



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 1497

March 20, 2008

Foley Coker, Administrator
Trans Home Care Services Inc
6500 Brooklyn Blvd
Brooklyn Center, MN 55429

Re: Licensing Follow Up visit

Dear Mr. Coker:

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 March 6, 2008.

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Anoka County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Attorney General's Office

01/07 CMR1000

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

INFORMATIONAL MEMORANDUM

PROVIDER: TRANS HOME CARE SERVICES INC

DATE OF SURVEY: March 6, 2008

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:

Lola Osire, Office Manager
Foly Coker, Owner
Goodie Iluebby, RN
Abraham Massey, PCA

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # 1

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 October 15, 16, 17, and 18, 2007. 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.

- | | |
|-------------------------------|-----------|
| 1. MN Rule 4668.0030 Subp. 3 | Corrected |
| 2. MN Rule 4668.0065 Subp. 1 | Corrected |
| 3. MN Rule 4668.0065 Subp. 3 | Corrected |
| 4. MN Rule 4668.0100 Subp. 2 | Corrected |
| 5. MN Rule 4668.0100 Subp. 3 | Corrected |
| 6. MN Rule 4668.0100 Subp. 4 | Corrected |
| 7. MN Rule 4668.0100 Subp. 5 | Corrected |
| 8. MN Rule 4668.0100 Subp. 6 | Corrected |
| 9. MN Rule 4668.0100 Subp. 9 | Corrected |
| 10. MN Rule 4668.0140 Subp. 2 | Corrected |
| 11. MN Rule 4668.0150 Subp. 2 | Corrected |
| 12. MN Rule 4668.0150 Subp. 6 | Corrected |

13. MN Rule 4668.0160 Subp. 5	Corrected
14. MN Rule 4668.0160 Subp. 6	Corrected
15. MN Statute 144A.44 Subd. 1(2)	Corrected
16. MN Statute 144A.44 Subd. 1(14)	Corrected
17. MN Statute 144A.44 Subd. 1(15)	Corrected
18. MN Statute 626.557 Subd. 14(b)	Corrected

- 2) The following referral/s is/are being made:
iii) Attorney General-HWS



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0780

November 8, 2007

Foly Coker, Administrator
Trans Home Health Care Services Inc
6500 Brooklyn Boulevard
Brooklyn Center, MN 55429

Re: Results of State Licensing Survey

Dear Mr. Coker:

The above agency was surveyed on October 15, 16, 17, and 18, 2007, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Anoka 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: TRANS HOME CARE SERVICES INC

HFID #: 23184

Dates of Survey: October 15, 16, 17 and 18, 2007

Project #: QL23184004

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

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

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

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

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

SURVEY RESULTS: ___ 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. 3**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure clients received a copy of the Minnesota Home Care Bill of Rights before services were initiated for two of three clients' (#1 and #3) records reviewed. The findings include:

Clients #1 and #3 began receiving services March of 2007 and October of 2006 respectively. There was no documentation found in the records which indicated clients #1 or #2 had been given the Bill of Rights. When interviewed October 15, 2007, the office manager indicated each client was given the Bill of Rights.

2. 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 licensed direct care employees (A) reviewed. The findings include:

Employee A started providing direct care services on September of 2007. Employee A's personnel record contained a chest x-ray dated March of 2007, six months before her hire date. When interviewed on October 16, 2007 the registered nurse indicated employee A had a positive Mantoux test prior to starting employment with the agency and confirmed this is the only chest x-ray report that is available.

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

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for one of four employees (C) reviewed. The findings include:

Employee C began working as a direct care giver December of 2004. Employee C's record indicated she had infection control training in December 2004 and July of 2007. When interviewed on October 16, 2007 the registered nurse confirmed employee C had not had annual infection control in-services.

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

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) was informed within 24 hours of administration when unlicensed personnel administered pro re nata (PRN, as needed) for one of two clients' (#3) records reviewed. The findings include:

Client #3 began receiving services October of 2006 which included medication administration. Client #3's April and May 2007 medication administration records (MAR) directed staff to give Oxycodone, a narcotic for pain, one to two 5 mg tablets by mouth every four hours as needed. The April 2007 MAR

indicated Oxycodone was given 104 times. The April 2007 MAR also indicated Flexeril, Lamictal, Acetaminophen, Albuterol, and Aspirin were given PRN.

The May 2007 MAR indicated Oxycodone was given 106 times. The June and July 2007 MAR's directed staff to give one to three Oxycodone 5 mg tablets by mouth every four hours as needed. The May 2007 MAR also indicated Acetaminophen, Albuterol, Aspirin, and Flexeril were given PRN. The June and July 2007 MAR's indicated Oxycodone was given 62 times in June and 48 times in July of 2007. The June 2007 MAR also indicated Acetaminophen, Aspirin, Robitussin, Benzonafae, Mucinex, and Cyclobenzaprine, were given PRN. The July 2007 MAR also indicated Acetaminophen, Aspirin, and Flexeril were given PRN. There was no evidence the RN was informed within 24 hours of administration of PRN medications.

When interviewed October 15, 2007, the RN stated that staff documented in the nurses notes when they should have called her within 24 hours regarding the administration of PRN medications.

5. MN Rule 4668.0100 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on interview and record review the licensee failed to ensure unlicensed personnel did not inject medications for one of two diabetic clients (#2) records reviewed. The findings include:

Client C had a diagnosis of diabetes. Client C had a physician order dated June of 2007 for "sliding scale insulin." Client #2's record indicated she received Lantus and Novolog insulin.

When interviewed on October 17, 2007 employee C, an unlicensed care giver indicated she had done client 2's blood sugar testing four times a day and routinely administered insulin by injection to client #2.

6. MN Rule 4668.0100 Subp. 4

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated to the RN that he/she was competent to perform the procedure for one of three clients (#3) records reviewed. The findings include:

Client #3 had a diagnosis of diabetes. Client #3 had a physician order dated June of 2007 for "sliding scale insulin." Client #2's record indicated she received Lantus and Novolog insulin.

When interviewed on October 17, 2007 employee C, an unlicensed care giver indicated she had done client 2's blood sugar testing four times a day. Employee C stated she had not been trained by a registered nurse. There was no evidence of training for blood sugar checks by a registered nurse in employee C's record.

7. MN Rule 4668.0100 Subp. 5

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview the licensee failed to ensure unlicensed personnel are trained in medication administration for one of two unlicensed personnel (C) reviewed. The findings include:

When interviewed on October 17, 2007 employee C, an unlicensed direct care staff stated she set up and administered medication for client #2. There was no evidence a registered nurse (RN) had trained employee C in medication administration. When interviewed on October 16, 2007 the RN stated the unlicensed staff was only doing medication reminders for client #2.

8. 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 assisted living home care services, received eight hours of in-service training for each twelve months of employment for one of two unlicensed employees' (C) records reviewed. The findings include:

Employee C began providing direct client care for the agency on December of 2004. The only personnel record lacks evidence of eight hours of in service training for every twelve months of employment. The only documentation of training in employee C's record was a repeat of her orientation to home care dated July of 2007. When interviewed on October 17, 2007 employee C stated she had not received any training.

When interviewed on October 16, 2007 the registered nurse indicated that the agency provided training every six months.

9. MN Rule 4668.0100 Subp. 9

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure a registered nurse (RN) conducted supervisory visits or made timely visits for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1 began receiving home care services March of 2007. Client #1's record contained forms titled "Visit/Supervisory Report" dated May of 2007 (48 days later) and August of 2007 (104 days later). When interviewed on October 16, 2007 the registered nurse confirmed the dates of the supervisory visits.

Client #2 began receiving home care services May of 2006. Client #2's service agreement dated May of 2006 listed medication assistance by the unlicensed staff as a service contracted for with a daily frequency. When interviewed on October 17, 2007 employee C stated she administered medications to client #2 daily. Client #2's record contained forms titled "Visit/Supervisory Report" dated June of 2006, June of 2006, September of 2006, September of 2006, January of 2007, February of 2007, May of 2007, May of 2007, July of 2007 and September of 2007. There was no indication of what tasks were supervised, which employee, if any, was supervised, or that the "supervision" occurred in the clients residence.

When interviewed on October 16, 2007 the registered nurse stated she had conducted supervisory visits but did not think client #2 received anything medication reminders.

Client #3 received home care services October of 2006 through July of 2007. Client #1's record contained forms titled "Visit/Supervisory Report" dated March of 2007, April of 2007, April of 2007, and May of 2007. There was no indication of what tasks were supervised, which employee, if any, was supervised, or that the "supervision" occurred in the clients residence.

10. MN Rule 4668.0140 Subp. 2

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to provide a complete service agreement for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1's service agreement dated March of 2007, client #2's service agreement dated May of 2006, and client #3's service agreement, dated October of 2006 did not include the fees for services. The contingency plans did not include the name of the responsible party, a back up plan or the method for a client or responsible person to contact a representative of the licensee. When interviewed on October 16, 2007 the registered nurse confirmed the service agreements were not complete.

11. MN Rule 4668.0150 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to have written prescriber orders for medications for two of three clients' (#2 & #3) records reviewed. The findings include:

Client #2's service agreement dated May of 2006 indicated client #2 received medication assistance. Client #2's record lacked evidence of physician's orders for the medications being administered to client #2. When interviewed on October 17, 2007 employee C, an unlicensed direct care staff stated she set up and administered medication for client #2. When interviewed on October 16, 2007 the registered nurse confirmed there were no physician's orders for the medications being administered.

Client #3's record contained a "medication and treatment order" form that was blank except for the client and physician name at the top of the page. The record also contained four pages listing a total of twenty nine medications. The pages had hand written notes over some of the medications listed including "DC'd" The pages were dated "June 2007" and did not include a prescriber signature. Client #3's record did contain an order dated March of 2007 which read "Change Effexor to 225 mg daily (from 300)", which was signed by a physician. There was also a signed order dated December of 2006 for Methadone 50 mg daily, Oxycodone 5mg take 1-2 tablets as needed three times daily, and Zofran 4mg take 1-2 tablets every eight hours as needed for nausea. There were no other signed medication orders in the record. Client #3's medication administration record for April 2007 indicated the licensee's registered nurse and unlicensed staff administered daily eighteen different medications as well as a variety of as needed medications. When interviewed October 15, 2007, the RN confirmed there were no physician's orders for the medications being administered.

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

Based on record review and interview, the licensee failed to ensure that medication and treatment orders were renewed at least every three months for one of three clients' (#3) records reviewed. The findings include:

Client #3's record contained a "medication and treatment order" form that was blank except for the client and physician name at the top of the page. The record also contained four pages listing a total of twenty nine medications. The pages had hand written notes over some of the medications listed including "DC'd" The pages were dated "June 2007" and did not include a prescriber signature. Client #3's record did contain an order dated March of 2007 which read "Change Effexor to 225 mg daily (from 300), which was signed by a physician. There was also a signed order dated December of 2006 for Methadone 50 mg daily, Oxycodone 5mg take 1-2 tablets as needed three times daily, and Zofran 4mg take 1-2 tablets every eight hour as needed for nausea. There were no other signed medication orders in the record. Client #3's medication administration record for April 2007 indicated the licensee's registered nurse and unlicensed staff administered daily eighteen different medications as well as a variety of as needed medications. When interviewed October 16, 2007, the registered nurse did not know medications had to be ordered every 3 months.

13. MN Rule 4668.0160 Subp. 5**INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview, the licensee failed to ensure all entries in the client record were authenticated with the name and or title of the person making the entry for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1's record contained forms titled "visit/supervisory report" dated August of 2007, May of 2007 that was signed only by with a first name and the last name initial. There was also a narrative progress note by the Registered Nurse dated August of 2007. It was signed with the first name and last initial followed by "R.N." When interviewed on October 16, 2007 the registered nurse confirmed the forms lacked full signatures.

Client #2's record contained a form titled "visit/supervisory report" dated February of 2007, May of 2007, July of 2007 and September of 2007 that were signed only with the first name and the last name initial.

Client #3's record contained progress notes that lacked the year on the dates, were unsigned, or signed only with initials. When interviewed on October 16, 2007 the registered nurse confirmed the forms lacked full signatures.

14. MN Rule 4668.0160 Subp. 6**INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview, the agency failed to have all notes summarizing each contact in the client record for one of three client (#3) records reviewed. The findings include:

Client #3's medication administration records for April, May, June and July 2007 indicated the licensee's registered nurse and unlicensed staff administered daily eighteen different medications as well as a variety of as needed medications. There was no documentation of medication set up for April, May, June and July 2007 in Client #3's record. When interviewed October 16, 2007, the registered nurse stated, "I always set them up," "she might set up her own but I always do the narcotics." When interviewed October 18, 2007, client #3 stated, "I did my own meds the first four months, including my own narcotics." Client #3 indicated that now she did all her own medications. There was no documentation of medication set up for April through July 2007.

15. MN Statute §144A.44 Subd. 1(2)**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to provide care according to a suitable and up to date plan and subject to accepted medical or nursing standards in one of three clients' (#3) records reviewed. The findings include:

Client #3 had diagnoses of diabetes, pneumonia, chronic pain, traumatic brain injury, bi-polar disorder, left lower extremity amputation, and osteoporosis. Client #3 began receiving services including assistance with personal cares, medications, meal preparation, housekeeping, and companionship October of 2006. The client's progress notes dated, April of 2007 stated "she was up all night hurting, she refused having me call the doctor!" April of 2007, "she has had a hard time swallowing." May of 2007 "she slept sitting up most of the night. She had trouble breathing and she coughed quite a lot." June of 2007 "today temperature was 101.9 then went down to 99.8 now is 100." June of 2007 "got off the toilet and fell on the floor a little hurt." June of 2007 "forehead, shoulders, arm, and upper torso in pain took morning meds has a bad cough from the medicine." June of 2007 8:00 AM "(client) fell while transferring from her wheelchair to the toilet seat, hit her head on floor and had blisters on her hand...complains of pain on forehead." 7:05 PM (client) went for urgent care. July of 2007 "fell down." There is no evidence that staff notified the registered nurse of any of these falls or conditions. When interviewed October 15, 2007 the housing manager stated she did not know anything about these occurrences.

16. MN Statute §144A.44 Subd. 1(14)**INDICATOR OF COMPLIANCE: # 2**

Based on interview, the licensee failed to assure clients were served by people who were properly trained and competent to perform their duties in one of three clients' (#3) records reviewed. The findings include:

Client #3 was admitted October of 2006. When interviewed by telephone October 18, 2007, client #3 stated “I never got a home cooked meal,” “there was an African lady,” “she slept” while she was there or was “80% on the telephone,” “she couldn’t communicate with me.” Client #3’s progress notes dated April of 2007 read, “Client was complaining that” employee E “doesn’t talk to her any more than she has to. She said that she complains whenever” client #3 “asks her to do something. She said too that” employee E “will cook herself these elaborate soup or stew meals but won’t cook for” client #3. “Only asks” client #3 “did you eat?” Client #3 “says when she’s there she’s too stress.”

17. MN Statute §144A.44 Subd. 1(15)

INDICATOR OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to assure clients were free from verbal and physical abuse in one of three clients’ (#3) records reviewed. The findings include:

Client #3 was began receiving services October of 2006. When interviewed by telephone October 18, 2007, client #3 stated “I had a lot of problems there.” “I was verbally abused and she” (the registered nurse) “tried to push me when I was in my wheel chair.” “She would scream at me, she would get mad at me, she screamed at me –we can’t do this for free, because they hadn’t been paid for two months. She said I ate too much, \$25.00 a week allotted to eat on. She couldn’t afford it. She also said she lost a lot of business ‘because of you!’ She manipulates and makes me feel bad. They cut my hours from 12.5 every day to 6 hours per day the end of last year. My access worker told me they had no right to do that. She told me that I wouldn’t have to pay the rent for one month if I didn’t call the state.”

Client #3’s progress note dated November 7 was not dated as to year or signed by the author. It read that the client “called me today and requested that I do grocery shopping for the Fridley house. I told her I was told to do grocery shopping on Friday and there are no exceptions. She became angry and said that will not work for her. I said can you pick up a few things for yourself until I can get there on Friday. She turned it around making it seem like I said that she couldn’t do anything for herself. I asked her what happened to the groceries that I had brought over last week. I am having to buy groceries for this client once a week maybe more-I asked her only this one time if she could buy something to hang her over until Friday. She proceeded to state what is in her rental agreement. That we are responsible for all her groceries. I stated to her that we are only given a budgeted amount per 30 days for groceries. Anything beyond that the client is responsible for.” The note

Client #3’s progress note dated April of 2007, stated “met” with” client “this morning to deliver her meds for April. While I was there she mentioned that she was setting up an appointment w/an Ombudsman to mediate for her w/ (RN) registered nurse about the way” client #3 “is being treated. She is also was upset about having to spend her food stamps to buy groceries for herself, she says we are supposed to buy all the groceries for the ‘house’ being she is the only tenant. She then went on about how she confronted” employee E “about eating all her food, she told me that she is her employee and works for her.”

Client #3’s progress note dated, April of 2007 stated, client “was complaining that” employee E “doesn’t talk to her any more than she has to. She said that she complains whenever” client #3 “asks her to do something. She said too that” employee E “will cook herself these elaborate soup or stew meals but won’t cook for” client #3. Only asks” client #3 “did you eat?” Client #3 “says when she’s there she’s too stress.” Client #3 “and I also talked about our meeting that was on Friday. She says she don’t

know why we have to meet She & I resolved everything over time. I apologized to her about my conduct over the keys she said she would be ok without a key but we would re-analyze if she gets locked out again. We also worked a bit on a menu.”

Client #3’s progress note dated, May of 2007 stated client #3 “called & was complaining about” employee F “yelling at her & arguing, harping, bossy, talks rude. She’s been offended says” client #3 is prejudice. “Asks” employee F “to do stuff and gets attitude she tries to do everything for” the client.

When interviewed October 16, 2007, the housing manager stated “she wanted a lot of extras” and wanted junk food that wasn’t on the menu she planned.” The registered nurse could not find a copy of the rental agreement during the survey and the client said she had it but it was at a different address than she is right now.

18. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on interview, the licensee failed to develop an individual abuse prevention plan for each vulnerable adult for three of three clients’ (#1, #2 & #3) records reviewed. The findings include:

Clients #1, #2, and #3 began receiving services March of 2007, May of 2006, and October of 2006 respectively. There was no evidence of a vulnerable adult assessment or plan. When interviewed October 16, the registered nurse indicated she had not done them for anybody and she had just downloaded a form to do them.

A draft copy of this completed form was left with Adetoun Coker R.N, at an exit conference on October 18, 2007. 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).