



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 5025

March 10, 2009

Eddy Udeh, Administrator
Destiny Home Care Services Inc
9907 Wentworth Avenue South
Bloomington, MN 55420

Re: Results of State Licensing Survey

Dear Mr. Udeh:

The above agency was surveyed on January 5, 6, and 8, 2009, 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 with a large, looped "J" and "N".

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
Deb Peterson, Office of the Attorney General

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
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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: DESTINY HOME CARE SERVICES INC

HFID #: 24149

Date(s) of Survey: January 5, 6 and 8, 2009

Project #: QL24149004

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 checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" 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 # _____</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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> 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 Order issued</p> <p>___ 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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> 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 Order issued</p> <p>___ 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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</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 Follow-up Survey # ___ ___ New Correction Order issued ___ 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 ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ 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>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ 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
7. The provider is licensed and provides services in accordance with the license. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0019 Expanded Survey <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. 	Focus Survey <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
8. The provider is in compliance with MDH waivers and variances. Expanded Survey <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> Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided

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 Subp. 2**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to provide the most current Minnesota Home Care Bill of Rights for two of two client (A1 and B1) records reviewed. The findings include:

Clients A1 and B1 were admitted June of 2006, and August of 2008, respectively. Client A1 and B1's records did not contain a copy of the home care bill of rights which included the most recent additions to MN Statute 144A.44 Subd. 1 (16).

When interviewed January 5, 2009, the office manager stated that she had provided all clients with a copy of the home care bill of rights. The office manager was not aware that clients A1 and B1 were not provided with an updated version of the home care bill of rights.

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

Based on record review and interview, the licensee failed to ensure the required infection control in-service training was provided for two of two employee (A and B) records reviewed. The findings include:

Employee A was hired June of 2006, as a direct care staff. Her record did not include documentation of any infection control training. Employee B was hired October of 2006, as a direct care staff. Her record indicated she last had infection control training on April 6, 2007.

When interviewed January 5, 2009, the office manager stated infection control training had not been done on an annual basis.

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

Based on record review and interview, the licensee failed to ensure that employees who provide direct care, complete an orientation to the home care requirements before providing home care services to clients for two of two employee (A and B) records reviewed. The findings include:

Employees A and B began providing direct client care June of 2006, and October of 2006, respectfully. Employees A and B's records lacked evidence of an orientation to the home care requirements. When interviewed January 5, 2009, employee B stated she had been trained by a registered nurse, to provide care.

When interviewed January 6, 2009, the office manager indicated employees A and B had not received an orientation to the home care requirements. The administrator also confirmed the required orientation was not completed.

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

Based on observation, record review and interview, the licensee failed to have a registered nurse (RN) instruct unlicensed personnel on procedures to follow when assisting a client with self-administration of insulin and oral medications for one of one employee (B) records reviewed. The findings include:

Client A1 began services June of 2006, and had physician orders for blood glucose checks, insulin every evening, and oral medications throughout the day. During a home visit January 6, 2009, this reviewer observed client A1 do his own blood glucose check. Employee B, an unlicensed direct care staff, gave him the correct dosage of pre filled insulin and the client administered his own insulin along with his morning oral medication that was emptied into his hand by employee B.

When interviewed January 6, 2009, employee B stated the RN pre-filled insulin syringes and unlicensed direct care staff assisted client A1 with self-administration of oral medications and insulin. Employee B indicated there had not been any training for these tasks. When interviewed the RN January 6, 2008, indicated she did not have procedures regarding self-administration of insulin and oral medications at either site.

5. MN Rule 4668.0100 Subp. 4**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that a registered nurse documented instructions for delegated nursing procedures for two of two client (A1 and B3) records reviewed. The findings include:

Client A1's record indicated he was to receive a blood pressure check every am by a machine. Client B3 received blood glucose checks four times daily. There were no documented instructions for these procedures in the client records.

When interviewed January 6, 2009, the RN verified that there were no written instructions for the procedures in the individual houses.

6. MN Rule 4668.0100 Subp. 6

Based on record review and interview the licensee failed to ensure that an employee who performed home health aide tasks received eight hours of in-service training for each twelve months of employment for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B began providing direct care services October of 2006. Employee B completed eight hours of in-service training on April 2 and 6, 2007. Employee AB's record lacked documented evidence of in-service training during 2008.

When interviewed January 5, 2009, the office manager confirmed employee B had not received eight hours of in-service training during the past 12 months of employment.

7. MN Rule 4668.0100 Subp. 9

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 two of two client (A1 and B3) records reviewed. The findings include:

Client A1 began receiving services including assistance with self-administration of medications and medication administration in June of 2006. Client #B3 began receiving services including assistance with self-administration of medications and blood glucose checks August 11, 2008. There was no documentation in the client records of RN supervisory visits.

When interviewed January 6, 2009, the RN stated she visited clients A1 and B1 frequently but had not documented the supervisory visits.

8. MN Rule 4668.0130 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure unlicensed persons performing home health aide and home care aide tasks had completed the training or demonstrated competency in the required topics for one of one employee (B) record reviewed. The findings include:

Employee B began working October of 2006, as an unlicensed direct care staff. Her record lacked documentation that she had been trained and passed a competency evaluation.

When interviewed on January 6, 2009, the registered (RN) nurse stated she had trained the unlicensed staff but had not done competency evaluations in the required topics.

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

Based on record review and interview, the licensee failed to ensure the service agreement was complete for two of two client (A1 and B1) records reviewed. The findings include:

Clients A1 and B1's service agreements dated January of 2008 and August of 2008, respectively, lacked a description of the services to be provided by the unlicensed direct care staff and the Registered Nurse (RN); the frequency of the service; or the fees for the services.

When interviewed January 6, 2009, the RN confirmed the service agreements were incomplete and should be more descriptive.

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

Based on record review and interview the licensee failed to renew medication or treatment orders every three months for two of two client (A1 and B1) records reviewed. The findings include:

On January 6 and 8, 2009, clients A1 and B1's most recent physician's orders were dated August 25, 2008 and August 27, 2008, respectively.

When interviewed January 6, 2009, the registered nurse stated she did know that medications must be renewed every three months.

11. MN Rule 4668.0160 Subp. 5

INDICATOR OF COMPLIANCE: # 4

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 client (A1 and B1) records reviewed. The findings include:

Clients A1 and B1's December 2008 and January 2009, medication records contained the initials and name of employees, but lacked the title of the employees who administered client A1 and B1's medications. Daily communication records in client A1's record lacked both the name and title of the employee making an entry.

When interviewed January 6, 2009, the registered nurse confirmed the signatures on the entries were incomplete.

12. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview the licensee failed to develop an individual abuse prevention plan for two of two client (A1 and B3) records reviewed. The findings include:

Clients' A1 and B3 were admitted June of 2006 and August of 2008, respectively. Client A1 had diagnoses of a chronic mental illness and Diabetes Mellitus. Client B1 had a diagnosis of Diabetes Mellitus. Both client records lacked documentation of an individual abuse prevention plan.

When interviewed January 6, 2009, the RN stated she had not completed abuse prevention plans for each client.

13. MN Statute §144A.45 Subd. 5

INDICATOR OF COMPLIANCE: # 5

Based on observation, record review, interview the licensee failed to provide dementia care training for one of one unlicensed direct care staff (B) record reviewed. The findings include:

An agency advertizing and information brochure read that the agency provided services to individuals with Alzheimer's disease. Employee B was an unlicensed direct care staff. There was no evidence of dementia training in employee B's record.

When interviewed January 6, 2009, the RN stated they had not been training the direct care staff in dementia care.

14. MN Statute §144A.44 Subd. 1(2)

INDICATOR OF COMPLIANCE: # 2

Based on record review, observations and interview, the licensee failed to provide services in accordance with accepted nursing standards for two of two client records (A1 and B1) reviewed. The findings include:

Client A1 received Lantus insulin every evening and Novolog insulin on a sliding scale basis. On January 6, 2009, Lovastatin, which was discontinued on February 15, 2008, was observed in client A1's locked medication compartment. In addition, ten unopened boxes/vials of Novolog insulin and two unopened boxes/vials of Lantus insulin were stored in the same un-refrigerated compartment. When contacted January 6, 2009, the drug manufacturer confirmed that both insulin's were to be refrigerated.

Client B1 received Novolog insulin twice daily and on a sliding scale basis. On January 8, 2009, two unopened boxes/vials of Novolog insulin were observed stored in an un-refrigerated locked medication compartment.

When interviewed January 6, 2009, the registered nurse stated she did not know that unopened insulin had to be refrigerated.

A draft copy of this completed form was left with Eddy N Udeh, Administrator, at an exit conference on January 8, 2009. 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).