



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6789

October 7, 2010

Cher Franta, Administrator
Home Instead Senior Care
4445 West 77th Street #224
Edina, MN 55435

Re: Results of State Licensing Survey

Dear Ms. Franta:

The above agency was surveyed on October 1 and 4, 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 cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0938 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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CERTIFIED MAIL #: 7009 1410 0000 2303 6789

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 & Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	CHER FRANTA	DATE: October 7, 2010
PROVIDER:	HOME INSTEAD SENIOR CARE	COUNTY: HENNEPIN
ADDRESS:	4445 WEST 77TH STREET #224 EDINA, MN 55435	HFID: 23590

On October 1 and 4, 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 Statute §626.557 Subd. 14(b)

Based on interview and record review, the licensee failed to ensure that when areas of susceptibility to abuse were identified, that specific measures to be taken to assist in minimizing the risk of abuse to that client were identified for three of three clients' (#1 and #2 and #3) records reviewed. The findings include:

Client #1 began receiving services from the licensee September 17, 2007. The client's "Vulnerability Assessment," dated September 17, 2001, indicated the client was vulnerable in the areas of; ability to ambulate safely without a device; lack of a social support system; ability to self administer medications and unsteady gait and balance. There were no specific measures identified to assist in minimizing the risk of abuse to client #1 in the identified areas of vulnerability.

Client #2 began receiving services from the licensee May 21, 2009. The client's "Vulnerability Risk Assessment," dated April 21, 2010, indicated the client was vulnerable in the areas of; orientation to person, place and time; ability to perform physical cares independently; adequate visual acuity; adequate hearing; ability to use telephone; ability to manage own finances; ability to self-administer medications; ability to report abuse by others and ability to recognize and protect self from abuse by others. There were no specific measures identified to assist in minimizing the risk of abuse to client #2 in the identified areas of vulnerability.

Client #3 began receiving services from the licensee August 26, 2010. The client's "Vulnerability Risk Assessment," dated August 26, 2010, indicated the client was vulnerable in the areas of; ability to perform physical cares; ability to manage own finances; ability to report abuse by others and ability to recognize and protect self from abuse by others. There were no specific measures identified to assist in minimizing the risk of abuse to client #3 in the identified areas of vulnerability.

When interviewed October 4, 2010, employee A (owner) and individual B (contracted registered nurse) confirmed there were no specific measures identified to assist in minimizing the risk of abuse to clients #1, #2 and #3 in their identified areas of vulnerability.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Hennepin 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 1160 0004 8711 9915

February 2, 2006

Frederick Olson, Administrator
Home Instead Senior Care #167
4445 West 77th Street # 224
Edina, MN 55435

Re: Licensing Follow Up Revisit

Dear Mr. Olson:

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 22, 2005.

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: Frederick Olson, President Governing Board
Hennepin County Social Services
Gloria Lehnertz, 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: HOME INSTEAD SENIOR CARE

DATE OF SURVEY: December 22, 2005

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:

Fred Olson, Administrator
Rhonda Kalal, Operations Manager
Patty Peacock, Staffer

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 7, 8, and 9, 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 4668.0100 Subp. 9 Corrected
3. MN. Rule 4668.0140 Subp. 2 Corrected
4. MN. Rule 4668.0160 Subp. 6 Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3538

November 1, 2005

Frederick Olson, Administrator
Home Instead Senior Care #167
4445 West 77th Street #206
Edina, MN 55435

Re: Results of State Licensing Survey

Dear Mr. Olson:

The above agency was surveyed on June 7, 8, and 9, 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: Frederick Olson, 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: HOME INSTEAD SENIOR CARE #167
 HFID # (MDH internal use): 23590
 Date(s) of Survey: 06/06/2005
 Project # (MDH internal use): QL23590001

Indicators of Compliance	Outcomes Observed	Comments
1. The Provider accepts and retains clients for whom it can meet the needs. <ul style="list-style-type: none"> • 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. 	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"> • 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. 	Annual Licensing Survey ___ Met ___ Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # _____

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0170 		<p> <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> 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> <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided </p> <p>Follow-up Survey # _____</p> <p> <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> 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> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided </p> <p>Follow-up Survey # _____</p> <p> <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> 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> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided </p> <p>Follow-up Survey # _____</p> <p> <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> 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 subpart 5 	<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
<ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47 <p>[Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]</p>		

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 Subpart 1 Tuberculosis screening	X	<p>Based on personnel record review and interview the agency failed to assure that all employees were screened for tuberculosis prior to direct client contact in one of four records (employee A) reviewed. The findings include:</p> <p>Employee (A) started her employment with the agency on April 25, 2005. She had a negative Mantoux test read on May 26, 2005. The owner was interviewed on June 8, 2005 and stated employee (A) began direct care prior to administration of the Mantoux test.</p> <p><u>Education:</u> Provided</p>
2	5	MN Rule 4668.0100 Subp. 9 Periodic supervision of home health aide tasks.	X	<p>Based on client record review and interview, the agency failed to assure a fourteen day visit occurred after the initiation of home health aide tasks for one of one clients (#1). The findings include:</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #1 began homecare services with the agency on April 28, 2005. When the client's record was reviewed on June 7, 2005, there was no documentation available that a supervisory visit by a registered nurse had occurred. The owner was interviewed on June 7, 2005 and confirmed the above.</p> <p><u>Education:</u> Provided</p>
3	1	MN Rule 4668.0140 Subp. 2 Contents of service agreement	X	<p>Based on client record review and interview the agency failed to assure each service agreement contained a description of the services in three of three records (#1, #2, #3) and the frequency for supervisory visits for two of three (#2, #3) records reviewed. The findings include:</p> <p>In each client record (#1, #2, #3) the service agreement did not contain a complete description of services to be provided by the agency. The service agreement only contained the classification of personnel providing the services, i.e. HHA (home health aide) services. Therefore it was not possible to determine the exact home health aide services the agency had contracted to provide.</p> <p>In client record #1 and #3 the service agreement did not include any schedule for supervision by the registered nurse. The owner was interviewed on June 7, 2005 and acknowledged service agreements were lacking.</p> <p><u>Education:</u> Provided</p>
4	4	MN Rule 4668.0160 Subp. 6 Content of client record	X	<p>Based on record review and interview, the agency failed to complete a discharge summary on one of one (#3) discharge records. The findings include:</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #3's record did not contain a discharge summary. The client received homecare services from the agency beginning in March 2005 until the time of her death. The owner was interviewed on June 8, 2005 and verified no discharge summary had been completed.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Frederick Olson at an exit conference on June 9, 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)