



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 0150 0003 5688 8906

August 19, 2008

Visot Han, Administrator
A A Care Ind
1101 Snelling Avenue North
St. Paul, MN 55108

Re: Results of State Licensing Survey

Dear Mr. Han:

The above agency was surveyed on July 1 and 2, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

01/07 CMR3199



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: A A CARE INC

HFID #: 22021

Date(s) of Survey: July 1 and 2, 2008

Project #: QL22021005

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

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

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

Indicators of Compliance	Outcomes Observed	Comments
and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.]		Order issued ___ Education Provided
7. The provider is licensed and provides services in accordance with the license. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0019 Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0008 Subp. 3 • MN Rule 4668.0012 • MN Rule 4668.0060 Subp. 2 and 6 • MN Rule 4668.0180 • MN Rule 4668.0220 <p><small>Note: MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</small></p>	<ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee's advertisements accurately reflect services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	Focus Survey <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued ___ Education Provided Expanded Survey <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 4668.0040 Subp. 1**INDICATOR OF COMPLIANCE: # 2**

Based on interview, the licensee failed to ensure that there was a system for handling complaints from clients. The findings include:

When interviewed on July 2, 2008 regarding the agency's complaint procedure, the administrator stated there was no formal system for handling complaints other than the required information on the Home Care Bill of Rights related to contacting the Office of Health Facility Complaints if concerns. The administrator stated he was not aware of this requirement.

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

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

Employee A began providing direct care to clients June of 1995. Employee A had a "TB Skin Test Questionnaire" in his file, which was completed by the employee. The questionnaire indicated that the employee had a positive reaction to a Mantoux skin test in the past. There was no evidence of a chest x-ray in his record. When interviewed, July 2, 2008, employee A stated that he had a chest x-ray in the past, and that the clinic would have the results.

Employee B began providing direct care to clients April of 2008. There was no evidence of tuberculosis screening test in her record. When interviewed on July 2, 2008, employee B stated she has had a Mantoux test in the past, but could not remember when it was completed.

When interviewed, July 1, 2008, the administrator confirmed employee A and B's records did not contain evidence of tuberculosis screening prior to providing direct care to clients.

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

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was provided for two of two employees' (A and C) employed for one year or more who's records were reviewed. The findings include:

Employees A and C were hired June of 1995 and August of 2006 and provided direct care to clients. Employee A's record did not include evidence of any infection control training. Employee C's record indicated the employee last had infection control training September 22, 2006.

When interviewed on July 1, 2008, the administrator confirmed the lack of annual infection control training.

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

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

Employees A, B and C were hired to provide direct care to clients June of 1995, March of 2008 and August of 2006 respectively. There was no evidence of orientation to the home care requirements in their records. When interviewed, July 1, 2008, the administrator confirmed that employees A, B and C had not completed an orientation to the home care requirements and was not aware of this requirement.

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

Based on record review and interview, the licensee failed to ensure that employees who provided home health aide tasks, received the required training and competency testing for two of two unlicensed employees' (B and C) records reviewed. The findings include:

Employees B and C began providing direct client care for client #1 March of 2008, and August of 2006 respectively. The cares provided to client #1 included assistance with dressing, grooming, bathing, eating, toileting, and medication reminders. There was no evidence that they had been trained or passed a competency evaluation. When interviewed, July 1, 2008, the administrator stated he was not aware of this required training.

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

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

Employee C was hired to provide care for client #1 starting August of 2006. Employee C's training record included two-one hour training sessions on September 22, 2006 and two-one hour training sessions in 2007. There was no other in-service training in the record. When the administrator was interviewed on July 1, 2008, and the registered nurse was interviewed on July 2, 2008, both indicated they thought the requirement was for two hours of in-service training a year.

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

Based on record review and interview, the licensee failed to establish a written service agreement with the client or the client's responsible person, for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services on a daily basis and registered nurse supervision monthly August of 2006. Documentation indicated that the unlicensed staff assisted the client with dressing, bathing grooming, eating and medication reminders. There was no written service agreement for these services. When interviewed, July 2, 2008, the registered nurse stated that they verbally review the services they will be providing, but do not have a written agreement.

8. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review, observations, and interview, the licensee failed to conduct an assessment of the client's susceptibility to abuse and make a plan for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services from the agency August of 2006. Observations of the client during a home visit, July 2, 2008 revealed the client had difficulty ambulating independently, required assistance with personal cares, could not speak English, and required the assistance of family members and the unlicensed staff to meet her needs. There was no individualized assessment of the client's susceptibility to abuse or plan for dealing with the vulnerabilities. When interviewed, July 2, 2008, the registered nurse stated he was not aware of this requirement.

A draft copy of this completed form was left with Visot Han, Administrator, at an exit conference on July 2, 2008. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. CLASS A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).