



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 1133

August 19, 2009

Kashif Garley, Administrator
E & E Home Care Inc
11482 Balsam Way
Woodbury, MN 55129

Re: Results of State Licensing Survey

Dear Mr. Garley:

The above agency was surveyed on June 18, 19, and 22, 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: Washington 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: E & E HOME CARE INC

HFID #: 25201

Date(s) of Survey: June 18, 19 and 22, 2009

Project #: QL25201003

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
<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><u>X</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><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 4668.0040 Subp. 2**INDICATOR OF COMPLIANCE: # 2**

Based on interview and record review, the licensee failed to provide clients with a complete notice related to the procedure for making a complaint for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 received the licensee's complaint procedure titled, "Patron Grievances" which did not include a statement that the licensee would in no way retaliate because of a complaint. In addition, the complaint procedure did not have the correct telephone number of the Minnesota Department of Health, Office of Health Facility Complaints, and did not have the correct address and phone number of the Office of the Ombudsman.

When interviewed June 18, 2009, the administrator/owner confirmed the complaint procedure did not include that the licensee would not retaliate because of a complaint, and that the phone numbers and/or address of state agencies was not correct.

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

Based on interview and record review, the licensee failed to ensure infection control in-service training was provided for two of two employee (A and B) records reviewed. The findings Include:

Employee A was hired as a direct care staff January 28, 2008. She had infection control training in 2008, but it did not include the required topics of the need for and use of protective gloves, gowns, and masks; disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; and disinfecting environmental surfaces.

Employee B was hired May 19, 2008, as a direct care staff. He had infection control training December 10, 2008, but the training did not include the required topics of the need for and use of protective gloves, gowns, and masks; disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; and disinfecting environmental surfaces.

When interviewed June 19, 2009, the administrator/owner confirmed the required infection control content was not reviewed with employees A and B. The administrator/owner stated he was not aware there was required content for infection control training.

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

Based on interview and record review, 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 (B) record reviewed. The findings include:

Employee B was hired May 19, 2008, as an unlicensed employee who provided direct care to clients. Employee B's record lacked evidence that his 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 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; and safe transfer and ambulation techniques and range of motion.

When interviewed June 19, 2009, the administrator/owner confirmed employee B had not had the aforementioned required training and/or competency. The administrator/owner stated he was not aware of this requirement.

4. MN Rule 4668.0100 Subp. 6

INDICATOR OF COMPLIANCE: # 5

Based on interview and record review, the licensee failed to ensure that the 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) record reviewed. The findings include:

Employee B began providing personal cares to a client May 19, 2008. Employee B had three hours of in-service training in the last twelve months of his employment.

When interviewed June 19, 2009, the administrator/owner confirmed employee B did not have the required eight hours of in-service training.

5. 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 with the client or the client's responsible person was entered into no later than the second visit to a client for one of two clients' (#1) records reviewed. The findings include:

Client #1 began receiving services from the licensee July 15, 2008. There was no service agreement for client #1.

When interviewed June 19, 2009, the administrator/owner confirmed there was no service agreement for client #1. The administrator/owner stated he thought a service agreement had been completed for client #1, but was unable to locate it.

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

Based on interview and record review, the licensee failed to ensure the content of the service agreement was complete for one of two clients' (#2) records reviewed. The findings include:

Client #2's service agreement dated April 17, 2008, indicated services from unlicensed staff were provided, but did not include a description of the services the unlicensed staff provided. The service agreement did not include the fee for the service, or the schedule or frequency of sessions of supervision or monitoring of the unlicensed staff person. A plan for contingency action that included the required components was also lacking from the service agreement.

When interviewed June 19, 2009, the administrator/owner confirmed client #2's service agreement was not complete with the required content.

7. MN Rule 4668.0160 Subp. 5**INDICATOR OF COMPLIANCE: # 4**

Based on interview and record review, the licensee failed to ensure that entries in the client's record were signed with the name and title of the person making the entry for one of two client's (#1) record reviewed. The findings include:

Client #1 had a form titled; "Progress Notes" that included entries regarding the client's status dated June 3, 4, 7, 8, 9, 10, 11, 15, and 16, 2009, which were not signed with the name and the title of the person making the entries.

When interviewed, June 19, 2009, the administrator/owner confirmed the entries were made by nurses, but were not signed with the nurses' names and titles.

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

Based on interview and record review, the licensee failed to ensure than an individual abuse prevention plan was developed for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 began receiving services July 15, 2008, and April 1, 2008, respectively. Clients #1 and #2 were identified as requiring assistance with their activities of daily living. There was no individual abuse prevention plan developed for the clients that included an individualized assessment of their susceptibility to abuse by other individuals; their risk of abusing other vulnerable adults; and specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.

When interviewed June 19, 2009, the administrator/owner confirmed there was no individual abuse prevention plan developed for clients #1 and #2.

A draft copy of this completed form was left with Kashif Alex Garley, Administrator/Owner, at an exit conference June 22, 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

August 22, 2008

Kashif Garley, Administrator
E & E Home Care Inc
11482 Balsam Way
Woodbury, MN 55129

Re: Telephone Interview

Dear Mr. Garley:

The information discussed during a telephone interview conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on July 24, 2008, is summarized in the enclosed documents listed below:

Telephone Interview and Education Assessment form

A summary of the items discussed during the phone interview and a listing of the education provided during the interview

Resource Sheet for Home Care Providers

A listing of web-sites and documents useful to home care providers in assuring compliance with home care regulations

Please note, it is your responsibility to share the information contained in this letter and the information from this interview with your direct care staff and the President of your facility's Governing Body.

If you have any questions, please feel free to call our office 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

Enclosure(s)

CMR TELEPHONE 03/08



Class A and Class F Home Care
Telephone Interview and Education Assessment

Registered nurses from the Minnesota Department of Health (MDH) use this form to document telephone interviews and education of newly licensed Class F and Class A (licensed only) Home Care Providers as well as other providers who have not been surveyed by Case Mix Review staff.

Licensing requirements listed below were reviewed during a telephone interview. Information from this interview along with other data will be considered when making decisions regarding the timing of an on site survey. The noted topics were discussed during the telephone interview and education was provided in the checked areas.

Name of Home Care Licensee: E & E Home Care Inc.

HFID #: 25201

Type of License: Class A Home Care

Date of Interview: July 24, 2008

Interview Topic	Item Discussed	Education Provided
Access to information	<input checked="" type="checkbox"/> Home Care Rules and Statutes	<input type="checkbox"/> Web address for Home Care Rules and Statutes was sent (MN Statute §144A and MN Rule 4668) <input type="checkbox"/> Web address for Vulnerable Adult Act was sent (MN Statute §626.557) <input type="checkbox"/> Web address for Maltreatment of Minors Act was sent (MN Statute §626.556) <input type="checkbox"/> Board of Nursing web address was sent Sent via: <u>E-mail</u> <input checked="" type="checkbox"/> Basic Education Provided
Client Needs	<input checked="" type="checkbox"/> Care needs of clients	<input type="checkbox"/> Home Care licensee is required to have staff sufficient in qualifications and numbers to meet client needs (MN Rule 4668.0050) <input checked="" type="checkbox"/> Basic Education Provided



Interview Topic	Item Discussed	Education Provided
Home Care Bill of Rights	<input checked="" type="checkbox"/> Bill of Rights given to clients	<input checked="" type="checkbox"/> Current and appropriate version of home care bill of rights required Minnesota Dept. of Health web-site <input checked="" type="checkbox"/> Basic Education Provided
Advertising	<input checked="" type="checkbox"/> Advertising should reflect services provided	<input type="checkbox"/> Includes all forms of advertising MN Rule 4668.0019 <input checked="" type="checkbox"/> Basic Education Provided
Unlicensed personnel (ULP) who provide direct care	<input type="checkbox"/> Training needed for ULP to be qualified to provide direct care <input type="checkbox"/> Ongoing education needed for unlicensed personnel	<input type="checkbox"/> Initial training needed MN Rule 4668.0100 Subp. 5 (Class A) <input type="checkbox"/> Competency testing required MN Rule 4668.0130 Subp.3 (Class A) <input type="checkbox"/> Inservice training MN Rule 4668.0100 Subp. 6 (Class A) <input type="checkbox"/> Ongoing infection control training needed MN Rule 4668.0065 Subp. 3 <input type="checkbox"/> Basic Education Provided
Unlicensed personnel (ULP) and medication administration	<input type="checkbox"/> Training required <input type="checkbox"/> Insulin administration by unlicensed personnel	<input type="checkbox"/> Difference between medication administration and assistance with medication administration. MN Rule 4668.0003 Subp. 2a and Subp. 21a <input type="checkbox"/> Medication reminders – a visual or verbal cue only. MN Rule 4668.0003 Subp. 21b <input type="checkbox"/> ULP limitations with insulin administration MN Rule 4668.0100 Subp. 3 (Class A) <input type="checkbox"/> Prescriber orders required MN Rule 4668.0150 Subp. 3 (Class A) <input type="checkbox"/> Basic Education Provided

Interview Topic	Item Discussed	Education Provided
Role of registered nurse (RN) and licensed practical nurse (LPN)	<input checked="" type="checkbox"/> Need to verify licenses of nurses <input checked="" type="checkbox"/> RN does assessments <input checked="" type="checkbox"/> LPN does monitoring	<input type="checkbox"/> Difference between RN and LPN role MN Rule 4668.0180 Subp. 5 (Class A) and Minnesota Nurse Practice Act <input type="checkbox"/> Points at which RN assessment is needed - Class F requirements <input type="checkbox"/> RN assessment and change in condition MN Rule 4668.0100 Subp. 9 (Class A) <input checked="" type="checkbox"/> Basic Education Provided
Supervision of unlicensed personnel (ULP)	<input type="checkbox"/> Requirements for supervision and monitoring of unlicensed personnel	<input type="checkbox"/> RN supervision and LPN monitoring of unlicensed personnel <input type="checkbox"/> Timing of supervision and monitoring MN Rule 4668.0100 Subp. 9 (Class A) <input type="checkbox"/> Basic Education Provided
Service plan or agreement	<input checked="" type="checkbox"/> Contents of Service Plan or Agreement <input checked="" type="checkbox"/> Person who prepares service plan	<input checked="" type="checkbox"/> Differentiate between licensee service plan and county service plan <input checked="" type="checkbox"/> Required components of service plan <input type="checkbox"/> Need to review service plan <input checked="" type="checkbox"/> Basic Education Provided MN Rule 4668.0140 (Class A)
Protection of health, safety and well being of clients	<input checked="" type="checkbox"/> Background studies for all staff <input checked="" type="checkbox"/> Assessment of vulnerability for all clients	<input type="checkbox"/> Background studies not transferable <input type="checkbox"/> Only DHS background study accepted MN Statute §144A.46 Subd. 5 <input type="checkbox"/> Plan to address identified vulnerabilities required MN Statute §626.557 Subd. 14b <input checked="" type="checkbox"/> Basic Education Provided
Infection control	<input checked="" type="checkbox"/> Tuberculosis screening prior to direct client contact	<input type="checkbox"/> System for follow up on TB status after hire MN Rule 4668.0065 Subps. 1 & 2 <input type="checkbox"/> Yearly infection control inservice required for all staff including nurses MN Rule 4668.0065 Subp. 3 <input checked="" type="checkbox"/> Basic Education Provided

Interview Topic	Item Discussed	Education Provided
Assisted Living	<input type="checkbox"/> Arranged providers for assisted living required to follow 144G	<input type="checkbox"/> Uniform Consumer Information Guide must be given to all prospective clients MN Statute 144G.03 Subd. 2b9 <input type="checkbox"/> Basic Education Provided

The data used to complete this form was reviewed with Kashif Garley, Adm. during a telephone interview on July 24, 2008. A copy of this Telephone Interview and Education Assessment form will be sent to the licensee. Any questions about this Telephone Interview and Education Assessment form should be directed to the Minnesota Department of Health, (651) 201-4301. This form will be posted on the MDH web-site. Home care provider general information is available by going to the following web address and clicking on the appropriate home care provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

Statutes and rules can be viewed on the internet:

<http://www.revisor.leg.state.mn.us/stats> - for Minnesota Statutes

<http://www.revisor.leg.state.mn.us/arule/> - for Minnesota Rules