



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0551

October 25, 2007

Juanita Swain, Administrator
Your Way Home Care
634 Gates Avenue NW
Elk River, MN 55330

Re: Results of State Licensing Survey

Dear Ms. Swain:

The above agency was surveyed on September 12, 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". 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: Sherburne 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: YOUR WAY HOME CARE

HFID #: 24406

Date(s) of Survey: September 12, 2007

Project #: QL24406002

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><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>

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><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
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 <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 Expanded Survey <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 [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.]	<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. 	Focus Survey ___ Met ___ Correction Order(s) issued ___ Education Provided Expanded Survey ___ Survey not Expanded ___ Met <input checked="" type="checkbox"/> ___ Correction Order(s) issued <input checked="" type="checkbox"/> ___ 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 <ul style="list-style-type: none"> • MN Rule 4668.0150 Expanded Survey <ul style="list-style-type: none"> • 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	<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. 	Focus Survey <input checked="" type="checkbox"/> ___ Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> ___ Education Provided Expanded Survey <input checked="" type="checkbox"/> ___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction

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><u> X </u> Met</p> <p>____ 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>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> 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>

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

Based on record review and interview, the licensee failed to obtain written acknowledgment of the client's receipt of the Minnesota Home Care Bill of Rights for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 began receiving services November 2006 and April 2007, respectively. Their records included the current bill of rights, however there was no documentation indicating the client's had received a copy of the bill of rights. When interviewed September 12, 2007, the administrator stated she was not aware of the rule and she did not have a copy of the licensing rules.

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

Based on record review and interview, the licensee failed to establish a system for receiving, investigating and resolving complaints from clients. The findings include:

There was no complaint procedure available for review. When interviewed September 12, 2007, the administrator stated that clients should call if they have a complaint. The administrator provided the reviewer with a "Sexual Harassment Policy," however the policy lacked the content required by the licensing rule.

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

Based on record review and interview, the licensee failed to ensure that unlicensed employees who performed home health aide tasks met the training and competency requirements for two of two employees (A and B) reviewed. The findings include:

Employees A and B were hired on June 2007 and April 2007, respectively. Their records lacked documentation that the training and competency requirements to perform home health aide tasks had been completed. When interviewed September 12, 2007, the administrator stated the nurse trained the personal care attendants if they had no prior experience. She said there was no documentation of the training and they did not have a copy of the licensing rules.

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

Based on record review and interview, the licensee failed to assure that a registered nurse (RN) supervised unlicensed personnel who performed home health aide tasks within 14 days of initiation of home health aide tasks for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 began receiving services November 2006 and April 2007, respectively. Both client #1 and #2 received assistance with dressing, grooming, bathing, meal preparation, transfers, range of motion, toileting and housekeeping tasks. The clients received their initial supervisory visit from the RN on August 23, 2007. When interviewed September 12, 2007, the administrator stated that she was unaware of this rule requirement and did not have a copy of the licensing rules.

5. MN Rule 4668.0140 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to establish a written service agreement for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 began receiving services November 2006 and April 2007, respectively. Both clients received assistance with dressing, grooming, bathing, meal preparation, transfers, range of motion, toileting and housekeeping tasks.

When interviewed September 12, 2007, the administrator indicated that she thought the agreement used by the Minnesota Department of Human Services and the "PCA Choice Provider Agreement" was the service agreement.

6. MN Rule 4668.0160 Subp. 6

INDICATOR OF COMPLIANCE: # 4

Based on record review and staff interview, the licensee failed to provide complete records for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 began receiving services November 2006 and April 2007, respectively. Client #1 and #2s' records lacked a service agreement. Also, both client records lacked the names, addresses and telephone numbers of their medical service providers. When interviewed September 12, 2007, the administrator verified the clients' records were incomplete.

7. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to develop an individualized abuse prevention plan for two of two clients (#1 and #2) records reviewed. The findings include:

Client #1 and #2 began receiving services November 2006 and April 2007, respectively.

The clients' records lacked an individualized assessment of the client's susceptibility to abuse. When interviewed September 12, 2007, the administrator stated she does the abuse prevention assessment, however no written individualized assessment was found. She stated she was not aware of this requirement since she does not have a copy of the licensing rules.

A draft copy of this completed form was faxed to Juanita Swain, Administrator, for an exit telephone conference held on September 13, 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).