



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail #7008 0150 0003 5688 9361

September 24, 2008

Shellee Wright, Administrator  
Helping Hands HC of Minn Inc  
2244 490<sup>th</sup> Street  
Northwood, Ia 50459

Re: Results of State Licensing Survey

Dear Ms. Wright:

The above agency was surveyed on August 7 and 11, 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". The signature is written in a cursive style.

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Freeborn 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: HELPING HANDS HC OF MINN INC

HFID #: 24054

Date(s) of Survey: August 7, 11, 12, 13, 2008

Project #: QL24054004

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 Order(s) 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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> 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>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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> 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>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><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>___ Correction Order(s) issued            ___ Education Provided  <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>___ Met  <u>X</u> Correction Order(s) issued  <u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> 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  <u>X</u> Correction Order(s) issued  <u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded            ___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Follow-up Survey #</b> ___            ___ New Correction</p>

Indicators of Compliance	Outcomes Observed	Comments
and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.]		Order issued ___ Education Provided
<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><input checked="" type="checkbox"/> 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><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>

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

**SURVEY RESULTS:** \_\_\_ All Indicators of Compliance listed above were met.

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

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

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights for one of one client (#1) record reviewed. The findings include:

Client #1 was admitted July 22, 2008. Client #1's plan of care indicated receipt of the bill of rights. The version of the Home Care Bill of Rights that was being used was not current and had an incomplete #16. When interviewed August 7, 2008 the owner indicated she had not known there was a newer version of the bill of rights.

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

Based on record review and interview, the licensee failed to provide tuberculosis screening every 24 months for employees who had direct contact with clients for one of two employees' (#1) records reviewed. The findings include:

Employee A was hired September 2, 2005, as a registered nurse (RN). Documentation of Mantoux testing for employee A indicated a Mantoux was given April 5, 2005. When interviewed, August 11, 2008, the owner indicated the RN needed to get it (tuberculosis testing) done.

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

Based on record review and interview, the licensee failed to ensure infection control in-service training was completed for one of two employees' (A) records reviewed who had direct contact with clients. The findings include:

Employee A, a registered nurse (RN) was hired September 2, 2005. The record did not include evidence of infection control training since the hire date. When interviewed on August 11, 2008, the owner indicated she had not provided infection control training to the RN. On August 13, 2008, the owner provided documentation which indicated infection control had been done on December 30, 2004, prior to employee A's hire date.

**4. MN Rule 4668.0100 Subp. 2****INDICATOR OF COMPLIANCE: # 6**

Based on observation, record review and interview, the licensee failed to ensure that an unlicensed person who performed administration of medications was instructed by the registered nurse and demonstrated competency in medication administration, for one of one client (#1) record reviewed. The findings include:

Employee B was hired December 10, 2007, as a PCA (personal care attendant). Documentation on employee B's time card for the week of July 28, 2008, for client #1 indicated employee B "gave him his meds." There was no evidence of instruction or competency testing for administration of medications in employee B's record. When interviewed, August 7, 2008, the owner indicated it was the licensee's policy that PCA's do not administer medications. When interviewed, August 11 and 12, 2008, the owner indicted the personal care attendant (employee B) had been giving medications since client #1's admission July 22, 2008. When interviewed, August 11, 2008, the registered nurse stated she had not instructed the unlicensed personnel in medication administration.

#### **5. MN Rule 4668.0100 Subp. 4**

##### **INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed personnel performing care procedures were qualified to perform the services for one of one employee (B) record reviewed. The findings include:

Employee B was hired December 10, 2007, as a personal care attendant (PCA). Client #1 started receiving services July 22, 2008. Employee B's time card for the week of July 28, 2008 indicated employee B "did his enema, emptied urine bag, used lift to move him into chair, helped him back to bed and help change his dressings." There was no evidence that the registered nurse had documented specific instructions for performing these procedures. When interviewed, August 7, 2008, the owner indicated that she did not think training had been done. When interviewed, August 11, 2008, the registered nurse verified she had not trained staff for these procedures. When interviewed August 11, 2008, client #1 indicated he tried to irrigate the wound himself, but couldn't control his arms or see his back side so can't really get it into the deep part of his stage 4 wound. He also indicated there was a new wound that is not able to be staged yet.

#### **6. MN Rule 4668.0100 Subp. 5**

##### **INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure complete training for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was hired December 10, 2007, to provide direct care. Employee B's record lacked competency testing for range of motion, temperature, pulse, and respiration, infection control, bathing and grooming, transfer techniques, and communication. Required topics not included in the training were: maintaining a clean, safe and healthy environment, medication reminders, care of teeth and gums, oral prosthetics and toileting, adequate nutrition, observing, reporting, and documenting client status and care; basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; recognition and handling of emergencies, and physical, emotional and developmental needs of clients and ways to work with clients who have problems in these areas. When interviewed, August 11, 2008, the owner indicated that she and the registered nurse had been at the training, but the competency and other requirements were not documented.

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

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

Client #1's service agreement, dated July 15, 2008, did not include who would provide supervision or a contingency plan. When interviewed August 11, 2008, the owner agreed the service agreement did not indicate who was going to perform the supervision and did not have a contingency plan.

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

Based on record review and interview, the licensee failed to ensure there were prescriber orders for medications for one of one client (#1) record reviewed. The findings include:

Employee B's time card for the week of July 28, 2008, indicated she gave medications to client #1, a quadriplegic. When interviewed, August 11 and 12, 2008, the owner indicted the personal care attendant had been giving medications since client #1's admission July 22, 2008, but did not have any orders for the medications that were being administered and the stated that the registered nurse had not received any orders. When interviewed, August 11, 2008, client #1 said he did not have any written orders, but knew what he needed including the narcotics.

**9. MN Statute §144A.44 Subd. 1(2)****INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure that medication set up and administration were provided according to acceptable nursing standards for one of one client (#1) record reviewed. The findings include:

No documentation of medication set up was found. When interviewed August 11, 2008, the owner indicted that employee C (an unlicensed personal care attendant) set up client #1's medication by putting all eight of his pills in 4-5 different pill bottles for various times throughout the day, afternoon and night, under client #1's direction. When interviewed August 11, 2008, client #1 verified that employee C, an unlicensed staff member, set up his medications.

**10. MN Statute §626.557 Subd. 14(b)****INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview the licensee failed to ensure an assessment of vulnerabilities was completed and an abuse prevention plan established for one of one client (#1) record reviewed. The findings include:



Client #1 began receiving services July 22, 2008. When interviewed, August 11, 2008, client #1 expressed apprehension over not being able to get out of bed in the morning when staff were late or didn't show up. The vulnerability assessment dated, July 24, 2008, identified the following vulnerabilities: ambulation, range of motion, endurance/strength, chronic conditions/pain/disability, and touch/smell, but stated the client can report abuse. "Paralyzed" is written under interventions. The care plan did not identify any interventions. When interviewed, August 12, 2008, the owner indicated she was not aware of the need for a plan.

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A draft copy of this completed form was faxed to Shellee Wright, Owner, at a phone exit conference on August 13, 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).