



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9971 7612

December 30, 2008

Victoria Frahm, Administrator
Whittier Place
2405 1st Avenue South
Minneapolis, MN 55404

Re: Licensing Follow Up visit

Dear: Ms. Frahm

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on October 8 and 9, 2008.

The documents checked below are enclosed.

- X Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- X Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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.

Feel free to call our office if you have 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.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

01/07 CMR1000



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9971 7612

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR CLASS A HOME CARE PROVIDERS**

December 30, 2008

Victoria Frahm, Administrator
Whittier Place
2405 1st Avenue South
Minneapolis, MN 55404

RE: QL24830003

Dear Ms. Frahm:

On October 8 and 9, 2008, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on August 12, 13 and 14th, 2008 with correction orders received by you on September 24, 2008.

The following correction orders were not corrected in the time period allowed for correction:

2. MN Rule 4668.0100 Subp. 5

\$300.00

Based on record review and interview, the licensee failed to ensure the training and competency qualifications for persons who perform home health aide tasks were completed for one of one employee (B) performing direct client care. The findings include:

Employee B began employment April 25, 2007 as direct care staff providing medication administration for client #1. Employee Bs' training record lacked evidence of any training and competency in the required curriculum.

When interviewed August 12, 2008 employee B was asked if he had received training in orientation to home care, observation, reporting and documentation of client status and care or services provided, basic infection control, maintenance of a clean safe and health environment, medication reminders, appropriate and safe techniques in personal hygiene, grooming, bathing, skin care, care of teeth, gums, oral prosthetic devices, assisting with toileting, adequate nutrition including fluid intake, meal preparation and special diets, communication skills, reading and recording temperature, pulse and respiration, basic elements of body functioning and changes in body function to report to health care professionals, recognizing and handling emergencies, physical, emotional and developmental needs of clients, ways to work with client problems,

Division of Compliance Monitoring • Case Mix Review

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respect for client property and the client's family, safe transfer and ambulation techniques, range of motion and positioning.

Employee B stated "no" that he had not received the aforementioned training however he had attended a first aid training/cardiopulmonary resuscitation (CPR) class and he produced a CPR certified card for May 14, 2008- May 2010.

When interviewed August 12, 2008 the registered nurse stated that these requirements did not seem to apply to the mentally ill clients they serve since they are all ambulatory so don't require ambulation, transferring or range of motion assistance.

TO COMPLY: A person may only offer or perform home health aide tasks, or be employed to perform home health aide tasks, if the person has:

A. successfully completed the training and passed the competency evaluation required by part [4668.0130](#), subpart 1;

B. passed the competency evaluation required by part [4668.0130](#), subpart 3;

C. successfully completed training in another jurisdiction substantially equivalent to that required by item A;

D. satisfied the requirements of Medicare for training or competency of home health aides, as provided by Code of Federal Regulations, title 42, section [484.36](#);

E. satisfied subitems (1) and (2):

(1) meets the requirements of title XVIII of the Social Security Act for nursing assistants in nursing facilities certified for participation in the Medicare program, or has successfully completed a nursing assistant training program approved by the state; and

(2) has had at least 20 hours of supervised practical training or experience performing home health aide tasks in a home setting under the supervision of a registered nurse, or completes the supervised practical training or experience within one month after beginning work performing home health aide tasks, except that a class C licensee must have completed this supervised training or experience before a license will be issued; or

F. before April 19, 1993, completed a training course of at least 60 hours for home health aides that had been approved by the department.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 300.00.

3. MN Rule 4668.0100 Subp. 9

\$350.00

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 #1s' medication administration records indicated she received medication administration

daily since December 1, 2006. When reviewed August 13, 2008 the most recent supervisory visit documented by the registered nurse was dated June 5, 2008 (69 days past).

When interviewed August 13, 2008 the senior program director and assistant director stated that supervision occurred every 62 days. When interviewed August 13, 2008 the registered nurse stated she was told that a supervisory visit was required every 62 days and was unaware of any 14 day requirement.

TO COMPLY: After the orientation required by subpart 8, a therapist or a registered nurse shall supervise, or a licensed practical nurse, under the direction of a registered nurse, shall monitor persons who perform home health aide tasks at the client's residence to verify that the work is being performed adequately, to identify problems, and to assess the appropriateness of the care to the client's needs. This supervision or monitoring must be provided no less often than the following schedule:

- A. within 14 days after initiation of home health aide tasks; and
- B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or
- C. every 60 days thereafter, or more frequently if indicated by a clinical assessment, for all home health aide tasks other than those described in subparts 2 to 4.

If monitored by a licensed practical nurse, the client must be supervised at the residence by a registered nurse at least every other visit, and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 350.00.

4. MN Rule 4668.0140 Subp. 2

\$50.00

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

Client #1s' medication administration records indicated she received central storage of medication and medication administration daily since admission on December 1, 2006. Client #1s' service agreement dated February 13, 2007 lacked medication administration instead listing medication monitoring and included central storage. The service agreement indicated medication issues were addressed by the registered nurse (RN) and/or the doctor. It did not include unlicensed staff who did administer medication. The service agreement also lacked the category of person(s) who were to provide the other services listed instead indicating all staff. Only medication contained the frequency of supervision.

When interviewed August 13, 2008 the director stated that they thought the service agreements met the requirements.

TO COMPLY: The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;
- B. identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required, if any;
- D. fees for services;
- E. a plan for contingency action that includes:

(1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 50.00.

5. MN Rule 4668.0150 Subp. 3

\$350.00

Based on record review and interview, the agency failed to have current prescriber orders for medications for one of one client (#1) record reviewed. The findings include:

Client #1s' medication administration records indicated she received central storage of medication and medication administration daily since admission on December 1, 2006. The August 2008 medication administration record listed 14 medications that were administered to client #1 including antipsychotic, anti anxiety, anti depression, and anti hypertension medications. Client #1s' record lacked medication and treatment orders for the medications the client was receiving.

When interviewed August 13, 2008 the registered nurse stated that the pharmacy had the complete list of orders and would request that they be faxed. She also stated that she assumed the podiatrist's (foot doctor) signature on an appointment information sheet filled out by the licensee's unlicensed staff where the unlicensed staff listed medications the client received within the facility dated June 12, 2008, implied a medication review and medical authorization to continue all current medications. The podiatrist had written "Continue foot soaks" on the information sheet.

TO COMPLY: All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 350.00.

6. MN Rule 4668.0150 Subp. 6

\$350.00

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

Client #1 received central storage of medication and medication administration daily since admission on December 1, 2006. The August 2008 medication administration record listed 14 medications that were administered to client #1 including antipsychotic, anti anxiety, anti depression, and anti hypertension medications. Client #1s' record lacked medication and treatment orders.

When interviewed August 13, 2008 the registered nurse stated that the pharmacy had the complete list of orders and would request that they be faxed. The pharmacy faxed their received orders for the two most recent medication orders dated August 8, 2008 and the other 12 prescriptions which had been ordered more than 90 days prior.

When interviewed August 13, 2008 the registered nurse (RN) stated there was no complete order list and it was assumed that the orders were ongoing unless there was a stop date for the orders. She also stated that she assumed the podiatrist's (foot doctor) signature on an appointment information sheet filled out by the licensee's unlicensed staff prior to the client going for foot care, dated June 12, 2008, implied a medication review and authorization to continue all current medications.

TO COMPLY: All orders must be renewed at least every three months.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$ 1400.00. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

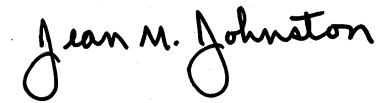
FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

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.

If you have any questions, please feel free to give me a call 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

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

01/07 CMR 2697

**Minnesota Department of Health
Division of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: WHITTIER PLACE

DATE OF SURVEY: October 8 and 9, 2008

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER: CLASS A

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Victoria Frahm, Executive Director/ Owner

Michelle Gibbons, Program Director

Carleen Flettire, Assistant Director

Jennifer Chavez, Home Health Aide

Cynthia Carrizales, Independent Living Skills Counselor

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: #1

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on August 12, 13 and 14, 2008. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued is as follows:

1. MN Rule 4668.0070 Subp. 2 Corrected

2. MN Rule 4668.0100 Subp. 5 Not Corrected \$300.00

Based on record review and interview, the licensee failed to ensure that the training and competency qualifications for persons who performed home health aide tasks were completed for one of two employees (D) reviewed. The findings include:

Employee D began employment April 23, 2007 as direct care staff and began providing medication administration as needed and independent living skills counseling for clients. Employee D's training record lacked evidence of any training and competency in the required curriculum.

When interviewed October 9, 2008 employee D was asked if he had received training in orientation to

home care; observation, reporting and documentation of client status and of the care or services provided; basic infection control; maintenance of a clean, safe and healthy environment; medication reminders; appropriate and safe techniques in personal hygiene and grooming, including bathing and skin care, care of teeth, gums, and oral prosthetic devices, and assisting with toileting; adequate nutrition and fluid intake including basic meal preparation and special diets; communication skills; reading and recording temperature, pulse and respiration; basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; recognizing and handling emergencies; physical, emotional and developmental needs of clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property and the client's family; safe transfer techniques and ambulation; and range of motion and positioning.

Employee D stated "yes," she had received the aforementioned training by the licensee. She said it was not formal or lengthy and she had not been tested on it except if it was part of the Cardiopulmonary Resuscitation (CPR) class where she had been tested to receive certification. Employee D did not recall receiving training on pulse or respiration and said that the nurse did it. Employee D said that meal preparation and special diets are prepared in the kitchen, so this training was not received.

When interviewed October 8, 2008, the executive director stated that they were getting all staff training and competency documentation placed in staff files for the Class F. However, they were told (by the Department of Human Services) this wasn't needed for our Class A clients, since they don't receive any health services and therefore did not need the required curriculum training. She said that they were told they were grandfathered in under the original customized living services for the Class F and only needed competency testing for the tasks that are performed for the Independent Living Services clients.

3. MN Rule 4668.0100 Subp. 9

Not Corrected

\$350.00

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' (#2 and #3) records reviewed. The findings include:

Client #2's medication administration records indicated she has received medication administration daily since May 2, 1994. Client #3 has received independent living services since September 4, 2008. There were no 14 day supervisory visits documented in the client #2's record and no initial 14 day visit documented in the client #3's record by the RN.

When interviewed October 8, 2008, the executive director stated that they were getting all the client records into compliance with a new nurse who was recently hired.

4. MN Rule 4668.0140 Subp. 2

Not Corrected

\$50.00

Based on record review and interview, the licensee failed to ensure the service agreement included all of the required contents for two of two clients' (#2 and #3) records reviewed. The findings include:

Client #2's medication administration records indicated she received central storage of medication and medication administration daily since her admission in May 1994. Client #2's service agreement, dated January 26, 2008, did not state that the client received medication administration. The service agreement stated the client received medication monitoring and central storage. The service agreement indicated medication issues were addressed by the registered nurse and/or the doctor. It did not include

unlicensed staff who did administer medication.

Client #3 received Independent Living Skills (ILS) counseling. The frequency of supervision and fees were not included in the service agreement initiated September 4, 2008. When interviewed October 8, 2008, the program director stated that they thought the service agreements met the requirements and that the fee was missing for client #3 because of her high anxiety with this information. Therefore, the information had been sent directly to the client's sister.

5. MN Rule 4668.0150 Subp. 3

Not Corrected

\$350.00

Based on record review and interview, the agency failed to have current prescriber orders for medications for one of two client (#2) records' reviewed. The findings include:

Client #2's medication administration records indicated she received medication administration daily since her admission in May 1994. The client's October 2008 medication administration record listed 28 medications that were administered to client #2 including antipsychotic, anti-depressant, anti-hypertension, and diabetes medications and skin creams. Client #2's record lacked medication and treatment orders for the medications and creams that the client was receiving.

When interviewed October 8, 2008, the executive director stated that the former registered nurse had told him that she had asked the pharmacy for and had received the complete list of orders. She indicated that she found out after the nurse was no longer an employee that we had never received this information. She said she would request that the orders be faxed to the facility. The faxed orders, dated March 1, 2008 – April 15, 2008, were received October 8, 2008 for client #2.

6. MN Rule 4668.0150 Subp. 6

Not Corrected

\$350.00

Based on record review and interview, the licensee failed to ensure physician's orders were renewed at least every three months for one of two clients' (#2) records reviewed. The findings include:

Client #2's records indicated she has received medication administration daily since admission in May 1994. The client's October 2008 medication administration record listed 28 medications that were administered to the client. The medications included antipsychotic, antidepressant, anti-hypertension and diabetes medications and skin creams. The client's record lacked orders for the medications and treatments.

When interviewed October 8, 2008, the executive director stated that the former registered nurse (RN) told her that she had asked the pharmacy for and had received the complete list of orders for each of our clients. She said that it was found out after the RN was no longer an employee that the information had never been received. She said that she would request that the orders be faxed to the facility. The faxed orders, dated March 1, 2008 – April 15, 2008, were received October 8, 2008 for client #2.

When interviewed by phone on October 9, 2008, the newly hired RN said the licensee is aware they do not have current orders and a renewal system. She said that she would be implementing this as soon as possible since she just found out yesterday. She said she is a pool nurse and just started with the licensee September 26, 2008.

7. MN Rule 4668.0160 Subp. 5

Deferred, time period for correction not up

8. MN Statute §144A.44 Subd. 1(2)

Corrected



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Certified Mail # 7008 0150 0003 5688 9316

September 22, 2008

Victoria Frahm, Administrator
Whittier Place
2405 1st Avenue South
Minneapolis, MN 55404

Re: Results of State Licensing Survey

Dear Ms. Frahm:

The above agency was surveyed on August 12, 13, and 14, 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.

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
Deb Peterson, Office of the Attorney General

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
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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: WHITTIER PLACE

HFID #: 24830

Date(s) of Survey: August 12,13 and 14, 2008

Project #: QL24830003

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><input checked="" type="checkbox"/> Met</p> <p><input 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 # <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>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><input checked="" type="checkbox"/> Met</p> <p><input 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 # <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>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><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>

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 Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
5. The provider employs and/or contracts with qualified and trained staff. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 Expanded Survey <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 [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"> • 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. 	Focus Survey ___ Met <input checked="" type="checkbox"/> 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
6. The provider obtains and keeps current all medication and treatment orders [if applicable]. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0150 Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 [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"> • 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. 	Focus Survey ___ Met ___ Correction Order(s) issued ___ Education Provided Expanded Survey ___ Survey not Expanded ___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # ___ ___ 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>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><u>X</u> Met ____ Correction Order(s) issued <u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided</p> <p>Follow-up Survey # ____ ____ New Correction Order issued ____ 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><u>X</u> Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided</p> <p>Follow-up Survey # ____ ____ 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 4668.0070 Subp. 2**Indicator of Compliance: # 5**

Based on record review and interview, the licensee failed to ensure the competency qualifications for an employee who administers medications were met for one of one employee (B) performing medication administration. The findings include:

Employee B began employment April of 2007 as a direct care staff providing medication administration for client #1. Employee Bs' training record contained a medication administration test dated May 7, 2007. There was no competency documented.

When interviewed August 12, 2008 employee B stated he had been checked by the previous nurse before he gave medications.

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

Based on record review and interview, the licensee failed to ensure the training and competency qualifications for persons who perform home health aide tasks were completed for one of one employee (B) performing direct client care. The findings include:

Employee B began employment April of 2007 as direct care staff providing medication administration for client #1. Employee Bs' training record lacked evidence of any training and competency in the required curriculum.

When interviewed August 12, 2008 employee B was asked if he had received training in orientation to home care, observation, reporting and documentation of client status and care or services provided, basic infection control, maintenance of a clean safe and health environment, medication reminders, appropriate and safe techniques in personal hygiene, grooming, bathing, skin care, care of teeth, gums, oral prosthetic devices, assisting with toileting, adequate nutrition including fluid intake, meal preparation and special diets, communication skills, reading and recording temperature, pulse and respiration, basic elements of body functioning and changes in body function to report to health care professionals, recognizing and handling emergencies, physical, emotional and developmental needs of clients, ways to work with client problems, respect for client property and the client's family, safe transfer and ambulation techniques, range of motion and positioning.

Employee B stated "no" that he had not received the aforementioned training however he had attended a first aid training/cardiopulmonary resuscitation (CPR) class and he produced a CPR certified card for May 14, 2008- May 2010.

When interviewed August 12, 2008 the registered nurse stated that these requirements did not seem to apply to the mentally ill clients they serve since they are all ambulatory so don't require ambulation, transferring or range of motion assistance.

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 #1s' medication administration records indicated she received medication administration daily since December 1, 2006. When reviewed August 13, 2008 the most recent supervisory visit documented by the registered nurse was dated June 5, 2008 (69 days past). When interviewed August 13, 2008 the senior program director and assistant director stated that supervision occurred every 62 days. When interviewed August 13, 2008 the registered nurse stated she was told that a supervisory visit was required every 62 days and was unaware of any 14 day requirement.

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

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

Client #1s' medication administration records indicated she received central storage of medication and medication administration daily since admission on December 1, 2006. Client #1s' service agreement dated February of 2007 lacked medication administration instead listing medication monitoring and included central storage. The service agreement indicated medication issues were addressed by the registered nurse (RN) and/or the doctor. It did not include unlicensed staff who did administer medication. The service agreement also lacked the category of person(s) who were to provide the other services listed instead indicating all staff. Only medication contained the frequency of supervision.

When interviewed August 13, 2008 the director stated that they thought the service agreements met the requirements.

5. MN Rule 4668.0150 Subp. 3**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the agency failed to have current prescriber orders for medications for one of one client (#1) record reviewed. The findings include:

Client #1s' medication administration records indicated she received central storage of medication and medication administration daily since admission December of 2006. The August 2008 medication administration record listed 14 medications that were administered to client #1 including antipsychotic, anti anxiety, anti depression, and anti hypertension medications. Client #1s' record lacked medication and treatment orders for the medications the client was receiving.

When interviewed August 13, 2008 the registered nurse stated that the pharmacy had the complete list of orders and would request that they be faxed. She also stated that she assumed the podiatrist's (foot doctor) signature on an appointment information sheet filled out by the licensee's unlicensed staff where the unlicensed staff listed medications the client received within the facility dated June 12, 2008, implied a medication review and medical authorization to continue all current medications. The podiatrist had written "Continue foot soaks" on the information sheet.

6. MN Rule 4668.0150 Subp. 6

INDICATOR OF COMPLIANCE: # 6

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

Client #1 received central storage of medication and medication administration daily since admission December of 2006. The August 2008 medication administration record listed 14 medications that were administered to client #1 including antipsychotic, anti anxiety, anti depression, and anti hypertension medications. Client #1s' record lacked medication and treatment orders.

When interviewed August 13, 2008 the registered nurse stated that the pharmacy had the complete list of orders and would request that they be faxed. The pharmacy faxed their received orders for the two most recent medication orders dated August 8, 2008 and the other 12 prescriptions which had been ordered more than 90 days prior. When interviewed August 13, 2008 the registered nurse (RN) stated there was no complete order list and it was assumed that the orders were ongoing unless there was a stop date for the orders. She also stated that she assumed the podiatrist's (foot doctor) signature on an appointment information sheet filled out by the licensee's unlicensed staff prior to the client going for foot care, dated June 12, 2008, implied a medication review and authorization to continue all current medications.

7. MN Rule 4668.0160 Subp. 5

INDICATOR OF COMPLIANCE: # 4

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

Client #1s' July exercise program documentation lacked the complete date, the client's last name and the staff name and title. Client #1s' progress notes dated July 27, 2008 and August 4, 2008 were unsigned. Client #1 progress notes dated June 6, 21, 23, 2008, July 1, 9, 15, 30, 31 and August 8, 2008 had illegible initials only. When interviewed August 13, 2008 the director was also unable to identify who did the documentation and confirmed the documents did not contain complete dates and signatures.

8. MN Statute §144A.44 Subd. 1(2)

INDICATOR OF COMPLIANCE: # 2

Based on record review and interview the licensee failed ensure a client received care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards for one of one client (#1) record reviewed.

April 17, 2008 medication error report form read that client #1 received Atenolol 50 mg April of 2008. A faxed order was received at the facility on April 16, 2008 ordering it be discontinued. The Atenolol had not been discontinued on the medication administration record so the error was listed as “incorrect medication and incorrect documentation.” Documentation indicated the registered nurse (RN) was informed of the medication error on April 17, 2008.

Client #1 also had an appointment information sheet from a podiatry visit dated June of 2008 which ordered “Continue foot soaks.” There was no evidence the foot soaks were done in client#1s’ record.

When interviewed, August 14, 2008 client #1 stated she used to get foot soaks but was unsure of the dates. When interviewed, August 13, 2008 the registered nurse (RN) stated unlicensed staff transcribed, to the medication administration records, order changes from the appointment information sheets, which were used for clinic visits. The RN was not aware the order for the foot soak had not been transcribed and acted upon.

A draft copy of this completed form was left with Robert Schluessler, Senior Program Director, at an exit conference on August 14, 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).