



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2257 4018

January 8, 2010

Ash A Farah, Administrator
Samad Home Healthcare LLC
149 E Thompson Ave Suite 207
St Paul, MN 55118

Re: Results of State Licensing Survey

Dear Ms. Farah:

The above agency was surveyed on December 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.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Dakota 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: SAMAD HOME HEALTHCARE LLC

HFID #: 25060

Date(s) of Survey: December 16 and 17, 2009

Project #: QL25060004

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 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 type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0030 MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0040 MN Rule 4668.0170 	<ul style="list-style-type: none"> Clients' are aware of and have their rights honored. Clients' are informed of and afforded the right to file a complaint. 	<p>Focus Survey</p> <p>___ Met</p> <p>___ 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><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p>	<ul style="list-style-type: none"> Client records are maintained and retained securely. Client records contain all required documentation. Client information is released only to appropriate parties. Discharge summaries are available upon request. 	<p>Focus Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ 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 <u>X</u> ___ Correction Order(s) issued <u>X</u> ___ Education Provided Expanded Survey ___ 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 <u>X</u> ___ Met ___ Correction Order(s) issued <u>X</u> ___ Education Provided Expanded Survey ___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ 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>____ 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 4668.0040 Subp. 1**INDICATOR OF COMPLIANCE: # 2**

Based on interview and record review, the licensee failed to establish a system for handling complaints from clients for one of one client's (#1) record reviewed. The findings include:

When asked about the agency's system for handling client complaints, the administrator provided the supervisory form the registered nurse used during client home visits. This document lacked any system for receiving, investigating and resolving complaints from clients. The administrator stated that a translator accompanied the registered nurse on home visits to respond to client concerns since there was a language barrier. The translator had not received any complaints according to the administrator.

When interviewed December 16, 2009, the administrator confirmed there was not a system for handling client complaints.

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

Based on record review and interview, the licensee failed to ensure that unlicensed employees who performed home health aide tasks were qualified for one of one unlicensed employee's (B) record reviewed. The findings include:

Employee B was hired June 2, 2009, as an unlicensed direct care staff and provided assistance with activities of daily living and health related services according to the "PCA Time and Activity Documentation" from November 23, 2009, through December 6, 2009. Employee B's record lacked evidence that she had completed training prior to hire or had been trained and/or competency tested by the agency since beginning employment.

When interviewed December 16, 2009, the administrator confirmed there was no evidence of training and/or competency testing for employee B.

A draft copy of this completed form was left with Ash A Farah, Owner, at an exit conference on December 17, 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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 1058

July 16, 2009

Ash Farah, Administrator
Samad Home Healthcare LLC
149 E Thompson Ave Suite 207
St. Paul, MN 55118

Re: Results of State Licensing Survey

Dear Ms. Farah:

The above agency was surveyed on June 9, 10, and 11, 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 "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Dakota 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
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: SAMAD HOME HEALTHCARE LLC

HFID #: 25060

Date(s) of Survey: June 9, 10 and 11, 2009

Project #: QL25060003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0140 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0060 Subp. 3, 4 and 5 MN Rule 4668.0180 Subp. 8 	<ul style="list-style-type: none"> Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement. Service plans accurately describe the needs and services and contain all the required information. Services agreed to are provided Clients are provided referral assistance. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0030 MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0040 MN Rule 4668.0170 	<ul style="list-style-type: none"> Clients' are aware of and have their rights honored. Clients' are informed of and afforded the right to file a complaint. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>3. The provider promotes and protects each client's safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Statutes §144A.46 Subd. 5(b) MN Statute §626.556 MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0035 	<ul style="list-style-type: none"> Client's person, finances and property are safe and secure. All criminal background checks are performed as required. Clients are free from maltreatment. There is a system for reporting and investigating any incidents of maltreatment. Maltreatment assessments and prevention plans are accurate and current. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.]</p>	<ul style="list-style-type: none"> Client records are maintained and retained securely. Client records contain all required documentation. Client information is released only to appropriate parties. Discharge summaries are available upon request. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p>

Indicators of Compliance	Outcomes Observed	Comments
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 <u>X</u> ___ Correction Order(s) issued <u>X</u> ___ Education Provided Expanded Survey <u>X</u> ___ 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 <u>X</u> ___ Correction Order(s) issued <u>X</u> ___ Education Provided Expanded Survey <u>X</u> ___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ 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><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><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ____</p> <p>____ New Correction Order issued</p> <p>____ Education Provided</p>

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

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

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

1. MN Rule 4668.0030 Subp. 5**INDICATOR OF COMPLIANCE: # 2**

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

Client #1 began receiving services from the licensee on May 23, 2008. There was no evidence in the client's record that he had received a copy of the Minnesota Home Care Bill of Rights.

When interviewed June 9, 2009, the administrator stated that the client received a copy of the Minnesota Home Care Bill of Rights, but he had not had the client sign an acknowledgment that he received a copy of the document.

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

Based on interview and record review, the licensee failed to establish a system for handling complaints from clients for one of one client's (#1) records reviewed. The findings include:

When the reviewer requested to review the agency's system for handling client complaints, the administrator gave the reviewer a copy of a blank form used for registered nurse supervisory visit of unlicensed staff and the agency's policy and procedure on reporting maltreatment of vulnerable adults and minors. These documents did not indicate a system for receiving, investigating and resolving complaints from clients.

When interviewed June 9, 2009, the administrator confirmed he had not established a system for handling client complaints. The administrator stated he thought the aforementioned form and procedure would meet this requirement.

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

Based on record review and interview, the licensee failed to ensure that personnel providing services requiring direct contact with clients had evidence of tuberculosis screening prior to providing direct care services and every 24 months thereafter for two of three employees' (B and C) records reviewed. The findings include:

Employees A and B were hired to supervise and provide direct care to clients October 9, 2008 and May 23, 2008, respectively. There was no evidence of tuberculosis screening for employees' A and B.

When interviewed June 9, 2009, the administrator confirmed there was no evidence of tuberculosis screening for employees A and B. The administrator stated the employees informed him when hired that they had tuberculosis screening at other places of employment, but they never brought a copy of the results in for the agency's records.

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

Based on interview and record review, the licensee failed to ensure that employees received an orientation to the home care requirements for two of two employees' (A and B) records reviewed. The findings include:

Employees A and B were hired to provide supervision of direct care and/or direct care October 9, 2008 and May 23, 2008 respectively. There was no evidence that employees A and B received orientation to home care requirements.

When interviewed June 9, 2009, the administrator stated that upon hire, all employees watched a video titled, "The Control of Infectious Diseases." The administrator stated he thought the video would meet the orientation to home care requirements. The administrator confirmed employees A and B did not receive orientation that included an overview of the rule and statutes for home care, handling emergencies, reporting maltreatment of minors and vulnerable adults, the home care bill of rights, handling client complaints, and the services of the ombudsman.

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

Based on observation, interview and record review, the licensee failed to ensure that the registered nurse (RN) instructed unlicensed staff in medication administration procedures and that the unlicensed staff demonstrated competency back to the RN their ability to perform the procedure for one of one unlicensed staff person (B) who was assisting a client with medication administration. The findings include:

Client #1 began receiving services from the licensee May 23, 2008, which included assistance with oral medications, an inhaler, a topical cream, and blood glucose monitoring.

During a home visit June 10, 2009, employee B demonstrated to the reviewer how she assisted the client on a daily basis with medication administration. Employee B was observed to take pill bottles out of a bag, and stated that she read each one of the labels and if it was a medication the client was to receive in the afternoon, which was when she conducted her visits, she would open the medication bottle for the client and have the client take the pill out of the container. Employee B stated that the client could not read English, and could not read the labels on the medication bottles. Employee B stated the client had difficulty opening the pill bottles, so she assisted him. Employee B stated that she assisted the client with his nebulizer treatment. She stated she poured the inhalation medication in the reservoir, turned the machine on and handed the client the mouthpiece.

When interviewed June 10, 2009, regarding the training she received from the licensee related to assisting client #1 with medication administration, employee B stated the RN did not instruct/train her on how to administer client #1's medications. Employee B stated she knew how to assist client #1 with his medications from previous experience at other places of employment. Employee B stated she knew how to administer a nebulizer treatment because she assisted her daughter who required nebulizer treatments.

When interviewed June 9, 2009, the RN stated she did not train the unlicensed staff in medication administration procedures, or observe their ability to perform the procedure. The RN stated she was hired only to conduct supervisory visits of unlicensed staff.

6. MN Rule 4668.0100 Subp. 5

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that unlicensed employees who performed home health aide tasks, successfully completed training and/or demonstrated competency in all the required topics, for one of one unlicensed employee's (B) records reviewed. The findings include:

Employee B was hired May 23, 2008, as an unlicensed direct care staff. Employee B's record lacked evidence that she was trained and/or competency tested in the following topics: observing, reporting, and documenting client status and care; 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 TPR (temperature, pulse, 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, range of motion and positioning.

When interviewed June 9, 2009, the administrator stated he was unaware that the unlicensed employees were required to complete the aforementioned training and/or competency.

7. MN Rule 4668.0100 Subp. 6

INDICATOR OF COMPLIANCE: # 5

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

Employee B was hired May 23, 2008, as an unlicensed direct care staff. Employee B's training records indicated that she watched a forty-five minute video on infectious diseases March 16, 2009. There was no other training documented for employee B.

When interviewed June 9, 2009, the administrator confirmed employee B had watched a forty-five minute video in March of 2009. When questioned regarding any other training for employee B, the administrator stated he was unable to establish any additional training.

8. MN Rule 4668.0100 Subp. 9**INDICATOR OF COMPLIANCE: # 1**

Based on interview and record review, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that required supervision for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services May 23, 2008, which included assistance with personal care, medication administration, which included a nebulizer treatment. Supervisory visits by the RN were documented on June 4 and 25, 2008, October 16, 2008 and March 4, 2009. There were no other RN supervisory visits documented for client #1.

When interviewed June 9, 2009, the administrator confirmed the lack of every fourteen day supervisory visits. The administrator stated the client's payer source authorized supervisory visits every ninety days not every fourteen days.

When interviewed June 10, 2009, the RN stated that she conducted supervisory visits at the time and frequency the administrator and owner instructed her to.

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

Based on interview and record review, the licensee failed to ensure that a written service agreement was entered into with the client or the client's responsible person for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving assistance with personal care from the licensee May 23, 2008. There was no written service agreement with the client or the client's responsible person.

When interviewed June 9, 2009, the administrator confirmed there was not a written service agreement for client #1. When questioned about the service agreement, the administrator brought the reviewer a blank form that he intended to use as the service agreement. The administrator stated he told staff that this form needed to be filled out, but if he were away from the agency the form did not get completed.

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

Based on interview and record review the licensee failed to ensure that orders for medications and treatments were dated and signed by the prescriber for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services from the licensee May 23, 2008. Client #1's record included a medication profile which listed eight oral medications, an inhaler, a topical cream, and a blood glucose check.

During a home visit June 10, 2009, employee B was observed to assist the client with medication administration and confirmed it occurred on a daily basis. There were no prescriber's orders for the medications and treatments that the client received.

When interviewed June 9 and 11, 2009, the administrator confirmed there were no prescriber's orders for medications and treatments for client #1. The administrator stated he was unaware that employee B was assisting the client with medication administration.

11. MN Rule 4668.0160 Subp. 5

INDICATOR OF COMPLIANCE: # 4

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

Client #1 had documents titled, "PCA Time and Activity Documentation" that listed employee B's initials next to each of the personal cares that employee B assisted the client with each day. The document included the time employee B arrived at the client's residence and the time employee B left the residence and the total minutes it took each day to care for the client. There were no dates listed in which the service had been provided, nor was the document dated when the client and employee B signed it. There were ten weeks of documentation for services listed in this manner that were documented by employee B. The dates employee B provided services to client #1 were unable to be determined. In addition, there were similar documents with no dates of service listed for three weeks by employee C for client #1.

When interviewed June 9, 2009, the administrator confirmed the dates of service were missing from client #1's care documentation by employees B and C.

12. MN Statute §144A.46 Subd. 5(b)

INDICATOR OF COMPLIANCE: # 3

Based on interview and record review, the licensee failed to ensure that a background study was submitted for one of one employee (A) record reviewed. The findings include:

Employee A began providing services for the licensee as a licensed direct care staff October 9, 2008. There was no background study in employee A's record.

When interviewed June 9, 2009, the administrator confirmed that he had not submitted a background study for employee A.

13. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

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

Client #1 began receiving services from the licensee May 23, 2008. The client's health status assessment dated February 10, 2009, indicated that the client lived alone and had increased memory problems. There was no individualized assessment of the client's susceptibility to abuse by other individuals and the person's risk of abusing other vulnerable adults.

When interviewed June 9, 2009, the administrator confirmed an individual abuse prevention plan had not been developed for client #1. The administrator stated he had a form to use to assess the client's risk of abuse, but confirmed he had not used this form for client #1.

cc: Dakota County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General