



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1220 3213

January 3, 2007

Patrick Osei, Administrator  
Advance Home Health LLC  
6800 78<sup>th</sup> Avenue North  
Brooklyn Park, MN 55445

Re: Licensing Follow Up visit

Dear Mr. Osei:

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 December 4, 2006.

The documents checked below are enclosed.

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

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

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

Sincerely,

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

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** ADVANCE HOME HEALTH LLC

**DATE OF SURVEY:** December 4, 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:**

Patrick Osei, Physical Therapist, Owner/Licensee  
Latonia Keys- Jackson, Office Administrator  
Sam Danso, President of Governing Board

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: #3

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of a state licensing order issued as a result of a visit made on July 5, 6, 7, 8 and 13, 2005 and subsequent follow-up visits made on March 14, 2006 and July 18, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction order issued as a result of a visit made on July 5, 6, 7, 8 and 13, 2005 and not corrected during subsequent follow-up visits on March 14, 2006 and July 18, 2006 is as follows:

**2. MN Rule 4668.0065 Subp. 1**

**Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1897

August 18, 2006

Patrick Osei, Administrator  
Advance Home Health LLC Suite 110  
6800 78th Avenue North  
Brooklyn Park, MN 55445

Re: Licensing Follow Up visit

Dear Mr. Osei:

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 July 18, 2006.

The documents checked below are enclosed.

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

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

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

Sincerely,

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

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR



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Certified Mail # 7005 0390 0006 1222 1897

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

August 18, 2006

Patrick Osei, Administrator  
Advance Home Health LLC  
6800 78<sup>th</sup> Avenue North Suite 110  
Brooklyn Park, MN 55445

RE QL 23429002:

Dear Mr. Osei:

On July 18, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a survey completed on July 5, 6, 7, 8, and 13, 2005, with correction orders received by you on December 8, 2005, and found to be uncorrected during an inspection completed on March 14, 2006.

As a result of correction orders remaining uncorrected on the March 14, 2006 re-inspection, a penalty assessment in the amount of **\$500.00** was imposed on March 27, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on July 18, 2006:

**2. MN Rule 4668.0065 Subp. 1**

**\$1000.00**

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening before having direct contact with clients for four of five employees' (A, B, C and E) records reviewed. The findings include:

Employees A, B, C and E began providing direct care services to clients on or about January 1, 2005, April 26, 2005, January 1, 2005, and April 29, 2005, respectively. There was no documentation that tuberculosis screening had been completed for the employees. When interviewed July 6, 2005, employee G/an owner, reported that the employees did not have the tuberculosis screening, because a consultant indicated it was not required.

August 18, 2006

**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. person the 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: \$1000.00.**

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is **\$1000.00.** 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 MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

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

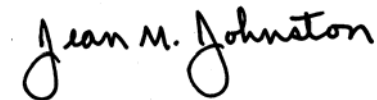
**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

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

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

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

Sincerely,

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

Jean Johnston  
Program Manager  
Case Mix Review Program

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

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** Advance Home Health LLC

**DATE OF SURVEY:** July 18, 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:**

Patrick Osei, Owner/ Licensee  
Latonia Keys- Jackson, Office Administrator

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up #2

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on July 5, 6, 7, 8, and 13, 2005, and not corrected upon a follow up survey March 14, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the Correction Orders issued as a result of a survey on July 5, 6, 7, 8, and 13, 2005, is as follows:

**2. MN Rule 4668.0065 Subp. 1** **Not Corrected** **\$1000.00**

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening before having direct contact with clients for one of three employees' (B) records reviewed. The findings include:

Employee B began providing direct care as a licensed employee to clients on April 26, 2005. When interviewed, March 14, 2006, during a previous survey, employee B stated she had a positive reaction to a Mantoux test in 1998 and therefore could only be

screened for tuberculosis by chest x-ray. Employee B provided a negative chest x-ray dated April 6, 1998. There was no evidence of employee B having a negative chest taken since 1998 or documentation of completion or currently taking a course of tuberculosis preventive therapy.

When interviewed, July 18, 2006, the owner and the office administrator confirmed that there was no evidence of employee B having a negative chest taken since 1998 or documentation of completion or currently taking a course of tuberculosis preventive therapy.





*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 2616

March 27, 2006

Patrick Osei, Administrator  
Advance Home Health LLC  
6800 78<sup>th</sup> Avenue North  
Brooklyn Park, MN 55445

Re: Licensing Follow Up Revisit

Dear Mr. Osei:

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 14, 2006.

The documents checked below are enclosed.

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

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

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Sam Danso, President Governing Board  
Hennepin County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Jocelyn Olson, Assistant Attorney General  
Mary Henderson, Program Assurance Unit  
Case Mix Review File

10/04 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 2616

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

March 27, 2006

Patrick Osei, Administrator  
Advance Home Health LLC  
6800 78<sup>th</sup> Avenue North  
Brooklyn Park, MN 55445

RE: QL23429002

Dear Mr. Osei:

On March 14, 2006, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders found during an inspection completed on July 5, 6, 7, 8, and 13, 2005, with correction orders received by you on December 8, 2005.

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

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

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening before having direct contact with clients for four of five employees' (A, B, C and E) records reviewed. The findings include:

Employees A, B, C and E began providing direct care services to clients on or about January 1, 2005, April 26, 2005, January 1, 2005, and April 29, 2005, respectively. There was no documentation that tuberculosis screening had been completed for the employees. When interviewed July 6, 2005, employee G/an owner, reported that the employees did not have the tuberculosis screening, because a consultant indicated it was not required.

**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:

- B. person the 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
- C. 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.**

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$500.00.** 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 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 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

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

**Advance Home Health LLC**  
**6800 78<sup>th</sup> Avenue North**  
**Brooklyn Park, MN 55445**

**Page 3 of 3**

Sincerely,

Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Sam Danso, President Governing Board  
Hennepin County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Jocelyn Olson, Assistant Attorney General  
Mary Henderson, Program Assurance Unit  
Case Mix Review File

12/04 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** ADVANCE HOME HEALTH LLC

**DATE OF SURVEY:** March 14, 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

**NAMES AND TITLES OF PERSONS INTERVIEWED:**

Patrick Osei, Owner/ Licensee  
Margaret Agyekum, Registered Nurse  
Latonia Keys- Jackson, Office Administrator

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up  X

**ITEMS NOTED AND DISCUSSED:**

1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on July 5, 6, 7, 8, and 13, 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 4668.0030 Subp. 2</b> | <b>Corrected</b>     |                 |
| <b>2. MN Rule 4668.0065 Subp. 1</b> | <b>Not Corrected</b> | <b>\$500.00</b> |

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening before having direct contact with clients for one of four employees' (B) records reviewed. The findings include:

Employee B began providing direct care to clients in April 2005. When interviewed, March 14, 2006, employee B stated she had a positive reaction to a Mantoux test in 1998. Employee B provided a negative chest x-ray dated April 6, 1998. There was no evidence of

employee B having a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventive therapy.

- |  |                  |
|--|------------------|
| <b>3. MN Rule 4668.0100 Subp. 2</b>      | <b>Corrected</b> |
| <b>4. MN Rule 4668.0140 Subp. 2</b>      | <b>Corrected</b> |
| <b>5. MN Rule 4668.0150 Subp. 3</b>      | <b>Corrected</b> |
| <b>6. MN Rule 4668.0160 Subp. 6</b>      | <b>Corrected</b> |
| <b>7. MN Statute §144A.46 Subd. 5(b)</b> | <b>Corrected</b> |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 3801

December 7, 2005

Patrick Osei, Administrator  
Advance Home Health LLC  
6800 78<sup>th</sup> Avenue North Suite 110  
Brooklyn Park, MN 55445

Re: Results of State Licensing Survey

Dear Mr. Osei:

The above agency was surveyed on July 5, 6, 7, 8, and 13, 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: Sam Danso, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
Hennepin County Social Services  
Sherilyn Moe, Office of the Ombudsman  
CMR File

CMR 3199 6/04



**Class A Licensed-Only Home Care Provider  
 LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class A Licensed-Only Home Care Providers. Class A licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate with MDH nurses during an on-site regulatory visit.

During on-site visit/s, MDH nurses will interview staff, talk with clients and/or their representatives and make observations during home visits, and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class A Licensed-Only Home Care services. Completing this Licensing Survey Form in advance would facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form. **[This form is NOT intended to be used for Class A Licensees who are also certified to participate in the Medicare program].**

Name of Class A Licensee: ADVANCE HOME HEALTH LLC  
 HFID # (MDH internal use): 23429  
 Date(s) of Survey: July 5, 6, 7, 8, and 13, 2005  
 Project # (MDH internal use): QL23429002

<b>Indicators of Compliance</b>	<b>Outcomes Observed</b>	<b>Comments</b>
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 ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided  Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction Order(s) issued ___ 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>	<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 ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided



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><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>
<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><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>
<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><u> X </u> Correction Order(s) issued</p> <p><u> X </u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <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><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</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><u>X</u> Met</p> <p>___ 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 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	2	MN Rule 4668.0030 Subp.2 Notification of client	X	Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:  Clients #1, #2, #3 and #4's records did not contain a copy of the home care bill of rights which included the most recent additions to MN Statute 144A.44, Subd. 1 (16). When interviewed July 7, 2005, employee F/an owner, stated he did not have a copy of the up to date Minnesota Home Care Bill of Rights and verified the clients had not been provided with an updated version of the home care bill of rights  <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	5	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	X	<p>Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening before having direct contact with clients for four of five employees' (A, B, C and E) records reviewed. The findings include:</p> <p>Employees A, B, C and E began providing direct care services to clients between January and April 2005. There was no documentation that tuberculosis screening had been completed for the employees. When interviewed July 6, 2005, employee G/an owner, reported that the employees did not have the tuberculosis screening, because a consultant indicated it was not required.</p> <p><b><u>Education:</u></b> Provided</p>
3	6	MN Rule 4668.0100 Subp. 2 Administration of medications	X	<p>Based on record review and interview, the licensee failed to assure that unlicensed staff that administered medication had been instructed and were competent to administer medications for one of three employees' (E) records reviewed. The findings include:</p> <p>During an interview on July 7, 2005, client #3 reported that employee E assisted her with placing medications in a pillbox and provided medication reminders. When interviewed July 7, 2005, employee E confirmed that she assisted client #3 with medication administration as described. Employee E and employee B, a registered nurse, reported that employee E had not received training or demonstrated competency to administer the medications.</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:
4	1	MN Rule 4668.0140 Subp.2 Contents of service agreement.	X	<p>Based on record review, the licensee failed to provide a complete service agreement for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:</p> <p>The service plans for clients #1, #2, #3 and #4, included PCA (personal care attendant) services under the description of services column. The PCA care plan identified more specific information related to the home health aide services that were to be provided, however, the service plan did not refer to the PCA care plan as an attachment and the client did not sign the PCA care plan.</p> <p><b><u>Education:</u></b> Provided</p>
5	6	MN Rule 4668.0150 Subp. 3 Authorizations	X	<p>Based on record review and interview, the licensee failed to have prescriber's orders for medications for one of four clients' (#3) records reviewed. The findings include:</p> <p>When interviewed July 7, 2005, client #3 reported that employee E assisted her with medications by placing the medications in a pillbox and providing medication reminders. Client #3's medical record did not contain physician's orders for medications.</p> <p><b><u>Education:</u></b> Provided</p>
6	4	MN Rule 4668.0160 Subp. 6 Content of client record	X	<p>Based on record review and interview, the licensee failed to provide complete records for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:</p> <p>When interviewed July 8, 2005, client #1 reported she needed a medical bed and transfer equipment. The client indicated agency staff assisted her by assessing her need for the bed and</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>equipment and then submitted a request to the county. The client’s medical record did not contain the assessment and request related to her need for a medical bed and transfer equipment.</p> <p>When interviewed July 7, 2005, client #3 indicated the personal care attendant (PCA) assisted her with placing medications in a weekly pillbox and provided medication reminders. Client #3’s medical record did not reflect that the PCA assisted with medication administration and there no prescriber’s orders for the medication.</p> <p>Clients #1, #2, #3 and #4 received daily services from the PCA. The cares were documented on the PCA time sheets, which were not a part of the clients’ record. The clients’ medical records did not contain documentation by the PCA who provided the care.</p> <p><b><u>Education:</u></b> Provided</p>
7	3	MN §Statute 144A.46 Subd. 5. (b) Background study	X	<p>Based on record review and interview, the licensee failed to assure background studies were completed for two of five employees’ (B and D) records reviewed. The findings include:</p> <p>Employee B was hired in April 2005, and her records indicated an application for a background study was not submitted to the Department of Human Services (DHS) until July 7, 2005.</p> <p>Employee D was hired in December 2004. Employee D’s records contained a copy of a background study, dated February 17, 2005, which was performed by another home care agency. The licensee had not submitted a request for a background</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				study. <b><u>Education:</u></b> Provided
N/A	7	MN Rule 4668.0012 Subp. 17 Display of license	X	<b><u>Education:</u></b> Provided
N/A	3	MN Statute §626.557 Subdivision 14 (b) Abuse prevention plans.	X	<b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Patrick Osei and Sam Danso, owners, at an exit conference on July 13, 2005. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-Only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

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

(Form Revision 5/05)