



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9971 77497

December 30, 2008

Yakov Giterman, Administrator
YMG Home Care Services Inc
13920 McGinty Road East
Minnetonka, MN 55305

Re: Results of State Licensing Survey

Dear Mr. Giterman:

The above agency was surveyed on October 16, 20, and 22, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Hennepin and Anoka County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Office of the Attorney General, Deb Peterson

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
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<http://www.health.state.mn.us>

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Class A Licensed-Only Home Care Provider

LICENSING SURVEY FORM

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

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

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form.

Name of Class A Licensee: YMG HOME CARE SERVICES, INC.

HFID #: 23556

Date(s) of Survey: October 16, 20 and 22, 2008

Project #: QL23556005

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

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

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

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

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

SURVEY RESULTS: ___ All Indicators of Compliance listed above were met.

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

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

Based on record review and interviews, the licensee failed to provide the current Minnesota Home Care Bill of Rights to two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services October 3, 2007. The Bill of Rights that was provided to client #1 did not include the most recent additions to MN Statute 144A.44, Subd. 1 (16).

Client #2 began receiving services April 1, 2008. There was no evidence client #2 had received the Bill of Rights. During a home visit October 20, 2008, documentation from a previous home care provider, was reviewed in client #2's home records. The Bill of Rights from the previous home care provider, did not include the most recent additions to MN Statute 144A.44, Subd. 1 (16).

When interviewed on October 20, 2008, the owner/administrator stated that he was not aware of the changes to the bill of rights and had not provided clients #1 and #2 with the updated version of the 2004 bill of rights.

2. MN Rule 4668.0040 Subp. 1**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to establish a system for receiving, investigating and resolving complaints from clients. The findings include:

There was no evidence of a policy or system for receiving, investigating or resolving complaints. When interviewed on October 16, 2008, the administrator/owner reported there was no formalized system or written procedure for receiving, investigating or resolving complaints.

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

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for two of three employees (B and D) records reviewed. The findings include:

Employees B and D began working as an unlicensed direct care staff May 17, 2007 and April 1, 2008. Employees B and D's records did not contain evidence of tuberculosis screening. When interviewed on October 16 and 20, 2008, the owner/administrator confirmed that there was no tuberculosis screening for employees B and D.

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

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

Employee B was hired May 17, 2007 as an unlicensed direct care staff. There was no evidence of infection control training for employee B. When interviewed on October 20, 2008, the owner/administrator confirmed there was no evidence of infection control training for employee B.

5. MN Rule 4668.0070 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to provide a job description for three of three employees (A, B and D) records reviewed. The findings include:

Employee A was hired on August 7, 2008 as a licensed direct care staff. Employees B and D were hired May 17, 2007, and April 1, 2008, respectively as unlicensed direct care staff. There were no job descriptions for employees A, B and D.

When interviewed on October 16, 2008, the owner/administrator stated he did not realize he needed to have a job description for each job classification.

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

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed home care services successfully completed training and demonstrated competency in the required topics, for two of two unlicensed personnel (B and D) records reviewed. The findings include:

Employees B and D began working for the agency as unlicensed direct care staff on May 17, 2007, and April 1, 2008, respectively. Neither employee record contained evidence of the successful completion of training or competency evaluations by an RN. When interviewed on October 20, 2008, employee D reported she had received training from a previous employer.

When interviewed on October 20, 2008, the owner/administrator confirmed he did not have documented evidence that employees B and D had the required training and competency evaluations.

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

Based on record review and interview, the licensee failed to ensure that an RN supervised unlicensed personnel who performed services that required supervision for two of two clients (#1 and #2) records reviewed. The findings include:

Services were initiated for client #1 on October 3, 2007, and the service agreement indicated supervisory visits were to be performed every month. A Home Health Aide Care Plan indicated services including bathing, dressing, ambulation, transferring and medication reminders, were to be provided daily. Supervisory visits were not conducted by the RN until January 28, 2008, and did not occur between May 17, 2008 and August 10, 2008.

Services were initiated with client #2 on April 1, 2008. A Home Health Aide Care Plan/PCA indicated services including bathing, dressing, grooming, exercises, ambulation, and medication reminders were provided. Supervisory visits were not conducted by the RN until August 17, 2008, September 17, 2008 and October 20, 2008.

When interviewed on October 20, 2008, the owner/administrator reported the previous RN did not always complete the supervisory visits as required.

8. MN Rule 4668.0140 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that a written service agreement was established with one of two (client 2) records reviewed. The findings include:

Client 2 began receiving unlicensed direct care services on April 1, 2008, and registered nurse services on August 17, 2008. There was no service agreement. When interviewed October 20, 2008, the owner/administrator confirmed a written service agreement was not established.

9. MN Rule 4668.0140 Subp. 2

INDICATOR OF COMPLIANCE: # 1

Based on record review, the licensee failed to ensure that service agreements were complete in one of two records reviewed (client #1). The findings include:

Client #1's service agreement dated October 3, 2007 contracted for unlicensed direct care services for eight and one-half hours every day and supervisory visits every month. The service agreement did not identify the categories/title of persons to provide the supervisory visits; the fees for services; or a contingency plan.

When interviewed October 16, 2008, the owner/administrator stated he did not have the class A Rules and was unfamiliar with the specific requirements for service agreements.

10. MN Rule 4668.0160 Subp. 2

INDICATOR OF COMPLIANCE: # 4

Based on record review and interview, the licensee had not established written procedures to control use and removal of client records from the provider's offices and for security in client residences and to establish criteria for release of information. The findings include:

There was no evidence of a policy/procedure related to the use, removal, and security of client. When interviewed on October 16, 2008, the owner/administrator confirmed that written policies and/or procedures related to the use, removal, and security of client records had not been established.

11. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interviews, the licensee failed to ensure that individual abuse prevention plans were established for two of two client records reviewed (clients #1 and #2). The findings include:

Client #1 had Diabetes Mellitus and right sided hemi-paresis following a cerebral vascular accident. The current service agreement dated October 3, 2007, indicated unlicensed direct care and registered nurse (RN) services were to be provided. An incomplete and unsigned form titled, Physical and Behavior Indicator of Elder-Abuse and Neglect, was found in client #1's record. There was no assessment or individualized abuse prevention plan.

Client #2 had a history of hepatitis and cancer. Direct care services were initiated on April 1, 2008, although a service agreement was not established. Unlicensed direct care staff provided assistance with bathing, dressing, hygiene, ambulation and medication reminders. Client #2's record lacked an individualized assessment and abuse prevention plan.

When interviewed October 20, 2008, the RN stated had not completed assessments and abuse prevention plans for each client.

A draft copy of this completed form was left with Yakov Giterman, Owner/Administrator, at an exit conference on October 22, 2008. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. CLASS A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).