



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6291

December 28, 2010

Vladimir Storchak, Administrator  
MVR Home Care Inc  
3435 Washington Drive #104  
Eagan, MN 55122

RE: Results of State Licensing Survey

Dear Mr. Storchak:

The above agency was surveyed November 12 and 15, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order 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) 201-4309.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program  
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273  
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*

CERTIFIED MAIL #: 7009 1410 0000 2303 6291

FROM: Minnesota Department of Health, Division of Compliance Monitoring  
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900  
Home Care & Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	<u>VLADIMIR STORCHAK</u>	DATE: December 28, 2010
PROVIDER:	<u>MVR HOME CARE INC</u>	COUNTY: DAKOTA
ADDRESS:	<u>3435 WASHINGTON DRIVE #104</u>	HFID: 23107
	<u>EAGAN, MN 55122</u>	

On November 12 and 15, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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 may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

**1. MN Rule 4668.0008 Subp. 3**

Based on document review and interview, the licensee failed to ensure that the contract for registered nurse services included the required content. The findings include:

The agency contracted for nursing services with Individual C (registered nurse). A review of the "Independent Contractor Agreement," dated June 3, 2010, did not include the language that the contractor would comply with the rules and statutes pertaining to home care.

When interviewed November 12, 2010, employee A (administrator) confirmed the contract with the registered nurse did not include the required language.

**TO COMPLY:** If a licensee contracts for a home care service with a business that is not subject to licensure under this chapter, it must require, in the contract, that the business comply with this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#).

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

### **2. MN Rule 4668.0030 Subp. 2**

Based on interview and record review, the licensee failed to ensure clients received a copy of the Minnesota Home Care Bill of Rights for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 began receiving services from the licensee on March 1, 2004, and August 28, 2008, respectively. The Home Care Bill of Rights that was provided to the clients on August 28, 2008, was for the state of Iowa.

When interviewed November 12, 2010, employee A (administrator) confirmed that the agency had not provided the clients with the Minnesota Home Care Bill of Rights. Employee A stated he must have pulled the incorrect version of the bill of rights off the internet.

**TO COMPLY:** The provider shall give a written copy of the home care bill of rights, as required by Minnesota Statutes, section [144A.44](#), to each client or each client's responsible person.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

### **3. MN Rule 4668.0040 Subp. 2**

Based on interview and record review, the licensee failed to ensure the agency's written grievance procedure included the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 began receiving services from the licensee on March 1, 2004, and August 28, 2008, respectively. The agency's Patient Grievance Procedure that was provided to the clients on August 28, 2008, did not include that the clients had the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints.

When interviewed November 12, 2010, employee A (administrator) confirmed the Patient Grievance Procedure was missing the information related to the Office of Health Facility Complaints.

**TO COMPLY:** The system required by subpart 1 must provide written notice to each client that includes:

- A. the client's right to complain to the licensee about the services received;
- B. the name or title of the person or persons to contact with complaints;
- C. the method of submitting a complaint to the licensee;

D. the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and

E. a statement that the provider will in no way retaliate because of a complaint.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

#### **4. MN Rule 4668.0065 Subp. 1**

Based on interview and record review, the licensee failed to ensure that tuberculosis testing was completed prior to health care workers (HCW) providing services to clients for two of three employees'/contractors' (C and D) records reviewed. The agency failed to follow any TB screening including the conditions of Information Bulletin 09-04: Pursuant to Minnesota Rule 4668.0016, and as defined in Minnesota Department of Health Information Bulletin 09-04 Tuberculosis Prevention and Control: Home Care. Minnesota Rule 4668.0065, Subpart 1, Tuberculosis Screening is waived. The findings include:

Individual C (registered nurse) was hired as an independent contractor to provide nursing services on August 31, 2010. There was no evidence of tuberculosis screening in individual C's record.

Employee D (unlicensed staff) was hired to provide direct care to clients on September 10, 2008. There was no evidence of tuberculosis screening in employee D's record

When interviewed November 12, 2010, employee A (administrator) confirmed individual C and employee D had not had tuberculosis testing. Employee A stated he was not aware of the tuberculosis testing and screening guidelines in the Minnesota Department of Health's Information Bulletin 09-04 and had not conducted a risk assessment to determine the agency's tuberculosis risk level, nor did the agency have a written tuberculosis risk assessment plan in place.

**TO COMPLY:** - All paid HCWs (as defined in the "CDC Guidelines") must receive baseline TB screening. This screening must include a written assessment of any current TB symptoms, and a two-step tuberculin skin test (TST) or single interferon gamma release assay (IGRA) for M. tuberculosis (e.g., QuantiFERON® TB Gold or TB Gold - In Tube, T-SPOT® .TB).

- All paid HCWs (as defined in the "CDC Guidelines") must receive serial TB screening based on the facility's risk level: (1) low risk - not needed; (2) medium risk - yearly; (3) potential ongoing transmission - consult the Minnesota Department of Health's TB Prevention and Control Program at 651-201-5414.

· HCWs with abnormal TB screening results must receive follow-up medical evaluation according to current CDC recommendations for the diagnosis of TB. See [www.cdc.gov/tb](http://www.cdc.gov/tb)

· All reports or copies HCW TSTs, IGRAs for M. tuberculosis, medical evaluation, and chest radiograph results must be maintained in the HCW's employee file.

· All HCWs exhibiting signs or symptoms consistent with TB must be evaluated by a physician within 72 hours. These HCWs must not return to work until determined to be non-infectious.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

**5. MN Rule 4668.0065 Subp. 3**

Based on interview and record review, the licensee failed to ensure for each twelve months of employment, staff completed inservice training about infection control techniques used in the home for two of two unlicensed employees' (D and E) records reviewed. The findings include:

Employees D and E (unlicensed staff) were hired to provide direct care to clients September 10, 2008, and January 1, 2007, respectively. There was no evidence that the employees had received infection control training on an annual basis.

When interviewed November 12, 2010, employee A (administrator) confirmed that infection control training had not been provided on an annual basis for employees D and E.

**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.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

**6. MN Rule 4668.0075 Subp. 1**

Based on interview and record review, the licensee failed to ensure that employees completed an orientation to the home care requirements for three of three employees'/contractors' (C, D and E) records reviewed. The findings include:

Employees D and E (unlicensed staff) were hired to provide direct care to clients on September 10, 2008, and January 1, 2007, respectively. Employees D and E had a certificate that indicated they had successfully completed the "Orientation to Home Care Requirements." However, upon review of the content that the agency provided, it was the agency's policy and procedures and not the required content under this subpart. Individual C (registered nurse) was hired as a contractor August 31, 2010, to provide nursing services to clients. There was no evidence that individual C had completed an orientation to the home care requirements.

When interviewed November 15, 2010, employee A (administrator) confirmed individual C had not completed an orientation to the home care requirements and that employees D and E had not been provided the content required in the orientation to the home care requirements.

**TO COMPLY:** Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, shall complete an orientation to home care requirements before providing home care services to clients. This orientation may be incorporated into the training required of paraprofessionals under part [4668.0130](#). This orientation need only be completed once.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

### **7. MN Rule 4668.0100 Subp. 2**

Based on interview and record review, the licensee failed to ensure that unlicensed staff were instructed by the registered nurse (RN) in the procedures to administer the medications, that the procedures were in writing and that the unlicensed staff demonstrated to the RN their ability to competently follow the procedure for two of two unlicensed staff (D and E) who administered medications to clients. The findings include:

Employee D (unlicensed staff) began providing personal care services to client #1 September 10, 2008. When interviewed November 15, 2010, employee D stated she administered client #1's eye drops twice a day. When questioned regarding training by the RN related to administration of eye drops, employee D stated she learned how to administer eye drops from her "other job" and stated she had not received any training or instruction on eye drop administration by the agency's RN. Employee D's competency evaluation, dated August 31, 2010, indicated the employee was satisfactory in "medications." There was no identification of what this included, and there was no evidence that any medication training had been provided.

Employee E's (unlicensed staff) record lacked evidence that she had been provided training and was competent in administration of medications. When interviewed November 15, 2010, employee E stated she did "everything" for client #2. The employee stated she had to sort out the medications, and that she gave them to the client. When asked if she had received training for this task, she replied, "No, it's not hard to set up pills." Employee E's competency evaluation, dated August 31, 2010, indicated the employee was satisfactory in "medications." There was no identification of what this included, and there was no evidence that any medication training had been provided.

When interviewed November 12, 2010, individual C (RN) stated she just recently was hired to provide nursing services and had only discussed the care plans with employees D and E and what the expectation of the company was. Individual C confirmed she had not instructed, trained or competency tested employees D and E in medication administration.

**TO COMPLY:** A person who satisfies the requirements of subpart 5 may administer medications, whether oral, suppository, eye drops, ear drops, inhalant, topical, or administered through a gastrostomy tube, if:

- A. the medications are regularly scheduled;

B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:

(1) within 24 hours after its administration; or

(2) within a time period that is specified by a registered nurse prior to the administration;

C. prior to the administration, the person is instructed by a registered nurse in the procedures to administer the medications to each client;

D. a registered nurse specifies, in writing, and documents in the clients' records, the procedures to administer the medications; and

E. prior to the administration, the person demonstrates to a registered nurse the person's ability to competently follow the procedure.

For purposes of this subpart, "pro re nata medication," commonly called p.r.n. medication, means a medication that is ordered to be administered to or taken by a client as necessary.

**TIME PERIOD FOR CORRECTION:** Fourteen (14) days

#### **8. MN Rule 4668.0100 Subp. 5**

Based on interview and record review, the licensee failed to ensure unlicensed staff that performed home health aide tasks successfully completed the training and passed the competency evaluation for two of two unlicensed staffs' (D and E) records reviewed. The findings include:

Employees D and E (unlicensed staff) were hired to provide direct care to clients on September 10, 2008, and January 1, 2007, respectively. Employee D's and E's record lacked evidence that they had successfully completed and were competent to perform home health aide tasks.

When interviewed November 15, 2010 employee D stated she had not received any training from the agency or demonstrated her ability to competently perform home health aide tasks. Employee D stated she knew how to perform home health aide tasks from her "other job." Employee D stated she assisted client #1 with bathing, dressing, grooming, exercises and checking her blood pressure.

When interviewed November 15, 2010, employee E stated that she did "everything" for client #2. Employee E stated the cares she provided included a shower, shaving, dressing, trimming nails, cutting hair, assisting with transfers, vital signs and medication set up and medication administration.

Employee D's and E's "Competency Evaluation" form, dated August 31, 2010, indicated employees D and E were competent in hand washing, universal precautions, bathing, dressing/grooming and "specific activities of daily living (ADL's)." The evaluation also indicated employee D was competent in transfers, positioning and exercises, behavior management and medications. The evaluation did not identify how the competency was determined or what specific ADL's were being done, or what it meant by "satisfactory." Also, there was no return skill demonstration for the required areas of the home health aide competency evaluation.

When interviewed November 12, 2010, individual C (registered nurse) stated she was just recently hired to provide nursing services and had only discussed the care plans with employees D and E and what the expectation of the company was. Individual C confirmed she had not instructed, trained or competency tested employees D and E in the home health aide tasks.

**TO COMPLY:** A person may only offer or perform home health aide tasks, or be employed to perform home health aide tasks, if the person has:

A. successfully completed the training and passed the competency evaluation required by part [4668.0130](#), subpart 1;

B. passed the competency evaluation required by part [4668.0130](#), subpart 3;

C. successfully completed training in another jurisdiction substantially equivalent to that required by item A;

D. satisfied the requirements of Medicare for training or competency of home health aides, as provided by Code of Federal Regulations, title 42, section [484.36](#);

E. satisfied subitems (1) and (2):

(1) meets the requirements of title XVIII of the Social Security Act for nursing assistants in nursing facilities certified for participation in the Medicare program, or has successfully completed a nursing assistant training program approved by the state; and

(2) has had at least 20 hours of supervised practical training or experience performing home health aide tasks in a home setting under the supervision of a registered nurse, or completes the supervised practical training or experience within one month after beginning work performing home health aide tasks, except that a class C licensee must have completed this supervised training or experience before a license will be issued; or

F. before April 19, 1993, completed a training course of at least 60 hours for home health aides that had been approved by the department.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

### **9. MN Rule 4668.0100 Subp. 6**

Based on interview and record, the licensee failed to ensure for each twelve months of employment, unlicensed staff completed at least eight hours of in-service training for two of two employees' (D and E) records reviewed. The findings include:

Employees D and E (unlicensed staff) were hired to provide direct care to clients September 10, 2008, and January 2, 2007, respectively. Employee D's and E's record lacked evidence of documentation that eight hours of in-service training was completed annually.

When interviewed November 15, 2010, employee D (unlicensed staff) indicated she had not completed eight hours of in-service training annually and stated she was not aware of this requirement.



When interviewed November 15, 2010, employee A (administrator) confirmed that at least eight hours of in-service training annually had not been completed by employees D and E.

**TO COMPLY:** For each person who performs home health aide tasks, the licensee must comply with items A to C.

A. For each 12 months of employment, each person who performs home health aide tasks shall complete at least eight hours of in-service training in topics relevant to the provision of home care services, including that required by part [4668.0065](#), subpart 3, obtained from the licensee or another source.

B. Licensees shall retain documentation of satisfying this part and shall provide documentation to persons who have completed the in-service training.

C. If a person has not performed home health aide tasks for a continuous period of 24 consecutive months, the person must demonstrate to a registered nurse competence in the skills listed in part [4668.0130](#), subpart 3, item A, subitem (1).

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

#### **10. MN Rule 4668.0140 Subp. 2**

Based on record review and interview, the licensee failed to ensure the service agreement included the required content for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee on March 1, 2004, which included personal care services and administration of eye drops twice a day. Client #1's service agreement, dated August 26, 2010, lacked a description and frequency of the services to be provided by the agency, the identification of the person who was to provide the service, the fee for the services and a contingency plan for essential and nonessential services.

Client #2 began receiving services from the licensee on August 28, 2008, which included personal care services and medication set-ups and medication administration. Client #2's service agreement, dated

August 28, 2008, lacked a description and frequency of the services to be provided by the agency, the identification of who was to provide the service, the fee for the services and a contingency plan for essential and nonessential services.

When interviewed November 15, 2010, employee A (administrator) confirmed the current service agreement that the agency provided lacked the required content areas for clients #1 and #2.

**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.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

### **11. MN Rule 4668.0150 Subp. 3**

Based on interview and record review, the licensee failed to ensure that there were signed prescriber's orders for medications that were administered by unlicensed staff for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee on March 1, 2004, which included administration of eye drops by unlicensed staff twice a day. There were no prescriber's orders for the eye drops in the client's record.

Client #2 began receiving services from the licensee on August 28, 2008, which included personal care and medication set-up and medication administration. There were no prescriber's orders for medications in the client's record. When interviewed November 15, 2010, employee E (unlicensed staff) stated she set up the client's medications and administered the medications.

When interviewed November 15, 2010, employee A (administrator) confirmed there were no prescriber's orders for client #1 and #2. Employee A stated he was unaware the unlicensed staff were administering any medications.

**TO COMPLY:** All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

**12. MN Rule 4668.0180 Subp. 9**

Based on interview and record review, the licensee failed to establish and implement a quality assurance plan for the agency. The findings include:

When interviewed November 12, 2010, employee A (administrator) indicated the agency had not established or implemented a quality assurance plan. Employee A stated he was not aware of this requirement.

**TO COMPLY:** The licensee shall establish and implement a quality assurance plan, described in writing, in which the licensee must:

A. monitor and evaluate two or more selected components of its services at least once every 12 months; and

B. document the collection and analysis of data and the action taken as a result.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

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

Based on interview and record review, the licensee failed to ensure that an individualized abuse prevention plan was completed for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee on March 1, 2004, which included personal care services and administration of eye drops. The client's record had a form titled "Abuse Prevention Plan," but the form was blank. There was no evidence that the agency had conducted an individualized assessment of the client's susceptibility to abuse.

Client #2 began receiving services from the licensee on August 28, 2008, which included personal care services and medication set-ups and medication administration. The client's record lacked evidence of a vulnerable adult assessment.

When interviewed November 12, 2010, individual C (registered nurse) confirmed an individual assessment of client #1 and #2's susceptibility to abuse was not done. Individual C stated she asked the clients if they felt safe in the home, but did not conduct an individualized assessment of the client's susceptibility to abuse.

**TO COMPLY:** Each facility, including a home health care agency and personal care attendant 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: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

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



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 0150 0003 5688 9200

August 25, 2008

Vladimir Storchak, Administrator  
MVR Home Care Inc  
3435 Washington Drive #104  
Eagan, MN 55122

Re: Results of State Licensing Survey

Dear Mr. Storchak:

The above agency was surveyed on July 21, 22 and 24, 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".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Dakota 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: MVR HOME CARE INC

HFID #: 23107

Date(s) of Survey: July 21, 22 and 24, 2008

Project #: QL23107005

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0140</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0050</li> <li>• MN Rule 4668.0060 Subp. 3, 4 and 5</li> <li>• MN Rule 4668.0180 Subp. 8</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Service plans accurately describe the needs and services and contain all the required information.</li> <li>• Services agreed to are provided Clients are provided referral assistance.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> </ul>	<ul style="list-style-type: none"> <li>• Clients’ are aware of and have their rights honored.</li> <li>• Clients’ are informed of and afforded the right to file a complaint.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Follow-up Survey #</b> ___</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statutes §144A.46 Subd. 5(b)</li> <li>• MN Statute §626.556</li> <li>• MN Statutes §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> </ul>	<ul style="list-style-type: none"> <li>• Client’s person, finances and property are safe and secure.</li> <li>• All criminal background checks are performed as required.</li> <li>• Clients are free from maltreatment.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0160</li> </ul> <p><b>Expanded Survey</b></p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.]</p>	<ul style="list-style-type: none"> <li>• <b>Client records are maintained and retained securely.</b></li> <li>• <b>Client records contain all required documentation.</b></li> <li>• Client information is released only to appropriate parties.</li> <li>• Discharge summaries are available upon request.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></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 <b>Follow-up Survey #</b> ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100</li> <li>• [Except Subp. 2]</li> <li>• MN Rule 4668.0065</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0060 Subp. 1</li> <li>• MN Rule 4668.0070</li> <li>• MN Rule 4668.0075</li> <li>• MN Rule 4668.0080</li> <li>• MN Rule 4668.0130</li> <li>• MN Statute §144A.45 Subd. 5</li> </ul> <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"> <li>• Staff, employed or contracted, have received all the required training.</li> <li>• Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>• Personnel records are maintained and retained.</li> <li>• Licensee and all staff have received the required Orientation to Home Care.</li> <li>• Staff, employed or contracted, are registered and licensed as required by law.</li> <li>• Documentation of medication administration procedures are available.</li> <li>• Supervision is provided as required.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p><b>Follow-up Survey #</b> ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100 Subp. 2</li> </ul> <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"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>X</u> Met ___ Correction Order(s) issued <u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p><b>Follow-up Survey #</b> ___ ___ New Correction</p>

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

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

**SURVEY RESULTS:** \_\_\_ All Indicators of Compliance listed above were met.

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



**1. MN Rule 4668.0030 Subp. 5****INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to obtain written acknowledgment of the client's receipt of the Minnesota Home Care Bill of Rights for one of one client (#1) record reviewed. The findings include:

Client #1 started receiving services in February 2002. Her record lacked a written acknowledgment of her receiving the Minnesota Home Care Bill of Rights. When interviewed on July 21, 2008, the administrator indicated all clients received the Minnesota Home Care Bill of Rights on admission but no written acknowledgment of the client's receipt of the Minnesota Home Care Bill of Rights had been obtained.

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

Based on record review and interview, the licensee failed to provide clients with the procedure for making a complaint for one of one client (#1) record reviewed. The findings include:

The agency's "Patients Complaints and Grievances Procedure" included giving a copy of the procedure to the client but did not contain the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints. When interviewed, July 22, 2008, the administrator confirmed that the procedure lacked this information and indicated that the clients had not been given this procedure. He stated he received his policies and procedures from a national company and he will correct the procedures to reflect his agency policies and the Minnesota Department of Health, Office of Health Facility Complaints.

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

Based on record review and interview, the licensee failed to ensure that tuberculosis screening was completed for one of two employees' (# 2) records reviewed. The findings include:

Employee B began employment providing direct client care on December 19, 2005. Employee B's personnel record lacked evidence of having been screened for tuberculosis. When interviewed, July 22, 2008, the administrator contacted the registered nurse and she stated she would fax in any documentation when she returned to the office. When interviewed July 22, 2008, the administrator stated he did not know if employee B had received a Mantoux test.

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

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

Employee A and B's personnel records lacked documentation that they received any infection control training. When interviewed July 21, 2008 the administrator agreed that this was not done.

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

Based on record review and interview, the licensee failed to provide orientation to home care requirements for two of two employees' (A and B) records reviewed. The findings include:

Employees A and B were hired July 1, 2003, and December 19, 2005, respectively to provide direct care. Employee A and B's records did not include evidence that they received orientation to home care before providing home care services to clients. When interviewed, July 22, 2008, the administrator acknowledged this training had not been completed.

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

Based on record review and interview, the licensee failed to ensure personal care attendants performing home care aide tasks were qualified for one of one unlicensed employee (A) record reviewed. The findings include:

Employee A was hired July 1, 2003, as a personal care attendant and performed home health aide tasks. There was no evidence that she had been trained or competency tested. When interviewed, July 22, 2008, the administrator indicated that he did not know he needed to train and competency test personal care attendants. The agency did have a blank form that was titled Home Health Aide training/performance record that they will start using.

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

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

Employee A was hired July 1, 2003, as a PCA (personal care attendant) and performed home health aide tasks. Her record lacked documentation of receiving any in-service training in the past twelve months. When interviewed, July 22, 2008, the administrator confirmed that employee A lacked the required in-service training hours.

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

Based on record review and interview the agency failed to provide supervisory visits by a registered nurse (RN) for one of one client (# 1) record reviewed. The findings include:

Client #1 received home care aide services including help with dressing, bathing, grooming preparing meals, laundry, cleaning, and changing bed. There was no evidence of supervisory visits by a registered nurse. When interviewed, July 22, 2008, the administrator indicated the RN kept all of her documentation with her and she was unable to bring it in to the agency office. He indicated that when she returned she would fax it. The administrator was unaware of what information she had with her.

**9. 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 for one of one client (#1) record reviewed. The findings include:

Client #1 started receiving services in February, 2002. The client record lacked a written service agreement. When interviewed, July 21, 2008, the administrator indicated he had been using the MA Health Status Assessment for PCA Services by the Minnesota Department of Human Services dated July 30, 2008.

**10. MN Statute §144A.46 Subd. 5(b)****INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview the licensee failed to complete a background study for one of two employees' (B) records reviewed. The findings include:

Employee B was hired in December 2005. There was no evidence of a background check in her record. When interviewed, July 21, 2008, the administrator indicated he would get a background check on employee B.

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

Based on record review and interview the licensee failed to develop an individual abuse prevention plan for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving home care services in February 2002. Client #1's record lacked a vulnerable adult assessment or an individual abuse prevention plan. When interviewed, July 22, 2008, the administrator indicated they had not done this but will follow the rules and complete this assessment.

---

A draft copy of this completed form was left with Vladimar Storchak, Administrator at an exit conference on July 24, 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).