



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0667

October 26, 2007

Wilson Ekinde, Administrator
Bangem Home Health
8593 Savanna Oaks Lane
Woodbury, MN 55125

Re: Licensing Follow Up visit

Dear Mr. Ekinde:

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 October 12 and 15, 2007.

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.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Washington 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

01/07 CMR1000

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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Protecting, Maintaining and Improving the Health of Minnesotans

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

October 26, 2007

Wilson Ekinde, Administrator
Bangem Home Health
8593 Savanna Oaks Lane
Woodbury, MN 55125

RE: QL24183002

Dear Mr. Ekinde:

On October 12 and 15, 2007, 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 January 30, 2007, and February 14 and 15, 2007 with correction orders received by you on April 13, 2007.

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

5. MN Rule 4668.0070 Subp. 3 \$50.00

Based on record review and interview the licensee failed to ensure there were job descriptions for two of two employees (A and B) reviewed. The findings include:

Employee A and B were hired December 10, 2006 and functioned as Owner/registered nurse (RN) and home health aide/personal care attendant respectively. There were no job descriptions available for

these job classifications. When interviewed February 15, 2007, employee A confirmed he did not have a job description for a registered nurse or a home health aide/personal care attendant.

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 4668.0100 Subp. 1

\$350.00

Based on record review and interview the licensee failed to ensure that when the registered nurse delegated nursing tasks to be performed by the unlicensed care attendant, that the personal care attendant had received the training and competencies in the topics included in the required curriculum for one of one employee's (B) record reviewed. The findings include:

Employee B, who functioned as a personal care attendant provided personal care to client #1 including, dressing, grooming, bathing, transferring via a mechanical lift, positioning, range of motion exercises, and feeding. There was no evidence in the personal care attendant's record of training and/or competencies to perform these tasks or evidence that the personal care attendant met the qualifications to perform personal care tasks as specified in MN Rule 4668.0100 Subpart 5. When interviewed February 15, 2007 confirmed the lack of training and competency.

TO COMPLY: For a class A or C licensee, a registered nurse may delegate medical or nursing services as tasks or a therapist may assign therapy services as tasks only to a person who satisfies the requirements of subpart 5. These delegated or assigned tasks, as set forth in this part, include home care aide tasks as set forth in part [4668.0110](#). Class A licensees providing home care aide tasks must satisfy the training and supervision requirements of this part, and not part [4668.0110](#). These tasks include:

- A. administration of medications, as provided by subpart 2;
- B. performing routine delegated medical or nursing or assigned therapy procedures, as provided by subpart 4, except items C to H;
- C. assisting with body positioning or transfers of clients who are not ambulatory;
- D. feeding of clients who, because of their condition, are at risk of choking;
- E. assistance with bowel and bladder control, devices, and training programs;
- F. assistance with therapeutic or passive range of motion exercises;
- G. providing skin care, including full or partial bathing and foot soaks; and
- H. during episodes of serious disease or acute illness, providing services performed for a client or to assist a client to maintain the hygiene of the client's body and immediate environment, to satisfy nutritional needs, and to assist with the client's mobility, including movement, change of location, and positioning, and bathing, oral hygiene, dressing, hair care, toileting, bedding changes, basic housekeeping, and meal preparation. Oral hygiene means care of teeth, gums, and oral prosthetic devices.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

8. MN Rule 4668.0100 Subp. 2

\$350.00

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed the staff, and the staff demonstrated competency to perform medication administration to the RN prior to an unlicensed staff person administering medications to clients, for one of one unlicensed staff (B) record reviewed. The findings include:

Employee B assisted client #1 with medication administration on a routine basis. Employee B's record did not include evidence of instruction by a registered nurse on medication administration, nor did it include evidence that employee A demonstrated to the registered nurse their ability to competently perform medication administration.

When interviewed February 15, 2007, the registered nurse confirmed the lack of medication instruction and competency for employee B.

TO COMPLY: A person who satisfies the requirements of subpart 5 may administer medications, whether oral, suppository, eye drops, ear drops, inhalant, topical, or administered through a gastrostomy tube, if:

- A. the medications are regularly scheduled;
- B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:
 - (1) within 24 hours after its administration; or
 - (2) within a time period that is specified by a registered nurse prior to the administration;
- C. prior to the administration, the person is instructed by a registered nurse in the procedures to administer the medications to each client;
- D. a registered nurse specifies, in writing, and documents in the clients' records, the procedures to administer the medications; and
- E. prior to the administration, the person demonstrates to a registered nurse the person's ability to competently follow the procedure.

For purposes of this subpart, "pro re nata medication," commonly called p.r.n. medication, means a medication that is ordered to be administered to or taken by a client as necessary.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

9. MN Rule 4668.0100 Subp. 9

\$350.00

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's (#1) record reviewed. The findings include:

Client #1 began receiving home health aide services on December 10, 2006, which included assistance with medication administration. The client's record contained one nursing visit note dated January 12, 2007, which included supervision of the home health aide services. There was no evidence of any other supervisory or monitoring visits. When interviewed February 15, 2007, the RN confirmed that supervisory visits of the home health aide were not conducted every fourteen days, and stated that he would not get paid for more than one supervisory visit every month.

TO COMPLY: After the orientation required by subpart 8, a therapist or a registered nurse shall supervise, or a licensed practical nurse, under the direction of a registered nurse, shall monitor persons who perform home health aide tasks at the client's residence to verify that the work is being performed adequately, to identify problems, and to assess the appropriateness of the care to the client's needs. This supervision or monitoring must be provided no less often than the following schedule:

- A. within 14 days after initiation of home health aide tasks; and
- B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or
- C. every 60 days thereafter, or more frequently if indicated by a clinical assessment, for all home health aide tasks other than those described in subparts 2 to 4.

If monitored by a licensed practical nurse, the client must be supervised at the residence by a registered nurse at least every other visit, and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

11. MN Rule 4668.0140 Subp. 2

\$50.00

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

Client #1's service agreement, dated December 10, 2006, indicated the client was to receive home health aide/personal care attendant services ten hours a day. There was no description of the services that the home health aide was to provide. When interviewed February 14, 2007, client #1 stated the home health aide provided assistance with all his activities of daily living, transferring, range of motion exercises, assistance with medication administration, and meal preparation. The client's service agreement also indicated that a registered nurse (RN) skilled visit was to occur every other day. There was no fee noted on the service agreement for this service. When interviewed February 15, 2007, the RN confirmed that a description of services was not included on client #1's service agreement, nor did it include the fee for the RN skilled visit.

TO COMPLY: The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;
- B. identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required, if any;
- D. fees for services;
- E. a plan for contingency action that includes:

(1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

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

13. MN Rule 4668.0160 Subp. 6

\$100.00

Based on record review and interview, the licensee failed to ensure that there were notes summarizing each contact with the client for one of one client's (#1) record reviewed. The findings include:

Interviews with client #1 February 14, 2007, and the registered nurse (RN) February 15, 2007 indicated the RN administered the medication Beta Serum, by injection, into the client every other day from December 10, 2006 through approximately January 15, 2007. There were no notes in the client's record summarizing these every other day visits by the RN. In addition, there was no documentation that the injection was administered to the client by the RN. The only note by the RN was dated January 12, 2007, which was a supervisory visit of the home health aide. When interviewed February 15, 2007, the RN confirmed there were no notes of his visits to the client's residence to administer the client's Beta Serum injections every other day.

In addition, the home health aide visit notes did not include evidence that the home health aide was assisting the client with medication administration, and range of motion exercises every day, although the interviews with the RN and the client confirmed the services occurred at each visit.

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;

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.

14. MN Statute §626.557 Subd. 14(b)

No Fine

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

Client #1's "Vulnerability Assessment," dated December 10, 2006, identified that the client was susceptible to abuse by others in the home environment, was not able to self-administer his medications, had been given inappropriate food, drink or medication, had functional limitations that presented a safety hazard to the client, and was not able to safely ambulate with or without assistive devices. There were no specific measures identified to assist in minimizing the risk of abuse to the client. When interviewed February 15, 2007, the registered nurse confirmed that specific measures to assist in minimizing the risk of abuse to the client were not identified.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

No assessment is due for this uncorrected order.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$1,250.00 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.

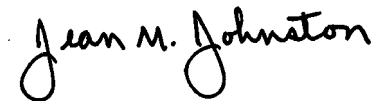
FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, (the correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the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

Sincerely,



Jean Johnston
Program Manager
Case Mix Review Program

cc: Washington 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

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

INFORMATIONAL MEMORANDUM

PROVIDER: BANGEM HOME HEALTH

DATE OF SURVEY: October 12 and 15, 2007

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:

Wilson Ekinde, RN/Owner

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 January 30, and February 14, and 15, 2007. 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 issued as a result of a visit made on January 30, and February 14, and 15, 2007 is as follows:

1. MN Rule 4668.0030 Subp. 4	Corrected	
2. MN Rule 4668.0040 Subp. 2	Corrected	
3. MN Rule 4668.0060 Subp. 3	Corrected	
4. MN Rule 4668.0065 Subp. 1	Corrected	
5. MN Rule 4668.0070 Subp. 3	Not Corrected	\$50.00

Based on record review and interview, the licensee failed to ensure that there were job descriptions for four of four employees (A, B, C, and D) reviewed. The findings include:

Employee A functioned as the registered nurse (RN) for the agency. There was no job description available for this job classification. When interviewed October 12, 2007, employee A confirmed he did not have a job description for his position in the agency as the agency’s registered nurse.

Employees B, C and D functioned as home health aides/personal care attendants for the agency. There was no job description available for this job classification. When interviewed on October 12, 2007, the owner stated” he used the home health aide care plan for client #1 as a “job description,” which was specific to the care to be provided for client #1. The owner confirmed there was not a job description for the home health aide/personal care attendant that included the qualifications, responsibilities and identification of the supervisor(s) for a home health aide/personal care attendant.

- 6. MN Rule 4668.0075 Subp. 1** **Corrected**
- 7. MN Rule 4668.0100 Subp. 1** **Not Corrected** **\$350.00**

Based on record review and interview, the licensee failed to ensure that unlicensed staff received the training and competencies in the topics included in the required curriculum by a registered nurse prior to performing delegated nursing tasks for three of three unlicensed staffs’ (B, C, and D) records reviewed. The findings include:

Employees B, C and D functioned as personal care attendants. Employee C began providing personal care to client #1 on a daily basis beginning May 16, 2007, which included assistance with dressing, grooming, bathing, transferring via a mechanical lift, positioning, range of motion exercises, use of a condom catheter, and assistance with eating. Employees B and D functioned as personal care attendants on an on-call basis. There was no evidence of training and/or competencies to perform these tasks or qualification to perform personal care tasks for employees B, C and D. When interviewed October 12, 2007, the RN confirmed the lack of training and competency for employees B, C and D.

- 8. MN Rule 4668.0100 Subp. 2** **Not Corrected** **\$350.00**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed staff, and the staff demonstrated competency to perform medication administration prior to administering medications to clients, for three of three unlicensed staffs’ (B, C, and D) records reviewed. The findings include:

Employee B was hired on May 16, 2007, and assisted client #1 with medication administration on a daily basis. Employees C and D worked on an on-call basis and assisted client #1 with medication administration when assigned to work. There was no evidence that employees B, C, and D had been instructed by or demonstrated to the registered nurse their ability to competently perform medication administration. When interviewed October 12, 2007, the registered nurse confirmed the lack of medication instruction and competency demonstration for employees B, C, and D.

9. MN Rule 4668.0100 Subp. 9

Not Corrected

\$350.00

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

Client #1 began receiving services on December 10, 2006, which included assistance with medication administration. The client’s record contained nursing notes which included supervision of the services dated April 12, 2007, and October 6, 2007. There was no evidence of any other supervisory or monitoring visits. When interviewed October 12, 2007, the RN confirmed that supervisory visits of the home health aide were not conducted every fourteen days.

10. MN Rule 4668.0140 Subp. 1

Corrected

11. MN Rule 4668.0140 Subp. 2

Not Corrected

\$50.00

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

Client #1’s service agreement dated April 12, 2007, indicated the client was to receive which included assistance with medication administration, dressing, grooming, bathing, transferring via a mechanical lift, positioning, range of motion exercises, use of a condom catheter, assistance with eating and registered nurse (RN) supervisory visits. The service agreement did not include the fee for these services. When interviewed on October 12, 2007, the RN confirmed the fee for these services were not listed on client #1’s services agreement stating that the client does not pay for these services.

Client #2’s service agreement dated August 16, 2007 did not contain a description of the services to be provided, their frequency; an identification of the persons or categories of persons that would provide the services; the schedule or frequency of supervisory or monitoring sessions; and the fees for the services. When interviewed October 12, 2007, the RN confirmed that client #2’s service agreement did not contain all the required elements.

12. MN Rule 4668.0150 Subp. 3

Corrected

13. MN Rule 4668.0160 Subp. 6

Not Corrected

\$100.00

Based on record review and interview, the licensee failed to ensure that there were notes summarizing each contact with the client for one of two client’s (#2) records reviewed. The findings include:

According to an interview with the registered nurse (RN) on October 12, 2007, client #2 began receiving services from the agency, every other day, in mid September of 2007. The RN stated he saw the client to provide services when he (the RN) on his “way to work.” The client’s record did not contain any notes summarizing each contact with the client. When interviewed on October 12, 2007, the RN stated he had not written any notes yet.

14. MN Statute §626.557 Subd. 14 (b)

Not Corrected

No Fine

Based on record review and interview the licensee failed to ensure an abuse prevention plan was developed for one of two client's (#2) record reviewed. The findings include:

Client #2's recorded start of care and registered nurse (RN) assessment was August 16, 2007. The client's record did not contain a vulnerable adult assessment or abuse prevention plan. When interviewed October 12, 2007, the RN stated it was the policy of the agency for the RN to complete a vulnerable adult assessment for each client, but he had not completed an assessment for client #2.

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 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: BANGEM HOME HEALTH

HFID #: 24183

Date(s) of Survey: October 12 and 15, 2007

Project #: QL24183002

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>___ 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>___ 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>2. The provider promotes client</p>	<ul style="list-style-type: none"> Clients' are aware of and have their 	<p>Focus Survey</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>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 	<p>rights honored.</p> <ul style="list-style-type: none"> • Clients’ are informed of and afforded the right to file a complaint. 	<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>___ 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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # <u>1</u></p> <p><u>X</u> New Correction Order issued</p> <p><u>X</u> 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. Non-compliance with this</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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s)</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>variance will result in a correction order issued under 4668.0016.]</p>		<p>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 ___ Correction Order(s) issued ___ 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 and disposition. Non-compliance with this variance will result in a</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 ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # <u>1</u> <u>X</u> New Correction Order issued</p>

Indicators of Compliance	Outcomes Observed	Comments
correction order issued under 4668.0016.]		<u>X</u> Education Provided
<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><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Expanded Survey</p> <p><u> </u> Survey not Expanded</p> <p><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Follow-up Survey # <u> </u></p> <p><u> </u> New Correction Order issued</p> <p><u> </u> 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><u> </u> Survey not Expanded</p> <p><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Follow-up Survey # <u> </u></p> <p><u> </u> New Correction Order issued</p> <p><u> </u> 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 4668.0150 Subp. 6**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that physician's orders were renewed at least every three months for one of one client's (#1) record reviewed who had received services greater than three months. The findings include:

Client #1 began receiving services from the agency on December of 2006, which included assistance with medication administration. The client's medication orders were renewed by the physician on May of 2007. There were no further reviews/renewals of client #1's orders. When interviewed on October 12, 2007, the registered nurse (RN) confirmed the client's medications had not been renewed since May 1, 2007.

2. MN Statute §144A.46 Subd. 5(b)**INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to ensure that a background study was conducted for one of one employee's (C) record reviewed who was hired after May of 2007 to provide direct care to clients. The findings include:

Employee C began providing direct care to client #1 May of 2007. There was no evidence that a background study was submitted for employee C. When interviewed on October 12, 2007, the registered nurse confirmed that he had not submitted a request for a background study for employee C, because he was waiting to get a "code" in order to submit the study online.

The Department of Human Services, Background Study unit was contacted on October 15, 2007, and that entity stated that the licensee had submitted a background study for employee C on October 13, 2007 which was during the follow up survey. The results of the study were pending.

A draft copy of this completed form was reviewed and faxed to Wilson Ekinde, RN, at a telephone exit conference on October 15, 2007. Any correction orders 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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1712

April 4, 2007

Wilson Ekinde, Administrator
Bangem Home Health
8593 Savanna Oaks Lane
Woodbury, MN 55125

Re: Results of State Licensing Survey

Dear Mr. Ekinde:

The above agency was surveyed on January 30 and February 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 cursive script that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Washington 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

<http://www.health.state.mn.us>

An equal opportunity employer



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: BANGEM HOME HEALTH

HFID #: 24183

Date(s) of Survey: January 30, 2007, and February 14 and 15, 2007

Project #: QL24183002

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 # _____</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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</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>___ 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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</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>___ 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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ 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><input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____ _____ 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 4668.0030 Subp. 4**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure that clients received a copy of the Minnesota Home Bill of Rights that contained up to date information for one of one client's (#1) record reviewed. The findings include:

Client #1's record contained a copy of the Minnesota Home Care Bill of Rights which the client received December of 2006. The bill of rights did not include the current telephone number of the Office of Health Facility Complaints, nor did it include the current address and telephone number of the Office of the Ombudsman for Older Minnesotans. When interviewed February 15, 2007, the registered nurse confirmed that the phone numbers and address on the bill of rights was not up to date.

2. MN Rule 4668.0040 Subp. 2**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure that clients were given information on how to make a complaint about the services they were receiving for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services from the agency December of 2007. The client's service agreement dated December of 2006 had a statement that indicated the client had been provided with a written notice regarding the agency's complaint process/system. When interviewed February 15, 2007 regarding the written notice that was given to the client, the registered nurse (RN) stated he could not find it. When questioned if the agency had a written complaint process/system, the RN stated they did not.

3. MN Rule 4668.0060 Subp. 3**INDICATOR OF COMPLIANCE: # 1**

Based on interview and record review, the licensee failed to ensure that all services agreed upon in the service agreement were fulfilled for one of one client's (#1) record reviewed. The findings include:

Client 1's service agreement dated December of 2006 indicated that home health aide services (HHA) were to be provided ten hours a day. When interviewed February 15, 2007, the registered nurse indicated that HHA services had been decreased to five hours a day in the evening. Client #1 was interviewed February 14, 2007, and stated that the past weekend, February 10th and 11th, 2007, the HHA had worked only four hours on Saturday, February 10th, 2007. In addition, the client stated that the HHA did not come to work at all on Sunday February 11th, 2007, nor did the HHA call the client to report he would not be coming to work. Client #1 was his own responsible party. The client's service

agreement under the “Contingency Action Plan” indicated that if essential services could not be provided, that “An agency representative will inform you/and or your responsible party as soon as possible, if scheduled services cannot be provided. A. Essential Services: If services are needed for medical or safety reasons and the agency is unable to keep the appointment, the agency will make arrangements acceptable to the client/responsible party to complete services through another reasonable means. These arrangements may include: i. Scheduling a nurse if other service employees are unavailable, ii. Sending a nurse if other service employees are unavailable, iii. Contacting the client’s designated family member to provide the service, vi. Making arrangements to complete the service through a contract with another compatible provider.” There was no evidence any of the contingency plan steps had been instituted. When interviewed February 15, 2007, the registered nurse (RN) stated he was not aware that the HHA had adjusted his hours on February 10th, and had not worked on February 11th. The RN confirmed that the client required assistance with all of his activities of daily living, was unable to transfer himself from the wheelchair to the toilet without staff assistance and the use of a mechanical lift, was unable to prepare his meals, and required staff assistance to feed him.

4. MN Rule 4668.0065 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure tuberculosis screening was completed and documented for two of two employees’ (A and B) records reviewed. The findings include:

Employees A and B began providing direct care to clients December of 2006. Employee A’s record indicated that he had a negative chest x-ray in 2004. There was no other tuberculosis screening for employee A available. When interviewed February 15, 2007, employee A, stated he had received the vaccine Bacille Calmette-Guérin (BCG), in the past. There was no evidence of this in his record. The Center for Disease Control BCG fact sheet dated April 2006 states the vaccine “is used in many countries with a high prevalence of TB to prevent childhood tuberculosis meningitis and military disease.” It further reads “The TST [tuberculin skin test] and the QuantiFERON-TB Gold test (QFT-G) are not contraindicated for persons who have been vaccinated with BCG.”

Employee B’s record did not contain any evidence of tuberculosis screening. When interviewed February 15, 2007, the RN stated employee B had a positive reaction to a Mantoux test in the past, and was sure he had had a chest x-ray. The RN could not recall when the chest x-ray was taken. The RN confirmed there was no evidence of tuberculosis screening for employee B.

5. MN Rule 4668.0070 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview the licensee failed to ensure there were job descriptions for two of two employees (A and B) reviewed. The findings include:

Employee A and B were hired December of 2006 and functioned as Owner/registered nurse (RN) and home health aide/personal care attendant respectively. There were no job descriptions available for these job classifications. When interviewed February 15, 2007, employee A confirmed he did not have a job description for a registered nurse or a home health aide/personal care attendant.

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

Based on record review and interview, the licensee failed to ensure an orientation to the home care requirements for two of two employees' (A and B) records reviewed. The findings include:

Employees A and Bs' records did not include evidence of orientation to the home care requirements. When interviewed February 15, 2007, the registered nurse confirmed that an orientation to the home care requirements had not occurred for himself and employee B, because he was not aware of this requirement.

7. MN Rule 4668.0100 Subp. 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview the licensee failed to ensure that when the registered nurse delegated nursing tasks to be performed by the unlicensed care attendant, that the personal care attendant had received the training and competencies in the topics included in the required curriculum for one of one employee's (B) record reviewed. The findings include:

Employee B, who functioned as a personal care attendant provided personal care to client #1 including, dressing, grooming, bathing, transferring via a mechanical lift, positioning, range of motion exercises, and feeding. There was no evidence in the personal care attendant's record of training and/or competencies to perform these tasks or evidence that the personal care attendant met the qualifications to perform personal care tasks as specified in MN Rule 4668.0100 Subpart 5. When interviewed February 15, 2007 confirmed the lack of training and competency.

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

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed the staff, and the staff demonstrated competency to perform medication administration to the RN prior to an unlicensed staff person administering medications to clients, for one of one unlicensed staff (B) record reviewed. The findings include:

Employee B assisted client #1 with medication administration on a routine basis. Employee B's record did not include evidence of instruction by a registered nurse on medication administration, nor did it include evidence that employee A demonstrated to the registered nurse their ability to competently perform medication administration.

When interviewed February 15, 2007, the registered nurse confirmed the lack of medication instruction and competency for employee B.

9. MN Rule 4668.0100 Subp. 9**INDICATOR OF COMPLIANCE: # 5**

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's (#1) record reviewed. The findings include:

Client #1 began receiving home health aide services December of 2006, which included assistance with medication administration. The client's record contained one nursing visit note dated January 12, 2007, which included supervision of the home health aide services. There was no evidence of any other supervisory or monitoring visits. When interviewed February 15, 2007, the RN confirmed that supervisory visits of the home health aide were not conducted every fourteen days, and stated that he would not get paid for more than one supervisory visit every month.

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

Based on record review and interview, the licensee failed to ensure that the client or the client's responsible person agreed in writing to a modification of the service agreement for one of one client's (#1) record reviewed. The findings include:

Client #1's service agreement, dated December of 2006, indicated the registered nurse (RN) was to make a skilled visit every other day, and the home health aide was to provide services ten hours a day. During a home visit February 14, 2007, client #1 stated that the RN no longer came every other day, and that the home health aide came for five hours in the evening. When interviewed February 15, 2007, the RN confirmed that in January 2007, he no longer made every other day visits to the client, but rather provided supervisory visits one time a month. In addition, the RN confirmed that in January 2007, the home health aide no longer provided services ten hours a day as stated in the service agreement, but rather five hours as the client stated. The RN agreed that a modification to the service agreement needed to be done.

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

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

Client #1's service agreement, dated December of 2006, indicated the client was to receive home health aide/personal care attendant services ten hours a day. There was no description of the services that the home health aide was to provide. When interviewed February 14, 2007, client #1 stated the home health aide provided assistance with all his activities of daily living, transferring, range of motion exercises, assistance with medication administration, and meal preparation. The client's service agreement also indicated that a registered nurse (RN) skilled visit was to occur every other day. There was no fee noted on the service agreement for this service. When interviewed February 15, 2007, the RN confirmed that a description of services was not included on client #1's service agreement, nor did it include the fee for the RN skilled visit.

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

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

Client #1 began receiving services December of 2006, which included assistance with medication by the home health aide. A medication profile in the client's record indicated the client received several medications on a routine basis which included, Lomotil, Baclofen, Diphenhydramine, Tetracycline, Catapres, and Claritin D. There were no prescriber's orders for these medications. In addition, interviews with client #1 February 14, 2007, and the registered nurse (RN) February 15, 2007 indicated the RN administered the medication Beta Serum, by injection, into the client every other day from December of 2006 through approximately January 15, 2007. When interviewed February 15, 2007, the RN confirmed he had not obtained prescriber's orders for the medications.

13. MN Rule 4668.0160 Subp. 6**INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview, the licensee failed to ensure that there were notes summarizing each contact with the client for one of one client's (#1) record reviewed. The findings include:

Interviews with client #1 February 14, 2007, and the registered nurse (RN) February 15, 2007 indicated the RN administered the medication Beta Serum, by injection, into the client every other day from December of 2006 through approximately January 15, 2007. There were no notes in the client's record summarizing these every other day visits by the RN. In addition, there was no documentation that the injection was administered to the client by the RN. The only note by the RN was dated January 12, 2007, which was a supervisory visit of the home health aide. When interviewed February 15, 2007, the RN confirmed there were no notes of his visits to the client's residence to administer the client's Beta Serum injections every other day.

In addition, the home health aide visit notes did not include evidence that the home health aide was assisting the client with medication administration, and range of motion exercises every day, although the interviews with the RN and the client confirmed the services occurred at each visit.

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

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

Client #1's "Vulnerability Assessment," dated December of 2006, identified that the client was susceptible to abuse by others in the home environment, was not able to self-administer his medications, had been given inappropriate food, drink or medication, had functional limitations that presented a safety hazard to the client, and was not able to safely ambulate with or without assistive devices. There

were no specific measures identified to assist in minimizing the risk of abuse to the client. When interviewed February 15, 2007, the registered nurse confirmed that specific measures to assist in minimizing the risk of abuse to the client were not identified.

A draft copy of this completed form was faxed to Wilson Ekinde on February 15, 2007 and a telephone exit conference was completed on February 15, 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).