



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 1830 0003 8091 1225

August 19, 2009

Charles Gibson, Administrator  
Total Freedom Health Care Serv  
10700 HWY 55 W PH Suite #1  
Plymouth, MN 55441

Re: Results of State Licensing Survey

Dear Mr. Gibson:

The above agency was surveyed on June 12, 15, 16, and 17, 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



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: TOTAL FREEDOM HEALTH CARE SERV

HFID #: 24952

Date(s) of Survey: June 12, 15, 16 and 17, 2009

Project #: QL24952003

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 Clients are provided referral assistance.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes client rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> </ul>	<ul style="list-style-type: none"> <li>• Clients’ are aware of and have their rights honored.</li> <li>• Clients’ are informed of and afforded the right to file a complaint.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Follow-up Survey #</b> ___</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><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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> 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>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><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></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  <b>Follow-up Survey #</b> ___            ___ New Correction Order issued            ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100</li> <li>• [Except Subp. 2]</li> <li>• MN Rule 4668.0065</li> </ul> <p><b>Expanded Survey</b></p> <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> <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"> <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>	<p><b>Focus Survey</b></p> <p>___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded            ___ Met  <u>X</u> Correction Order(s) issued  <u>X</u> Education Provided</p> <p><b>Follow-up Survey #</b> ___            ___ New Correction Order issued            ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100 Subp. 2</li> </ul> <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"> <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>	<p><b>Focus Survey</b></p> <p>___ Met  <u>X</u> Correction Order(s) issued  <u>X</u> 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</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 Subp. 3</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0060 Subp. 2 and 6</li> <li>• MN Rule 4668.0180</li> <li>• MN Rule 4668.0220</li> </ul> <p><small>Note: MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</small></p>	<ul style="list-style-type: none"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee's advertisements accurately reflect services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>8. The provider is in compliance with MDH waivers and variances.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>• Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p><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 4668.0030 Subp. 5****INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to have the client or the client's responsible person acknowledge receipt of the Minnesota Home Care Bill of Rights for two of three clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 began receiving services August 15, 2008, and April 20, 2007, respectively. Client #1 and #2's records did not contain evidence of receipt of the Minnesota home care bill of rights.

When interviewed June 16, 2009, client #1 stated he did not recall receiving a copy of the bill of rights, but a designated representative would have signed for receipt of the rights. The service agreement's designated area for written acknowledgment of the rights was blank/unsigned.

When interviewed June 15, 2009, client #2 stated she did not remember receiving a copy of the bill of rights. The service agreement dated April 21, 2007, did not indicate client #2 received a copy of the bill of rights.

When interviewed June 17, 2009, the owner stated the records lacked evidence clients #1 and #2 received a copy of the bill of rights.

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

Based on record review and interview, the licensee failed to establish a procedure for receiving, investigating, and resolving complaints for two of three client (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 began receiving services August 15, 2008, and April 20, 2007, respectively. Clients #1's and #2's record lacked evidence they had received a complaint procedure.

When interviewed June 15, 2009, the owner was unable to find a complaint procedure or verify clients #1 and #2 had received a copy of a complaint procedure.

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

Based on record review and interview, the agency failed to ensure infection control training was completed for two of two employees' (A and D) records reviewed who had been employed greater than one year. The findings include:

Employees A and D were hired January 25, 2006, and July 6, 2007, respectively, to provide direct care services. Records lacked evidence employees A and D completed infection control in-service training.

When interviewed June 16 2009, employee A stated she completed infection control in-service training within the past year, but had not provided evidence of the training.

#### **4. MN Rule 4668.0070 Subp. 3**

##### **INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to maintain a current job description for three of three licensed employees' (A, B and C) records reviewed. The findings include:

Employees A and B were hired January 25, 2006, and September 26, 2008, respectively, as registered nurses. Employee C was hired September 20, 2008, as a licensed practical nurse.

Job descriptions for the registered nurse(s) and licensed practical nurse, were not established/available.

When interviewed June 16, 2009, the owner stated he was unaware of the need to maintain job descriptions for registered nurse and licensed practical nurse.

#### **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 the home care requirements before providing home care services to clients for three of three licensed employees' (A, B, and C) records reviewed. The findings include:

Employees A, B and C, were hired January 25, 2006, September 26, 2008, and September 20, 2008, respectively, to provide licensed nursing services. There was no evidence employees A, B, and C, completed orientation to home care requirements.

When interviewed June 15, 2009, the owner stated he was unaware the licensed nurses must complete orientation to home care requirements.

#### **6. MN Rule 4668.0100 Subp. 5**

##### **INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed persons performing home health aide tasks were qualified to perform the services for one of two unlicensed employees' (D) records reviewed. The findings include:

Employee D was hired July 6, 2007, to provide unlicensed direct care services. Employee D's record lacked evidence of training and/or competency testing in the following topics: observing, reporting and documenting client status and care; basic infection control; maintenance of a clean, safe and healthy environment; medication reminders; appropriate and safe techniques in personal hygiene, grooming, bathing, skin care, care of the teeth and gums, care of prosthetic devices and assistance with toileting; adequate nutrition and fluid intake; communication skills; reading and recording temperature, pulse and respiration; basic elements of body functioning and changes that must be reported to health care

professionals; recognition and handling of emergencies; physical, emotional and developmental needs of clients and ways to work with clients who have problems in these areas; safe transfer and ambulation techniques; and range of motion and positioning.

When interviewed June 16, 2009, employee (A) a registered nurse, stated she trained all unlicensed staff to care for each client and evidence of the training should be in the training file.

#### **7. MN Rule 4668.0140 Subp. 2**

##### **INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure service agreements were complete for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3, began receiving services August 15, 2008, April 20, 2007, and May 15, 2007, respectively. Clients #1's, #2's and #3's service agreements signed and dated August 29, 2008, April 21, 2007, and May 15, 2007, respectively, failed to include: a description of the services to be provided, and their frequency; identification of the persons or categories of persons who are to provide the services; the schedule or frequency of sessions of supervision or monitoring required, if any; and the fees for services.

When interviewed June 17, 2009, the owner confirmed the service agreements for clients #1, #2 and #3, were incomplete.

#### **8. MN Rule 4668.0150 Subp. 3**

##### **INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview the licensee failed to obtain a prescriber's signature on medication and treatment orders for two of two clients' (#1 and #2) records reviewed who received medication administration from the provider. The findings include:

Clients #1 and #2 began receiving services August 15, 2008, and April 20, 2007, respectively. Client #1 had orders for medications and treatments dated June 1, 2009, but the orders were not signed by the prescriber. Client #2 had orders for medications and treatments dated April 2009, but the orders were not signed by the prescriber.

When interviewed June 15, 2009, the nurse for client #2 stated she could not find a signed copy of the orders for client #2, and was unaware orders must be signed by the prescriber.

When interviewed June 16, 2009, the nurse for client #1 stated she could not find a signed copy of the orders for client #1, and was unaware orders must be signed by the prescriber.



**9. 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 two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services August 15, 2008, and has quadriplegia secondary to muscular dystrophy and ventilator dependency. Client #2 is mentally ill and began receiving services including medication administration, tracheostomy care, suctioning and oxygen on April 20, 2007. Client #1's and #2's records lacked evidence of an individualized assessment and abuse prevention plan.

When interviewed June 16, 2009, the registered nurse stated she had not completed an individualized assessment or abuse prevention plan for clients #1 and #2. The registered nurse stated she was unaware the assessment and plan was required.

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A draft copy of this completed form was faxed to Charles Gibson, Owner, on June 18, 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).