



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # ~~7004 1350 0003 0567 0100~~  
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~~July 31, 2007~~  
August 10, 2007

Alphonso Sandy, Administrator  
Refuge HC Services Inc  
7201 Walker St Suite 222  
St. Louis Park, MN 55426

Re: Results of State Licensing Survey

Dear Mr. Sandy:

The above agency was surveyed on June 27, 28, and July 9, 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



## 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: REFUGE HC SERVICES INC

HFID #: 24616

Date(s) of Survey: June 27, 28, and July 9, 2007

Project #: QL24616001

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0140</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0060 Subp. 3, 4 and 5</li> <li>MN Rule 4668.0180 Subp. 8</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Service plans accurately describe the needs and services and contain all the required information.</li> <li>Services agreed to are provided</li> <li>Clients are provided referral assistance.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0030</li> <li>MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0040</li> <li>MN Rule 4668.0170</li> </ul>	<ul style="list-style-type: none"> <li>Clients' are aware of and have their rights honored.</li> <li>Clients' are informed of and afforded the right to file a complaint.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> ___</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Statutes §144A.46 Subd. 5(b)</li> <li>MN Statute §626.556</li> <li>MN Statutes §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0035</li> </ul>	<ul style="list-style-type: none"> <li>Client's person, finances and property are safe and secure.</li> <li>All criminal background checks are performed as required.</li> <li>Clients are free from maltreatment.</li> <li>There is a system for reporting and investigating any incidents of maltreatment.</li> <li>Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0160</li> </ul> <p><b>Expanded Survey</b></p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.]</p>	<ul style="list-style-type: none"> <li><b>Client records are maintained and retained securely.</b></li> <li><b>Client records contain all required documentation.</b></li> <li>Client information is released only to appropriate parties.</li> <li>Discharge summaries are available upon request.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ 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 <b>Follow-up Survey #</b> ___ ___ New Correction Order issued ___ Education Provided
5. The provider employs and/or contracts with qualified and trained staff.  <b>Focus Survey</b> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100</li> <li>• [Except Subp. 2]</li> <li>• MN Rule 4668.0065</li> </ul> <b>Expanded Survey</b> <ul style="list-style-type: none"> <li>• MN Rule 4668.0060 Subp. 1</li> <li>• MN Rule 4668.0070</li> <li>• MN Rule 4668.0075</li> <li>• MN Rule 4668.0080</li> <li>• MN Rule 4668.0130</li> <li>• MN Statute §144A.45 Subd. 5</li> </ul> [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"> <li>• Staff, employed or contracted, have received all the required training.</li> <li>• Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>• Personnel records are maintained and retained.</li> <li>• Licensee and all staff have received the required Orientation to Home Care.</li> <li>• Staff, employed or contracted, are registered and licensed as required by law.</li> <li>• Documentation of medication administration procedures are available.</li> <li>• Supervision is provided as required.</li> </ul>	<b>Focus Survey</b> ___ Met <u>X</u> ___ Correction Order(s) issued <u>X</u> ___ Education Provided <b>Expanded Survey</b> ___ Survey not Expanded ___ Met <u>X</u> ___ Correction Order(s) issued <u>X</u> ___ Education Provided <b>Follow-up Survey #</b> ___ ___ New Correction Order issued ___ Education Provided
6. The provider obtains and keeps current all medication and treatment orders [if applicable].  <b>Focus Survey</b> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> </ul> <b>Expanded Survey</b> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100 Subp. 2</li> </ul> [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"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<b>Focus Survey</b> <u>X</u> ___ Met ___ Correction Order(s) issued <u>X</u> ___ Education Provided <b>Expanded Survey</b> ___ Survey not Expanded ___ Met <u>X</u> ___ Correction Order(s) issued <u>X</u> ___ Education Provided <b>Follow-up Survey #</b> ___ ___ 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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 Subp. 3</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0060 Subp. 2 and 6</li> <li>• MN Rule 4668.0180</li> <li>• MN Rule 4668.0220</li> </ul> <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"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee's advertisements accurately reflect services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p><b>Focus Survey</b></p> <p><u> X </u> Met ____ Correction Order(s) issued ____ Education Provided</p> <p><b>Expanded Survey</b></p> <p><u> X </u> Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided</p> <p><b>Follow-up Survey #</b> ____ ____ New Correction Order issued ____ Education Provided</p>
<p>8. The provider is in compliance with MDH waivers and variances.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>• Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p><u> X </u> Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided</p> <p><b>Follow-up Survey #</b> ____ ____ New Correction Order issued ____ 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. 2****INDICATOR OF COMPLIANCE: # 2**

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

Client #1 began receiving home care services December 19, 2006. Written acknowledgment of client #1's receipt of the Home Care Bill of Rights was not documented. When interviewed on June 27, 2007, Client #1 reported she received information related to her rights. However, client #1 was unaware of the location of the information.

The agency's policy and procedure on individual rights and notifications pertained to the licensing requirements for clients receiving adult foster care. When interviewed on June 28, 2007, the Home Health Aide Supervisor confirmed the rights provided to client #1 pertained to foster care, rather than the home care bill of rights.

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

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

Client #1 began receiving home care services December 19, 2006. Client #1's record did not contain documentation indicating client #1 received written notice of the complaint procedure. When interviewed, June 27, 2007, client #1 reported she received information on complaint procedures and rights, but she did not know the location of the information.

The agency's grievance policy and procedure did not contain the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and a statement that the provider will in no way retaliate because of a complaint.

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

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for three of three employees' (A, B and C) records reviewed. The findings include:

Employees A and B began working as direct caregivers on or about December 19, 2006. Employee C, began working as a direct caregiver on June 17, 2007. There was no evidence of tuberculosis screening present in employee A and B, or C's personnel records reviewed.

When interviewed, June 28, 2007, the Home Health Aide Supervisor confirmed that tuberculosis screening had not been done.

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

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

Employees A, B, and C worked as a Home Health Aide (HHA), HHA supervisor, and a Registered Nurse. There were no job descriptions available for employees A, B, or C. When interviewed, June 28, 2007, the HHA supervisor confirmed there were no job descriptions for the identified positions.

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

Based on record review and interview, the licensee failed to ensure that orientation to home care requirements was completed prior to direct client contact for three of three direct care staff (A, B and C) records reviewed. The findings include:

Employees A and B began working as direct caregivers on or about December 19, 2006. Employee C, began working as a direct caregiver on June 17, 2007. There was no evidence orientation to the home care requirements was provided for employees A, B and C. When interviewed, June 28, 2007, the Home Health Aide Supervisor stated that orientation to home care requirements had not been done.

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

Based on observation, record review and interview, the licensee failed to ensure that unlicensed staffs were instructed by a Registered Nurse in the procedures to administer medications for two of two unlicensed employee records (A and B) reviewed. The findings include:

On June 27, 2007, at 9:00 a.m., employee A, an unlicensed direct care staff, was observed to set up and administer approximately six different pills to client #1. Employee A did not reference a Medication Administration Record, physician's orders, or other written reference while setting up the medications. When interviewed, June 27, 2007, employee A stated that client #1 was the only client and that he knew client #1's medications.

Employee B also assisted in administration of medications to client #1. Personnel and training records did not contain documentation indicating employees A and B, HHA's, were instructed by an RN in the procedures to administer medications to each client nor had employees A and B demonstrated competency in medication administration. In addition, an RN had not specified in writing in client 1's record, the procedure to administer the medications.

**7. MN Rule 4668.0100 Subp. 4****INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed staff were instructed in procedures and demonstrated competency prior to performing delegated procedures for two of two unlicensed employee's (A and B) records reviewed. The findings include:

Client #1 began receiving home care services on December 19, 2006. Client #1 was paraplegic and required the use of a mechanical standing lift and a standing frame. On May 3, 2007, a physical therapist from another provider, noted that client #1 needed to stand in a standing frame three to four times per week for 30 minutes. The tasks were to be done by the licensee's employees A and B. Client #1's record lacked specific written instructions by an RN or therapist for use of the equipment and for performing the procedures.

There was no evidence that a Registered Nurse or a therapist had instructed employees A or B in the proper methods to perform the mechanical standing lift and standing frame with respect to client #1. There was no evidence employees A and B had demonstrated competency to follow the delegated procedures.

When interviewed, June 28, 2007, employee B reported she was trained by another health care provider to use a mechanical standing lift and the standing frame.

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

Based on record review and interviews, the licensee failed to ensure that unlicensed staff had completed training prior to providing direct care for two of two unlicensed employee records (A and B) reviewed. The findings include:

Employee A and B's records lacked evidence they had completed the training and competency evaluations required by part 4668.0130. Employees A and B had completed some self study courses related to dementia, nutrition, hygiene and skin care.

When interviewed, June 27, 2007, employee A and during an interview June 28, 2007, employee B reported receiving nursing assistant, home health aide, and personal care attendant training at previous places of employment and at a vocational institute. No documentation or evidence of this training was available during the survey.

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

Based on record review and interview, the licensee failed to ensure that supervisory visits were conducted for one of one clients' (#1) record reviewed. The findings include:



Client #1 began receiving home care services, including medication administration, on December 19, 2006. Client #1's record lacked evidence of supervisory or monitoring visits by a nurse. On June 17, 2007, the Registered Nurse conducted an Initial Admission Assessment, and noted that client #1 reported being "well treated with respect and dignity." There was no documentation of supervision of tasks that require supervision.

When interviewed, June 28, 2007, the Home Health Aide Supervisor reported that a former licensed practical nurse did not document the care that was provided.

#### **10. MN Rule 4668.0140 Subp. 2**

##### **INDICATOR OF COMPLIANCE: # 1**

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

Client #1 began receiving home care services on December 19, 2006. A "LEASE AGREEMENT" was signed by client #1 on December 31, 2006. The lease agreement indicated the base service fee included room and board, medication administration, assistance with daily living skills, staff coverage 24 hours a day, housekeeping, transportation, three meals per day and additional services. The lease agreement did not include a description of the services to be provided and their frequency; identification of the persons or categories of persons who are to provide the services; and the schedule or frequency of sessions of supervision or monitoring required, if any. There was no other service agreement information or forms in the client record.

When interviewed on June 28, 2007, employee B confirmed that the required components of a service agreement were not present.

#### **11. MN Statute §144A.46 Subd. 5(b)**

##### **INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to ensure a background study was performed for one of three employees' (C) records reviewed. The findings include:

Employee C began providing direct contact services on June 17, 2007. There was no evidence of a background study. When interviewed on June 28, 2007, employee B confirmed that a background study had not been performed.

#### **12. MN Statute §626.557 Subd. 14(b)**

##### **INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to ensure that there was an individualized abuse prevention plan for one of one client (#1) records reviewed. The findings include:

Client #1 had paraplegia, memory impairment, and received home care services since December 19, 2006. A registered nurse (RN) performed an initial admission assessment on June 17, 2007, and noted

physical conditions making client #1 susceptible to abuse. An abuse prevention plan with specific measures to be taken to minimize the risk of abuse was not established in client #1's record.

When interviewed on June 28, 2007, employee B reported that client #1 alleged abuse by an individual from a previous health care facility. The police were contacted and assistance with obtaining a temporary retraining order was obtained on May 29, 2007. Employee B confirmed there was no written plan to address what was identified by the RN.

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A draft copy of this completed form was left with Charlesetta George, Supervisor/HHA, at an exit conference on July 9, 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).