



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0495

April 20, 2009

Hassan Elmi, Administrator
Sunshine Home Health Care Inc
1885 University Avenue West Suite 36
St. Paul, MN 55104

Re: Results of State Licensing Survey

Dear Mr. Elmi:

The above agency was surveyed on March 13, 16, and 17, 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 initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Ramsey 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: SUNSHINE HOME HEALTH CARE INC

HFID #: 24346

Date(s) of Survey: March 13, 16 and 17, 2009

Project #: QL24346004

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 	<ul style="list-style-type: none"> • Clients’ are aware of and have their rights honored. • Clients’ are informed of and afforded the right to file a complaint. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>3. The provider promotes and protects each client’s safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statutes §144A.46 Subd. 5(b) • MN Statute §626.556 • MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 	<ul style="list-style-type: none"> • Client’s person, finances and property are safe and secure. • All criminal background checks are performed as required. • Clients are free from maltreatment. • There is a system for reporting and investigating any incidents of maltreatment. • Maltreatment assessments and prevention plans are accurate and current. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p>	<ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>	<ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as required. 	<p>Focus Survey</p> <p>___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> 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</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 <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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</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
<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</p> <p>___ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> 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>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</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

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

Based on record review and interview, the licensee failed to provide the Home Care Bill of Rights before services were initiated for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services September of 2007. Client #1's record included an acknowledgement that the bill of rights was received on October 30, 2008, over one year after admission.

When interviewed, March 16, 2009, the administrator stated the client was not given the bill of rights before services were initiated.

2. MN Rule 4668.0040 Subp. 1**INDICATOR OF COMPLIANCE: # 2**

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

Client #1 began receiving services September of 2007. The licensee did not have a procedure for clients to report a complaint to the licensee or to the Minnesota Department of Health, Office of Facility Complaints.

When interviewed, March 16, 2009, the administrator stated there was no complaint procedure for clients but staff had received training.

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

Based on record review and interview, the licensee failed to ensure tuberculosis screening was done before employees had direct contact with clients for two of two employee (A and B) records reviewed. The findings include:

Employees A and B began working as direct care staff January of 2008, and March of 2008, respectively. Employee A and B's records lacked evidence of tuberculosis screening.

When interviewed, March 16, 2009, the administrator stated that when employees stated they did not have tuberculosis he hired them. If they were unsure, he requested employees get tuberculosis screening from the hospital. No documentation of tuberculosis screenings was obtained.

When interviewed, March 16, 2009, the registered nurse stated that she previously had a positive Mantoux test, but had six years of normal chest x-rays since. Documentation was at the another facility. No documentation was provided during the survey.

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

Based on record review and interview, the licensee failed to provide job descriptions for two of two employee's (A and B) records reviewed. The findings include:

Employees A and B began working as licensed and unlicensed direct care staff January of 2008, and March of 2008 respectively. Neither employee A nor B's record contained a job description.

When interviewed, March 16, 2009, employee A stated she had not received a job description although she had asked for one. Employee B was unable to be reached for interview. When interviewed, March 16, 2009, the administrator stated the registered nurse supervised unlicensed personnel and thought it was written, but was unable to find either job description.

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

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

Employees A and B began working as licensed and unlicensed direct care staff January of 2008, and March of 2008 respectively. Neither employee A nor B's record contained documentation that an orientation to home care had been completed prior to providing home care services to clients.

When interviewed, March 16, 2009, employee A stated she had not received an orientation to home care requirements. When interviewed, March 16, 2009, the administrator said he had not provided the required orientation. He stated was not aware of this requirement.

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

Based on record review and interview, the licensee failed to provide training and competency evaluations for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was hired March of 2008, and provided assistance with activities of daily living and medication administration. Employee B's record did not contain evidence of training for home health aide tasks done prior to providing home care services.

When interviewed, March 16, 2009, the administrator stated the registered nurse (RN) trained and competency tested the unlicensed personnel, but these were not documented.

When interviewed, March 16, 2009 the RN stated unlicensed personnel, were trained by the previous RN. The current RN stated she had trained one unlicensed personnel, during which a transfer and positioning video tape was shown. An oral quiz was provided by the RN but was not documented.

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

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

Client #1 began receiving services from unlicensed staff including medication administration September of 2007. Eight different medications were being administered orally, topically or by eye drop. Supervisory visits were documented by the RN December 21, 2007, August 2, 2008; eight months later, September 30, fifty-nine days later; October 8, eight days later; November 23, forty-seven days later; December 20, 2008, twenty-seven days later, January 20, thirty days later; and February 20, 2009, thirty-one days later. There were no RN supervisory visits documented within fourteen days of initiation of medication administration and every fourteen days thereafter.

When interviewed, March 16, 2009, the administrator said he hired an RN for supervision of unlicensed personnel. He was not aware of the exact class A supervision requirements. When interviewed, March 16, 2009 the RN stated that unlicensed personnel received monthly supervision, as required by the administrator. She was not aware of the class A rules.

8. 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 began receiving services September of 2007, which included medication administration and assistance with activities of daily living. Client #1's record did not contain a service agreement.

When interviewed, March 16, 2009, the administrator confirmed that the agency did not have service agreements. He said they used "The State of Minnesota Department of Human Service MA Home Care Prior Authorization" as a 'service agreement.'

9. MN Rule 4668.0150 Subp. 2**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to provide medications that were set up by a registered nurse (RN), pharmacist or physician for the unlicensed personnel to provide medication administration for one of one client (#1) record reviewed. The findings include:

Client #1 "Physician Statement of Need for Personal Care Assistant Services" dated September of 2008, stated client #1 needed medication management. On January 20, 2009 and February 20, 2009, the registered nurse documented supervision of medication administration by the unlicensed staff.

When interviewed, March 16, 2009, the administrator stated the unlicensed employee (B) was helping give medications since the elderly client could not read or write and was very confused with medications.

When interviewed, March 16, 2009, client #1 stated (as interpreted by administrator) that employee B helps with medications and puts out in an empty bottle what she should take while he is away.

When interviewed, March 16, 2009, the RN stated that she had checked the medications after they were set up for the week by unlicensed employee (B) during her supervisory visits and they were set up in the medication box correctly. The RN stated she did not set up client #1's medications.

10. MN Rule 4668.0150 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to provide prescriber medication orders for one of one client (#1) record reviewed. The findings include:

Client #1's "Physician Statement of Need for Personal Care Assistant Services" dated September of 2008, read that client #1 needed medication management. Client #1's home health aide/PCA care plan indicated client #1 received daily assistance with medications. Employee B's "PCA Time and Activity Documentation" denoted client #1 received "health related" services daily. There were no prescriber medication orders.

When interviewed, March 16, 2009, the registered nurse stated she had written a "medication profile" which included eight medications which were administered orally, topically and as eye drops. She confirmed no orders were in the record. When interviewed, March 16, 2009, the administrator stated "health related" services was giving medication, and that prescriptions go to the pharmacy and the pharmacy label is followed at the agency.

11. MN Statute §144A.46 Subd. 5(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview the licensee failed to obtain a background study for one of one professional employee (A) record reviewed. The findings include:

Employee A was hired January of 2008, as a licensed direct care staff. A background study had not been done by the licensee.

When interviewed, March 16, 2009, the administrator stated he understood employee A had a background study for a different employer, therefore the licensee had not obtained another background study.

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

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services September of 2007. Client #1's record did not contain a vulnerable adult assessment or an individual abuse prevention plan.

When interviewed, March 16, 2009, the administrator stated that there had been training on vulnerable adult reporting but no individual abuse prevention plans written. When interviewed, March 16, 2009, the registered nurse stated that she had discussed the client vulnerabilities with them, but had not written individual abuse prevention plans.

A draft copy of this completed form was left with Hassan Elmi, Administrator, at an exit conference on March 17, 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).