



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2257 3912

January 5, 2010

Lawrence Ubani, Administrator  
Morning Star Healthcare Service  
2147 University Ave West #206  
St. Paul, MN 55114

Re: Results of State Licensing Survey

Dear Mr. Ubani:

The above agency was surveyed on December 3, 4, and 7, 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 "J" and "N".

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



## 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: MORNING STAR HEALTHCARE SERVIC

HFID #: 24798

Dates of Survey: December 3, 4 and 7, 2009

Project #: QL24798004

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 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>

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 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>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> X ___ Met ___ Correction Order(s) issued X ___ Education Provided <b>Expanded Survey</b> X ___ 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> ___ Met X ___ Correction Orders issued X ___ Education Provided <b>Expanded Survey</b> X ___ 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><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 4668.0100 Subp. 9****INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised and/or a licensed practical nurse (LPN) monitored unlicensed staff who performed services that required supervision for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services February 1, 2009, which included blood glucose checks by the unlicensed staff two times per day. Supervisory and/or monitoring visits occurred on September 26, 2009, October 27, 2009 and November 21, 2009, which were less than the required every fourteen day visits.

When interviewed on December 4, 2009, the LPN/Director stated the RN was completing visits every fourteen days, but the RN called somebody at the "front desk" at the Health Department, and was informed she needed to complete visits only every thirty days.

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

Based on observation, record review and interview, the licensee failed to ensure all medications set up by the licensed practical nurse (LPN) were properly documented for one of one client's record reviewed. The findings include:

The director, an LPN, set up all of the client's medications for the client to self administer under the direction and supervision of a licensed staff member.

Client #1 had a physician's order for Flexeril 5 mg. or 10 mg. as needed for headaches. A medication bubble pack containing Flexeril 5 mg, dated March 10, 2009, indicated 30 tablets had been dispensed and fourteen tablets had been removed when the bubble pack was observed on December 4, 2009. A medication bubble pack containing Flexeril 10 mg, dated April 9, 2009, indicated 30 tablets had been dispensed and eight tablets had been removed when the bubble pack was observed on December 4, 2009.

When interviewed on December 4, 2009, the LPN/Director stated she set up the Flexeril in a medi-set, but failed to document the medication set up. She stated if the client had a headache, the unlicensed staff member would telephone her and she would instruct the staff member to give the client the medi-set so he could take a dose of Flexeril out of the container. However, there was no documentation available for review indicating the Flexeril had been set up in the medi-set containers or that the client was complaining of headaches.

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A draft copy of this completed form was faxed to Precious Okika, LPN/Director on December 7, 2009, prior to a telephone exit conference on December 7, 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).



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 1830 0003 8091 0907

July 15, 2009

Lawrence Ubani, Administrator  
Morning Star Healthcare Service  
2147 University Avenue West #206  
St. Paul, MN 55114

Re: Results of State Licensing Survey

Dear Mr. Ubani:

The above agency was surveyed on May 28 and June 1, 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.

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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: Ramsey 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

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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.

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Name of Class A Licensee: MORNING STAR HEALTHCARE SERVIC

HFID #: 24798

Date(s) of Survey: May 28 and June 1, 2009

Project #: QL24798003

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>

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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
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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>____ 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><input checked="" type="checkbox"/> 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:** \_\_\_\_ 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 4668.0040 Subp. 2****INDICATOR OF COMPLIANCE: # 2**

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

The licensee's complaint procedure titled: "Policy and Procedure on Individual Grievances" did not include the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints.

When interviewed, May 28, 2009, the licensed practical nurse/director confirmed the complaint procedure did not include that the client had the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints.

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

Based on record review and interview, the licensee failed to ensure that personnel providing services requiring direct contact with clients had evidence of a tuberculosis screening prior to providing direct care services and every 24 months thereafter for four of five employees (B, C, D and E) records reviewed. The findings include:

Employees B, C, D and E were hired to provide direct care to clients on January 29, 2008, August 16, 2006, October 9, 2008, and February 17, 2009 respectively. There was no evidence of tuberculosis screening in employees' B, C, D and Es records.

When interviewed May 28, 2009, the LPN/director confirmed there was no tuberculosis screening for employees B, C, D, and E. The LPN stated employees B and C have had tuberculosis screening at other places of employment, but did not have evidence of this screening in their records with the licensee.

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

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was provided for two of two employee (B and C) records reviewed who were employed greater than twelve months. The findings include:

Employees B and C were hired to provide direct care to clients January 29, 2008 and August 16, 2006 respectively. There was no evidence of annual infection control training for employees B and C.

When interviewed, May 28, 2009 the licensed practical nurse/director confirmed there was no record of infection control training for employee B and C.

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

Based on record review and interview, the licensee failed to develop a job description for two of two employee (B and C) records reviewed. The findings include:

Employees B and C were hired January 29, 2008 and August 16, 2006 respectively as two different types of licensed direct care staff. There were no job descriptions for employee B or C.

When interviewed, May 28, 2009 the LPN/director confirmed she had not developed job descriptions for either staff.

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

Based on record review and interview, the licensee failed to ensure that each employee received orientation to home care requirements for two of four employees' (B and C) records reviewed. The findings include:

Employee B was hired to provide direct care to clients January 29, 2008. There was no evidence that employee B received orientation to any of the required topics in the orientation.

Employee C was hired to provide direct care to clients August 16, 2006. There was no evidence that employee C received an overview of the home care rules and statutes as part of her orientation.

When interviewed, May 28, 2009 the licensed practical nurse/director confirmed that employees B and C did not have the required orientation.

**6. MN Rule 4668.0075 Subp. 2****INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that each employee received a complete orientation to home care requirements for two of four employees' (D and E) records reviewed. The findings include:

Employee D was hired to provide direct care to clients October 9, 2008. There was no evidence that employee D received an overview of the home care rules and statutes, handling emergencies and use of emergency services, the home care bill of rights, and the services of the ombudsman as part of his orientation.

Employee E was hired to provide direct care to client February 17, 2009. There was no evidence that employee E received an overview of the home care rules and statutes, handling emergencies and use of emergency services, the home care bill of rights, and the services of the ombudsman as part of his orientation.

When interviewed, May 28, 2009 the licensed practical nurse/director confirmed that employees D and Es' orientation did not include all the required topics.

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

Based on record review and interview, the licensee failed to ensure that when procedures were delegated to unlicensed staff, the registered nurse (RN) provided written instructions for performing the procedure, and the unlicensed staff person demonstrated to the RN their ability to competently follow the procedure for one of one unlicensed employee (D) record reviewed. The findings include:

Client #1 began receiving services February 1, 2009, which included the delegated nursing task of blood glucose checks three times a day by unlicensed staff. There were no written instructions by the RN for the unlicensed staff to follow in the proper method to performing blood glucose checks.

When interviewed, May 28, 2009, employee D stated that he performed client #1's blood glucose check three times a day. Employee D stated that he was trained "at school" prior to his hire with the licensee. Employee D stated he had not demonstrated to the RN his ability to competently perform the procedure.

When interviewed, May 28, 2009, the licensed practical nurse (LPN)/director confirmed there were no written instructions by the RN on how to perform the blood glucose checks, nor did employee D demonstrate to the RN his ability to competently perform the blood glucose check.

**8. 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 and/or a licensed practical nurse (LPN) monitored unlicensed staff who performed services that required supervision for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services February 1, 2009 which included blood glucose checks by the unlicensed staff three times a day. There were no supervisory and/or monitoring visits for client #1. Client #1 had a document titled "Personal Care Attendant/Aide Supervisory Visit" which was dated March 3, 2009 signed and by the RN but it was blank.

When interviewed, May 28, 2009, the LPN confirmed that supervisory/monitoring visits had not been done for client #1.

**9. MN Rule 4668.0140 Subp. 1****INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to entered into a written service agreement with the client or the client's responsible person no later than the second visit to a client for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services February 1, 2009, that included medications set-up weekly, blood glucose monitoring three times a day, and unlicensed staff companionship twenty-four hours a day. The client's service agreement was not signed by the client's responsible person until February 16, 2009.

When interviewed, May 28, 2009, the licensed practical nurse/director confirmed the client's service agreement was not entered into with the client's responsible person no later than the second visit to the client #1.

**10. MN Rule 4668.0140 Subp. 2****INDICATOR OF COMPLIANCE: # 1**

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

Client #1's service agreement dated February 16, 2009, indicated that blood glucose monitoring was provided, but did not include the identification of the person or category of persons who were to provide the blood glucose monitoring nor the fee for the service. When interviewed May 28, 2009, client #1 and the licensed practical nurse (LPN) stated that the LPN set-up the client's medications on a weekly basis, and the unlicensed staff person provided medication reminders. Medication set-ups and medication reminders were not included on the client's service agreement. The client's service agreement did not include a schedule or frequency of supervision and monitoring of the services.

When interviewed, May 28, 2009, the LPN/director confirmed client #1's service agreement was not complete.

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

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

Client #1 began receiving services February 1, 2009. The client was identified on the service agreement dated February 16, 2009 as requiring twenty-four hour supervision and monitoring due to alcohol abuse. There was no individual abuse prevention plan developed for this client.

When interviewed, May 28, 2009, the licensed practical nurse/director confirmed that an individual abuse prevention plan had not been developed for client #1.

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A draft copy of this completed form was left with Precious Ojika, Director, at an exit conference on June 1, 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).