



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1350 0003 0567 1510

March 25, 2008

Abiodun Akinbolu, Administrator  
Excellent Care Services Inc  
329 Elton Hills Drive NW  
Rochester, MN 55901

Re: Results of State Licensing Survey

Dear Mr. Akinbolu:

The above agency was surveyed on February 28, 29, and March 3, 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 "M".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Olmsted 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: EXCELLENT CARE SERVICES INC

HFID #: 24797

Date(s) of Survey: February 28, 29, and March 3, 2008

Project #: QL24797002

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 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><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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <input type="text"/></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><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><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 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><b>Follow-up Survey #</b> <input type="text"/></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><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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> 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> <u>X</u> ___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ 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 ___ Education Provided <b>Expanded Survey</b> <u>X</u> ___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ 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><input checked="" type="checkbox"/> Met</p> <p>____ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>____ 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>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><input checked="" type="checkbox"/> Survey not Expanded</p> <p>____ 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>

***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:**

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 that tuberculosis screening was completed for two of four employees (C and D) reviewed. The findings include:

Employee C began working as a direct care staff December of 2007. There was no documentation of tuberculosis screening in her record.

Employee D began working as a direct care staff August of 2005. There was documentation of tuberculosis screening dated September of 2005 in her record but no record of subsequent tuberculosis screening. When interviewed February 29, 2008, the director said she thought that employee C would have had tuberculosis screening as her other job would require it. The director was not aware that employee D was no longer current with her tuberculosis screening.

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

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed home care services successfully completed training or demonstrated competency in the required topics, for two of two unlicensed employee (B and D) record reviewed. The findings include:

Employee B was hired January of 2008, as an unlicensed personnel who performed home care services. There was no record of training or competency in her record.

Employee D was hired August of 2005, as an unlicensed personnel who performed home care services. There was no record of training or competency in her record. On interview February 28, 2008, the director stated he hired certified nursing assistants and thought that training was adequate.

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

Based on record review and interview the licensee failed to assure eight hours of in-service training every 12 months in topics relevant to the provision of home care services for one of two unlicensed staff (D) reviewed who performed delegated nursing services. The findings include:

Employee D began employment August of 2005 as a direct care staff. She had only two subjects included in in-service training for 2007 which included a universal precautions video and a topic called "Before Help Arrives" which was first aid and emergency in-service training. The documentation did not include how much time was involved in training. On interview February 29, 2008, the director stated he was not aware eight hours of in-service was required for each twelve months of employment. When interviewed, October 14, 2004, the registered nurse confirmed this was the total number of hours of in-service the employee had obtained.

**4. 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) supervised unlicensed personnel who performed services that required supervision for two of two clients' (#1 and #3) records reviewed. The findings include:

Client #1's service agreement dated October of 2006 and Care Plan dated May 2007 noted he received assistance with a daily bath, dressing, bowel care, emptying his urostomy, and transfers from bed to wheelchair and wheelchair to bed using a mechanical lift. The last supervisory visit documented was dated June 28, 2007.

Client #3 began receiving services in January of 2008. His care plan, dated January of 2008, noted he was receiving assist with dressing, grooming, and transfer from bed to wheelchair and wheelchair to bed safely using a mechanical lift. There were no RN supervisory visits in the record. The client stated he had never seen the RN from this agency. When interviewed February 29, 2008, the director was not aware the supervisory visits were not done.

**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 with the client or the client's responsible person after initiation of home health care for one of three client (#3) records reviewed. The findings include:

Client #3 began receiving services January of 2008. There was no written service agreement established for this client. His care plan, dated January of 2008, noted he was receiving assist with dressing, grooming, and transfer from bed to wheelchair and wheelchair to bed safely using a mechanical lift. When interviewed February 28, 2008, the director stated he planned to establish a service agreement after he received the financial information for this client.

**6. 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 three of three client (#1 #2, and #3) records reviewed. The findings include:

Clients #1, #2 and #3, began receiving care January of 2004, September of 2004, and January of 2008 respectively. Their records did not contain an assessment of the client's susceptibility to abuse or a prevention plan to prevent abuse. When interviewed February 28, 2008, the director stated he was not aware an individual abuse plan was needed.

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A draft copy of this completed form was left with Abiodun Akinebolu, Director, at an exit conference on March 3, 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).