



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0797

November 14, 2007

Kolade Coker, Administrator
K & B Healthcare Inc
1428 109th Avenue Northwest
Coon Rapids, MN 55433

Re: Results of State Licensing Survey

Dear Mr. Coker:

The above agency was surveyed on October 15 and 17, 2007, 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 Johnston". The signature is written in a cursive style and is positioned above the typed name.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Anoka 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
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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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: K & B HEALTHCARE INC

HFID #: 24962

Dates of Survey: October 15 and 17, 2007

Project #: QL24962002

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 type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</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>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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</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>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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</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>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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p><u>X</u> 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 <input checked="" type="checkbox"/> 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 ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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 ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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
7. The provider is licensed and provides services in accordance with the license. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0019 Expanded Survey <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. 	Focus Survey ___ Met ___ Correction Order(s) issued ___ Education Provided Expanded Survey ___ Survey not Expanded <u>X</u> Met ___ Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
8. The provider is in compliance with MDH waivers and variances. Expanded Survey <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> Expanded Survey ___ Survey not Expanded <u>X</u> Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided

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 provide the Minnesota Home Care Bill of Rights prior to services being initiated for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services in September 2007. There was no evidence that the client had received a copy of the Minnesota Home Care Bill of Rights. When interviewed October 15, 2007, the owner confirmed that he had not given a copy to the client yet.

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

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

Client #1 began receiving services in September 2007. There was no evidence that the client had been provided a written notice related to a procedure for making a complaint. When interviewed October 17, 2007, the owner provided a copy of the written complaint procedure to the reviewer and verified that the client had not received a copy of the procedure.

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

Based on documentation and interview, the licensee failed to ensure tuberculosis screening was completed before employees had direct contact with clients for three of three (A, B and C) employees reviewed. The findings include:

Employees A, B and C were hired in February 2007. They began providing direct care to client #1 in September 2007. There was no documentation of tuberculosis screening for any of the employees. During interviews on October 15, 2007 the following information was provided: Employee A stated he had a Mantoux test done at the clinic. Employee A provided a document listing immunizations, but it did not include a Mantoux test. Employee B stated she had a chest x-ray as she cannot have a Mantoux test. Employee B was not able to provide documentation of her last chest x-ray. The owner stated that the nurse would have had a Mantoux test done at her other nursing job, but he had no documentation of the Mantoux test.

4. MN Rule 4668.0070 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on documentation and interview, the licensee failed to maintain a record for three of three employees (A, B and C) reviewed. The findings include:

Employees A, B and C were hired in February 2007. The owner had stacks and folders of documentation that contained a variety of information on all of the employees. During an interview on October 15, 2007, the owner verified that he did not have an individual record for each employee.

5. MN Rule 4668.0075 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on documentation and interview, the licensee failed to provide orientation to home care requirements for three of three employees (A, B and C) reviewed. The findings include:

Employees A, B and C were hired in February 2007 and began providing home care services to client #1 in September 2007. There was no indication that the employees had received orientation to home care requirements. During an interview October 15, 2007, the owner confirmed that there was no documentation indicating that any employee had received orientation to home care requirements. When interviewed October 15, 2007, employee B stated she had received the orientation from a previous home care provider, however she had no documentation verifying that she had received the orientation.

6. MN Rule 4668.0100 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to assure that unlicensed staff that administered medication had been instructed and were competent to administer medications and that the registered nurse specified, in writing in the client's record, the procedures to administer the medications for two of two employees (A & B) reviewed. The findings included:

Employees A and B were hired in February 2007 as home health aides. They began providing home health aide services including medication administration for client #1 in September 2007. There were no records of training or competency in the required topics or medication administration for either employee. When interviewed October 15, 2007, employee A stated and provided a certificate that he had completed a medication administration course and passed a written test. He verified that he did not have documentation of training and competency in any of the required topics. Employee B stated she completed the same medication administration course, but could not locate her certificate. She stated she had experience in home care at another agency and had worked as a home health aide for a hospice agency. She also verified that she did not have documentation of training and competency in the required topics.

In addition, there was no written procedure to administer medications. When interviewed October 15, 2007, the home health aide reviewed the medication system and demonstrated to the reviewer how she set up and administered the medications. The home health aide verified that there was no written procedure for administering medications.

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

Based on documentation review and interview, the licensee failed to ensure that persons who performed delegated nursing procedures were qualified to perform the procedures for two of two employees (A and B) reviewed. The findings include:

Employees A and B were hired in February 2007 as home health aides. They began providing home health aide services including blood sugar checks for client #1 in September 2007. There were no records of training or competency in the required topics or in blood sugar monitoring for either employee. When interviewed October 15, 2007, employee A stated that he did not have documentation of training and competency in any of the required topics. Employee B stated she had experience in home care at another agency and had worked as a home health aide for a hospice agency. She also verified that she did not have documentation of training and competency in the required topics.

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

Based on documentation review and interview, the licensee failed to ensure that persons who performed home health aide tasks successfully completed training or demonstrated competency in the required topics for two of two employees (A and B) reviewed. The findings include:

Employees A and B were hired in February 2007 as home health aides. They began providing home health aide services including medication administration and blood sugar checks for client #1 in September 2007. There were no records of training or competency in the required topics for either employee. When interviewed October 15, 2007, employee A stated that he did not have documentation of training and competency in any of the required topics. Employee B stated she had experience in home care at another agency and had worked as a home health aide for a hospice agency. She provided a certificate for completion of a Hospice and Palliative Care course. She also verified that she did not have documentation of training and competency in the required topics.

9. MN Rule 4668.0100 Subp. 9**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed home health aide tasks for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services in September 2007 and currently receives medication administration and blood sugar checks by the home health aides. There was no documentation in client #1's record of a supervisory visit within 14 days after initiation of home health aide tasks and every 14 days thereafter. When interviewed October 15, 2007, the owner stated that the RN visits client #1 every two weeks to give her an injection, but agreed there was no documentation of a supervisory visit for the client after the initiation of home health aide tasks.

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

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

Client #1 began receiving services in September 2007. During an interview October 15, 2007, a home health aide stated that client #1 receives medication administration and blood sugar checks daily, assistance with meal preparation and transportation, and weekly laundry and housekeeping services. There was no written service agreement in the client's record. During an interview October 15, 2007, the owner verified that the written service agreement had not been completed yet. He stated that the agency is new and they don't quite have all the documentation in place.

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

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

Client #1 began receiving services in September 2007 and currently receives medication administration from the licensee. There were no signed and dated prescriber's orders for the medications that she was receiving. When interviewed October 15, 2007, the owner provided a computer printout of the medications from the pharmacy, but confirmed that he did not have signed and dated prescriber's orders. He stated that he has been trying to contact the physician's office, but has not received a call back.

12. MN Statute §144A.46 Subd. 5(b)**INDICATOR OF COMPLIANCE: # 3**

Based on documentation and interview, the licensee failed to assure a background study was completed for one of three employees (C) reviewed. The findings include:

Employee C was hired in February 2007 and began providing services in September 2007. There was no background study for employee C. When interviewed October 15, 2007, the owner stated that he had submitted a request for a background study, but has not received the results back yet.

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

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

Client #1 began receiving services in September 2007. The client's record did not contain a vulnerable adult assessment or an individualized abuse prevention plan. The client has a diagnosis of mental illness

and has a language barrier. When interviewed October 15, 2007, the owner stated that the vulnerable adult assessment would be part of the initial assessment of the client, but he did not have documentation of that completed assessment. He also confirmed that he did not have an individualized abuse prevention plan in place for client #1.

A draft copy of this completed form was left with Kolade Coker, Administrator, at an exit conference on October 17, 2007. 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).