14, 2006

Emmanuel Okidegbe, Administrator
Esteem Nursing Care Inc.
3300 Bass Lake Road Suite 108
Brooklyn Center, MN 55429

RE: QL21960003

Dear Mr. Okidegbe:

On March 1, 2, 3, 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, 22, 23, 24, and July 1, 2005, with correction orders received by you on December 7, 2005.

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

9. MN Rule 4668.0100 Subp. 9

\$350.00

Based on record review and interview, the licensee failed to assure that a registered nurse (RN) supervised unlicensed personnel who performed home health aide tasks for six of six clients' (#1, #2, #3, #4, #5 and #6) records reviewed. The findings include:

Clients #1, #2, #3, #4, #5 and #6 began receiving home care services June 1, 2004, January 1, 2005, November 26, 2004, November 9, 2004, September 6, 2004, and October 15, 2004, respectively. The clients' records did not contain evidence of supervisory visits by a RN. When interviewed June 23 and 24, 2005, clients #1, #2 and #3 indicated they were visited by a RN on a monthly basis. When interviewed June 24, 2005, the RN, reported she visited clients on a regular basis, but had not documented the visits.

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

March 24, 2006

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](#).
[follow each order with the following sentence

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

10. MN Rule 4668.0140 Subp. 1

\$250.00

Based on record review and interview, the licensee failed to provide written service agreements for six of six clients' (#1, #2, #3, #4, #5 and #6) records reviewed. The findings include:

Clients #1, #2, #3, #4, #5 and #6's records lacked documentation of a written service agreement. When interviewed June 24, 2005, the program administrator verified that service agreements had not been completed and stated he was evaluating various service agreement forms for implementation.

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.

13. MN Statute §626.557 Subd. 14 (b)

No Fine

Based on record review, the licensee failed to develop an individual abuse prevention plan for four of six clients' (#1, #2, #3 and #5) records reviewed. The findings include:

Clients #1, #2, #3 and #5 began receiving services June 1, 2004, January 1, 2005, November 26, 2005, and September 6, 2004, respectively. Their records did not contain individual abuse prevention plans, which contained an individualized assessment of the person's susceptibility to abuse.

TO COMPLY: Each facility, including a home health care agency and personal care attendant

March 24, 2006

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: \$600.00**. 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: Emmanuel Okidegbe, President Governing Body
Hennepin, Ramsey and Anoka County Social Services –
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Mary Henderson, Program Assurance
Jocelyn Olson, Office of the Attorney General
CMR File

12/04 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: ESTEEM NURSING CARE INC

DATES OF SURVEY: March 1, 2, 3, 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:

Emmanuel Okidegbe, Program Administrator/Owner/Licensee
Theary C. Keo, RN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

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 21, 22, 23, 24 and July 1, 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:

1. MN Rule 4668.0030 Subp. 2	Corrected
2. MN Rule 4668.0040 Subp. 1	Corrected
3. MN Rule 4668.0065 Subp. 1	Corrected
4. MN Rule 4668.0070 Subp. 3	Corrected
5. MN Rule 4668.0075 Subp. 1	Corrected
6. MN Rule 4668.0100 Subp. 2	Corrected
7. MN Rule 4668.0100 Subp. 4	Corrected

- 8. MN Rule 4668.0100 Subp. 5** **Corrected**
- 9. MN Rule 4668.0100 Subp. 9** **Not Corrected** **\$350**

Based on record review and interview, the licensee failed to ensure that every fourteen days an RN supervised unlicensed personnel who performed tasks that required supervision for seven of ten clients' (#1, #2, #7, #8, #9, #10 and #11) records reviewed. The findings include:

Clients ~~#1, #2, #7, #8, and #9, #10 and #11~~ began receiving home care services ~~November 1, 2003, June 1, 2004, October 9, 2004, January 1, 2005, March 8, 2005, May 25, 2005,~~ and October 1, 2005, respectively. The client's records did not contain evidence of supervisory visits by an RN every fourteen days. However, there was evidence the RN was performing supervisory visits every month/thirty days. When interviewed, March 1, 2006, the owner reported he had just hired another RN to assist with supervisory visits.

- 10. MN Rule 4668.0140 Subp. 1** **Not Corrected** **\$250**

Based on record review and interviews the licensee failed to ensure that a written service agreement was provided for one of eleven clients' (#11) records reviewed. The findings include:

Record review and interviews with the owner on March 2 and 3, 2006, indicated client #11 received foster care services. During August 2005, there was a change in client #11's foster parent. The owner verified they had not obtained a new service agreement with client #11's new foster parent.

- 11. MN Rule 4668.0150 Subp. 3** **Corrected**

- 12. MN Rule 4668.0160 Subp. 6** **Corrected**

- 13. MN Statute §626.557 Subd. 14(b)** **Not Corrected** **No Fine**

Based on record review and interview, the licensee failed to develop individual abuse prevention plans for five of seven clients' (#1, #2, #8, #9, and #10) records reviewed. The findings include:

Clients #1, #2, #8, #9 and #10 began receiving services between November 11, 2003, and October 1, 2005. Client #1, #2, #8, #9 and #10's records did not contain individual abuse prevention plans, which contained an individualized assessment of the person's susceptibility to abuse. When interviewed, March 2 and 3, 2006, the owner verified they had not completed abuse prevention plans on all clients who were vulnerable adults.



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: ESTEEM NURSING CARE INC

HFID # (MDH internal use): 21960

Date(s) of Survey: March 1, 2, 3, and 9, 2006

Project # (MDH internal use): QL21960003

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"> • MN Rules 4668.0050 • MN Rule 4668.0060 Subpart 3 • MN Rule 4668.0060 Subpart 4 • MN Rule 4668.0060 Subpart 5 • MN Rule 4668.0140 • MN Rule 4668.0180 Subpart 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 contains all the required information. • Services agreed to are provided • Clients are provided referral assistance. 	Annual Licensing Survey <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided Follow-up Survey # <u>1</u> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input checked="" type="checkbox"/> New Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided
2. The Provider promotes client rights. <ul style="list-style-type: none"> • MN Statute §144A.44 • MN Rule 4668.0030 • MN Rule 4668.0040 	<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. 	Annual Licensing Survey <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0170 		<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"> MN Rule 4668.0035 MN Statutes §144A.46 Subdivision 5 MN Statute §626.556 MN Statutes §626.557 MN Statute §626.5572 	<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>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"> MN Rule 4668.0160 <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"> 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>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"> MN Rule 4668.0060 subpart 1 MN Rule 4668.0065 MN Rule 4668.0070 MN Rule 4668.0075 MN Rule 4668.0080 MN Rule 4668.0100 <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</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. 	<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
<ul style="list-style-type: none"> • MN Rule 4668.0120 • MN Rule 4668.0130 • MN Statute 144A.45 Subdivision 5 • MN Statute 144A.461 <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>	<ul style="list-style-type: none"> • Supervision is provided as required. 	
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 • MN Rule 4668.0100 [Subpart 2] <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"> • 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>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</p> <p style="padding-left: 20px;">___ Order(s) issued</p> <p style="padding-left: 20px;">___ Education</p> <p style="padding-left: 20px;">___ 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;">___ New Correction</p> <p style="padding-left: 20px;">___ Order(s) issued</p> <p style="padding-left: 20px;">___ Education</p> <p style="padding-left: 20px;">___ Provided</p>
<p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 subpart 3 • MN Rule 4668.0012 subpart 8 • MN Rule 4668.0012 Subpart 17 • MN Rule 4668.0019 • MN Rule 4668.0060 subpart 2 • MN Rule 4668.0060 subpart 6 • MN Rule 4668.0180 subpart 2 • MN Rule 4668.0180 subpart 3 <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 4 	<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 reflects services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<p>Annual Licensing Survey</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Correction</p> <p style="padding-left: 20px;">___ Order(s) issued</p> <p style="padding-left: 20px;">___ Education</p> <p style="padding-left: 20px;">___ 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</p> <p style="padding-left: 20px;">___ Order(s) issued</p> <p style="padding-left: 20px;">___ Education</p> <p style="padding-left: 20px;">___ Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 5 • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47 <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.	1.	MN. Rule 4668.0140 Subp. 2 Contents of service agreement.	X	<u>Education:</u> Provided

A draft copy of this completed form was left with Emmanuel Okidegbe, Program Administrator/ Owner, 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>



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3408

December 5, 2005

Emmanuel Okidegbe, Administrator
Esteem Nursing Care Inc
3300 Bass Lake Road Suite 108
Brooklyn Center, MN 55429

Re: Results of State Licensing Survey

Dear Mr. Okidegbe:

The above agency was surveyed on June 21, 22, 13, 14, and July 1, 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: Emmanuel Okidegbe, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Hennepin, Social Services
Sherilyn Moe, Office of the Ombudsman
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 visits, 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: ESTEEM NURSING CARE INC

HFID # (MDH internal use): 21960

Dates of Survey: June 21, 22, 23, 24, and July 1, 2005

Project # (MDH internal use): QL21960003

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"> • MN Rules 4668.0050 • MN Rule 4668.0060 Subpart 3 • MN Rule 4668.0060 Subpart 4 • MN Rule 4668.0060 Subpart 5 • MN Rule 4668.0140 • MN Rule 4668.0180 Subpart 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 contains all the required information. • Services agreed to are provided • Clients are provided referral assistance. 	<p>Annual Licensing Survey</p> <p style="text-align: center;">___ Met</p> <p style="text-align: center;"><u>X</u> Correction Order(s) issued</p> <p style="text-align: center;">___ Education Provided</p> <p>Follow-up Survey # _____</p> <p style="text-align: center;">___ Met</p> <p style="text-align: center;">___ Not Met</p> <p style="text-align: center;">___ New Correction Order(s) issued</p> <p style="text-align: center;">___ Education Provided</p>
<p>2. The Provider promotes client rights.</p> <ul style="list-style-type: none"> • MN Statute §144A.44 • MN Rule 4668.0030 • MN Rule 4668.0040 	<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>Annual Licensing Survey</p> <p style="text-align: center;">___ Met</p> <p style="text-align: center;"><u>X</u> Correction Order(s) issued</p> <p style="text-align: center;">___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0170 		<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"> MN Rule 4668.0035 MN Statutes §144A.46 Subdivision 5 MN Statute §626.556 MN Statutes §626.557 MN Statute §626.5572 	<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>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"> MN Rule 4668.0160 <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"> 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>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"> MN Rule 4668.0060 subpart 1 MN Rule 4668.0065 MN Rule 4668.0070 MN Rule 4668.0075 MN Rule 4668.0080 MN Rule 4668.0100 <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0120 	<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 	<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"> • MN Rule 4668.0130 • MN Statute 144A.45 Subdivision 5 • MN Statute 144A.461 <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>	<p>required.</p>	
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 • MN Rule 4668.0100 [Subpart 2] <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"> • 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>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"> • MN Rule 4668.0008 subpart 3 • MN Rule 4668.0012 subpart 8 • MN Rule 4668.0012 Subpart 17 • MN Rule 4668.0019 • MN Rule 4668.0060 subpart 2 • MN Rule 4668.0060 subpart 6 • MN Rule 4668.0180 subpart 2 • MN Rule 4668.0180 subpart 3 <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 4 • MN Rule 4668.0180 	<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 reflects services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<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 5 • MN Rule 4668.0180 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.	2	MN Rule 4668.0030 Subp. 2 Home Care Bill of Rights: Notification of client.	X	Based on record review and interview, the licensee failed to provide a written copy of the Minnesota Home Care Bill of Rights for six of six clients' (#1, #2, #3, #4, #5 and #6) records reviewed. The findings include: The records for clients #1, #2, #3, #4, #5 and #6, did not contain acknowledgment of receiving the home care bill of rights. When interviewed June 22, 2005, the program administrator reported he did not have a copy of the Minnesota Home Care Bill of Rights and verified that the home care bill of rights had not been distributed to the clients. <u>Education:</u> Provided
2.	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,

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>investigating and resolving complaints from clients. The findings include:</p> <p>The records for clients #1, #2, #3, #4, #5 and #6, lacked documentation that each client received a written notice of the agency’s complaint procedure. When interviewed June 24, 2005, the program administrator acknowledged he did not have a system for receiving, investigating and resolving complaints from the clients.</p> <p><u>Education:</u> Provided</p>
3.	5	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	X	<p>Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening before having direct contact with clients for six of six employees’ (A, B, C, D, E and F) records reviewed. The findings include:</p> <p>Employees A, B, C, D, E and F began providing direct care services to clients in March 2005, April 2005, August 2004, March 2005, November 2004, and August 2004, respectively. There was no documentation that the previously mentioned employees had received tuberculosis screening. When interviewed June 22, 2005, the program director confirmed that tuberculosis screening had not been completed before the employees had direct contact with clients.</p> <p><u>Education:</u> Provided</p>

Class A (Licensed – Only) Licensing Survey Form
Page 6 of 12

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
4.	5	MN Rule 4668.0070 Subp. 3 Personnel records: Job descriptions.	X	<p>Based on record review and interview, the licensee failed to maintain a current job description for two of two employees' (C and F) records reviewed. The findings include:</p> <p>Employees C and F, both registered nurses, were hired in August 2004. There was no job description available for review for a registered nurse. When interviewed June 22, 2005, the program administrator confirmed that there was not a job description for a registered nurse.</p> <p><u>Education:</u> Provided</p>
5.	5	MN Rule 4668.0075 Subp.1 Orientation to Home Care Requirements	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 for six of six employees' (A, B, C, D, E and F) records reviewed. The findings include:</p> <p>Employees A, B, C, D, E and F, began employment between August 9, 2004 and April 3, 2005. There was no documentation that the employees had completed an orientation to home care requirements prior to providing home care services to clients. When interviewed June 22, 2005, the program director stated he was unfamiliar with the home care rules and verified that the orientation to home care requirements was not provided to the employees.</p> <p><u>Education:</u> Provided</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
6.	6	MN Rule 4668.0100 Subp. 2 Administration of medications.	X	<p>Based on record review and interview, the licensee failed to assure that the registered nurse (RN) instructed unlicensed employees on the procedures for medication administration and that the procedures to administer the medications were documented for one of six clients' (#2) records reviewed. The findings include:</p> <p>When interviewed June 23, 2005, client #1 and a family member reported that the unlicensed employees assisted client #1 with medication administration. Client #1 and their family member reported that they had provided instructions and training to the unlicensed employees regarding the medication. In addition, there was not a written procedure by a RN for administering the medication. When interviewed June 23, 2005, employee B stated she had not received medication administration training from a RN.</p> <p><u>Education:</u> Provided</p>
7.	5	MN Rule 4668.0100 Subp. 4 Performance of routine procedures	X	<p>Based on record review and interview, the licensee failed to assure a registered nurse (RN) instructed unlicensed personnel in the proper methods to perform delegated nursing procedures and specific written instructions to perform the procedures were documented for one of six clients' (#1) records reviewed. The findings include:</p> <p>When interviewed June 23, 2005, client #1 and their family member reported that the unlicensed employees assisted client #1 with a</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>treatment and transfers. Client #1 and their family member stated they had instructed and trained the unlicensed employees on the preceding procedures. There were no written procedures by a RN for the treatment or transfer. In addition, a review of training records for employee B, who provided care to client #1, did not contain documentation of training related to the treatment or transfer.</p> <p><u>Education:</u> Provided</p>
8.	5	MN Rule 4668.0100 Subp. 5 Qualifications for persons who perform home health aide tasks.	X	<p>Based on record review and interview, the licensee failed to assure that unlicensed employees who performed home health aide tasks met the training and competency requirements for two of three employees' (A and B) reviewed. The findings include:</p> <p>When interviewed June 23, 2005, employee B reported that client #1 and their family member had provided the instruction for the home health aide tasks performed for the client, which included bathing, dressing, medication administration. A review of employee A and B's records lacked documentation that the training and competency requirements to perform home health aide tasks had been completed. When interviewed June 24, 2005, the program administrator and employee F, a registered nurse, reported they were unfamiliar with the home care rules and training requirements.</p> <p><u>Education:</u> Provided</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
9.	5	MN Rule 4668.0100 Subp. 9 Periodic supervision of home health aide tasks	X	<p>Based on record review and interview, the licensee failed to assure that a registered nurse (RN) supervised unlicensed personnel who performed home health aide tasks for six of six clients' (#1, #2, #3, #4, #5 and #6) records reviewed. The findings include:</p> <p>Clients #1, #2, #3, #4, #5 and #6 began receiving home care services between June 2004 and January 2005. The clients' records did not contain evidence of supervisory visits by a RN. When interviewed June 23 and 24, 2005, clients #1, #2 and #3 indicated they were visited by a RN on a monthly basis. When interviewed June 24, 2005, employee F, a RN, reported she visited clients on a regular basis, but had not documented the visits.</p> <p><u>Education:</u> Provided</p>
10.	1	MN Rule 4668.0140 Subp. 1 Service agreement	X	<p>Based on record review and interview, the licensee failed to provide written service agreements for six of six clients' (#1, #2, #3, #4, #5 and #6) records reviewed. The findings include:</p> <p>Clients #1, #2, #3, #4, #5 and #6's records lacked documentation of a written service agreement. When interviewed June 24, 2005, the program administrator verified that service agreements had not been completed and stated he was evaluating various service agreement forms for implementation.</p> <p><u>Education:</u> Provided</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
11.	6	MN Rule 4668.0150 Subp. 3 Medication and treatment orders: Authorizations.	X	<p>Based on record review and interview, the licensee failed to have written prescriber's orders for medications and treatments for one of six clients' (#1) records reviewed. The findings include:</p> <p>When interviewed June 23, 2005, client #1 and their family member stated that the unlicensed employees assisted client #1 with treatments and medication administration. Client #1's medical record did not contain written prescriber's orders for the treatments and medication.</p> <p><u>Education:</u> Provided</p>
12.	4	MN Rule 4668.0160 Subp. 6 Content of client record.	X	<p>Based on record review and interview, the licensee failed to provide complete records for six of six clients' (#1, #2, #3, #4, #5 and #6) records reviewed. The findings include:</p> <p>Clients #1, #2, #3, #4, #5 and #6 began receiving home care services June 1, 2004, January 1, 2005, November 26, 2004, November 9, 2004, September 6, 2004, and October 15, 2004, respectively. Their records did not contain service agreements and notes by a registered nurse summarizing each contact with the client. The services for clients #5 and #6 were terminated on February 15, 2005 and May 15, 2005, respectively. Their records did not contain a summary following the termination of services. In addition, the record of client #1 did not contain medication and treatment orders. When interviewed June 24, 2005, the program administrator and</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				employee F verified the preceding findings. <u>Education:</u> Provided
N/A	4	MN Rule 4668.0180 Subp. 9 Quality assurance.	X	<u>Education:</u> Provided
13.	3	MN Statute §626.557 Subd. 14 (b) Abuse prevention plan	X	Based on record review, the licensee failed to develop and individual abuse prevention plan for four of six clients' (#1, #2, #3 and #5) records reviewed. The findings include: Clients #1, #2, #3 and #5 began receiving services between June 2004 and January 2005. Their records did not contain documentation of an individual abuse prevention plan, which contained an individualized assessment of the person's susceptibility to abuse. <u>Education:</u> Provided
N/A	7	MN Rule 4668.0012 Subp. 8 Notification of changes in information.	X	<u>Education:</u> Provided
N/A	5	MN Rule 4668.0075 Subp. 2 Content	X	<u>Education:</u> Provided
N/A	1	MN Rule 4668.0140 Subp. 2 Contents of service agreement.	X	<u>Education:</u> Provided
N/A	CLIA Waiver		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Emmanuel Okidegbe, at an exit conference on July 1, 2005. Any correction orders 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)