



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6253

December 7, 2010

Rita Dornquast, Administrator
Cascade Care Services Inc
2311 44th Ave SE
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Dornquast:

The above agency was surveyed on September 8, 9, and 10, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order 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) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written in a cursive style.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2303 6253

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	RITA DORNQUAST	DATE: December 7, 2010
PROVIDER:	CASCADE CARE SERVICES INC	COUNTY: STEELE
ADDRESS:	2311 - 44TH AVE SE OWATONNA, MN 55060	HFID: 23577

On September 8, 9 and 10, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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 may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0040 Subp. 2

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

Clients #1 and #2 were admitted to the agency October 1, 2007, and July 10, 2010, respectively. The complaint procedure provided to clients did not include the name or title of the person to contact with complaints, the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints, and a statement that the provider will in no way retaliate because of a complaint.

When interviewed September 9, 2010, employee D (administrator/owner) stated that all home care clients received the same complaint procedure, which did not include all of the required information.

TO COMPLY: The system required by subpart 1 must provide written notice to each client that includes:

- A. the client's right to complain to the licensee about the services received;
- B. the name or title of the person or persons to contact with complaints;
- C. the method of submitting a complaint to the licensee;
- D. the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and
- E. a statement that the provider will in no way retaliate because of a complaint.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0065 Subp. 3

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

Employee A (registered nurse/RN) was hired and began providing home care services May 8, 2008. Her records contained documentation of infection control training on May 8, 2008, and June 18, 2009, however there was no evidence of infection control training in 2010.

When interviewed September 9, 2010, employee A stated that the last infection control training she completed was done on June 18, 2009, and she didn't complete infection control training for 2010.

TO COMPLY: For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

- A. hand washing techniques;
- B. the need for and use of protective gloves, gowns, and masks;
- C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
- D. disinfecting reusable equipment; and
- E. disinfecting environmental surfaces.

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0100 Subp. 2

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed and competency tested unlicensed personnel on the procedure for administration of medications for one of one unlicensed employee's (B) record reviewed. The findings include:

Employee B (unlicensed direct care staff) was hired and began providing home care services to client #2 on July 1, 2010. When interviewed September 8, 2010, employee B stated she administered three different nebulizer treatments, which either client #2's mother had mixed in a syringe or employee B mixed and put in the nebulizer cup/mask during a respiratory vest treatment. Employee B stated client #2's mother had trained her to administer the nebulizers. When questioned what the three different nebulizers were, employee B didn't know what they were, but stated she could tell them apart because they all looked different and were in different vials. Employee B's records did not contain documentation of training or competency in administration of nebulizers.

When interviewed September 8, 2010, employee D (administrator/owner) stated the licensee did not administer medications. When interviewed September 8, 2010, employee A (RN) also stated the licensee did not administer medications. Neither employee D or A were aware that employee B was administering nebulizer treatments.

TO COMPLY: A person who satisfies the requirements of subpart 5 may administer medications, whether oral, suppository, eye drops, ear drops, inhalant, topical, or administered through a gastrostomy tube, if:

- A. the medications are regularly scheduled;
- B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:
 - (1) within 24 hours after its administration; or
 - (2) within a time period that is specified by a registered nurse prior to the administration;
- C. prior to the administration, the person is instructed by a registered nurse in the procedures to administer the medications to each client;
- D. a registered nurse specifies, in writing, and documents in the clients' records, the procedures to administer the medications; and
- E. prior to the administration, the person demonstrates to a registered nurse the person's ability to competently follow the procedure.

For purposes of this subpart, "pro re nata medication," commonly called p.r.n. medication, means a medication that is ordered to be administered to or taken by a client as necessary.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

4. MN Rule 4668.0100 Subp. 4

Based on record review and interview, the licensee failed to ensure that unlicensed staff were instructed in the proper method to perform a delegated nursing procedure, that the registered nurse (RN) specified in writing specific instructions for performing the procedure and demonstrated to the RN that he/she was competent to perform the procedure for one of one client (#2) record reviewed. The findings include:

Employee B (unlicensed direct care staff) was hired and began providing home care services to client #2 on July 1, 2010. When interviewed September 8, 2010, employee D (administrator/owner) indicated that client #2 received a respiratory vest treatment by employee B. Employee D stated that client #2's mother had trained employee B to apply the respiratory vest treatment, but there was no written procedure. When interviewed September 8, 2010, at 2:37 p.m., employee B, stated she had been trained by client #2's mother to apply the respiratory vest treatment. There was no evidence that employee B had been trained and competency tested by the RN in the respiratory vest treatment.

When interviewed September 8, 2010, employee D stated the directions for the vest treatment were thrown away by client #2's mother. The directions for the vest treatment were later found by the employee A (RN), but did not include the entire respiratory vest procedure employee B described as being performed.

TO COMPLY: A person who satisfies the requirements of subpart 5 may perform delegated medical or nursing and assigned therapy procedures, if:

A. prior to performing the procedures, the person is instructed by a registered nurse or therapist, respectively, in the proper methods to perform the procedures with respect to each client;

B. a registered nurse or therapist, respectively, specifies, in writing, specific instructions for performing the procedures for each client;

C. prior to performing the procedures, the person demonstrates to a registered nurse or therapist, respectively, the person's ability to competently follow the procedures; and

D. the procedures for each client are documented in the clients' records.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

5. MN Rule 4668.0130 Subp. 3

Based on record review and interview, the licensee failed to have a registered nurse competency test unlicensed employees in the specific topic of medication reminders for two of two unlicensed employees' (B and C) records reviewed. The findings include:

Employee B and C were hired and began providing home health services including medication reminders July 1, 2010, and September 30, 2007, respectively. There was no documentation of competency testing for medication reminders.

When interviewed September 8, 2010, at 1:00 p.m., employee D (administrator/owner) stated that the unlicensed staff performed medication reminders. When interviewed September 8, 2010, employee A (registered nurse/RN) stated the licensee did not perform medication reminders. When interviewed

September 8, 2010, employee B (unlicensed staff) stated she brought client #2's medication to him to take independently. When interviewed September 9, 2010, at 4:15 p.m., employee C (unlicensed staff) stated she reminded client #1 to take his medications.

TO COMPLY: The competency evaluation tests must be approved by the commissioner.

A. To qualify to perform home health aide tasks, the person must pass the following:

(1) a practical skill test, administered by a registered nurse, that tests the subjects described in subpart 2, items E, F, I, M, and N; and

(2) a written, oral, or practical test of the topics listed in subpart 2, items A to D, G, H, and J to L.

B. To qualify to perform home care aide tasks, the person must pass the competency evaluation for home health aide tasks, or the following:

(1) a practical skill test, administered by a registered nurse, that tests the subjects described in subpart 2, items E and F; and

(2) a written, oral, or practical test of the topics in subpart 2, items A to D and G.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

6. MN Rule 4668.0140 Subp. 2

Based on record review and interview, the licensee failed to ensure that service agreements were complete for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1's service agreement, dated September 9, 2009, stated in the "discipline" category, 10 units day/flex and 17.5 hours week/flex. The frequency was noted "per client needs" and supervision was noted as 8-16 units every 30-60 days.

Client #2's service agreement, dated July 6, 2009, stated in the "discipline" category, 9 hours til 8/31, 4.5 hour day till 2/28/10, flex. The frequency was noted "as directed by mother" and supervision was noted as 8 units monthly or bi monthly.

Client #1's and #2's service agreement did not include the service provided, identification of the person who was providing the service, the frequency of services or who was going to supervise.

When interviewed September 9, 2010, employee D (administrator/owner) indicated that all of the clients' service agreements would have to be redone since only the number of units was listed for the discipline, and agreed that the frequency and who was actually performing the services was not indicated.

TO COMPLY: The service agreement required by subpart 1 must include:

A. a description of the services to be provided, and their frequency;

- B. identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required, if any;
- D. fees for services;
- E. a plan for contingency action that includes:

(1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

7. MN Rule 4668.0150 Subp. 3

Based on record review and interview, the licensee failed to have current prescriber's orders for one of one client's (#2) record reviewed.

When interviewed September 8, 2010, at 2:37 p.m., employee B (unlicensed staff) stated she administered three different nebulizer treatments to client #2. The home health certification and plan of care, dated July 30, 2010, indicated administration of nebulizers at the appropriate time was managed by the mother. A medication or over the counter list of medications indicated only an Albuterol nebulizer was to be administered as directed, which was signed by the employee A (registered nurse/RN) July 20, 2010.

When questioned what the three different nebulizers were, employee B didn't know what the nebulizers were, but stated she could tell them apart because the nebulizers all looked different and were in different vials. Employee B also stated that she brought client #2 Pancrelitase (an enzyme to aid digestion) 3 tablets with a snack and 5 tablets with meals. There were no orders for the two unidentified nebulizers or the Pancrelitase.

When interviewed September 8, 2010, employee A (registered nurse) indicated the licensee did not administer medications, so therefore they didn't need physician orders for medications. When interviewed September 8, 2010, employee D (owner/administrator) stated she had informed client #2's

mother that staff would not administer medications, but indicated maybe the mother and employee B had worked something out regarding administration of medications.

TO COMPLY: All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.

TIME PERIOD FOR CORRECTION: Seven (7) days

8. MN Rule 4668.0160 Subp. 6

Based on record review and interview, the licensee failed to maintain a complete record for one of one client's (#2) record reviewed. The findings include:

When interviewed per telephone September 8, 2010, at 2:37 p.m., employee B (unlicensed staff) stated she administered three different nebulizer treatments to client #2. When asked, employee B didn't know what they were, but stated she could tell them apart because the nebulizers all looked different and were in different vials. Employee B also stated that she brought the client Pancrelitase (an enzyme to aid digestion) 3 tablets with a snack and 5 tablets with meals. There was no documentation of administration of medications by unlicensed staff.

When interviewed September 8, 2010, employee A (RN) indicated that the licensee did not administer medications. When interviewed September 8, 2010, employee B stated she supposed she was documenting administration of medications on her time card under "health-related functions." When interviewed September 8, 2010, employee D (owner/administrator) stated she had informed client #2's mother that staff would not administer medications.

TO COMPLY: The client record must contain:

A. the following information about the client:

(1) name;

(2) address;

(3) telephone number;

(4) date of birth;

(5) dates of the beginning and end of services; and

(6) names, addresses, and telephone numbers of any responsible persons;

B. a service agreement as required by part [4668.0140](#);

C. medication and treatment orders, if any;

D. notes summarizing each contact with the client in the client's residence, signed by each

individual providing service including volunteers, and entered in the record no later than two weeks after the contact;

E. names, addresses, and telephone numbers of the client's medical services providers and other home care providers, if known;

F. a summary following the termination of services, which includes the reason for the initiation and termination of services, and the client's condition at the termination of services.

Class C licensees need only include the information required by items A, B, and E. Class E licensees need only include the information required by items A, B, D, and E.

TIME PERIOD FOR CORRECTION: Seven (7) days

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0032

July 18, 2007

Barbara Cecchini, Administrator
Cascade Care Services Inc
1701 Tenth Street SE #12
Rochester, MN 55904

Re: Results of State Licensing Survey

Dear Ms. Cecchini:

The above agency was surveyed on June 27 and 28, and July 2, 2007, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

01/07 CMR3199



Class A Licensed-Only Home Care Provider

LICENSING SURVEY FORM

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

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

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

Name of Class A Licensee: CASCADE CARE SERVICES INC

HFID #: 23577

Date(s) of Survey: June 27, 28, and July 2, 2007

Project #: QL23577004

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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input 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 # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input 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 # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> 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><input checked="" type="checkbox"/> Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</p>	<ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. 	<p>Focus Survey</p> <p>___ Met <input checked="" type="checkbox"/> Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction</p>

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

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

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

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

1. MN Rule 4668.0140 Subp. 2**INDICATOR OF COMPLIANCE: # 1**

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

Client #1 was admitted September 1, 2006 and has been receiving services of dressing, toileting, transferring and bathing. Her initial service agreement, dated August 18, 2006, did not include the description of the services, the frequency of the services, the persons providing the cares, the schedule of supervision, and the fees for the services. When interviewed June 27, 2007 the owner confirmed the service agreement was not complete.

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

Based on record review and interview, the licensee failed to ensure that orders for medications were renewed at least every three months for one of three clients' (#1) records reviewed. The findings include:

Client #1's record contained physician's orders for medications, dated August 18, 2006. The client's record lacked documentation that the orders had been renewed since August 18, 2006. When interviewed June 27, 2007, the owner stated a facsimile was sent to the physician on November 28, 2006 to renew the medications. There was no response to the fax and another attempt to contact the physician was not made.

A draft copy of this completed form was left with Barbara Cecchini, owner, at an exit conference on July 2, 2007. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. CLASS A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A Home Care Provider link:

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

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