



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 0150 0003 5688 9248

September 8, 2008

Helen Osonowo, Administrator  
Amazing Love Healthcare Service  
5724 Bass Lake Road  
Crystal, MN 55429

Re: Results of State Licensing Survey

Dear Ms Osonowo:

The above agency was surveyed on July 29 and 30, 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 County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review  
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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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: AMAZING LOVE HEALTHCARE SERVIC

HFID #: 23687

Dates of Survey: July 29, 30, 2008

Project #: QL23687005

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0140</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0060 Subp. 3, 4 and 5</li> <li>MN Rule 4668.0180 Subp. 8</li> </ul>	<ul style="list-style-type: none"> <li>Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement.</li> <li>Service plans accurately describe the needs and services and contain all the required information.</li> <li>Services agreed to are provided Clients are provided referral assistance.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Orders issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> </ul>	<ul style="list-style-type: none"> <li>• Clients’ are aware of and have their rights honored.</li> <li>• Clients’ are informed of and afforded the right to file a complaint.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statutes §144A.46 Subd. 5(b)</li> <li>• MN Statute §626.556</li> <li>• MN Statutes §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> </ul>	<ul style="list-style-type: none"> <li>• Client’s person, finances and property are safe and secure.</li> <li>• All criminal background checks are performed as required.</li> <li>• Clients are free from maltreatment.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0160</li> </ul> <p><b>Expanded Survey</b></p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p>	<ul style="list-style-type: none"> <li>• <b>Client records are maintained and retained securely.</b></li> <li>• <b>Client records contain all required documentation.</b></li> <li>• Client information is released only to appropriate parties.</li> <li>• Discharge summaries are available upon request.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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 <b>Follow-up Survey #</b> ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100</li> <li>• [Except Subp. 2]</li> <li>• MN Rule 4668.0065</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0060 Subp. 1</li> <li>• MN Rule 4668.0070</li> <li>• MN Rule 4668.0075</li> <li>• MN Rule 4668.0080</li> <li>• MN Rule 4668.0130</li> <li>• MN Statute §144A.45 Subd. 5</li> </ul> <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"> <li>• Staff, employed or contracted, have received all the required training.</li> <li>• Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>• Personnel records are maintained and retained.</li> <li>• Licensee and all staff have received the required Orientation to Home Care.</li> <li>• Staff, employed or contracted, are registered and licensed as required by law.</li> <li>• Documentation of medication administration procedures are available.</li> <li>• Supervision is provided as required.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met ___ Correction Order(s) issued ___ Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p><b>Follow-up Survey #</b> ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100 Subp. 2</li> </ul> <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"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met <input checked="" type="checkbox"/> Correction Order issued <input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded ___ Met <input checked="" type="checkbox"/> Correction Order issued <input checked="" type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> ___ ___ 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                      ___ Education Provided</p>
<p>7. The provider is licensed and provides services in accordance with the license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 Subp. 3</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0060 Subp. 2 and 6</li> <li>• MN Rule 4668.0180</li> <li>• MN Rule 4668.0220</li> </ul> <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"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee's advertisements accurately reflect services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>8. The provider is in compliance with MDH waivers and variances.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>• Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ 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. 1****INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure a client's service agreement was had been agreed to by the client's responsible person for one of two client's (#1) records reviewed. The findings include:

Client #1 began receiving services from the licensee on June 23, 2008. It could not be determined if the client's responsible person had agreed to the written service agreement since the service agreement contained in the client record was unsigned and undated by both the licensee and the client's responsible person. When interviewed on July 30, 2008, the Director of Nursing stated she was unaware the service agreement had not been signed by either party.

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

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

Client #1's service agreement dated June 30, 2007, indicated the client started receiving services from the licensee on June 23, 2007. The client services delivery record for the week of July 20, 2008, indicated the client received assistance from agency staff which included bathing, grooming, medication administration and supervision and Accu-Chek monitoring four times per day. The service agreement lacked a description of the services to be provided. The description of the services noted on the service agreement was listed generically as "PCA."

Client #2's service delivery record for the week of July 20, 2008, indicated the client received assistance from the agency staff which included medication administration. The client's service agreement dated August 22, 2007, lacked a description of the services to be provided.

When interviewed on July 30, 2008, the Director of Nursing stated she thought the statement "PCA Services" was an adequate description for the services on each client's service agreements.

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

Based on record review and interview, the licensee failed to ensure medication orders were renewed every three months for two of two clients' (#1, #2) records reviewed. The findings include:

Client #1 was admitted to the agency on June 23, 2007, and had been receiving medication administration from the licensee since her admission. Renewals for the client's medications were dated November 20, 2007, April 2, 2008, and June 17, 2008.

Client #2 was admitted to the agency on August 22, 2007, and had been receiving medication administration from the licensee since her admission. Medication renewals for the client's medications were dated November 6, 2007, March 24, 2008, and April 4, 2008.

When interviewed on June 29, 2008, the Director of Nursing stated the pharmacy she uses sends a list of each client's medications to their physician yearly for medication renewal and she was unaware medications were required to be renewed every ninety days.

#### **4. MN Rule 4668.0160 Subp. 6**

##### **INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview, the licensee failed to ensure notes summarizing services provided for clients were entered into the client record no later than two weeks after the service in two of two client (#1, #2) records reviewed. The findings include:

Client #1 was admitted to the agency on June 23, 2007 and received medication administration from the licensee since her admission to the agency which required a supervisory visit from a licensed nurse every fourteen days. The client's record was reviewed on July 29, 2008, and the last supervisory visit contained in the record was dated October 15, 2007.

Client #2 was admitted to the agency on August 22, 2007, and received medication administration from the licensee since her admission to the agency requiring a supervisory visit from a licensed nurse every fourteen days. The client's record was reviewed on July 29, 2008, and the last supervisory visit contained in the record was dated October 29, 2007. When interviewed on July 29, 2008, the Director of Nursing stated she had completed supervisory visits as required, but she had the records of the visits at another location (other than the business address of the agency). She stated she was the only registered nurse for the agency and she was unable to stay up to date with the filing of documents into the client records. On July 30, 2008, the client records were reviewed again, and contained the required supervisory visits.

Client #1 received medication administration twice daily from the licensee's unlicensed personnel. When interviewed on July 29, 2008, the administrator/registered nurse stated she set up the medications weekly in medi-set boxes and that the agency personal care attendants administered the medications from the medi-sets and documented the administration on the client services delivery record. The Director of Nursing stated she assured medications were administered by monitoring the medi-sets. When reviewed on July 29, 2008, client #1's services delivery records for May and July 2008 for medication administration were incomplete. Client #1's medications were not documented as administered on the day shift for May 9, 19, and July 1, 6, 14, 18, 2008; and for the evening shift on May 12, 17, 21, 24 and July 2, 6, 10, 16, 21, 23, and 28, 2008.

Client #1 is an insulin dependent diabetic. When interviewed on July 29, 2008, the administrator/registered nurse stated the personal care attendants (PCA) reminded the client to do her Accu-Chek four times per day. The personal care attendants are to record the blood sugar reading and then provide the client with prefilled insulin syringes as needed based on the physician prescribed sliding scale coverage. When reviewed on July 29, 2008, blood sugar monitoring documents did not contain blood sugar readings for 8:00 a.m. on May 18, 24; for 12 noon on May 8, 9, 18, 20, 25 and July 26; for 4:00 p.m. on July 21; and for 8:00 p.m. on May 5, 7, 12, and July 21, 2008. The Director of

Nursing provided the reviewer with a memo dated April 2, 2008 which noted, “Please ensure that blood sugar results are appropriately documented. It is the responsibility of each PCA to ensure that blood sugar results are appropriately documented per shift. We will collate all holes in the MAR (medication administration record) twice per month.” When interviewed on July 29, 2008, the Director of Nursing stated that medication and blood sugar documentation by the PCAs had been a problem and that she needed to come to the agency almost every day to check on them. It was noted the client received sliding scale insulin coverage for elevated blood sugars 45 times in May 2008.

Client #1’s record was reviewed on July 29, 2008 and contained an undated, unsigned, service agreement which was incomplete and did not contain documentation related to the frequency and description of services, frequency of supervision and the fee for services. The only date contained in the service agreement document was on the first page of the agreement which noted the admission date of the client was June 23, 2007. The Director of Nursing was questioned concerning the incomplete service agreement on July 29, 2008. On July 30, 2008, the Director of Nursing provided the reviewer with another front page of the agency’s service agreement for the client. The service agreement noted the admission date of the client as June 30, 2007. This service agreement was complete except for a description of the services. When the Director of Nursing was queried why the client record did not contain the June 30, 2007, service agreement, when the record was reviewed on June 29, 2008, the owner stated she has documents for the clients she maintained off site because she did not have a lock for the office door.

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A draft copy of this completed form was faxed to Helen Osonowo, Director of Nursing, on July 31, 2008. A preliminary in person exit conference was held with Helen Osonowo on July 30, 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).