



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0426

April 14, 2009

Donald Priebe, Administrator
Homeward Bound Inc
13895 Industrial Park Boulevard #100

Plymouth, MN 55441

Re: Results of State Licensing Survey

Dear Mr. Priebe:

The above agency was surveyed on March 2, 3, and 4, 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 "M".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199



Class A Licensed-Only Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class A Licensed-Only Home Care Providers. Class A licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate with MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to describe to the MDH nurse what systems are in place to provide Class A Licensed-Only Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form.

Name of Class A Licensee: HOMEWARD BOUND INC

HFID #: 24265

Date(s) of Survey: March 2, 3 and 4, 2009

Project #: QL24265004

Indicators of Compliance	Outcomes Observed	Comments
1. The provider accepts and retains clients for whom it can meet the needs. Focus Survey - MN Rule 4668.0140 Expanded Survey - MN Rule 4668.0050 - MN Rule 4668.0060 Subp. 3, 4 and 5 - MN Rule 4668.0180 Subp. 8	- 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.	Focus Survey ☐ Met ☒ Correction Order(s) issued ☒ Education Provided Expanded Survey ☒ Survey not Expanded ☐ Met ☐ Correction Order(s) issued ☐ Education Provided Follow-up Survey # _____ ☐ New Correction Order issued ☐ Education Provided

Indicators of Compliance	Outcomes Observed	Comments
2. The provider promotes client rights. Focus Survey - MN Rule 4668.0030 - MN Statute §144A.44 Expanded Survey - MN Rule 4668.0040 - MN Rule 4668.0170	- Clients' are aware of and have their rights honored. - Clients' are informed of and afforded the right to file a complaint.	Focus Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Expanded Survey <u>X</u> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
3. The provider promotes and protects each client's safety, property, and well-being. Focus Survey - MN Statutes §144A.46 Subd. 5(b) - MN Statute §626.556 - MN Statutes §626.557 Expanded Survey - MN Rule 4668.0035	- 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.	Focus Survey <u>X</u> Met ___ Correction Order(s) issued <u>X</u> Education Provided Expanded Survey <u>X</u> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
4. The provider maintains and protects client records. Focus Survey MN Rule 4668.0160 Expanded Survey [Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.]	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.	Focus Survey <u>X</u> Met ___ Correction Order(s) issued <u>X</u> Education Provided Expanded Survey ___ Survey not Expanded ___ Met

Indicators of Compliance	Outcomes Observed	Comments
Non-compliance with this variance will result in a correction order issued under 4668.0016.]		____ Correction Order(s) issued ____ Education Provided Follow-up Survey # ____ ____ New Correction Order issued ____ Education Provided
5. The provider employs and/or contracts with qualified and trained staff. Focus Survey • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 Expanded Survey • 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 [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.]	• 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.	Focus Survey ____ Met <u>X</u> ____ Correction Order(s) issued <u>X</u> ____ Education Provided Expanded Survey <u>X</u> ____ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided Follow-up Survey # ____ ____ New Correction Order issued ____ Education Provided
6. The provider obtains and keeps current all medication and treatment orders [if applicable]. Focus Survey • MN Rule 4668.0150 Expanded Survey • MN Rule 4668.0100 Subp. 2 [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	• 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.	Focus Survey <u>X</u> ____ Met ____ Correction Order(s) issued <u>X</u> ____ Education Provided Expanded Survey <u>X</u> ____ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided Follow-up Survey # ____ ____ New Correction

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 - MN Rule 4668.0019 Expanded Survey - 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 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.	- 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 <u>X</u> Met ____ Correction Order(s) issued <u>X</u> Education Provided Expanded Survey <u>X</u> 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 MN Rule 4668.0016	Licensee provides services within the scope of applicable MDH waivers and variances	<i>This area does not apply to a Focus Survey.</i> Expanded Survey <u>X</u> 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 current Minnesota Home Care Bill of Rights to one of one client (#1) record reviewed. The findings include:

Client #1 was admitted February of 2007, and received total care 24 hours per day since then. Client #1's record contained a document labeled "Consumer Bill of Rights" which he had received. There was no Minnesota Home Care Bill of Rights.

When interviewed, March 3, 2009, the assistant director stated that the Consumer Bill of Rights in client #1's record was the bill of rights their agency had always used. The assistant director stated their agency was not aware there was another bill of rights for home care, the Minnesota Home Care Bill of Rights, which was required.

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

Based on record review and interview, the licensee failed to provide clients with a complete notice related to the procedure for making a complaint for one of one client (#1) record reviewed. The findings include:

The licensee's "Individual and/or Family Concerns" provided to clients for making a complaint lacked statements that the client had the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints and that the licensee would not retaliate because of a complaint.

When interviewed, March 3, 2009, the assistant director confirmed that the agency's complaint procedure lacked this information and she was not aware these statements were required.

3. MN Rule 4668.0070 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that competency evaluations were performed for unlicensed personnel who performed home health aide tasks for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B's record lacked evidence of a competency evaluations for home health aide tasks.

When interviewed, March 3, 2009, employee B stated she had been trained in everything and the nurse had checked her before she did procedures. She added that every year she was rechecked in administering medications. When interviewed, March 3, 2009, the assistant director confirmed that the agency lacked competency evaluation documentation for employee B after training was completed.

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

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

Employee A and B were hired July of 2004 and January of 1997, respectively and provided direct care since their hire date. Employee A and B's records lacked documentation that an orientation to home care requirements had been completed prior to providing home care services.

When interviewed, March 3, 2009, employee A stated she had not received this information and employee B stated she may have received some parts of the orientation to home care information.

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

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

Client #1 was admitted February of 2007, with quadriplegia received total care 24 hours per day. There was no service agreement provided by the licensee. The Community Alternative Care (CAC) program provided a 'service agreement' that included the State of Minnesota's fee which would be paid for client #1's services through CAC.

When interviewed, March 3, 2009, the assistant director confirmed that the agency lacked service agreements separate from the county case manager's service agreement from CAC.

A draft copy of this completed form was left with Kathy Miron, Director of Programs and Operations at an exit conference on March 4, 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).