



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0315

September 13, 2007

Lillian Richardson, Administrator
Best of Care
4331 Girard Avenue North
Minneapolis, MN 55412

Re: Results of State Licensing Survey

Dear Ms. Richardson:

The above agency was surveyed on August 14, 15, 16, and 17, 2007, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
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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: BEST OF CARE

HFID #: 24296

Dates of Survey: August 14, 15, 16, 17, 2007

Project #: QL24296003

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 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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The provider promotes and protects each client’s safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statutes §144A.46 Subd. 5(b) • MN Statute §626.556 • MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 	<ul style="list-style-type: none"> • Client’s person, finances and property are safe and secure. • All criminal background checks are performed as required. • Clients are free from maltreatment. • There is a system for reporting and investigating any incidents of maltreatment. • Maltreatment assessments and prevention plans are accurate and current. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order 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 # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p>	<ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p>

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 Orders 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><u>X</u> Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ 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 ___ 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
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 ___ 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 4668.0065 Subp. 1**INDICATOR OF COMPLIANCE: #5**

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

Employee A was hired on July 16, 2007. There was no documentation available that the employee had a tuberculosis screening. When interviewed on August 17, 2007, the owner stated employee A had met with two of the agency's clients since he had started, but she had not yet obtained a copy of a current tuberculosis screening which she indicated employee A had informed her was current because of his concurrent present employment at another home health agency.

Employee B was hired and began working as a direct caregiver on June 19, 2006. The employee's record did not contain any evidence of tuberculosis screening. When interviewed, August 15, 2007, the owner stated she had seen a copy of the employee's Mantoux test when she hired the employee, but had not made a copy of the Mantoux test.

Employee C was hired and began working as a direct caregiver on July 10, 2007. The employee record did not contain documentation of tuberculosis screening. When interviewed August 15, 2007, the owner confirmed there was no evidence of a tuberculosis screening for employee C.

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

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for one of one unlicensed employee (B) record reviewed who had been employed greater than one year. The findings include:

Employee B was hired as a personal care attendant (PCA) on June 16, 2006. The employee record was reviewed on August 15, 2007, and it did not contain evidence that the employee had completed any infection control training since she was hired. When interviewed August 15, 2007, the owner stated she was unaware inservice training regarding infection control was to be completed annually for employees.

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

Based on record review and interview, the licensee failed to provide orientation to home care requirements prior to providing direct care for two of two unlicensed employees' (B and C) records reviewed. The findings include:

Employees B and C were hired on June 19, 2006, and July 10, 2007, respectively. Both employees began to provide home care services to clients on the date of their hire. There was no evidence that either employee had received orientation to the home care requirements. When interviewed on August

15, 2007, the owner stated employees B and C had worked previously at another home care agency and she thought the employees had received orientation to home care requirements at their prior employment. When asked, the owner indicated she had not requested any documentation from the employees to verify they had received the training.

4. MN Rule 4668.0100 Subp. 5

INDICATOR OF COMPLIANCE: #5

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

Employees B and C were hired as personal care attendants on June 19, 2007, and July 10, 2007, respectively. Both employees provided cares including assistance with bathing and dressing. There was no evidence available that either employee had received any training related to home care aide tasks. When interviewed on August 15, 2007, the owner stated she had employed a registered nurse and she had expected the registered nurse to provide staff with the required training, so she was unaware of the training requirements.

5. 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 two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1's service plan dated November 28, 2006, included daily assistance with activities of daily living. When interviewed, August 16, 2007, client #1 stated his personal care attendant (PCA) assisted him with dressing and bathing. Client #1 indicated a nurse visited with him at his house when he started receiving services from the agency, but since then, there had been no visit from an agency nurse.

Client #2's service plan dated June 11, 2007, included daily assistance with activities of daily living. When interviewed, August 15, 2007, client #2 stated his PCA assisted him with cooking, cleaning, and his bath. Client #2 stated he had not received a visit from a nurse from the agency since he started receiving services.

When interviewed August 15 and 17, 2007, the owner stated she thought nursing visits were required to be done every 90 days. The owner indicated her agency nurse resigned in December 2006 and she had been unable to hire another registered nurse (RN) until July 16, 2007.

6. MN Rule 4668.0140 Subp. 2

INDICATOR OF COMPLIANCE: #1

Based on record review and interview, the licensee failed to ensure there was a complete service agreement for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1's service agreement was dated July 16, 2007, client #2's service agreement was dated June 11, 2007, and client #3's service agreement was dated November 29, 2006. Each of these service agreements lacked the frequency of supervisory visits or a contingency plan.

When interviewed August 17, 2007, the owner stated she was not aware of the service agreement requirements.

7. MN Statute §144A.46 Subd. 5 (b)

INDICATOR OF COMPLIANCE: #3

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

Employee A was hired on July 16, 2007 as a registered nurse. There was no evidence of a background study in employee A's record. When interviewed on August 17, 2007, the owner stated she had submitted a study during the morning of the 17th of August, but she was unable to provide a confirmation of the submission.

Employee C was hired on and began providing direct care services on July 10, 2007. Employee C's personnel record did not contain a background study. When interviewed on August 15, 2007, the owner stated she had submitted the employee information to obtain a background study via the DHS website. She indicated after she completed entering the employee information the website did not allow her to make a copy of the verification of the submission of the employee information for the study. The owner was unable to provide a confirmation of the submission of employee C information for a background study.

8. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: #3

Based on interview and record review, the licensee failed to ensure an abuse prevention plan was developed for three of three clients' (#1, #2, and #3) records reviewed. The findings include:

Clients #1, #2 and #3's records lacked evidence of assessments of each client's vulnerabilities and an abuse prevention plan. When interviewed on August 17, 2007, the owner verified that no assessments had been completed nor had any abuse prevention plans been developed.

A draft copy of this completed form was left with Lillian Richardson, Owner, at an exit conference on August 17, 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).