



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 2499

February 20, 2009

Shawn Pierce, Administrator
Alimap Home Health Care LLC
608 Mcindoe Street
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Pierce:

The above agency was surveyed on December 15 and 16, 2008, 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 "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Steele 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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<http://www.health.state.mn.us>

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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: ALIMAP HOME HEALTH CARE LLC

HFID #: 24709

Date(s) of Survey: December 15 and 16, 2008

Project #: QL24709003

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><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ 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><input checked="" type="checkbox"/> 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 <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 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 <input checked="" type="checkbox"/> 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. 5**INDICATOR OF COMPLIANCE: # 2**

Based on interview, the licensee failed to have the client's responsible person acknowledge receipt of the Minnesota Home Care Bill of Rights for one of one client (#1) reviewed. The findings include:

Client #1 began receiving services February of 2008. There was no acknowledged receipt of the Bill of Rights documented as there was no client record.

When interviewed, December 15, 2008, the owners indicated they had a copy but receipt was not documented.

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

Based on interview, the licensee failed to provide clients with a notice related to the procedure for making a complaint. The findings include:

Client #1 began receiving services February of 2008. There was no evidence of a complaint procedure.

When interviewed, December 15, 2008, the owners confirmed there was not a complaint procedure.

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

Based on record review and interview, the licensee failed to ensure infection control training was completed for one of one employee (B) record reviewed. The findings include:

Employee B began working February of 2008, as an unlicensed direct care staff. There was no evidence of infection control training in employee B's record. When cares were observed December 15, 2008, employee B did not wash her hands after starting a tube feeding. She then touched her hair, blew her nose, opened cupboards to get oral hygiene supplies and did oral care on Client #1.

When interviewed, December 15, 2008, employee B stated she hadn't had infection control training "beyond what was obvious like hand washing."

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

Based on record review and interview, the licensee failed to retain documentation that each employee completed orientation to home care for one of one employee (B) record reviewed. The findings include:

Employee B was hired February of 2008, as an unlicensed direct care staff. The record did not contain documentation of orientation to home care. When interviewed December 15, 2008, employee B stated she had received orientation and had signed a lot of papers.

When interviewed, December 15, 2008, the owner confirmed that orientation had been done, but there was no documentation of the training in the record.

5. MN Rule 4668.0100 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on observation, record review and interview, the licensee failed to ensure that a registered nurse (RN) delegated nursing services to unlicensed personnel for one of one (B) unlicensed personnel record reviewed. The findings include:

Employee B was hired as a personal care attendant on February of 2008, There was no documentation of training and then delegation by a RN for medication administration, grooming, bathing, body positioning, transferring, gastrostomy tube feeding, and suctioning, incontinent cares, passive range of motion (PROM) or maintaining client #1's environment. On December 15, 2008, cares were observed which included; incontinent care, grooming, dressing, transferring with a ceiling lift, PROM, and gastrostomy tube feedings.

When interviewed, December 15, 2008, the owners stated they had trained the staff in client #1's total care. There was a RN available, but they had not used her yet.

6. MN Rule 4668.0130 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on observation, record review, and interview, the licensee failed to ensure that a registered nurse (RN) trained unlicensed personnel for one of one employee (B) record reviewed. The findings include:

Employee B was hired February of 2008, as an unlicensed direct care staff. There was no documentation of any of the required curriculum. Cares that were observed on December 15, 2008, included: incontinent care, grooming, dressing, transferring with a ceiling lift, passive range of motion and gastrostomy tube feedings.

When interviewed, December 15, 2008, the owners indicated they had trained the staff in the Client #1's total cares except for the use of the ceiling lift. They stated there was a RN available, but had not used her yet.

7. MN Rule 4668.0140 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on interview the licensee failed to enter into a written service agreement no later than the second visit to a client for one of one client (#1) reviewed who lacked a record. The findings include:

Clients #1 began receiving total care February of 2008. There was no service agreement present.

When interviewed December 15, 2008, the owners stated there was no service agreement.

8. MN Rule 4668.0150 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on interview, the licensee failed to have prescriber orders for medications for one of one client (#1) reviewed who lacked a record.

Clients #1 began receiving total care February of 2008. Client #1 received medication administration through gastrostomy tube feedings by staff.

When interviewed, December 15, 2008, the owners/parents stated the client's medications and treatments included Depakene (anticonvulsant), Synthroid (replacement), Ativan (antianxiety), corn starch to skin, tube feedings, and Tylenol (pain medication). There were no prescriber orders for the medications and treatments. The owners also stated that a listing of medications had been sent to the doctor a month ago, but they had not been returned.

9. MN Rule 4668.0160 Subp. 1

INDICATOR OF COMPLIANCE: # 4

Based on interview and observation the licensee failed to maintain a record for one of one (#1) client reviewed who lacked a record. The findings include:

There was no client record to review.

When interviewed, December 15, 2008, the owners indicated they did not have client records.

A draft copy of this completed form was left with Scott Pierce, Owner, at an exit conference on December 16, 2008. 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).