



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1507

May 16, 2006

Johna Nelson, Administrator  
DMT Home Health Care Service LLC  
4039 140<sup>th</sup> Avenue  
Clear Lake, MN 55319

Re: Licensing Follow Up visit

Dear Ms. Nelson:

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 April 27 and 28, 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,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

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

10/04 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1507

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

May 16, 2006

Johna Nelson, Administrator  
DMT Home Health Care Service LLC  
4039 140<sup>th</sup> Avenue  
Clear Lake, MN 55319

RE: QL23214001

Dear Ms. Nelson:

On April 27 and 28, 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 issued during a survey completed on June 21, 22, and 28, 2005, with correction orders received by you on February 10, 2006.

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

**3. MN Rule 4668.0065 Subp. 1 \$500.00**

Based on record review and interview, the licensee failed to assure tuberculosis screening was completed for three of six employees (C, E, and F) reviewed. The findings include:

Employees C, E, and F, began providing direct client services October 14, 2004, January 5, 2005 and October 10, 2004, respectively. Their records lacked documentation that tuberculosis screening had been done. When interviewed, June 22, 2005, the owner verified the preceding findings.

**TO COMPLY:** No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:

- A. the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or

B. if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:

(1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or

(2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy; or

C. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy.

In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$500.00.**

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

**\$300.00**

Based on record review and interview, the licensee failed to assure orientation to home care requirements was completed for six of six current employees' (A, B, C, D, E and F) records reviewed. The findings include:

Employees A, B, C, D, E, and F all began providing direct client cares at the agency between June 1, 2004 and June 3, 2005. Employee C also provided management of services. When interviewed June 21, 2005, the owner stated she had not had any training on the home care requirements nor had employees A, B, D, E or F. She indicated she was unaware of this requirement.

**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.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$300.00.**

**14. MN Rule 4668.0160 Subp. 5**

**\$50.00**

Based on record review and interview the licensee failed to have all entries in the client record authenticated with the name and title of the person making the entry for two of two client records (#1 and #2). The findings include:

Client #1's daily care notes for November 23, 26, 29, 2004, April 22, 25, and 29, 2005, and May 2, and 6, 2005 lacked authentication with the full name and title of the person making the entry. The daily care notes included entries by unlicensed and professional staff. Client #2's timecard record of cares for the week of June 5 through 8, 2005 lacked the title of the person signing the record. When interviewed June 21, 2005 the owner confirmed that not all record entries contained the name and title of the person making the entry.

**TO COMPLY**: All entries in the client record must be:

- A. legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry; or
- B. recorded in an electronic media in a secure manner.

**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: \$850.00.** 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, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800Subp. 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.

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.

**DMT Home Services  
4039 140<sup>TH</sup> Avenue  
Clear Lake, MN 55319  
May 16, 2006**

**Page 4 of 4**

Sincerely,

Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Ron Drude, Minnesota Department of Human Services  
Sherburne County Social Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Assistant 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:** DMT HOME HLTH CARE SERV LLC

**DATE OF SURVEY:** April 27 and 28, 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:**

Johna Nelson, President/owner  
Margery Vetsch-Peterson, RN, case manager

**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 June 21, 22, and 28, 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:

- |                                     |                      |                      |
|-------------------------------------|----------------------|----------------------|
| <b>1. MN Rule 4668.0019</b>         | <b>Corrected</b>     |                      |
| <b>2. MN Rule 4668.0060 Subp. 3</b> | <b>Corrected</b>     |                      |
| <b>3. MN Rule 4668.0065 Subp. 1</b> | <b>Not corrected</b> | <b>Fine \$500.00</b> |

Based on record review and interview, the licensee failed to ensure tuberculosis screening had been completed before the employee had direct contact with clients for one of four (I) employees reviewed. The findings include:

Employee I began providing direct client services January 31, 2006. There was no evidence of tuberculosis screening for employee I. When interviewed, April 27, 2006, the owner showed this reviewer a form signed, March 21, 2006, by employee I to have the tuberculosis screening. The owner then called employee I for verification of completing the tuberculosis screening and stated employee I had not completed the screening.

- |  |                      |                      |
|--|----------------------|----------------------|
| <b>4. MN Rule 4668.0065 Subp. 3</b>  | <b>Corrected</b>     |                      |
| <b>5. MN Rule 4668.0070 Subp. 3</b>  | <b>Corrected</b>     |                      |
| <b>6. MN Rule 4668.0075 Subp. 1</b>  | <b>Not corrected</b> | <b>Fine \$300.00</b> |
| <p>Based on record review and interview the licensee failed to ensure the orientation to home care requirements was completed before providing home care services to clients for one of two current unlicensed employees (I) records reviewed. The findings include:</p> <p>Employee I began providing direct client care January 31, 2006. The “Guide to Orientation to Home Care Requirements” was signed as completed by employee I, and the owner, March 21, 2006. When interviewed April 28, 2006, the licensee verified employee I had not completed the orientation to home care requirements before providing home care services to client #4.</p> |                      |                      |
| <b>7. MN Rule 4668.0100 Subp. 2</b>  | <b>Corrected</b>     |                      |
| <b>8. MN Rule 4668.0100 Subp. 4</b>  | <b>Corrected</b>     |                      |
| <b>9. MN Rule 4668.0100 Subp. 9</b>  | <b>Corrected</b>     |                      |
| <b>10. MN Rule 4668.0140 Subp. 2</b>   | <b>Corrected</b>     |                      |
| <b>11. MN Rule 4668.0150 Subp. 2</b>   | <b>Corrected</b>     |                      |
| <b>12. MN Rule 4668.0150 Subp. 6</b>   | <b>Corrected</b>     |                      |
| <b>13. MN Rule 4668.0160 Subp. 2</b>   | <b>Corrected</b>     |                      |
| <b>14. MN Rule 4668.0160 Subp. 5</b>   | <b>Not corrected</b> | <b>Fine \$50.00</b>  |

Based on record review and interview the licensee failed to ensure all entries in the client record were authenticated with the name and title of the person making the entry for two of two clients’ (#2 and #4) records reviewed. The findings include:

Clients #2 and #4’s time card record of cares for March 26 through April 8, 2006 and April 9 through April 22, 2006 had no authentication with the titles of the persons making the entries. The original time cards/ care records were part of the permanent client record as documentation of cares given. When interviewed, April 28, 2006, the owner verified the entries were not authenticated with the title of the person making the

entries. The owner indicated she was unaware the title needed to be included.

**15. MN Rule 4668.0160 Subp. 6**                      **Corrected**

**16. MN Statute §626.557 Subd. 14(b)**                      **Corrected**





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: DMT HOME HLTH CARE SERV LLC

HFID # (MDH internal use): 23214

Date(s) of Survey: April 27 and 28, 2006

Project # (MDH internal use): QL23214001

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

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0170</li> </ul>		<p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>
<p>3. The Provider promotes and protects each client’s safety, property, and well-being.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0035</li> <li>MN Statutes §144A.46 Subdivision 5</li> <li>MN Statute §626.556</li> <li>MN Statutes §626.557</li> <li>MN Statute §626.5572</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>Annual Licensing Survey</p> <p>_____ Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0160</li> </ul> <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"> <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>Annual Licensing Survey</p> <p>_____ Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0060 subpart 1</li> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0070</li> <li>MN Rule 4668.0075</li> <li>MN Rule 4668.0080</li> <li>MN Rule 4668.0100</li> </ul> <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0120</li> </ul>	<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</li> </ul>	<p>Annual Licensing Survey</p> <p>_____ Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ Education Provided</p> <p>Follow-up Survey # <u>1</u></p> <p>_____ Met</p> <p><u>X</u> Not Met</p> <p><u>X</u> New Correction Order(s) issued</p> <p><u>X</u> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Rule 4668.0130</li> <li>• MN Statute 144A.45 Subdivision 5</li> <li>• MN Statute 144A.461</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>	<p>required.</p>	
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> <li>• MN Rule 4668.0100 [Subpart 2]</li> </ul> <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"> <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>Annual Licensing Survey</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ 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"> <li>• MN Rule 4668.0008 subpart 3</li> <li>• MN Rule 4668.0012 subpart 8</li> <li>• MN Rule 4668.0012 Subpart 17</li> <li>• MN Rule 4668.0019</li> <li>• MN Rule 4668.0060 subpart 2</li> <li>• MN Rule 4668.0060 subpart 6</li> <li>• MN Rule 4668.0180 subpart 2</li> <li>• MN Rule 4668.0180 subpart 3</li> </ul> <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 4</li> <li>• MN Rule 4668.0180</li> </ul>	<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 reflects 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>Annual Licensing Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
subpart 5 • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47  [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]		

***Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.***

**SURVEY RESULTS:**

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
1	5	MN Rule 4668.0100 Subp. 5 Qualifications	X	Based on record review and interview, the licensee failed to ensure unlicensed persons providing home health aide tasks were qualified to perform home health aide tasks for two of two unlicensed employees' (H and I) records reviewed. The findings include:  Employee H began employment as an unlicensed direct care employee for client #2 October 14, 2004. Employee H provided included administration of rectal suppositories, passive range of motion, and assistance with activities of daily living. There was no evidence of training in observation, reporting, documentation of the client's status and cares or services provided, or maintenance of a clean, safe, and healthy environment. No other home health aide training was documented for employee H.

**Class A (Licensed – Only) Licensing Survey Form**  
**Page 5 of 6**

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Employee I began employment as an unlicensed direct care employee for client #4 January 31, 2006. Employee I provided assistance with grooming including a bath, light housekeeping, meals/eating, toileting needs, and exercise (stretching and range of motion). Employee I had documentation of infection control training but no other home health aide training.</p> <p>When interviewed April 27, 2006 the owner stated the registered nurse (RN) was in the process of developing the modules for unlicensed direct care staff training curriculum and had completed development of only the modules. She further indicated training had not occurred on modules yet to be developed. The owner called employee I, April 28, 2006 to inquire about the training employee I received from the RNs' who additionally provided 24 hour cares for client #4. The owner stated that training had been provided to employee I but it had not been documented.</p> <p>When interviewed April 27, 2006 the owner stated the registered nurse (RN) was in the process of developing the modules for unlicensed direct care staff training curriculum and had completed development of only the modules employee H had documentation of completing. When interviewed, April 28, 2006, the RN verified the preceding findings.</p> <p><b><u>Education:</u></b> Provided</p>
2	5	MN Rule 4668.0100 Subp. 6 In-service training	X	Based on record review and interview the licensee failed to ensure each person who performs home health care tasks completed at least eight (8) hours of in-service training in topics relevant to the provision of home care services for each

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

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>twelve (12) months of employment for one of two unlicensed staff (H) records reviewed. The findings include:</p> <p>Employee H was hired as a personal care attendant October 14, 2004. There was no evidence of in-service training since employment began. When interviewed, April 27, 2006, the owner verified that no in-service training had been provided for employee H and that she was not aware of any in-service training employee H might have obtained from outside resources. Documentation was faxed to the Case Mix section of the Minnesota Department of Health on May 2, 2006, which contained infection control and food handling in-service only for employee H. When interviewed via phone, May 2, 2006, the owner verified employee H had not completed the required in-service training.</p> <p><b><u>Education:</u></b> Provided</p>

A draft copy of this completed form was left with Johna Nelson President/owner at an exit conference on April 28, 2006. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. 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 3/06)



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 2609

January 23, 2006

Johna Nelson, Administrator  
DMT Home Health Care Services LLC  
4039 140<sup>th</sup> Avenue  
Clear Lake, MN 55319

Re: Results of State Licensing Survey

Dear Ms. Nelson:

The above agency was surveyed on June 21, 22, and 28, 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: Johna Nelson, President Governing Body  
Chippewa County Social Services  
Gloria Lehnertz, Minnesota Department of Human 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.

Name of Class A Licensee: DMT HOME HLTH CARE SERV LLC  
 HFID # (MDH internal use): 23214  
 Date(s) of Survey: June 21, 22, and 28, 2005  
 Project # (MDH internal use): QL23214001

Indicators of Compliance	Outcomes Observed	Comments
1. The Provider accepts and retains clients for whom it can meet the needs.  <ul style="list-style-type: none"> <li>• MN Rules 4668.0050</li> <li>• MN Rule 4668.0060 Subpart 3</li> <li>• MN Rule 4668.0060 Subpart 4</li> <li>• MN Rule 4668.0060 Subpart 5</li> <li>• MN Rule 4668.0140</li> <li>• MN Rule 4668.0180 Subpart 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 contains all the required information.</li> <li>• Services agreed to are provided</li> <li>• Clients are provided referral assistance.</li> </ul>	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
2. The Provider promotes client rights.  <ul style="list-style-type: none"> <li>• MN Statute §144A.44</li> <li>• MN Rule 4668.0030</li> <li>• MN Rule 4668.0040</li> </ul> Indicator of Compliance #2 continued:	<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>	Annual Licensing Survey <input checked="" type="checkbox"/> Met <input 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



Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>MN Rule 4668.0170</li> </ul>		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"> <li>MN Rule 4668.0035</li> <li>MN Statutes §144A.46 Subdivision 5</li> <li>MN Statute §626.556</li> <li>MN Statutes §626.557</li> <li>MN Statute §626.5572</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>	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
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0160</li> </ul> <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"> <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>	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
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0060 subpart 1</li> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0070</li> <li>MN Rule 4668.0075</li> <li>MN Rule 4668.0080</li> <li>MN Rule 4668.0100</li> </ul> <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0120</li> <li>MN Rule 4668.0130</li> <li>MN Statute 144A.45 Subdivision 5</li> <li>MN Statute 144A.461</li> </ul>	<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>	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>[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"> <li>• MN Rule 4668.0150</li> <li>• MN Rule 4668.0100 [Subpart 2]</li> </ul> <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"> <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>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"> <li>• MN Rule 4668.0008 subpart 3</li> <li>• MN Rule 4668.0012 subpart 8</li> <li>• MN Rule 4668.0012 Subpart 17</li> <li>• MN Rule 4668.0019</li> <li>• MN Rule 4668.0060 subpart 2</li> <li>• MN Rule 4668.0060 subpart 6</li> <li>• MN Rule 4668.0180 subpart 2</li> <li>• MN Rule 4668.0180 subpart 3</li> </ul> <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 4</li> <li>• MN Rule 4668.0180 subpart 5</li> <li>• MN Rule 4668.0180 subpart 6</li> <li>• MN Rule 4668.0180 subpart 7</li> <li>• MN Rule 4668.0180</li> </ul>	<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 reflects 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>Annual Licensing Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
subpart 9 • MN Statute 144A.47  [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]		

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

**SURVEY RESULTS:**

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
1	7	MN Rule 4668.0019 Advertising	X	Based on record review and interview, the licensee failed to assure that information used for advertising was accurate. The findings include:  The brochure for the agency stated the following services were provided: extended private duty nursing; licensed practical nursing services; extended personal care assistant; nutrition services; family counseling and training; and caregiver training. When interviewed June 22, 2005, the owner stated she did not have a contract with and did not currently employ anyone qualified to provide nutrition services, family counseling and training. She further stated she did not employ any licensed practical nurses, any nurses to provide extended private duty nursing, any personal care assistants to provide extended care and the personal care assistants had not received the required training for home health aide or home care aide tasks.  <b><u>Education:</u></b> Provided

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
2	7	MN Rule 4668.0060 Subp. 3 Fulfillment of services	X	<p>Based on record review and interview, the licensee failed to assure services were provided according to the service agreement for two of three clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client # 1's service agreement, October of 2004, indicated the licensee would provide registered nurse (RN) services for two hours, two times per week and homemaker services for 1.5 hours, two times per week. The bi-weekly time sheets for May 2005 indicated the RN provided only one hour of service two times per week. The client's record contained a letter, dated May of 2005, from the owner to the client concerning the homemaker services. The letter indicated, "I regret that I have to say that I will no longer be able to cover your shifts." Another letter from the owner to the RN, dated June of 2005, stated "I have notified (client #1) that I would no longer be able to provide the homemaker services for him. I spoke with his county worker and she suggested that I speak with you to see if you would be interested in doing the homemaker duties while you do your nursing visit...at this point, if you elect not to do the visits, I will not be able to provide the homemaker services."</p> <p>When interviewed June 22, 2005, the owner stated the nurse was going to discuss the issue with the client when she performed a home visit in June of 2005. When interviewed June 23, 2005, client #1 stated "I have had no services past three to four weeks, all of a sudden she's not coming, I can't get a hold of her, called several times, no answer just the answering machine, she does not call back. When I talked with the nurse she is willing to provide the service and she said she called" the licensee "and</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>has not received a return call.” When interviewed June 24, 2005, the RN stated she had not received a letter from the licensee. She said she only did one hour of service, because that is all the owner would pay her for and it only takes one hour to provide the service</p> <p>Client #2 began receiving services October of 2004. The physician orders signed November of 2004, included orders for the client to have range of motion (ROM) daily and the goal was that the client would participate in ROM activities 2-3 times per day for 90 minutes per session. Client #2’s service agreement dated March of 2005 stated “Continue ROM” with no further information. The “MA Health Status Assessment” by the county dated May of 2004, and reassessed May of 2005, indicated the client was to have range of motion 2-3 times per day for 90 minutes per session. When interviewed, June 23, 2005, client #2 stated that generally he received ROM 1-2 times per day for approximately 30-60 minutes each time. He stated the length of session time varied depending on his comfort, which was effected by the weather and muscle spasms he had in his legs. The daily care records for client #2 from June 5, 2005, through June 18, 2005, indicated that client #2 did not receive ROM on June 5, June 11, June 12, and June 18, 2005.</p> <p><b><u>Education:</u></b> Provided</p>
3	5	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	X	<p>Based on record review and interview, the licensee failed to assure tuberculosis screening was completed for three of six employees (C, E, and F) reviewed. The findings include:</p> <p>Employees C, E, and F, began providing direct client services October of 2004,</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>January of 2005 and October of 2004, respectively. Their records lacked documentation that tuberculosis screening had been done. When interviewed, June 22, 2005, the owner verified the preceding findings.</p> <p><b><u>Education:</u></b> 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 assure infection control training was completed for one of one employee (C) reviewed. The findings include:</p> <p>Employee C began providing services as a personal care attendant June of 2004. There was no documentation that she had received infection control training. When interviewed June 22, 2005, the employee C stated she had not had any infection control training in the past 12 months.</p> <p><b><u>Education:</u></b> Provided</p>
5	5	MN Rule 4668.0070 Subp. 3 Job description	X	<p>Based on record review and interview, the licensee failed to maintain a current job description for two of two employees' (A and B) reviewed. The findings include:</p> <p>Employee A and B worked as registered nurses (RN's) for the licensee since November of 2004 and June of 2005 respectively. There was no evidence that job descriptions were provided for employees A or B. When interviewed June 21, 2005, the owner stated she had a job description for an RN, however she was in the process of redoing the job description because it did not include to whom the RN reported to. She confirmed Employees A and B had not had a job description.</p> <p><b><u>Education:</u></b> Provided</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
6	5	MN Rule 4668.0075 Subp. 1 Orientation to home care	X	<p>Based on record review and interview, the licensee failed to assure orientation to home care requirements was completed for six of six current employees' (A, B, C, D, E and F) records reviewed. The findings include:</p> <p>Employees A, B, C, D, E, and F all began providing direct client cares at the agency between June of 2004 and June of 2005. Employee C also provided management of services. When interviewed June 21, 2005, the owner stated she had not had any training on the home care requirements nor had employees A, B, D, E or F. She indicated she was unaware of this requirement.</p> <p><b><u>Education:</u></b> Provided</p>
7	6	MN Rule 4668.0100 Subp. 2 Administration of medications		<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed unlicensed staff in the procedures to administer medications for one of one client (#2) record reviewed. The findings include:</p> <p>Client #2 received a rectal suppository up to three times per week administered by unlicensed staff including employee D. There was no procedure available for the administration of a rectal suppository. In addition, employee D's records lacked documentation that she was instructed or had demonstrated competency to administer the rectal suppository. During an interview June 22, 2005 the licensee indicated she was unaware that the agency needed to provide training for administration of the suppository. When interviewed June 23, 2005, client #2 verified that unlicensed staff administered the suppository.</p> <p><b><u>Education:</u></b> Provided</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
8	5	MN Rule 4668.0100 Subp 4 Performance of routine procedures	X	<p>Based on record review and interview, the licensee failed to assure that unlicensed persons performing delegated nursing services were qualified to perform the services for four of four employees' (C, D, E and F) records reviewed. The findings include:</p> <p>Employees' C, D, E, and F all preformed direct client care as unlicensed personnel. Employees' C and E provided home care tasks for client #1; employee D provided medication administration, managed a bowel and bladder program, performed range of motion exercises and foot soaks, and assisted with activities of daily living (ADL) and home care aide tasks for client #2. Employee F had provided services for discharged client #3. Employees' C, D, E, and F's records lacked documentation of any training for home health aide or home care aide tasks. Additionally, there was no evidence of written instruction for client #2's cares or that employee D had demonstrated competency for the tasks for client #2.</p> <p>When interviewed June 22, 2005, the owner stated she had not had any training and all the unlicensed care staff came with experience from other agencies. When interviewed June 24, 2005, the RN stated she had not provided any training to the unlicensed care staff.</p> <p><b><u>Education:</u></b> Provided</p>
11	5	MN Rule 4668.0100 Subp. 9 Periodic supervision of home health aide tasks	X	<p>Based on record review and interview, the licensee failed to assure that a registered nurse (RN) supervised persons who performed home health aide tasks for three of three clients' (#1, #2 and #3) 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>Employees' C and E provided home care aide tasks for client #1. Employee D provided home care aide tasks for client #2. Employee F had provided home care aide tasks for discharged client #3. Clients' #1 and #2 began receiving services October 14, 2004. Client #3 began receiving services on October 10, 2004. The records for clients #1 and #3 lacked evidence of any supervisory visits. Client #2's last documented RN supervisory visit was February 9, 2005. When interviewed June 24, 2005, the RN confirmed the supervision had not been done.</p> <p><b><u>Education:</u></b> Provided</p>
12	1	MN Rule 4668.0140 Subp. 2 Contents of service agreement	X	<p>Based on record review and interview the licensee failed to have complete service agreements for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1 was admitted to DMT Home Care Services October of 2004. The service agreement, signed by the owner and client #1 October of 2004, indicated that the "homemaker" was to be supervised "weekly." It did not identify who was to provide that service. Under the column fee for service, it stated "State Rate" and no amount was listed on the service agreement. The service agreement contingency plan identified the contact person in case of an emergency or significant adverse change in condition as the client's brother and the responsible person who the licensee was to contact was blank. The contingency plan also lacked the circumstances in which emergency medical services were not to be summoned.</p> <p>Client #2 was admitted to DMT Home</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Care Services October of 2004. The service agreement, signed by the licensee and client #2 October of 2004, indicated the fee for service as “State Rate.” No amount was listed on the service agreement. The contingency plan identified the contact person in case of an emergency or significant adverse change in condition as the client’s mother, who provides personal care attendant (PCA) services and lives with the client and the responsible person who the licensee was to contact was blank. The contingency plan also lacked the circumstances in which emergency medical services were not to be summoned.</p> <p>Client #3 was admitted to DMT Home Care Services October of 2004. The service agreement, signed by the client’s mother and the licensee October of 2004, indicated the fee for service as “State Rate.” No amount was listed on the service agreement. The contingency plan lacked the circumstances in which emergency medical services were not to be summoned.</p> <p>When interviewed June 22, 2005 the licensee confirmed the service agreements did not contain the preceding information.</p> <p><b><u>Education:</u></b> Provided</p>
13	6	MN Rule 4668.0150 Subp. 2 Medication and treatment orders	X	<p>Based on record review and interview the licensee failed to have medication and treatment orders for two of two clients (#1, #2) reviewed. The findings include:</p> <p>Client #1’s start of care date was October of 2004. The registered nurse (RN) set up medications and provided foot soaks as wound care from October of 2004 through January of 2005 and</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>from April of 2005 thru May of 2005 without physician orders. The first, and only, signed and dated physician order in the record was dated January of 2005. The order included orders for a bi-weekly dressing change and wound status checks. The order indicated findings were to be documented and the doctor contacted with concerns. There was no order for foot soaks in the record. Daily care notes by the RN, November 26, 2004, stated, “meds setup, dressing changed.” The RN daily care notes, November 29, 2004, stated, “dressing changed after foot soaked x 15 min.” The RN daily care notes April 22, and May 5, 2005 stated, “meds set up for week.” When interviewed June 24, 2005, the RN stated she provided foot soaks weekly with the dressing change and set up client #1s’ medications. The RN was asked to fax a list of the current medication orders and a description of the services she provided on client #1s’ home visit as she indicated she worked from home at time and maintained this information there. A fax was received from the RN the afternoon of June 24, 2005. The plan of care for May 2005 through July 2005 included a list of medications and the treatment to the foot, however they were not signed or dated by a physician.</p> <p>Client #2 was admitted to DMT Home Care October of 2004. Initial physician orders, dated November of 2004, included orders for medication reminders and a ‘Bowel and Bladder’ program Monday, Wednesday, and Friday. A section on the physician order sheet for medications read, “see attached list” however there was no attached list of medications in the record. Client #2 currently received staff administration of a Bisacodyl suppository three times weekly, or more. Physician orders dated</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>November of 2004, January of 2005, and April of, 2005 included a bowel and bladder program three times a week without indicating what the program was or including orders for any medication to be used. When interviewed, June 23, 2005, client #2 stated that the personal care attendants (PCAs) reminded him to take his medications and assisted with the administration of the Bisacodyl suppository three times per week or as needed.</p> <p><b><u>Education:</u></b> Provided</p>
14	6	MN Rule 4668.0150 Subp. 6 Renewal of orders	X	<p>Based on record review and interview, the licensee failed to assure medication and treatment orders were renewed every three months for one of two clients (#1) reviewed. The findings include:</p> <p>Client #1 had signed physician orders, dated January of 2005, for ten oral medications, a dressing change and wound status check. There were no subsequent orders in the record. When interviewed, June of 2005, the registered nurse stated the client was receiving the same orders since January but that an order for eye drops had been added. This reviewer requested a copy of the orders and they were faxed that afternoon, however the prescriber had not signed them.</p> <p><b><u>Education:</u></b> Provided</p>
15	4	MN Rule 4668.0160 Subp. 2 Security of client records	X	<p>Based on record review and interview, the agency failed to establish a written procedure to control use and removal of client records from the agency's office and for security in client residences. The findings include:</p> <p>Clients #1, #2 and #3 received home</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>care services from DMT Home Health Service, LLC and each client had a record in their own residence and another record located in an accessible, unlocked file cabinet in the agency office located in the owner's home. When interviewed June 22, 2005, the owner stated she did not have any written procedures for control of use and removal of client records from the agency office or for security of records in client residences.</p> <p><b><u>Education:</u></b> Provided</p>
16	4	MN Rule 4668.0160 Subp. 5 Form of entries	X	<p>Based on record review and interview the licensee failed to have all entries in the client record authenticated with the name and title of the person making the entry for two of two client records (#1 and #2). The findings include:</p> <p>Client #1's daily care notes for November 23, 26, 29, 2004, April 22, 25, and 29, 2005, and May 2, and 6, 2005 lacked authentication with the full name and title of the person making the entry. The daily care notes included entries by unlicensed and professional staff. Client #2's timecard record of cares for the week of June 5 through 8, 2005 lacked the title of the person signing the record. When interviewed June 21, 2005 the owner confirmed that not all record entries contained the name and title of the person</p> <p><b><u>Education:</u></b> Provided</p>
17	4	MN Rule 4668.0160 Subp. 6 Content of client record	X	<p>Based on record review and interview, the licensee failed to have complete records for three of three clients' (#1, #2 and #3) records reviewed. The findings include:</p> <p>Client #1's service agreement, signed and dated October of 2004, indicated the</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>registered nurse (RN) was to visit the client two hours, two times per week and the homemaker was to provide 1.5 hours of service two times per week. The last recorded note by the RN was dated May 6, 2005, and the last recorded note by the personal care attendant (PCA) was dated March 25, 2005. There was no documentation of subsequent client visits in the record.</p> <p>Client #2's service agreement, signed and dated October of 2004, included RN supervisory visits one time per month of the PCA client cares. The RN care manager time card notes indicated client #2 had RN visits on January 6, February 9, March 1, and March 24, 2005. However there was no documentation by the RN for the January 6 and March 24, 2005 visits.</p> <p>Client #3 was discharged March of 2005. The client's record lacked a summary following the termination of services, which included the reason for the initiation of services, and the client's condition at the termination of services. A note written by the owner on March of 2005 to the client's responsible person (mother) stated services were terminated "due to not being able to have PCA's that could blend with the mother and client." When interviewed June 22, 2005, the owner stated she was not aware she needed to document a summary of the client's care.</p> <p><b><u>Education:</u></b> Provided</p>
	7	MN Rule 4668.0180 Subp. 9 Quality assurance	X	<b><u>Education:</u></b> Provided
	2	MN Statute §144A.44 Subd. 1 (8) Statement of rights	X	<b><u>Education:</u></b> Provided

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
20	3	MN Statute §626.557 Subd. 14 (b) Abuse prevention plans	X	Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for one of two clients' (#2) records reviewed. The findings include:  Client #2 began receiving services on October of 2004. The client's record lacked an assessment of his susceptibility to abuse and a statement of the specific measures to be taken to minimize the risk of abuse. When interviewed June 22, 2005, the owner stated that she did not know if an assessment for vulnerability had been completed for the client.  <b><u>Education:</u></b> Provided
	3	MN Statute §626.556 Subd. 2 (c) (2) Definitions	X	<b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Johna Nelson/President and owner at an exit conference on June 28, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-Only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

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

(Form Revision 5/05)