



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1163

March 14, 2006

Norman Thomas, Administrator
Guardian Home Health Care Inc.
204 NW First Avenue Suite #4
Grand Rapids, MN 55744

Re: Licensing Follow Up Revisit

Dear Mr. Thomas:

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 February 24, 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: Norman Thomas, President Governing Board
Itasca County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: GUARDIAN HOME HEALTH CARE INC

DATE OF SURVEY: February 24, 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:

Norman Thomas, Owner
Margaret Thomas, Owner

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on June 14 and 15, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- | | |
|------------------------------|-----------|
| 1. MN Rule 4668.0065 Subp. 1 | Corrected |
| 2. MN Rule 4668.0140 Subp. 2 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3262

December 1, 2005

Margaret Thomas, Administrator
Guardian Home Health Care Inc.
204 NW First Avenue Suite #4
Grand Rapids, MN 55744

Re: Results of State Licensing Survey

Dear Ms. Thomas:

The above agency was surveyed on June 14 and 15, 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: Norman Thomas, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Itasca 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: GUARDIAN HOME HEALTH CARE INC

HFID # (MDH internal use): 23476

Date(s) of Survey: June 14 and 15, 2005

Project # (MDH internal use): QL23476001

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The Provider accepts and retains clients for whom it can meet the needs.</p> <ul style="list-style-type: none"> • MN Rules 4668.0050 • MN Rule 4668.0060 Subpart 3 • MN Rule 4668.0060 Subpart 4 • MN Rule 4668.0060 Subpart 5 • MN Rule 4668.0140 • MN Rule 4668.0180 Subpart 8 	<ul style="list-style-type: none"> • Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement. • Service plans accurately describe the needs and services and contains all the required information. • Services agreed to are provided • Clients are provided referral assistance. 	<p>Annual Licensing Survey</p> <p>___ 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>2. The Provider promotes client rights.</p> <ul style="list-style-type: none"> • MN Statute §144A.44 • MN Rule 4668.0030 • MN Rule 4668.0040 	<ul style="list-style-type: none"> • Clients' are aware of and have their rights honored. • Clients' are informed of and afforded the right to file a complaint. 	<p>Annual Licensing Survey</p> <p><u>X</u> 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"> MN Rule 4668.0170 		<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"> MN Rule 4668.0035 MN Statutes §144A.46 Subdivision 5 MN Statute §626.556 MN Statutes §626.557 MN Statute §626.5572 	<ul style="list-style-type: none"> Client's person, finances and property are safe and secure. All criminal background checks are performed as required. Clients are free from maltreatment. There is a system for reporting and investigating any incidents of maltreatment. Maltreatment assessments and prevention plans are accurate and current. 	<p>Annual Licensing Survey</p> <p><u> X </u> 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"> MN Rule 4668.0160 <p>[Note to MDH staff: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders]</p>	<ul style="list-style-type: none"> Client records are maintained and retained securely. Client records contain all required documentation. Client information is released only to appropriate parties. Discharge summaries are available upon request. 	<p>Annual Licensing Survey</p> <p><u> X </u> 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"> MN Rule 4668.0060 subpart 1 MN Rule 4668.0065 MN Rule 4668.0070 MN Rule 4668.0075 MN Rule 4668.0080 MN Rule 4668.0100 <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0120 	<ul style="list-style-type: none"> Staff, employed or contracted, have received all the required training. Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. Personnel records are maintained and retained. Licensee and all staff have received the required Orientation to Home Care. Staff, employed or contracted, are registered and licensed as required by law. Documentation of medication administration procedures are available. Supervision is provided as 	<p>Annual Licensing Survey</p> <p>_____ Met</p> <p><u> X </u> Correction Order(s) issued</p> <p><u> X </u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0130 • MN Statute 144A.45 Subdivision 5 • MN Statute 144A.461 <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>	<p>required.</p>	
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 • MN Rule 4668.0100 [Subpart 2] <p>[Note to MDH staff: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage and disposition.]</p>	<ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. 	<p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> New Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 subpart 3 • MN Rule 4668.0012 subpart 8 • MN Rule 4668.0012 Subpart 17 • MN Rule 4668.0019 • MN Rule 4668.0060 subpart 2 • MN Rule 4668.0060 subpart 6 • MN Rule 4668.0180 subpart 2 • MN Rule 4668.0180 subpart 3 <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 4 • MN Rule 4668.0180 	<ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee’s advertisements accurately reflects services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> New Correction Order(s) issued</p> <p><input type="checkbox"/> 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 4668.0065 Subp. 1 Tuberculosis screening	X	Based on record review and interview, the licensee failed to ensure that employees had been screened for tuberculosis prior to providing direct care for two of two employees (A and B) reviewed. The findings include: Employee A and B’s records lacked documentation that tuberculosis screening had been completed prior to direct client contact. When interviewed June 14, 2005, the owner verified that tuberculosis screening had not been completed for employees A and B. <u>Education:</u> Provided
2.	1	MN Rule 4668.0140 Subp. 2 Content of Service Plan	X	Based on record review and interview, the licensee failed to provide a complete service agreement for one of one client (#1) whose record was reviewed. The findings include: Client #1’s service agreement did not

Class A (Licensed – Only) Licensing Survey Form
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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>include the frequency of services to be provided, the identification of the persons who are to provide the services or a contingency plan. When interviewed June 14, 2005, the owner verified the service plan was incomplete.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Margaret Thomas at an exit conference on June 15, 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)