



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1835

August 17, 2006

Gloria Savage, Administrator
Wild Flower Health Care Services Inc
6000 Bass Lake Road Suite 208
Crystal, MN 55429

Re: Licensing Follow Up visit

Dear Ms. Savage:

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 July 17 and 18, 2006.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large initial "J" and "M".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1835

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR HOME CARE PROVIDERS**

August 17, 2006

Gloria Savage, Administrator
Wild Flower Health Care Service Inc
6000 Bass Lake Road Suite 208
Crystal, MN 55429

RE QL23910001:

Dear Ms. Savage:

On July 17 and 18, 2006, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on December 12, 13, 14, and 15, 2006, with correction orders received by you on February 22, 2006.

The following correction orders were not corrected in the time period allowed for correction:

1. MN Rule 4668.0030 Subp. 5 \$50.00

Based on record review and interview the provider failed to obtain written acknowledgment of the client's receipt of the bill of rights or documentation of why it could not be obtained for two of two clients (#1 and #2) records reviewed. The findings include:

Clients' #1 and #2 records lacked written acknowledgment of receipt of the bill of rights. During an interview, December 12, 2005, the director of nursing indicated that she was not aware of this requirement.

TO COMPLY: The provider shall obtain written acknowledgment of the client's receipt of the bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's responsible person.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

August 17, 2006

3. MN Rule 4668.0070 Subp. 3

\$50.00

Based on record review and interview the licensee failed to have current job descriptions for two of two licensed employees (A and C) records reviewed. The findings include:

Employees A and C held different professional positions for the licensee. There were no job descriptions available for employee A or employee C. When interviewed, December 13, 2005, the licensed practical nurse confirmed there were no job descriptions for employee A or employee C.

TO COMPLY: The licensee shall maintain current job descriptions, including qualifications, responsibilities, and identification of supervisors, if any, for each job classification.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

7. MN Rule 4668.0140 Subp. 2

\$50.00

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

Clients #1 and #2 began receiving services August 1, 2005 and September 25, 2005 respectively. Client 2 was discharged October 3, 2005. There was no evidence of service agreements for either client.

When interviewed December 12, 2005 the Director of Nursing produced the "State of Minnesota Home and Community Based Services CAC DIVRSN service agreement" indicating medical assistance eligibility and stated this was what was used as the service agreement. No contents of the service agreement in MN Rule 4668.0140 subpart 2 were part of this form.

When interviewed, December 13, 2005, client #1 stated s/he did not recall a form with all services listed but her/his mom gets some of the financial information.

TO COMPLY: No later than the second visit to a client, a licensee shall enter into a written service agreement with the client or the client's responsible person. Any modifications of the service agreement must be in writing and agreed to by the client or the client's responsible person.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

10. MN Rule 4668.0160 Subp. 5

\$50.00

Based on record review and interview the licensee failed to ensure that all entries in the client record were authenticated with the name and title of the person making the entry for one of one current client (#1) record reviewed. The findings include:

Client #1s' daily flow sheets for December 1- 12, 2005 had staff initials and no full names or titles to identify who was providing the service. There was no signature page to identify staff.

August 17, 2006

Client #1 received assistance with medication and treatments. There were staff initials and no full names or titles to identify who was providing the service on the September, October, November and December 2005 medication and treatment administration records. When interviewed, December 13, 2005, the director of nursing provided the names and titles for the initials and confirmed there was no signature page to identify staff.

TO COMPLY: All entries in the client record must be:

A. legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry; or

B. recorded in an electronic media in a secure manner.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

11. MN Rule 4668.0160 Subp. 6

\$100.00

Based on record review and interview the licensee failed to maintain a complete client record for one of one current client (#1) record reviewed. The findings include:

Client #1 received assistance with medication and treatments, which included, an inhalation solution, that was administered by nebulizer (breathing apparatus) twice daily. The evening doses September 8, November 24, 26, 27, and 30, 2005, as well as, the morning doses November 21, 24, 29, and December 2, 5, and 12, 2005 on the medication and treatment administration records had blank spaces for the inhalation solution by nebulizer twice daily, without documentation as to why the medication or treatment had not been not given as scheduled. When interviewed, December 13, 2005, the director of nursing confirmed these findings.

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;

August 17, 2006

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.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$100.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$300.00. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

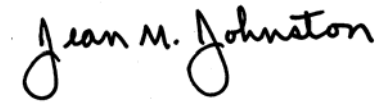
Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your Facility's Governing Body. If you have any questions, please feel free to give me a call at 651-201-4301.

Wild Flower Health Care Service Inc
6000 Bass Lake Road Suite 208
Crystal, MN 55429

Page 5 of 5

August 17, 2006

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped initial "J".

Jean Johnston
Program Manager
Case Mix Review Program

cc: County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: WILD FLOWER HLTH CARE SERV INC

DATE OF SURVEY: July 17, and 18, 2006

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
Class A

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Gloria Savage LPN, Administrator/President
Facia Genue, PCA

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1

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 December 12, 13, 14, and 15, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

| | | |
|-------------------------------------|----------------------|----------------|
| 1. MN Rule 4668.0030 Subp. 5 | Not Corrected | \$50.00 |
|-------------------------------------|----------------------|----------------|

Based on record review and interview the licensee failed to obtain written acknowledgment of the client's receipt of the bill of rights or documentation of why it could not be obtained for one of two clients (#3) records reviewed. The findings include:

Client #3 began receiving services April of 2006. Client #3's record lacked written acknowledgment of receipt of the bill of rights. During an interview, July 17, 2006, the director of nursing indicated that the client had refused to sign it. There was no documentation to support this in the client file.

| | |
|-------------------------------------|------------------|
| 2. MN Rule 4668.0040 Subp. 1 | Corrected |
|-------------------------------------|------------------|

| | | |
|-------------------------------------|----------------------|----------------|
| 3. MN Rule 4668.0070 Subp. 3 | Not Corrected | \$50.00 |
|-------------------------------------|----------------------|----------------|

Based on record review and interview the licensee failed to maintain current job descriptions, including qualifications, responsibilities and identification of supervisors for two of two unlicensed staff (E and F) reviewed.

Employees' E and F were both unlicensed direct caregivers. The job descriptions for employees E and F did not contain the duties of assistance with treatments, assistance with medication administration, or medication administration. During an interview, July 17, 2006, employee F stated that the registered nurse set up medications weekly and that unlicensed staff poured medications into a medication cup and handed it to clients when it was time for a medication dose. Employee F also indicated unlicensed employees assisted with oxygen administration and tank use. Medication administration records for June & July 2006 had employees' E and F documentation of medication and treatment administration. When interviewed, July 18, 2006, the director of nursing confirmed that the job description for employees E and F lacked medication and treatment administration as responsibilities that staff performed. The director confirmed that both employees E and F performed medication administration and that employee F also administered treatments.

- | | | |
|-------------------------------------|----------------------|----------------|
| 4. MN Rule 4668.0075 Subp. 4 | Corrected | |
| 5. MN Rule 4668.0100 Subp. 8 | Corrected | |
| 6. MN Rule 4668.0100 Subp. 9 | Corrected | |
| 7. MN Rule 4668.0140 Subp. 2 | Not Corrected | \$50.00 |

Based on record review and interview the licensee failed to have complete service agreements for two of two clients (#3 and #4) records reviewed. The findings include:

Clients #3 and #4 began receiving services April 14, 2006 and June 2, 2006 respectively. Both service agreements lacked a description of the services to be provided, their frequency, the schedule of supervision, the fees for services, who to contact in case of an emergency or significant adverse change in the client condition, and circumstances in which emergency medical services are not to be summoned. When interviewed, June 17, 2006 the administrator confirmed that the service agreements for client s' #3 and #4 were incomplete.

- | | | |
|--------------------------------------|----------------------|----------------|
| 8. MN Rule 4668.0150 Subp. 3 | Corrected | |
| 9. MN Rule 4668.0160 Subp. 2 | Corrected | |
| 10. MN Rule 4668.0160 Subp. 5 | Not Corrected | \$50.00 |

Based on record review and interview the licensee failed to ensure that all entries in the client record were authenticated with the name and title of the person making the entry for two of two current client (#3, #4) records reviewed. The findings include:

Client's #3 and #4 daily flow sheets, patient care attendant/ home health aide Activity Sheet, Vital/Communication Flow Sheet, and medication administration records for April, May, June, and July 2006 had staff initials but no full names or titles to identify

who was providing the service. There was no signature page to identify staff. When interviewed, July 17, 2006, the unlicensed staff (F) for clients #3 and #4 confirmed there was no signature page to identify staff initials used for documentation.

11. MN Rule 4668.0160 Subp. 6 Not Corrected \$100.00

Based on record review and interview the licensee failed to maintain a complete client record for one of two current client (#3) records reviewed. The findings include:

Client #3 received assistance with medication and treatments, which included oxygen. The medication administration records for May, June, and July 2006 contained no documentation for the use of oxygen. Physician's orders 06/21/06 "oxygen continuous 1-2 liter, 24 hours per day per nasal cannula." No documentation was available to indicate which liter flow the client was receiving. When interviewed, June 17, 2006 unlicensed employee F confirmed the preceding information.

12. MN Statute §144A.44 Subd. 1(2) Corrected

13. MN Statute §144A.46 Subd. 5(b) Corrected

14. MN Statute §626.557 Subd. 14(b) Corrected

2) Although a State licensing survey was not due at this time, correction orders were issued.



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: WILD FLOWER HLTH CARE SERV INC

HFID # (MDH internal use): 23910

Date(s) of Survey: July 17, and 18, 2006

Project # (MDH internal use): QL23910001

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|---|
| <p>1. The Provider accepts and retains clients for whom it can meet the needs.</p> <ul style="list-style-type: none"> • MN Rules 4668.0050 • MN Rule 4668.0060 Subpart 3 • MN Rule 4668.0060 Subpart 4 • MN Rule 4668.0060 Subpart 5 • MN Rule 4668.0140 • MN Rule 4668.0180 Subpart 8 | <ul style="list-style-type: none"> • Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement. • Service plans accurately describe the needs and services and contains all the required information. • Services agreed to are provided • Clients are provided referral assistance. | <p>Annual Licensing Survey</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p> <p>Follow-up Survey # _____</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Not Met</p> <p style="padding-left: 20px;">___ New Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p> |
| <p>2. The Provider promotes client rights.</p> <ul style="list-style-type: none"> • MN Statute §144A.44 • MN Rule 4668.0030 • MN Rule 4668.0040 | <ul style="list-style-type: none"> • Clients' are aware of and have their rights honored. • Clients' are informed of and afforded the right to file a complaint. | <p>Annual Licensing Survey</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|---|--|---|
| <p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0170 | | <p>Follow-up Survey # _____</p> <p>_____ Met _____ Not Met _____ New Correction Order(s) issued _____ 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>_____ Met _____ Correction Order(s) issued _____ Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met _____ Not Met _____ New Correction Order(s) issued _____ 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>_____ Met _____ Correction Order(s) issued _____ Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met _____ Not Met _____ New Correction Order(s) issued _____ Education Provided</p> |
| <p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 subpart 1 • MN Rule 4668.0065 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0100 <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0120 | <ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as | <p>Annual Licensing Survey</p> <p>_____ Met _____ Correction Order(s) issued _____ Education Provided</p> <p>Follow-up Survey # <u>1</u> _____</p> <p>_____ Met <u>X</u> Not Met <u>X</u> New Correction Order(s) issued <u>X</u> 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>___ Not Applicable</p> <p>___ Met</p> <p>___ Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p> <p>Follow-up Survey # _____</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p> |
| <p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 subpart 3 • MN Rule 4668.0012 subpart 8 • MN Rule 4668.0012 Subpart 17 • MN Rule 4668.0019 • MN Rule 4668.0060 subpart 2 • MN Rule 4668.0060 subpart 6 • MN Rule 4668.0180 subpart 2 • MN Rule 4668.0180 subpart 3 <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 4 • MN Rule 4668.0180 | <ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee’s advertisements accurately reflects services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. | <p>Annual Licensing Survey</p> <p>___ Met</p> <p>___ Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction</p> <p>___ Order(s) issued</p> <p>___ Education</p> <p>___ Provided</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|-------------------|----------|
| subpart 5 • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47 [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services] | | |

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

SURVEY RESULTS:

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|--|--------------------|--|
| 1 | 5 | MN Rule 4668.0065 Subp. 1 Tuberculosis screening | X | <p>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 two employees' (D and E) reviewed. The findings include:</p> <p>Employee D began providing direct care to clients December of 2005. There was documentation in the record of a positive Mantoux screening in 1992 and a chest x-ray performed in 1994 (no results recorded). There was no documented evidence of further tuberculosis screening for employee D.</p> <p>Employee E began providing direct care February of 2006, there was documented evidence in the record that tuberculosis Mantoux screening was administered March of 2006, and read two days later. When interviewed July</p> |

Class A (Licensed – Only) Licensing Survey Form
Page 5 of 5

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|--------------------------|--------------------|---|
| | | | | <p>17, 2006, the administrator confirmed the screening had been done after client contact for employee E and that employee D had no evidence of further screening in the record.</p> <p><u>Education:</u> Provided</p> |

A draft copy of this completed form was left with Gloria Savage LPN, Administrator/President at an exit conference on July 18, 2006. 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) 201-4301. 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 3/06)



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9595

February 14, 2006

Gloria Savage, Administrator
Wild Flower Health Care Services, Inc
6400 Noble Avenue North
Brooklyn Center, MN 55429

Re: Results of State Licensing Survey

Dear Ms. Savage:

The above agency was surveyed on December 12, 13, 14, and 15, 2005, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Gloria Savage, President Governing Body
Hennepin County Social Services
Gloria Lehnertz, Department of Human 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.

Name of Class A Licensee: WILD FLOWER HLTH CARE SERV INC

HFID # (MDH internal use): 23910

Date(s) of Survey: December 12, 13, and 14, and 15th, 2005

Project # (MDH internal use): QL23910001

| 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 Indicator of Compliance #2 continued: <ul style="list-style-type: none"> • 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. | Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # _____ ___ Met ___ Not Met ___ New Correction |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|--|
| | | Order(s) issued ___ Education ___ Provided |
| 3. The Provider promotes and protects each client's safety, property, and well-being. <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. | 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 |
| 4. The Provider maintains and protects client records. <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. | 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 |
| 5. The Provider employs and/or contracts with qualified and trained staff. <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 • MN Rule 4668.0130 • MN Statute 144A.45 Subdivision 5 • MN Statute 144A.461 | <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. | 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 |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|---|---|
| <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</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>___ Not Applicable</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>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ 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 • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 | <ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee’s advertisements accurately reflects services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. | <p>Annual Licensing Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|-------------------|----------|
| subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47 [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services] | | |

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

SURVEY RESULTS:

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|--|--------------------|--|
| 1 | 2 | MN Rule 4668.0030 Subp. 5 Acknowledgment of receipt. | X | Based on record review and interview the provider failed to obtain written acknowledgment of the client's receipt of the bill of rights or documentation of why it could not be obtained for two of two clients (#1 and #2) records reviewed. The findings include: Clients' #1 and #2 records lacked written acknowledgment of receipt of the bill of rights. During an interview, December 12, 2005, the director of nursing indicated that she was not aware of this requirement. <u>Education:</u> Provided |
| 2 | 2 | MN Rule 4668.0040 Subp. 1 Complaint procedure. | X | Based on record review and interview the licensee failed to establish a system for receiving, investigating and resolving complaints from clients for two of two clients (#1 and #2) records reviewed. The findings include: Clients #1 and #2 began receiving services August of 2005 and September of 2005 respectively. Client 2 was discharged October of 2005. There was no evidence of |

Class a (Licensed Only) Licensing Survey Form
Page 5 of 11

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|---|--------------------|---|
| | | | | <p>a complaint procedure for either client or system wide. During an interview, December 12, 2005, the director of nursing confirmed there was no procedure.</p> <p><u>Education:</u> Provided</p> |
| 3 | 5 | MN Rule 4668.0070 Subp. 3 Job descriptions. | X | <p>Based on record review and interview the licensee failed to have current job descriptions for two of two licensed employees (A and C) records reviewed. The findings include:</p> <p>Employees A and C held different professional positions for the licensee. There were no job descriptions available for employee A or employee C. When interviewed, December 13, 2005, the licensed practical nurse confirmed there were no job descriptions for employee A or employee C.</p> <p><u>Education:</u> Provided</p> |
| 4 | 5 | MN Rule 4668.0075 Subp. 4 Verification and documentation. | X | <p>Based on record review and interview the licensee failed to document that three of three employees (A, B, and C) whose records were reviewed received the required orientation to home care. The findings include:</p> <p>Employees A, B, and C were hired August of 2005. Their personnel files did not contain documentation to indicate that they received the required orientation to home care. When interviewed, December 13, 2005, the director of nursing stated that the orientation to home care was provided and produced a copy of "A Guide to Home Care Services" which she indicated was used for training.</p> <p><u>Education:</u> Provided</p> |
| 5 | 5 | MN Rule 4668.0100 Subp. 8 Initiation of Home health aide tasks. | X | <p>Based on record review and interview the licensee failed to have a registered nurse provide orientation to home health aide tasks prior to their initiation for one of one unlicensed employees' (B) record reviewed.</p> |

Class a (Licensed Only) Licensing Survey Form
Page 6 of 11

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|---|--------------------|---|
| | | | | <p>The findings include:</p> <p>Employee B's personnel file had a "PCA Orientation Checklist" which was signed by the supervisor a licensed practical nurse (LPN). There was no evidence of any training by a registered nurse. When interviewed, December 13, 2005 the LPN confirmed she had done the orientation training not a registered nurse.</p> <p><u>Education:</u> Provided</p> |
| 6 | 5 | MN Rule 4668.0100 Subp. 9 Periodic supervision of home health aide tasks. | X | <p>Based on record review and interview the licensee failed to have a registered nurse (RN) supervise home health aide tasks for one of three client (#1) records reviewed. The findings include:</p> <p>Client #1 began receiving services August 1, 2005 some of which were provided by an unlicensed employee. There was no documentation of supervisory visits by an RN. During an interview, December 14, 2005, the director of nursing confirmed that the RN had not been on staff since initially helping her set up and therefore had not done supervisory visits. She and also stated she was not aware that supervision by an RN was required.</p> <p><u>Education:</u> Provided</p> |
| 7 | 1 | MN Rule 4668.0140 Subp. 2 Service agreements, contents | X | <p>Based on record review and interview the licensee failed to have complete service agreements for two of two clients (#1 and #2) records reviewed. The findings include:</p> <p>Clients #1 and #2 began receiving services August of 2005 and September of 2005 respectively. Client 2 was discharged October of 2005. There was no evidence of service agreements for either client. When interviewed December 12, 2005 the Director of Nursing produced the "State of Minnesota Home and Community Based Services CAC DIVRSN service agreement" indicating medical assistance eligibility and stated this was what was used as the service</p> |

Class a (Licensed Only) Licensing Survey Form
Page 7 of 11

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|---|--------------------|--|
| | | | | <p>agreement. No contents of the service agreement in MN Rule 4668.0140 subpart 2 were part of this form.</p> <p>When interviewed, December 13, 2005, client #1 stated s/he did not recall a form with all services listed but her/his mom gets some of the financial information.</p> <p><u>Education:</u> Provided</p> |
| 8 | 6 | MN Rule 4668.0150 Subp. 3 Authorizations. | X | <p>Based on record review and interview the licensee failed to have orders for medications and treatments dated and signed by the prescriber for one client (#1) reviewed. The findings include:</p> <p>Client #1's physician orders for August, September, October, November, and December 2005 all lacked physician signatures, dates, and ventilator settings. During an interview, December 12, 2005, the director of nursing stated that new orders were obtained monthly through a private pharmacy. The pharmacy contacted the physician and the licensee did not. Ventilator settings were documented on a flow sheet and the information was obtained from Pediatric Home Services who provided the ventilator and supplies.</p> <p><u>Education:</u> Provided</p> |
| 9 | 4 | MN Rule 4668.0160 Subp. 2 Client records, security | X | <p>Based on procedure review and interview, the licensee failed to establish written record security procedures for two of two clients' (1 and 2) records reviewed. The findings include:</p> <p>Client #2 began receiving services September of 2005 and was discharged October of 2005. The "State of Minnesota Home and Community Based Services CAC DIVRSN service agreement" indicating medical assistance eligibility was the only documentation the licensee was able to produce. During an interview, December 13, 2005, the director of nursing stated the remainder of the record could not be located because things were packed since they were</p> |

Class a (Licensed Only) Licensing Survey Form
Page 8 of 11

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|--|--------------------|---|
| | | | | <p>relocating the following month.</p> <p>During a review of the licensee's procedures it was noted that there were no written procedures related to the use, removal and security of client records or release of client information. When interviewed, December 13, 2005, the director of nursing confirmed there was no written procedure. She stated that the records were always locked in the office and would only be transported if necessary, if the client was hospitalized</p> <p><u>Education:</u> Provided</p> |
| 10 | 4 | MN Rule 4668.0160 Subp. 5 Form of entries. | X | <p>Based on record review and interview the licensee failed to ensure that all entries in the client record were authenticated with the name and title of the person making the entry for one of one current client (#1) record reviewed. The findings include:</p> <p>Client #1s' daily flow sheets for December 1- 12, 2005 had staff initials and no full names or titles to identify who was providing the service. There was no signature page to identify staff. Client #1 received assistance with medication and treatments. There were staff initials and no full names or titles to identify who was providing the service on the September, October, November and December 2005 medication and treatment administration records. When interviewed, December 13, 2005, the director of nursing provided the names and titles for the initials and confirmed there was no signature page to identify staff.</p> <p><u>Education:</u> Provided</p> |
| 11 | 4 | MN Rule 4668.0160 Subp. 6 Content of client record | X | <p>Based on record review and interview the licensee failed to maintain a complete client record for one of one current client (#1) record reviewed. The findings include:</p> <p>Client #1 received assistance with medication and treatments, which included,</p> |

Class a (Licensed Only) Licensing Survey Form
Page 9 of 11

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|--|--------------------|--|
| | | | | <p>an inhalation solution, that was administered by nebulizer (breathing apparatus) twice daily. The evening doses September 8, November 24, 26, 27, and 30, 2005, as well as, the morning doses November 21, 24, 29, and December 2, 5, and 12, 2005 on the medication and treatment administration records had blank spaces for the inhalation solution by nebulizer twice daily, without documentation as to why the medication or treatment had not been not given as scheduled.</p> <p>When interviewed, December 13, 2005, the director of nursing confirmed these findings.</p> <p><u>Education:</u> Provided</p> |
| 12 | 2 | MN Statute §144A.44 Subd. 1(2) Bill of rights | X | <p>Based on record review and interviews, the licensee failed to provide nursing services according to a suitable and up-to-date plan for two of two clients (#1 and #2) who had records reviewed. The findings include:</p> <p>During interview with director of nursing (DON), December 12, 2005, she stated clients #1 and #2 received physical assistance with all activities of daily living. She indicated the county did assessments and they kept the documentation. During an interview, December 13, 2005, Client #1 stated, "I need help with everything." Client #1 physician's orders since July 8, 2005 state, "change trach dressing and check oxygen saturations every shift." Treatment records for September, October, November and December 2005 document implementation one to two times daily. During an interview, December 13, 2005, the DON stated these treatments were not done three times daily due to client choice as he directs his care. When asked if refusals were documented and if there was communication with the physician the response was 'no.'</p> <p>Clients #1 and #2 began receiving services August of 2005 and September of 2005.</p> |

Class a (Licensed Only) Licensing Survey Form
Page 10 of 11

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|---|--------------------|--|
| | | | | <p>There was no documentation by a registered nurse (RN) in the records.</p> <p><u>Education:</u> Provided</p> |
| 13 | 3 | MN Statute §144A.46 Subd. 5 (b) Background study | X | <p>Based on record review and interview the licensee failed to have a background study completed for one of three employee (#3) records reviewed. The findings include:</p> <p>Employee C provided direct client care since August 1, 2005 and did not have a background study by the Minnesota Department of Human Services. During an interview, December 13, 2005, the director of nursing confirmed this finding.</p> <p><u>Education:</u> Provided</p> |
| 14 | 3 | MN Statute §626.557 Subd. 14(b) Abuse prevention plans | X | <p>Based on record review and interview the licensee failed to develop individualized abuse prevention plans for two of two clients (#1 and #2) reviewed. The findings include:</p> <p>Clients #1 and #2 began receiving services August of 2005 and September of 2005 respectively. Client #2 was discharged October of 2005. There was no evidence of individualized abuse prevention plans for either client. During an interview, December 13, 2005, the director of nursing (DON) confirmed that neither client #1 or #2 had an individualized abuse prevention plan. The DON provided the licensee's 'Educational Article About Vulnerable Adults Abuse And Neglect' and asked if that would comply with the rule and it did not. According to the Nurse Practice Act (Minnesota Statutes Chapter 148) assessments are the responsibility of the registered nurse (RN) and cannot be delegated. There was no documentation by the RN for either client #1 or #2 even though the licensee's abuse and neglect prevention plan according to the aforementioned article included an area titled: "RN assessments and individual care plan development for each resident."</p> |

| Correction Order Number | Indicator of Compliance Number | Rule/ Statute Referenced | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------------------|---|--------------------|---|
| | | | | <u>Education:</u> Provided |
| N/A | 7 | MN Rule 4668.0012 Subp. 8 Notification of changes in information. | X | <u>Education:</u> Provided |
| N/A | 7 | MN Rule 4668.0012 Subp. 17 Display of license. | X | <u>Education:</u> Provided |
| N/A | 7 | MN Rule 4668.0180 Subp. 9 Quality assurance. | X | <u>Education:</u> Provided |
| N/A | | CLIA Waiver | X | <u>Education:</u> Provided |
| N/A | | MDH Provider Web sites | X | <u>Education:</u> Provided |

A draft copy of this completed form was left with Gloria Savage LPN, Director of Nursing and President at an exit conference on December 15, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about CLASS A Licensed-only Home Care Provider is also available on the MDH website: <http://www.health.state.mn.us>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us>