



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 1218

August 10, 2009

Marcos Bekuto, Administrator
River Side Home Care Providers
1929 South 5TH St STE 201
Minneapolis, MN 55454

Re: Results of State Licensing Survey

Dear Mr. Bekuto:

The above agency was surveyed on June 23, 24, 25, 26, and 29, 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: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199



Class A Licensed-Only Home Care Provider
LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class A Licensed-Only Home Care Providers. Class A licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate with MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to describe to the MDH nurse what systems are in place to provide Class A Licensed-Only Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form.

Name of Class A Licensee: RIVER SIDE HOME CARE PROVIDERS

HFID #: 25181

Date(s) of Survey: June 23, 24, 25, 26 and 29, 2009

Project #: QL25181003

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 # <input type="checkbox"/></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>___ Survey not Expanded</p> <p>___ Met</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>___ Correction Order(s) issued ___ Education Provided 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 <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>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 <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction</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><input checked="" type="checkbox"/> 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. 4**INDICATOR OF COMPLIANCE: # 2**

Based on record review, the licensee failed to ensure that the home care bill of rights given to clients contained the telephone number, mailing address, and street address of the Office of Health Facility Complaints for one of one client (#1) record reviewed. The findings include:

Client #1's record lacked documentation the client received a copy of the bill of rights.

When interviewed June 24, 2009, the owner provided the home care bill of rights used for clients and it did contain the telephone number, mailing address, and street address of the Office of Health Facility Complaints.

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

Based on record review and interview, the licensee failed to obtain written acknowledgment of the client's receipt of the bill of rights for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving home care services January 21, 2008. The client record lacked evidence the home care bill of rights had been provided.

When interviewed June 24, 2009, client #1 stated he received a copy of the home care bill of rights.

3. MN Rule 4668.0075 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

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

Employee A began providing direct care services February 27, 2009. Employee A's record lacked evidence of an orientation to the home care requirements.

Employee B began providing direct care services August 5, 2008. Employee B was provided with written information related to infection control, the Home Care Bill of Rights and emergency procedures April 17, 2009. Employee B's record lacked evidence of an overview of Minnesota Rule 4668 and Minnesota Statutes, sections 144A.43 to 144A.47; reporting the maltreatment of minors or vulnerable adults; the handling of client complaints and reporting of complaints to the Office of Health Facility Complaints; and the services of the ombudsman for older Minnesotans.

When interviewed June 23 and 25, 2009, Employee A stated he was unfamiliar with the class A home care rules and statutes. He stated he received informal training from a licensed nurse who had home care experience. Employee A confirmed he did not have evidence of the training.

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

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed unlicensed staff in the procedures to administer medications for one of one client's (#1) record reviewed. The findings include:

Client #1 had quadriplegia with spasticity related to cerebral palsy. A care plan indicated unlicensed staff provided medication reminders. An undated Home Health Certification and Plan of Care indicated client #1 received omeprazole, potassium chloride and cyclobenzaprine.

When interviewed June 24, 2009, client #1 stated unlicensed direct care staff set up and administered oral medications every evening. Client #1 stated his spasticity interfered with his ability to self administer medications.

Employee B began providing unlicensed direct care services including medication administration for client #1 on August 5, 2008. Employee B's record lacked evidence of training or competency testing for medication administration.

When interviewed June 24, 2009, employee B stated he was trained by a licensed nurse from another agency to administer medications.

When interviewed June 23 and 25, 2009, the registered nurse stated he was unaware the unlicensed direct care staff were administering medications. The registered nurse confirmed there was no training or competency done.

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

Based on observation, record review and interview, the licensee failed to ensure a registered nurse (RN) specified in writing, specific instructions for performing procedures, and ensured the unlicensed staff's competency to follow the procedures for one of one client's (#1) record reviewed. The findings include:

Client #1's care plan dated June 15, 2008, indicated the unlicensed staff provided urostomy and colostomy care two times per week. An RN documented June 15, 2008, on client #1's care plan that the unlicensed staff had adequate knowledge to care for the ostomies. The care plan also indicated transfer assistance was needed. There were no written instructions in the client's record or home, for performing any procedures.

On June 24, 2009, a mechanical lift, an enema bag and tubing hung from an intravenous pole was observed in client #1's bedroom. Client #1 stated he was transferred with a mechanical lift or a pivot transfer. The client's bowel program involved unlicensed staff administering tap water with oil enemas one to two times per day via the colostomy site and once via the rectum every fourteen days.

Employee B was hired August 5, 2008, as an unlicensed direct care staff. Employee B's record lacked evidence of training and competency to perform mechanical lift transfers, enemas and ostomy bag changes.

When interviewed June 24, 2009, employee B stated he performed mechanical lift transfers, enemas and urostomy and colostomy bag changes. Employee B stated that when he worked with the client for a different agency, that agency nurse and an unlicensed staff from another agency provided instructions on performing the bag changes and enema. In addition, client #1 directed his care. Employee B initialed the column “Other” on his time sheet for the provision of colostomy and urostomy bag changes. Employee B had changed the colostomy bag up to five times per day and the urostomy bag two to three times per week.

When interviewed June 25, 2009, the registered nurse RN, who began employment February 27, 2009, stated he was aware the unlicensed staff were providing colostomy and urostomy bag changes for client #1, but was unaware of the enema administration. The RN had not ensured employee B’s competency and was unaware of the need to specify in writing, instructions for performing procedures.

6. MN Rule 4668.0100 Subp. 5

INDICATOR OF COMPLIANCE # 5

Based on record review and interview, the licensee failed to ensure unlicensed persons who performed home health aide tasks met the required training requirements for one of one unlicensed employee’s (B) record reviewed. The findings include:

Employee B began providing unlicensed direct care services August 5, 2008. On April 17, 2009, employee B received written information related to infection control; the home care bill of rights/grievances; and emergency procedures. He was also given a general job description. There was no additional evidence of training or competency testing.

When interviewed June 24, 2009, employee B stated he was trained when he worked at another agency.

When interviewed June 25, 2009, the registered nurse (RN) stated he began employment February 27, 2009, and had not met employee B. The RN stated that on April 14, 2009, he visited client #1 and left written information for employee B to read related to his specific functions/responsibilities.

7. MN Rule 4668.0100 Subp. 9

INDICATOR OF COMPLIANCE # 5

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

Client #1 began receiving services January 21, 2008. Unlicensed staff provided delegated nursing tasks including colostomy and urostomy bag changes. RN supervisory visits were conducted April 4, 2008, May 10, 2008, June 15, 2008, and April 14, 2009.

When interviewed June 24, 2009, client #1 and employee B, both stated client #1 received medication administration, enemas and ostomy bag changes from unlicensed direct care staff.

The RN's job description indicated supervisory visits were to be provided within fourteen days after the initiation of care by unlicensed staff, once every thirty days during the first ninety days, and at least once every one hundred and twenty days.

When interviewed June 23, 2009, the registered nurse (RN) stated he was hired February 27, 2009, to perform supervisory visits, which were performed every three months unless there was a specific concern. The RN stated he was unfamiliar with the home care rules.

8. MN Rule 4668.0140 Subp. 1

INDICATOR OF COMPLIANCE # 1

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

Client #1 began receiving home care services January 21, 2008. There was no evidence a written service agreement was established between client #1 and the licensee.

When interviewed June 23, 2009, the administrator/owner stated the prior authorization forms from the Department of Human Services, were used to determine what services were provided. A service agreement was not established between the client and the licensee. The administrator stated he was unfamiliar with the class A home care rules.

9. MN Rule 4668.0150 Subp. 3

INDICATOR OF COMPLIANCE # 6

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

Client #1's care plan dated June 15, 2008, indicated unlicensed staff provided client 1 with medication reminders and ostomy care. An undated Home Health Certification and Plan of Care indicated client #1 received omeprazole, potassium chloride and cyclobenzaprine. The record did not contain prescriber's orders for medications or treatments.

When interviewed June 24, 2009, client #1 stated unlicensed direct care staff administered oral medications every evening; tap water with oil enemas via a colostomy one to two times per day and every fourteen days rectally; and provided colostomy and urostomy care/bag changes.

10. MN Rule 4668.0160 Subp. 6

INDICATOR OF COMPLIANCE # 4

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

Client #1 began receiving services on January 21, 2008. The client received medication set up and administration as well as enemas and ostomy care daily from unlicensed staff. The record did not contain documentation of medication set up, medication administration, or treatments provided.

Employee B documented activity of daily living cares provided to client #1 on his time sheets dated, August 1 through 14, 2008; April 10 through 23, 2009; May 8 through 21, 2009; and May 22, 2009, though June 4, 2009. There was no documentation of other services or cares provided. The data was not a permanent part of client 1's record.

When interviewed June 24, 2009, client #1 reported unlicensed direct care staff administered medications, provided enemas and ostomy care.

11. MN Statute §144A.46 Subd. 5(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to ensure that background studies were performed for employees having direct contact with clients in one of two employees' (A) records reviewed. The findings include:

Employee A was hired February 27, 2009, as a licensed direct care staff. There was no evidence of a background study.

When interviewed June 24, 2009, a secretary stated a background study was not performed for employee A.

12. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to ensure that an individualized abuse prevention plan was established for each vulnerable adult receiving services from the home health agency in one of one client's (#1) record reviewed. The findings include:

Client #1 had quadriplegia with spasticity due to cerebral palsy. Client #1 began receiving assistance with medication administration, elimination, transfers, dressing, mobility, meal preparation and housekeeping, from the licensee January 21, 2008. The record lacked an individualized abuse prevention plan.

When interviewed June 23, 2009, the registered nurse stated he was unaware of the rules and statutes pertaining to home care and confirmed there was no vulnerable adult assessment or plan.

A draft copy of this completed form was left with Marcos Bekuto, Adm./Owner, at an exit conference on June 29, 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).