



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2258 0347

September 14, 2009

Christian Kolleh, Administrator
Reliable Human Services Inc
1710 Douglas Drive STE 204
Golden Valley, MN 55422

Re: Results of State Licensing Survey

Dear Mr. Kolleh:

The above agency was surveyed on July 30, and August 2 and 4, 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".

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: RELIABLE HUMAN SERVICES INC

HFID #: 25270

Date(s) of Survey: July 30 and August 3, and 4, 2009

Project #: QL25270004

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><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>___ 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.

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

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for one of one licensed employee's (A) record reviewed. The findings include:

Employee A was hired November, 2007 as a licensed employee. Employee A's record did not contain evidence of infection control training. No further documentation of infection control training for employee A was provided.

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

Based on record review, interview and observation the licensee failed to ensure that unlicensed personnel were trained to administer medications for one of one unlicensed employee's (B) record reviewed who administered medications. The findings include:

Client #1's undated service agreement indicated the client was to receive assistance with medications. During the home visit with client #1, July 30, 2009, it was noted that employee B removed and reapplied a transdermal pain medication patch. Employee B's record did not contain any evidence of training or competency evaluation for medication administration.

When interviewed, July 30, 2009, employee B stated she did not have training or competency testing by a registered nurse (RN) for medication administration. She also stated she assisted client #1 with the administration of eye drops.

When interviewed, July 30, 2009, the owner stated he was not aware employee B was assisting with medication administration for client #1 and thought that client #1 was self administering his own medications after the RN had set them up in a seven day medication container.

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

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

Employee B was hired November 19, 2007. Her personnel file indicated she had one hour of in-service training from her date of hire through December, 2008.

When interviewed, July 30, 2009, employee B stated she did not remember receiving any other in-service training in 2008. When interviewed, July 30, 2009, the licensee stated he had provided seven in-services in 2008, however, he did not have any verification that employee B attended them.

4. MN Rule 4668.0130 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview the licensee failed to provide complete training and competency testing for one of one unlicensed employee's (B) records reviewed. The findings include:

Employee B began working for the licensee November 19, 2007, as an unlicensed direct care staff member. Employee B's record did not contain evidence of training or competency testing for: medication reminders; appropriate and safe techniques in personal hygiene and grooming; reading and recording temperature, pulse, and respiration; safe transfer techniques and ambulation; and range of motion and positioning.

When interviewed, July 30, 2009, employee B confirmed she had not received training or competency tested in these items. When interviewed, July 30, 2009, the owner stated he did not know training in these areas was required since these services were not being provided by unlicensed employees.

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

Based on record review and interview the licensee failed to have a written modification to the service agreement for one of one client's (#1) record reviewed who had a modification to the fees. The findings include:

Client #1's record contained an undated service agreement, which included the fees for the services of the home health aide.

When interviewed, July 30, 2009, the licensee stated the fees had changed on July 1, 2009, and the service agreement for client #1 had not been modified to include the new rate. When interviewed, July 30, 2009, client #1 stated he did not know what the fees for services were.

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

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

Client #1's record contained an undated service agreement. The agreement lacked the identification of the persons who were to provide services; a contingency plan and the registered nurse (RN) fees for the weekly medication set-up.

When interviewed, July 30, 2009, the owner indicated that he had a new service agreement form which would contain all of the required contents; however, he had not initiated the use of the form.

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

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

Client #1's record contained an unsigned service agreement which indicated "medications" as a service that was provided to the client. The record also included a physician visit summary dated July 17, 2009, which listed the client's current medications and direction for use; however, the prescriber had not signed this summary.

When interviewed, July 30, 2009, the licensee stated the registered nurse (RN) set-up the medications for client #1, weekly and the only prescribers orders for client #1 were included in the unsigned "visit summary" form that was in the client's file.

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

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

Client #1's record contained progress notes, dated March 2 through March 5, 2009. The notes lacked the signature and title of the person making the entry.

When interviewed, July 30, 2009, employee B stated she did not know she was to sign and include her title in the entries.

9. MN Statute §144A.44 Subd. 1(2)**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to provide nursing care subject to acceptable nursing standards in that the nurse was unaware that unlicensed persons were providing assistance with medications and the client did not receive medications at the frequency ordered by the prescriber for one of one client's (#1) record reviewed. The findings include:

Client #1 received medication set up by licensed nurses and self administered his oral medications. Client #1's last physician visit summary, dated, July 17, 2009, indicated the client was to have a fentanyl patch, 125 micrograms, every seventy-two hours.

When interviewed, July 30, 2009, employee B, an unlicensed employee, stated that she changed client #1's fentanyl patch every four days (96 hours) and had indicated on client #1's calendar the days she had changed the fentanyl patch which were: July 3, 7, 11, 15, 19, 23, and 27, 2009. During the interview, employee B stated that client #1 would have break through pain, often on the fourth day after

changing the fentanyl patch and would then take Vicodin as needed.

When interviewed, July 30, 2009, the owner stated he was unaware employee B assisted client #1 with the application of the fentanyl patch. When interviewed, July 30, 2009, employee B stated client #1 was unable to reach her back to apply the fentanyl patch and had asked her to apply it.

10. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

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

Client #1's registered nurse assessment, dated August 3, 2007, indicated the client was legally blind, required a scooter and walker, was forgetful and anxious and at times had severe pain. The assessment lacked the person's susceptibility to abuse by other individuals, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and a statement of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults; and a plan to address these vulnerabilities.

When interviewed, July 30, 2009, the licensee stated he was unaware the vulnerable adult assessment and plan needed to include these vulnerabilities and plans.

A draft copy of this completed form was faxed to Christian Kolleh, and a telephone exit conference was held on August 4, 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

October 17, 2008

Christian Kolleh, Administrator
Reliable Human Services Inc
1710 Douglas Drive STE 204
Golden Valley, MN 55422

Re: Telephone Interview

Dear Mr. Kolleh:

The information discussed during a telephone interview conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on September 11, 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 with a large, looped initial "J".

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: Reliable Human Services, Inc

HFID #: 25270

Type of License: Class A Home Care

Date of Interview: September 8, 2008

Interview Topic	Item Discussed	Education Provided
Access to information	<input checked="" type="checkbox"/> Home Care Rules and Statutes	<input checked="" type="checkbox"/> Web address for Home Care Rules and Statutes was sent (MN Statute §144A and MN Rule 4668) <input checked="" 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 checked="" 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 checked="" 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 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 checked="" type="checkbox"/> Training needed for ULP to be qualified to provide direct care <input checked="" type="checkbox"/> Ongoing education needed for unlicensed personnel	<input checked="" type="checkbox"/> Initial training needed MN Rule 4668.0100 Subp. 5 (Class A) <input checked="" type="checkbox"/> Competency testing required MN Rule 4668.0130 Subp.3 (Class A) <input checked="" type="checkbox"/> Inservice training MN Rule 4668.0100 Subp. 6 (Class A) <input checked="" type="checkbox"/> Ongoing infection control training needed MN Rule 4668.0065 Subp. 3 <input checked="" type="checkbox"/> Basic Education Provided
Unlicensed personnel (ULP) and medication administration	<input checked="" type="checkbox"/> Training required <input checked="" type="checkbox"/> Insulin administration by unlicensed personnel	<input checked="" type="checkbox"/> Difference between medication administration and assistance with medication administration. MN Rule 4668.0003 Subp. 2a and Subp. 21a <input checked="" type="checkbox"/> Medication reminders – a visual or verbal cue only. MN Rule 4668.0003 Subp. 21b <input checked="" type="checkbox"/> ULP limitations with insulin administration MN Rule 4668.0100 Subp. 3 (Class A) <input checked="" type="checkbox"/> Prescriber orders required MN Rule 4668.0150 Subp. 3 (Class A) <input checked="" type="checkbox"/> Basic Education Provided

Interview Topic	Item Discussed	Education Provided
Role of registered nurse (RN) and licensed practical nurse (LPN)	<input type="checkbox"/> Need to verify licenses of nurses <input checked="" type="checkbox"/> RN does assessments <input type="checkbox"/> LPN does monitoring	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Requirements for supervision and monitoring of unlicensed personnel	<input checked="" type="checkbox"/> RN supervision and LPN monitoring of unlicensed personnel <input checked="" type="checkbox"/> Timing of supervision and monitoring MN Rule 4668.0100 Subp. 9 (Class A) <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Only DHS background study accepted MN Statute §144A.46 Subd. 5 <input checked="" 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 checked="" type="checkbox"/> System for follow up on TB status after hire MN Rule 4668.0065 Subps. 1 & 2 <input checked="" 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 Christian Kollech- administrator during a telephone interview on September 8, 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