



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0655

May 28, 2009

Queena Sloan, Administrator
Three K's Care Services
7600 Bass Lake Road STE 101
Crystal, MN 55428

Re: Results of State Licensing Survey

Dear Ms. Sloan:

The above agency was surveyed on April 7 and 8, 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 initial "J".

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

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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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: THREE KS CARE SERVICES

HFID #: 24828

Date(s) of Survey: April 7 and 8, 2009

Project #: QL24828003

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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p>	<ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p>

Indicators of Compliance	Outcomes Observed	Comments
<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
<p>7. The provider is licensed and provides services in accordance with the license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 Subp. 3 • MN Rule 4668.0012 • MN Rule 4668.0060 Subp. 2 and 6 • MN Rule 4668.0180 • MN Rule 4668.0220 <p><small>Note: MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</small></p>	<ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee's advertisements accurately reflect services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p>___ 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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>8. The provider is in compliance with MDH waivers and variances.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0016 	<ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings, of the focused survey may result in an expanded survey.

SURVEY RESULTS: ___ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0030 Subp. 3**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure clients received a copy of the Minnesota Home Care Bill of Rights before services were initiated for one of one client (#1) record reviewed. The findings include:

Client #1 received services for total assistance with activities of daily living since December 2007. Client #1 did not receive a copy of the bill of rights until August 13, 2008.

When interviewed, April 7, 2009, the administrator confirmed client #1 had not been given the bill of rights prior to services being initiated.

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

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who performed home care services, received eight hours of in-service training for each twelve months of employment for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was hired March 2008, as an unlicensed direct care staff. Her record lacked documentation of in-service training from March 2008, through March 17, 2009.

When interviewed, April 7, 2009 employee B stated she had just recently completed cardiopulmonary resuscitation training. When interviewed, April 8, 2009, the administrator confirmed that employee B lacked the required in-service training hours.

3. 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 one of one client (#1) record reviewed. The findings include:

Client #1 received total assistance with activities of daily living since client #1 is unable to move extremities, breathe without ventilator support and speak clearly since admission December 2007. The RN supervisory visits for client #1 occurred December 2008, and March 28, 2009. June, 28, 2008 there was a monitoring visit of one licensed practical nurse (LPN) to another LPN) that was marked as a supervisory visit in error.

When interviewed, April 7, 2009, the administrator confirmed the supervisory visits were not conducted as required.

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

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

Client #1's service agreement dated August 2008, lacked a description of the services to be provided, their frequency, identification of the persons or categories of persons who are to provide the services, fees for services and a completed contingency action plan.

When interviewed, April 7, 2009, the administrator confirmed these areas of client #1's service agreement had been left blank.

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

Based on record review and interview, the licensee failed to ensure that medication and treatment orders were renewed at least every three months for one of one client (#1) record reviewed. The findings include:

Client #1's physician's orders for medications and treatments read "certification period from February 1, 2009 to January 31, 2009," and were signed by the physician February 9, 2009. There was no more recent renewal in the record.

When interviewed, April 7, 2009, the administrator stated the orders were renewed annually.

6. MN Rule 4668.0160 Subp. 5**INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview, the licensee failed to ensure that all entries in the client record were legible, dated, and authenticated with the name and title of the person making the entry for one of one client (# 1) record reviewed. The findings include:

Client #1's flow sheets and integrated progress notes dated April 1 through April 7, 2009 lacked legible names and titles. The integrated progress note for April 6, 2009 was a late entry which was not dated by the registered nurse. The education provided by the administrator/ licensed practical nurse for employee B, an unlicensed direct care staff, was for health maintenance, activities of daily living and communication. It was not dated and the initials did not match the signature.

When interviewed, April 8, 2009, the administrator confirmed that these areas of client #1's record were illegible and incomplete.

7. MN Statute §144A.44 Subd. 1(2)**INDICATOR OF COMPLIANCE: # 2**

Based on observation, record review and interview, the licensee failed to ensure that medication and treatment orders were accurate and implemented for one of one client (#1) record reviewed. The findings include:

Client #1's physician's orders for medications and treatments signed by the physician February 9, 2009, indicated that client #1's ventilator setting for low pressure was 8 and breathing effort was -3. The physician's orders dated February 9, 2009, listed "acetylcysteine 20% vial mix with 2 mls albuterol and nebulize every morning; Klor-con 20 meq. Daily; vitamin C 500 mg daily and metoprolol 100 mg daily. These were not signed as given on April 5, 2009, on the April 2009 medication administration record. Also Refresh plus eye drops every 1 – 2 hours while awake were ordered and not signed as given on April 5, 2009, at 9:00 a.m., 11:00 a.m., 1:00 p.m., and 3:00 p.m. Pummeling and passive range of motion to arms and legs was ordered twice daily and was documented as done only once on April 4 and 6, 2009.

When observed April 7, 2009, the ventilator had a low pressure set for 2.0 and breathing effort of 4. Client #1's "ventilator equipment check" flow sheets for April 1, 2009 through April 7, 2009, had these same settings documented each shift.

When interviewed, April 7, 2009, the administrator stated the ventilator type changed in December 2008 from an LP10 Volume Ventilator with Pressure Limit to the Pulmonetic LTU950. The administrator stated the provider of the ventilator did not get the equipment change notification and subsequent settings changes to client #1's physician. The administrator stated medications, pummeling and passive range of motion were administered as ordered but perhaps not documented accurately.

8. 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 one of one client (#1) record reviewed. The findings include:

Client #1 received total assistance with activities of daily living since client #1 is unable to move extremities, breathe without ventilator support and speak clearly since admission December 2007. Client #1's record lacked a vulnerable adult assessment and development of an individual abuse prevention plan.

When interviewed April 7, 2009, the administrator confirmed the assessment and plan had not been done.

A draft copy of this completed form was left with Queenia Sloan, Administrator, at an exit conference on April 8, 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).