



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0308

September 21, 2007

Wesley Yaidoo, Administrator
Unique Health Care Inc
7420 Unity Avenue North Suite 310-C
Brooklyn Park, MN 55443

Re: Results of State Licensing Survey

Dear Mr. Yaidoo:

The above agency was surveyed on August 13, 14, and 15, 2007, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

A handwritten signature in 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



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: UNIQUE HEALTH CARE INC

HFID #: 24148

Date(s) of Survey: August 13, 14 and 15, 2007

Project #: QL24148003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0140 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0060 Subp. 3, 4 and 5 MN Rule 4668.0180 Subp. 8 	<ul style="list-style-type: none"> Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement. Service plans accurately describe the needs and services and contain all the required information. Services agreed to are provided Clients are provided referral assistance. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</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>Follow-up Survey # <u> </u></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 	<ul style="list-style-type: none"> • Clients’ are aware of and have their rights honored. • Clients’ are informed of and afforded the right to file a complaint. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The provider promotes and protects each client’s safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statutes §144A.46 Subd. 5(b) • MN Statute §626.556 • MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 	<ul style="list-style-type: none"> • Client’s person, finances and property are safe and secure. • All criminal background checks are performed as required. • Clients are free from maltreatment. • There is a system for reporting and investigating any incidents of maltreatment. • Maltreatment assessments and prevention plans are accurate and current. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</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>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p>	<ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input 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><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ New Correction Order issued</p> <p>_____ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>	<ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as required. 	<p>Focus Survey</p> <p>_____ Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ Education Provided</p> <p>Expanded Survey</p> <p>_____ Survey not Expanded</p> <p>_____ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ New Correction Order issued</p> <p>_____ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</p>	<ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>_____ Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ New Correction</p>

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

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

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

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

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

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for four of five employees' (A, B, C and D) records reviewed. The findings include:

Employees A, B, C and D began providing direct to clients on September of 2006, May of 2006, January of 2007 and October of 2006, respectively. There was no documented evidence in the employees' records of tuberculosis screening. On interview August 15, 2007, the administrator confirmed the findings.

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

Based on record review and interview, the licensure failed to ensure that infection control training was completed annually for one of three employees (B) records reviewed who had been employed greater than twelve months. The findings include:

Employee B began providing direct care to clients on May of 2006. There was no documented evidence of infection control training in the record. When interviewed August 14, 1007, the administrator confirmed the findings and is in the process of developing a systems to ensure infection control training for each employee.

3. MN Rule 4668.0070 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure job descriptions were provided for two of two licensed staff (A and E) records reviewed. The findings include:

Employees' A and E were both licensed staff who were hired September of 2006, and July of 2007, respectively. There was no job description available for this position. When interviewed August of 2007, the administrator confirmed that he did not have a job description for their position.

4. MN Rule 4668.0075 Subp. 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interviews, the licensure failed to ensure that each employee received orientation to home care requirements before providing home care services to clients for five of five employees' (A, B, C, D and E) records reviewed. The findings include.

Employees A, B, C, D and E were hired to provide direct care to clients on September of 2006, May of 2006, January of 2007, October of 2006 and June of 2007, respectively. There was no documented evidence in employees' A, B, C, D and E records that they had received orientation to home care requirement. On interview August 14, 2007, the administrator confirmed the findings and stated that there were videos stored at client #1 home to assist with orientation to home. There was no documented evidence of an attendance record kept for each employee and the orientation to home care videos would not be provided prior to direct contact because they were said to be stored in client #1's home.

5. MN Rule 4668.0100 Subp. 5**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that employees who performed home health aide tasks were qualified for three of three unlicensed employees' (B, C and D) records reviewed. The findings include:

Employees' B, C and D were direct care staff. There was no documented evidence in employees' B, C and D records of prior training or a competency evaluation performed by a registered nurse for unlicensed staff. When interviewed August 14, 2007, the administrator confirmed the finding and stated there were no competency evaluations available.

6. MN Rule 4668.0100 Subp. 6**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that employees that provided home health aide tasks for twelve months had completed at least eight hours of in-service training for one of three unlicensed employee' (B) record reviewed. The findings include:

Employee B began providing direct care services on May of 2006. There was no documented evidence of in-service training in employee B's record. When interviewed August 14 and 15, 2007, the administrator confirmed that there was no documented evidence available.

7. MN Rule 4668.0100 Subp. 9**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving care including bathing, dressing and toileting May of 2006 from unlicensed staff. There was no evidence of supervisory visits in the record. When interviewed August 14 and 15, 2007, the administrator confirmed the findings that there were no supervisory visits.

8. MN Rule 4668.0130 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that unlicensed staff that performed home health aide tasks successfully completed training or demonstrated competency in required topics for three of three unlicensed employees' (B, C and D) records reviewed. The findings include: Employees B, C and D were hired May of 2006, January of 2007 and October of 2006. There were no records of training or a competency evaluation in their records. When employee D was interviewed on August 14, 2007, she stated she was oriented and trained by the administrator. When interviewed August 14, 2007, the administrator confirmed the findings.

9. MN Rule 4668.0140 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to establish a service agreement no later than the second visit to the client. The findings include:

Client #1 began receiving services May of 2006. When interviewed, August 13, 2007, the administrator stated that client #1 received assistance with activities of daily living, medication administration, ventilation care, and oxygen administration. There was service agreement in the client's record. The administrator verified that client #1 did not have a service agreement in the record.

10. MN Statute §144A.46 Subd. 5(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to ensure that background studies were conducted for two of five employees' (C and E) records reviewed. The findings include:

Employee C began employment as a direct care staff January of 2007. Employee E began employment as a direct care staff June of 2007. There were no background studies employees C or E in the records.

When interviewed August 15, 2007, the administrator confirmed the findings.

11. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview, the licensure failed to ensure that an individual abuse prevention plan was developed for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services from the licensee on May of 2006. The record did not contain an individualized assessment of the client's susceptibility to abuse and the specific measures to be taken to minimize the risk of abuse to the client. When interviewed August 14, 2007, the administrator verified that the individual abuse prevention plan had not been developed for the client.

A draft copy of this completed form was faxed to Wesley Yaidoo, Administrator, at an exit conference per phone on August 16, 2007. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. CLASS A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A Home Care Provider link:

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

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