



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 3152

December 29, 2006

Roseline Alaka, Administrator
Americas Choice Nursing Services
7074 Brooklyn Boulevard
Brooklyn Center, MN 55429

Re: Licensing Follow Up visit

Dear Ms. Alaka:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on November 16 and 20, 2006.

The documents checked below are enclosed.

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

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

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

Sincerely,

A handwritten signature in cursive script that reads "Jean M. Johnston".

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 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: AMERICAS CHOICE NURSING SRVCS

DATE OF SURVEY: November 16 and 20, 2006

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

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

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

Rosaline Alaka, President/Owner
Macauley Iginiamre, Registered Nurse
Meti Moussisa, Office Assistant

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # 3 _____

ITEMS NOTED AND DISCUSSED:

1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on June 6, 7, 8, 9, 10 and 16, 2005 and subsequent follow up visits made on January 23, 24, 25 and 30, 2006 and July 6, 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 November 16 and 20, 2006 is as follows:

- | | |
|-------------------------------|-----------|
| 1. MN Rule 4668.0104 Subp. 2 | Corrected |
| 11. MN Rule 4668.0100 Subp. 9 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0746

August 15, 2006

Roseline Alaka, Administrator
America's Choice Nursing Services
7420 Unity Avenue North Suite 312
Brooklyn Park, MN 55443

Re: Amended Licensing Follow Up visit

Dear Ms. Alaka:

On August 3, 2006, you were sent an Informational Memorandum and Notice of Assessment for Noncompliance with Correction Orders 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 and Notice Of Assessment For Noncompliance With Correction Orders. 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 style with a large initial "J".

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
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPC1000CMRAMMENDEED



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # ~~7005 0390 0006 1222 2351~~
7005 0390 0006 1222 0746

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

~~August 3, 2006~~
August 15, 2006

Rosaline Alaka, Administrator
America's Choice Nursing Services
7420 Unity Avenue North Suite 312
Brooklyn Park, MN 55443

RE: QL22027003

Dear Ms. Alaka:

~~1. On July 6, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a survey completed on June 6, 7, 8, 9, 10, and 16, 2005, received by you on November 26, 2005, and found to be uncorrected during an inspection completed on January 23, 24, 25, and 30, 2006.~~

~~As a result of correction orders remaining uncorrected on the January 23, 24, 25, and 30, 2006, re-inspection, a penalty assessment in the amount of \$350.00 was imposed on March 23, 2006.~~

~~The following correction orders remained uncorrected at the time of the subsequent re-inspection on July 6, 2006.~~

~~**11. MN Rule 4668.0100 Subp. 9** \$700.00~~

~~Based on record review and interviews the medical records lacked evidence of periodic supervision of the home health aide by the registered nurse in eleven of eleven (1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 1H, 2H, and 3H) records reviewed. The findings include:~~

~~The medical records for clients' 1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 1H, 2H and 3H, did not contain evidence that supervisory visits of the home health aide and assigned tasks were conducted by a registered nurse or a licensed practical nurse, under the direction of a registered nurse.~~

~~During an interview on June 10, and 16, 2005, employee 1A confirmed that supervisory visits~~

March 23, 2006

were not performed on a timely basis and were not documented.

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

~~— A. within 14 days after initiation of home health aide tasks; and~~

~~— B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or~~

~~— C. every 60 days thereafter, or more frequently if indicated by a clinical assessment, for all home health aide tasks other than those described in subparts 2 to 4.~~

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

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

2.1. On July 6, 2006, a re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a survey completed on January 23 24 25 and 30, 2006 which were received by you on April 4, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on July 6, 2006.

1. MN Rule 4668.0140 Subp. 2

\$50.00

Based on record review and interview, the licensee failed to ensure a complete service agreement was provided for seven of eight clients' (A2, A3, A8, A9, H1, H3 and H4) records reviewed. The findings include:

The service agreements for clients A2, A3, A8, and A9, who received services in their own homes and the service agreements for clients H1, H3 and H4, who received services at the housing with services site, all indicated the agency would provide each client with some of the following services: personal care; homemaking; shopping; laundry; cleaning; room order; meal preparation; medication administration; activities; and coordination of medical/social appointments. The service agreements lacked the frequency of the services to be provided; the identification of persons who were to provide the services; the schedule or frequency of sessions of supervision or monitoring required, if any; and the fees for services.

March 23, 2006

When interviewed, January 24, and 25, 2006, the owner and the registered nurse verified the service agreements were incomplete.

TO COMPLY: The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;
- B. identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required, if any;
- D. fees for services;
- E. a plan for contingency action that includes:

(1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 50.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: ~~\$750.00~~ \$50.00. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

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

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if,

March 23, 2006

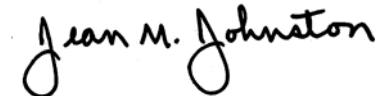
upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine

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

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

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

Sincerely,



Jean Johnston
Program Manager
Case Mix Review Program

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

06/06 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: AMERICAS CHOICE NURSING SRVCS

DATE OF SURVEY: July 6, 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:

Rosaline Alaka, President/Owner
Macauley Iginiamre, Registered Nurse
Meti Moussisa, Office Assistant

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #2

ITEMS NOTED AND DISCUSSED:

1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on June 6, 7, 8, 9, 10, and 16, 2005 and the follow-up visit on January 23, 24, 25 and 30, 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 following correction order issued on October 4, 2005 as a result of the June 6, 7, 8, 9, 10 and 16, 2005 visit that was received by the facility on October 5, 2005 and found not corrected during the January 23, 24, 25 and 30, 2006 and July 6, 2006 follow-up visit is as follows:

11. MN Rule 4668.0100 Subp. 9	Not Corrected	\$700.00
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Based on record review and interview, the licensee failed to ensure that a registered nurse supervised unlicensed persons who performed home health aide tasks for three of five clients' (A2, A3, and A9) records reviewed. The findings include:

Clients' A2, A3 and A9 records all lacked evidence that supervision of the home health aide and assigned tasks had been conducted by a registered nurse or a licensed practical nurse, under the direction of registered nurse.

When interviewed, July 6, 2006, the owner verified that the supervisory visits had not been conducted for clients A2, A3, and A9.

The status of the following correction order issued on March 23, 2006 as a result of the January 23, 24, 25 and 30, 2006 follow-up visit that was received by the facility on March 23, 2006 and found not corrected during the July 6, 2006 follow-up visit is as follows:

1. MN Rule 4668.0140 Subp. 2	Not Corrected	\$50.00
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Based on record review and interview the licensee failed to ensure a complete service agreement was provided for five of five clients' (A2, A3, A9, A11, and A12) records reviewed. The findings include:

The service agreements for clients A2, A3, A9, A11, and A12, who received services in their own homes, all indicated that the agency would provide each client with the following services: registered nurse (RN) "RN Supervision Visit" and patient care attendant (PCA) "PCA" services. The service agreements lacked the frequency of the services provided and the schedule and of sessions of supervision or monitoring required. Clients' A2, A3, A9, and A12 service agreements identified a number of units allocated for reimbursement, rather than frequency of visits. Client A11's service agreement was incomplete.

When interviewed on July 6, 2006, the owner verified that the service agreements were inaccurate or incomplete.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1149

March 23, 2006

Roseline Alaka, Administrator
America's Choice Nursing Services
7420 Unity Avenue North, Suite 312
Brooklyn Park, MN, 55443

Re: Licensing Follow Up Revisit

Dear Ms. Alaka:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on January 23, 24, 25, and 30, 2006.

The documents checked below are enclosed.

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

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

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Roseline Alaka, President Governing Body
Hennepin 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
Mary Henderson, Program Assurance
CMR File

10/04 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 ~~1222 1149~~

7005 0390 0006 1222 0746

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

~~March 23, 2006~~

August 15, 2006

Rosaline Alaka, Administrator
America's Choice Nursing Services
7420 Unity Avenue North, Suite 312
Brooklyn Park, MN 55443

RE: QL22027003

Dear Ms. Alaka:

On January 23, 24, 25 and 30, 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 16, 2005, with correction orders received by you on October 5, 2005.

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

~~4. MN Rule 4668.0065 Subp. 3~~ \$350.00

~~Based on record review and interview, the licensee failed to ensure that for each twelve months of employment, employees who had direct contact with clients, completed in service training in infection control techniques for two of two employees (1A and 4H) who were employed longer than 12 months. The findings include:~~

~~Personnel records for employee 1A and 4H did not contain evidence that infection control in-service training was provided for each 12 months of employment. When interviewed on June 10, 2005, the licensee confirmed that infection control in-service training had not been provided.~~

TO COMPLY: ~~For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:~~

- ~~— A. hand washing techniques;~~
- ~~— B. the need for and use of protective gloves, gowns, and masks;~~
- ~~— C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;~~
- ~~— D. disinfecting reusable equipment; and~~

~~— E. disinfecting environmental surfaces.~~

11. MN Rule 4668.0100 Subp. 9

\$350.00

Based on record review and interviews the medical records lacked evidence of periodic supervision of the home health aide by the registered nurse in eleven of eleven (1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 1H, 2H, and 3H) records reviewed. The findings include:

The medical records for clients' 1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 1H, 2H and 3H, did not contain evidence that supervisory visits of the home health aide and assigned tasks were conducted by a registered nurse or a licensed practical nurse, under the direction of a registered nurse.

During an interview on June 10, and 16, 2005, employee 1A confirmed that supervisory visits were not performed on a timely basis and were not documented.

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

A. within 14 days after initiation of home health aide tasks; and

B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or

C. every 60 days thereafter, or more frequently if indicated by a clinical assessment, for all home health aide tasks other than those described in subparts 2 to 4.

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

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

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$350.00**. This amount is to be paid by check made payable to the 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.

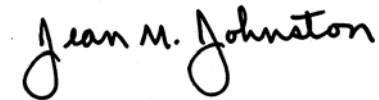
America's Choice Nursing Services
7420 Unity Avenue North, Suite 312
Brooklyn Park, MN 55443
~~March 23, 2006~~
August 15, 2006

Page 3 of 3

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: Roseline Alaka, President Governing Body
Hennepin 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
Mary Henderson, Program Assurance
CMR File

12/04 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: AMERICAS CHOICE NURSING SRVCS

DATE OF SURVEY: January 23, 24, 25, and 30, 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:

Rosaline Alaka, President/Owner
Macaulay Iginiamre, Registered Nurse
Meti Moussisa, Office Assistant

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 6, 7, 8, 9, 10, and 16, 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 4668.0030 Subp. 4	Corrected
3. MN Rule 4668.0065 Subp. 1	Corrected
4. MN Rule 4668.0065 Subp. 3	Corrected
5. MN Rule 4668.0070 Subp. 2	Corrected
6. MN Rule 4668.0070 Subp. 3	Corrected

7. MN Rule 4668.0075 Subp. 1	Corrected	
8. MN Rule 4668.0100 Subp. 3	Corrected	
9. MN Rule 4668.0100 Subp. 4	Corrected	
10. MN Rule 4668.0100 Subp. 5	Corrected	
11. MN Rule 4668.0100 Subp. 9	Not Corrected	Fine: \$350

Based on record review and interview, the licensee failed to ensure that a registered nurse supervised unlicensed persons who performed home health aide tasks for five of five clients' (A2, A3, A8, A9, and A10) records reviewed who received services in their own homes that required supervision and three of three clients' (H1, H3, and H4) records reviewed who received services that required supervision at housing with services site H. The findings include:

Clients A2, A3, A8, A9, A10, H1, H3 and H4's records all lacked evidence that supervision of the home health aide and assigned tasks had been conducted by a registered nurse or a licensed practical nurse, under the direction of a registered nurse.

When interviewed, January 25, 2006, the registered nurse (RN) reported that s/he visits clients H1, H3 and H4 at the housing with services site H on a daily basis, however s/he had not documented these supervisory visits. The RN reported s/he had not performed supervisory visits for clients A2, A3, A8, A9 and A10 who received services in their own homes.

12. MN Rule 4668.0140 Subp. 1	Corrected
13. MN Rule 4668.0160 Subp. 5	Corrected
14. MN Rule 4668.0180 Subp. 9	Corrected
15. MN Rule 4668.0865 Subp. 2	Corrected
16. MN Rule 4668.0865 Subp. 8	Corrected
17. MN Rule 4668.0865 Subp. 9	Corrected
18. MN Statute §144A.46 Subd. 5(b)	Corrected
19. MN Statute §626.557 Subd. 14(b)	Corrected

- 2) Although a State licensing survey was not due at this time, a new correction order was issued. (See attached correction order.)



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.

Name of Class A Licensee: AMERICAS CHOICE NURSING SRVCS

HFID # (MDH internal use): 22027

Date(s) of Survey: January 23, 24, 25, and 30, 2006

Project # (MDH internal use): QL22027003

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><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 # <u>1</u></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> New Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> 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 <p>Indicator of Compliance #2 continued:</p>	<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><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 # <u>1</u></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> MN Rule 4668.0170 		<ul style="list-style-type: none"> <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided
<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> <ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided <p>Follow-up Survey #__1__</p> <ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided
<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> <ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided <p>Follow-up Survey #__1__</p> <ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided
<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 MN Rule 4668.0130 MN Statute 144A.45 Subdivision 5 	<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>Annual Licensing Survey</p> <ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided <p>Follow-up Survey #__1__</p> <ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • 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>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>___ Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p> <p>Follow-up Survey #__1__</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ 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 subpart 5 • MN Rule 4668.0180 subpart 6 	<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>___ Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p> <p>Follow-up Survey #__1__</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • 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 the service agreement	X	<p>Based on record review and interview, the licensee failed to ensure a complete service agreement was provided for seven of eight clients' (A2, A3, A8, A9, H1, H3 and H4) records reviewed. The findings include:</p> <p>The service agreements for clients A2, A3, A8, and A9, who received services in their own homes and the service agreements for clients H1, H3 and H4, who received services at the housing with services site, all indicated the agency would provide each client with some of the following services: personal care; homemaking; shopping; laundry; cleaning; room order; meal preparation; medication administration; activities; and coordination of medical/social appointments. The service agreements lacked the frequency of the services to be provided; the identification of persons who were to provide the services; the schedule or frequency of sessions of</p>

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

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>supervision or monitoring required, if any; and the fees for services.</p> <p>When interviewed, January 24, and 25, 2006, the owner and the registered nurse verified the service agreements were incomplete.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Rosaline Alaka, Licensee, at an exit conference on January 30, 2006. Any correction order issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

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

(Form Revision 5/05)



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3415

October 4, 2005

Roseline Alaka, Administrator
Americas Choice Nursing Services
7020 Unity Avenue North Suite 312
Brooklyn Park, MN 55443

Re: Results of State Licensing Survey

Dear Ms. Alaka:

The above agency was surveyed on June 6, 7, 8, 10, and 16, 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: Roseline Alaka, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Hennepin County 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 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: AMERICAS CHOICE NURSING SRVCS

HFID # (MDH internal use): 22027

Date(s) of Survey: June 6, 7, 8, 9, 10 and 16, 2005

Project # (MDH internal use): QL22027003

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="padding-left: 20px;"><input type="checkbox"/> Met</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Met</p> <p style="padding-left: 20px;"><input type="checkbox"/> Not Met</p> <p style="padding-left: 20px;"><input type="checkbox"/> New Correction Order(s) issued</p> <p style="padding-left: 20px;"><input type="checkbox"/> 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 	<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="padding-left: 20px;"><input type="checkbox"/> Met</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Education</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0040 Indicator of Compliance #2 continued: <ul style="list-style-type: none"> • MN Rule 4668.0170 		Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided
3. The Provider promotes and protects each client's safety, property, and well-being. <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. 	Annual Licensing Survey <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided
4. The Provider maintains and protects client records. <ul style="list-style-type: none"> • MN Rule 4668.0160 [Note to MDH staff: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders]	<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. 	Annual Licensing Survey <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided
5. The Provider employs and/or contracts with qualified and trained staff. <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 [For subpart 2 see indicator #6] Indicator of Compliance #5	<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 	Annual Licensing Survey <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided

Indicators of Compliance	Outcomes Observed	Comments
<p>continued:</p> <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>	<p>administration procedures are available.</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>___ 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"> • 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
<ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 4 • 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	2	MN Rule 4668.0030 Subp. 2 Notification of client	X	<p>Based on record review and interview, the licensee failed to provide/distribute the 2002 Home Care Bill of Rights to eleven of eleven clients (1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 1H, 2H and 3H). The findings include:</p> <p>On June 7, 2005, the licensee provided the reviewers a copy of the Home Care Bill of Rights that was distributed to the clients. The Home Care Bill of Rights was noted to not be current with the 2002 legislative changes.</p> <p>An interview was conducted with the licensee on June 7, 2005. The licensee was unaware that the clients were not provided with the most current Home</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Care Bill of Rights, which was modified/changed in 2002.</p> <p><u>Education:</u> Provided</p>
2	2	MN Rule 4668.0030 Subp. 4 Content of notice	X	<p>Based on record review and interview, the licensee failed to ensure that the Home Care Bill of Rights that was provided/distributed to clients contained the correct telephone number, mailing address, and street address of the Office of Health Facility Complaints and the correct address of the Office of the Ombudsman for Older Minnesotans. The findings include:</p> <p>On June 7, 2005, the licensee provided the reviewers with a copy of the Home Care Bill of Rights that was provided to clients. The Home Care Bill of Rights did not contain the correct telephone number, mailing address, and street address of the Office of Health Facility Complaints nor the correct address of the Office of the Ombudsman for Older Minnesotans.</p> <p>An interview was conducted with the licensee on June 7, 2005. The licensee was unaware the Home Care Bill of Rights did not contain the correct telephone number, mailing address, and street address of the Office of Health Facility Complaints and the correct address of the office of the ombudsman for older Minnesotans.</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 did not ensure employee Mantoux testing was performed prior to direct contact with clients for eight of ten (2A, 3A, 4A, 5A, 2 H, 3H, 4H and 5H) personnel records reviewed. The findings include:</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Personnel records for employees 2A, 3A, 4A, 5A, 2 H, 3H, 4H and 5H lacked documentation of Mantoux testing prior to providing direct contact to clients. During an interview on June 8, 2005, the licensee confirmed the Mantoux testing was not obtained/performed.</p> <p><u>Education:</u> Provided</p>
4	5	MN Rule 4668.0065 Subp. 3 Infection control in-service training	X	<p>Based on record review and interview, the licensee failed to ensure that for each twelve months of employment, employees who had contact with clients, completed in-service training in infection control techniques for two of two employees (1A and 4H) who were employed longer than 12 months. The findings include: Personnel records for employee 1A and 4H did not contain evidence that infection control in-service training was provided for each 12 months of employment. When interviewed on June 10, 2005, the licensee confirmed that infection control in-service training had not been provided.</p> <p><u>Education:</u> Provided</p>
5	5	MN Rule 4668.0070 Subp 2 Personnel records	X	<p>Based on documentation and interview, personnel records did not contain sufficient records of training required by this chapter in ten of ten personnel records reviewed (1A, 2A, 3A, 4A, 5A, 1H, 2H, 3H, 4H and 5H).</p> <p>Personnel records for employees 2A, 3A, 4A, 5A, 1H, 4H and 5H, did not contain evidence of any training. Although employee 1A's personnel record contained evidence of licensure as a registered nurse, there was no evidence of an orientation to the home requirements, infection control or other</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>training courses attended. Employee 2H's personnel record contained a copy of a nurse aide certificate, but did not include orientation to the home care requirements; competency evaluations or infections control training. Employee 3H's personnel record contained a certificate of attendance at a basic medication administration course, but did not include an orientation to the home care requirements, or infection control.</p> <p>When interviewed between June 7, 2005 and June 10, 2005, the licensee reported a written test is administered to potential employees before hire. The licensee had not retained evidence of the tests and was unaware of the need to maintain records of training and competency evaluations</p> <p><u>Education:</u> Provided</p>
6	5	MN Rule 4668.0070 Subp. 3 Job descriptions	X	<p>Based on record review and interview, the licensee failed to ensure there was a job description for the registered nurse in one of one (1A) personnel record reviewed. The findings include:</p> <p>Personnel records indicated registered nurse 1A was hired on February 28, 2003. A job description for the registered nurse was not obtained/found. When interviewed on June 9, 2005, the licensee confirmed there was not a job description for the registered nurse.</p> <p><u>Education:</u> Provided</p>
7	5	MN Rule 4668.0075 Subp. 1 Orientation	X	<p>Based on record review and interview, the licensee failed to provide an orientation to the home care requirements for ten of ten employee (1A, 2A, 3A, 4A, 5A, 1H, 2H 3H, 4H and 5H) records reviewed. The findings</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>include:</p> <p>Personnel records did not contain evidence that employees 1A, 2A, 3 A, 4 A, 5 A, 1 H, 2 H 3 H, 4 H and 5 H, who began employment between August 11, 2003 – March 1, 2005, received orientation to the home care requirements prior to providing direct home care services to clients.</p> <p>When interviewed on June 7, 2005, the licensee acknowledged that the orientation to the home care requirements had not been provided, and reported that she was unfamiliar with the home care rules.</p> <p><u>Education:</u> Provided</p>
8	6	MN Rule 4668.0100 Subp. 3 Limitations on administering medications	X	<p>Based on record review, and interviews, the licensee failed to ensure that unlicensed staff do not assist clients with drawing up injections for one of one client reviewed. The findings include:</p> <p>During a home visit with client 1A on June 9, 2005, client 1A stated that due to her poor vision, employee 2A assists her with drawing up her insulin by reading the unit measurements on the syringe. (Employee 2A was not available during the home visit to verify this information.)</p> <p>Employee 2A’s personnel record did not contain evidence of medication administration training.</p> <p>An interview was conducted with employee 1A, a registered nurse. Employee 1A stated that she was unaware that employee 2A was assisting client 1A with drawing up her insulin.</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education:</u> Provided
9	5	MN Rule 4668.0100 Subp. 4 Performance of routine procedures	X	<p>Based on record review, and interviews, the licensee failed to ensure that the procedures for wound care were documented in the client's record for one of one client's records (1A) reviewed who was receiving wound care. The findings include:</p> <p>During an interview on June 9, 2005, client 1A stated her pressure ulcer wound care was provided by employee 2A, an unlicensed staff. There were no written instructions by the registered nurse in client 2A's medical record of the procedures to follow when doing the wound care.</p> <p>During an interview on June 10, 2005, employee 1A, a registered nurse, stated he had instructed employee 2A on the provision of client 1A's wound care, but verified that the wound care instructions were not documented.</p> <p><u>Education:</u> Provided</p>
10	5	MN Rule 4668.0100 Subp. 5 Qualifications for persons who perform home health aide tasks	X	<p>Based on record review and interviews, employees performing home health aide tasks lacked evidence of successfully completing the training and passing competency evaluations to perform home health aide tasks in nine of nine employees' (2A, 3A, 4A, 5A, 1H, 2H, 3H, 4H and 5H) records reviewed. The findings include:</p> <p>The personnel records for employees' 2A, 3A, 4A, 5A, 1H, 2H, 3H, 4H and 5H, lacked documentation of home health aide task training and competency evaluations.</p> <p>During interviews on June 7 and 8,</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>2005, the licensee stated that home health aide task training and competency evaluations were not performed. The licensee stated she was unfamiliar with the home care rules.</p> <p><u>Education:</u> Provided</p>
11	5	MN Rule 4668.0100 Subp. 9 Periodic supervision of home health aide tasks	X	<p>Based on record review, and interviews, medical records lacked evidence of periodic supervision the home health aide by the registered nurse in eleven of eleven (1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 1H, 2H, and 3H) records reviewed. The findings include:</p> <p>The medical records for clients 1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 1H, 2H and 3H, did not contain evidence that supervisory visits of the home health aide were conducted by a registered nurse, or a licensed practical nurse under the direction of a registered nurse.</p> <p>During an interview on June 10, and 16, 2005, employee 1A confirmed that supervisory visits were not performed on a timely basis and were not documented.</p> <p><u>Education:</u> Provided</p>
12	1	MN Rule 4668.0140 Subp. 1 Service agreements	X	<p>Based on record review and interviews, the licensee failed to ensure that no later than the second visit to a client, the licensee entered in to a written service agreement with the client or the client's responsible person for eleven of eleven clients (1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 1H, 2H and 3H) records reviewed. The findings include:</p> <p>The medical records for clients 1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 1H, 2H and 3H, did not contain written service agreements with the licensee. When</p>

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				interviewed on June 7, 2005, the licensee stated she thought a form titled, "State of Minnesota Home and Community Based Services" met the requirement for the service agreement, although this form did not include all the required components of this subpart and was not signed by the licensee nor the client. <u>Education:</u> Provided
13	4	MN Rule 4668.0160 Subp. 5 Form of entries	X	Based on record review and interviews entries in three of eleven client records (1A, 4A and 6A) were written in pencil. The findings include: Personal Care Attendant (PCA) notes were noted to be documented in pencil in client 1A, 4A and 6A's medical records. When interviewed on June 10, 2005, and June 16, 2005, the licensee and registered nurse confirmed the above entries were made in pencil. <u>Education:</u> Provided.
14	7	MN Rule 4668.0180 Subp. 9 Quality assurance	X	Based on record review, and interview, the licensee had not implemented a quality assurance program. The findings include: The licensee had purchased a quality assurance plan from a company, but had not individualized it to the agency. When interviewed, the licensee stated that she had not implemented the quality assurance plan. <u>Education:</u> Provided
15	6	MN Rule 4668.0865 Subp. 2 Nursing assessment and service plan	X	Based on record review and interview, the licensee failed to ensure that the registered nurse conducted a nursing assessment of a client's functional status and need for central medication storage,

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				<p>and developed a service plan for the provision of that service according to the client's needs and preferences in two of three clients' (2H and 3H) records reviewed. The findings include:</p> <p>An interview with employee 1A and observations on June 6, 2005, indicated that all medications at the housing with services establishment were centrally stored.</p> <p>Client 2H resided in the agencies' Housing With Services (HWS) between March 26, 2004 and May 20, 2004. Client 2H's medical record did not contain an assessment of client 2H's functional status and need for central medication storage and medication administration assistance by a registered nurse. In addition, a service plan/agreement was not established for the provision of this service.</p> <p>Medical records indicated client 3H was admitted to the agencies' HWS on March 30, 2005. A registered nurse did not conduct an assessment of client 3H's need for central medication storage of medication administration assistance. In addition, a service plan/agreement was not established for the provision of this service.</p> <p>On June 7, 2005, a reviewer observed a medication administration assessment tool in a medication administration record notebook which was blank. Employee 1A reported the medication administration assessment tool was not used.</p> <p><u>Education:</u> Provided</p>
16	6	MN Rule	X	Based on observation, and interview, the

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		4668.0865 Subp. 8 Storage of drugs		<p>licensee failed to store refrigerated drugs (insulin) in locked compartments. The findings include:</p> <p>Observations and interviews on June 7, 2005, indicated the licensee was providing central storage of medications for clients at a Housing With Services establishment. Insulin and suppositories were stored in unlocked containers in the central kitchen refrigerator. When interviewed on June 7, 2005, employee 1A reported that the kitchen refrigerator did not lock.</p> <p><u>Education:</u> Provided</p>
17	6	MN Rule 4668.0865 Subp. 9 Storage of Schedule II drugs	X	<p>Based on observations and interview, the licensee failed to provide separately locked compartments, permanently affixed to the physical plant for storage of controlled drugs for one of four clients (client 4H). The findings include:</p> <p>Observations and interviews on June 7, 2005, indicated the licensee was providing central storage of medications at a Housing With Services establishment. Hydrocodone, a schedule II drug, prescribed to client 4H, was observed to be stored in a single locked cupboard in the central kitchen. The licensee did not have a separately locked compartment, permanently affixed to the physical plant for storage of controlled drugs.</p> <p><u>Education:</u> Provided</p>
18	3	MN Statute §144A.46 Subd. 5 (b) Prior criminal conviction	X	<p>Based on record review, the licensee failed to ensure criminal background studies were conducted for five of ten employees' (3A, 4A, 1H, 2H and 5H) records reviewed. The findings include:</p>

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				<p>Personnel records for employees' 3A, 4A and 1H, lacked documentation of a criminal background study performed through the Minnesota. (MN) Department of Human Services. Background studies for employees, 2H and 5H were performed through Anoka County, but were not obtained through the MN. Department of Human Services.</p> <p>During an interview June 7, 2005, the licensee confirmed the lack of background studies for employees' 3A, 4A, 1H, 2H, and 5H, and stated she would review the system for obtaining background studies.</p> <p><u>Education:</u> Provided</p>
19	3	MN Statute §626.557 Subd. 14 (b) Abuse prevention plan	X	<p>Based on record review, and interview, the licensee failed to ensure that an individualized assessment of the client's susceptibility to abuse and a plan to minimize the risk of abuse was conducted for seven of eleven clients' (1A, 4A, 5A, 6A, 7A, 8A, and 3H) records reviewed. The findings include:</p> <p>Medical records and interviews on June 7, 2005, with the licensee and employee 1A indicated the following: Client 1A was admitted in November, 2005. Client 4A was admitted in March, 2005. Client 5A was admitted in March, 2005. Client 6A was admitted in August, 2004. Client 7A was admitted in April, 2005. Client 8A was admitted in May, 2005. Client 3H was admitted in March, 2005.</p> <p>The medical records for clients 1A, 4A, 5A, 6A, 7A, 8A and 3H, did not contain an individualized assessment of the client's susceptibility to abuse nor a</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				statement of the specific measures to be taken to minimize the risk of abuse. <u>Education:</u> Provided

A draft copy of this completed form was left with Roseline Alaka, Licensee at an exit conference on June 16, 2005. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-Only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

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

(Form Revision 5/05)