



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2304 1462

December 7, 2010

Heidi Anderson, Administrator
Your Choice Home Care LLP
PO Box 83
Alexandria, MN 56308

RE: Results of State Licensing Survey

Dear Ms. Anderson:

The above agency was surveyed November 9 and 10, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order 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) 201-4309.

Sincerely,

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Douglas County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2304 1462

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care & Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

| | | |
|-----------|---------------------------|------------------------|
| TO: | HEIDI ANDERSON | DATE: December 7, 2010 |
| PROVIDER: | YOUR CHOICE HOME CARE LLP | COUNTY: DOUGLAS |
| ADDRESS: | PO BOX 83 | HFID: 24983 |
| | ALEXANDRIA, MN 56308 | |

On November 9 and 10, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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 may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0130 Subp. 3

Based on record review and interview, the licensee failed to ensure the registered nurse (RN) administered the practical skills test in the required subjects for two of two (A and B) unlicensed personnel reviewed who provide home care services. The findings include:

Employee A (unlicensed personnel) was hired on July 7, 2010. Employee A's record lacked evidence she had completed the practical skills test in the following subjects: medication reminders; appropriate and safe techniques in personal hygiene and grooming, including bathing and skin care, the care of teeth, gums, and oral prosthetic devices, and assisting with toileting; reading and recording temperature, pulse, and respiration; safe transfer techniques and ambulation; and range of motion and positioning.

Employee B (unlicensed personnel) was hired on February 12, 2009. Employee B's record lacked evidence she had completed the practical skills test in the following subjects: medication reminders; appropriate and safe techniques in personal hygiene and grooming, including bathing and skin care, the care of teeth, gums, and oral prosthetic devices, and assisting with toileting; reading and recording temperature, pulse, and respiration; safe transfer techniques and ambulation; and range of motion and positioning.

When interviewed on November 10, 2010, employee B stated she had not completed the practical skills test in the previously mentioned subjects. When interviewed November 9, 2010, employee C (registered nurse) stated employees A and B had not completed the practical skills test in the required subjects.

TO COMPLY: The competency evaluation tests must be approved by the commissioner.

A. To qualify to perform home health aide tasks, the person must pass the following:

(1) a practical skill test, administered by a registered nurse, that tests the subjects described in subpart 2, items E, F, I, M, and N; and

(2) a written, oral, or practical test of the topics listed in subpart 2, items A to D, G, H, and J to L.

B. To qualify to perform home care aide tasks, the person must pass the competency evaluation for home health aide tasks, or the following:

(1) a practical skill test, administered by a registered nurse, that tests the subjects described in subpart 2, items E and F; and

(2) a written, oral, or practical test of the topics in subpart 2, items A to D and G.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Douglas County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9972 1213

July 16, 2008

Heidi Anderson, Administrator
Choices Home Care LLP
PO Box 83
Alexandria, MN 56308

Re: Results of State Licensing Survey

Dear Ms. Anderson:

The above agency was surveyed on June 18 and 19, 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: Douglas 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

<http://www.health.state.mn.us>

An equal opportunity employer



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: CHOICES HOME CARE LLP

HFID #: 24983

Date(s) of Survey: June 18, and 19, 2008

Project #: QL24983002

| 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 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="checkbox"/></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 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 # <input type="checkbox"/></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 |
|--|--|--|
| <p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p> | | <p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p> |
| <p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p> | <ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as required. | <p>Focus Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> 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><u>N/A</u> ___ Met ___ Correction Order(s) issued ___ 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</p> |

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

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

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

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

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

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for two of two employees (B, and C) reviewed. The findings include:

Employee B began working as an unlicensed care giver July of 2007. Her record did not indicate tuberculosis screening was done prior to providing care to clients. When interviewed, June 18, 2008, the administrator/owner stated that employee B had a Mantoux test done at her previous employer but was not given a copy of it.

Employee C began working as an unlicensed care giver March of 2007. There was no evidence of tuberculosis screening in her record. When interviewed, June 19, 2008, employee C confirmed that she did not have tuberculosis screening prior to providing direct client contact.

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

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for two of three employees' (#A, and #C) records reviewed. The findings include:

Employee A was hired as a direct care staff August of 2007. There was no evidence of infection control in-service training in her record. When interviewed, June 18, 2008, employee A stated that she had one the training at the hospital where she was working. She confirmed there was no evidence of training in her record.

Employee C was hired as a direct care staff March of 2007. There was no evidence of infection control in-service training in the twelve months after employment. During an interview, June 18, 2008, the administrator/owner said she was unaware of the need to have an in-service on infection control for each 12 months of employment.

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

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

Employee A was hired as a licensed direct care staff August of 2007. Employees B and C began working as an unlicensed care givers July of 2007 and March of 2007 respectively. Employees A, B, and C did not have a job description in their records. When interviewed June 18, 2008, employee A, confirmed there was not a job description for her position. When interviewed June 19, 2008, the administrator/owner confirmed there were no written job descriptions for the positions.

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

Based on record review and interview, the licensee failed to provide orientation to home care requirements prior to providing direct care for three of three employees' (A, B, and C) records reviewed. The findings include:

Employee A was hired as a licensed direct care staff August of 2007. Employees B and C began working as an unlicensed care givers July of 2007 and March of 2007 respectively. There was no evidence that employees A, B, and C had received the required orientation to home care. When interviewed June 18, 2008 employee A, stated she did not received an orientation to home care.

When interviewed June 18, 2008, the owner / administrator indicated that employee B was previously working for Viking Land Home Care and had her training there but the agency did not want to give her a copy of her file. The administrator/owner confirmed that employee C had not received the required orientation to the home care.

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

Based on record review and interview, the licensee failed to assure eight hours of in-service training annually for one of two unlicensed employees' (C) records reviewed. The findings include:

Employee C was hired as a direct care staff March of 2007. She approximately four to six hours of documented in-service training for the prior twelve months of employment. When interviewed June 19, 2008, the owner/administrator confirmed that employee C had not had the required eight hours of annual in-service. She stated she was not aware of the need for it.

6. 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's (#1) record reviewed. The findings include:

Client #1's service agreement, dated July of 2007 listed that she received assistance from care staff with range of motion exercises, dressing, grooming, bathing, transferring, and toileting. The initial supervisory visit was done on August 22, 2007, more than 14 days after the initiation of the service agreement.

During an interview June 18, 2008, the owner/administrator confirmed that supervisory visit was done late.

7. MN Rule 4668.0130 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to retain documentation for demonstration of competency for delegated nursing tasks performed for two of two unlicensed employees' (B, and C) records reviewed. The findings include:

Employees B and C worked as unlicensed direct care staff. They provided cares to client #1 which included dressing, grooming, bathing transferring, eating, positioning, toileting, light housekeeping, laundry and range of motion exercises. There was no documentation of demonstrated competency for employees B or C for any of the services provided.

When interviewed June 18, 2008, the administrator/owner indicated that the employees were asked to view videos on the Educated Caregiver Series and read the training book and there was no competency testing done.

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

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

Clients #1's service agreement dated July of 2007 indicated that "PCA" services would be provided. It did not indicate the specific services, how often they would be provided, and who would be supervising the PCA and the frequency of supervision. In addition, the contingency plan did not include the method for a client or responsible person to contact a representative of the licensee whenever staff is providing services.

When interviewed June 18, 2008, the owner/ administrator confirmed the service agreement was incomplete.

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

Based on record review and interview, the licensee failed to maintain a complete record for one of one client's (# 1) record reviewed. The findings include:

On June 18, 2008, client #1's record did not contain the names, addresses, and telephone numbers of the client's medical service providers and other home care providers. When interviewed June 19, 2008, the owner/ administrator indicated that she was not aware that it had to be in the record.

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

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for each vulnerable adult for one of one client's (#1) record reviewed. The findings include:

Client #1, a stroke victim began receiving services July of 2007. There was no evidence of a vulnerable assessment or plan. When interviewed June 18, 2008, the owner/ administrator confirmed that there was no abuse prevention plan in the client's record.

A draft copy of this completed form was left with Heidi Anderson at an exit conference on June 24, 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).