



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 0150 0001 1713 6437

September 26, 2008

Olad Ahmed, Administrator
Royal Home Care Agency Inc
685 Bridge Street Suite 2
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Mr. Ahmed:

The above agency was surveyed on August 13, 14, 15, and 18, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Steele County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Office of Health Facility Complaints

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
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<http://www.health.state.mn.us>
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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: ROYAL HOME CARE AGENCY INC

HFID #: 25273

Date(s) of Survey: August 13, 14, 15 and 18, 2008

Project #: QL25273003

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

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

Indicators of Compliance	Outcomes Observed	Comments
<p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>	<ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as required. 	<p>Focus Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</p>	<ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. 	<p>Focus Survey</p> <p><u>X</u> Met ___ 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
7. The provider is licensed and provides services in accordance with the license. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0019 Expanded Survey <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. 	Focus Survey ___ Met ___ Correction Order(s) issued ___ Education Provided Expanded Survey ___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
8. The provider is in compliance with MDH waivers and variances. Expanded Survey <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> Expanded Survey <u>X</u> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided

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 record review and interview, the licensee failed to ensure that clients were informed about the right to complain without retaliation because of a complaint for one of client (#1) records reviewed. The findings include:

Client #1 began receiving services September of 2007. When interviewed, August 14, 2008, the governing board president was unable to locate a complaint procedure. The only information provided was the outdated bill of rights which did not include a statement about retaliation because of a complaint. When interviewed August 14, 2008, the governing board president indicated he was unaware there needed to be a no retaliation statement included in the complaint procedure.

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

Based on record review and interview, the licensee failed to ensure tuberculosis screening was completed before employees had direct contact with clients for two of two employees (A and B) reviewed. The findings include:

Employee A began having direct client contact visits with client #1 beginning September of 2007. Employee B was hired September of 2007 as an unlicensed direct care staff. There was no documentation of tuberculosis screening testing for either employee. When interviewed, August 14, 2008, the governing board president stated “she had that” but confirmed there was no evidence in the record.

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

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

Employee A began having direct client contact visits with client #1 beginning September of 2007. Employee B was hired September of 2007 as an unlicensed direct care staff. There was no evidence of infection control in service training for either employee. When interviewed, August 14, 2008, the governing board president confirmed there was no evidence in the record.

4. MN Rule 4668.0070 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on interview the licensee failed to have a record for one of one licensed employee (A.) The findings include:

Employee A began employment as a contracted licensed direct care staff on September of 2007 for Client #1. There was not a file for employee A. When interviewed August 14, 2008, employee A stated he had his personnel file but could not provide it during the onsite survey. When interviewed August 14, 2008, the governing board president indicated there was not a personnel file because employee A was contracted and he was just helping them get started and doing supervisory visits.

5. MN Rule 4668.0070 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview the licensee failed to have a job description for one of one licensed employee (A) record reviewed. The findings include:

Employee A began employment as a contracted licensed direct care staff on September of 2007 for Client #1. There was no job description for employee A. When interviewed August 14, 2008, the governing board president indicated there was not a job description because employee A was contracted and he was just helping them get started and doing supervisory visits.

6. MN Rule 4668.0075 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to assure that orientation to home care was provided before providing direct care, for two of two employees (A and B) records reviewed. The findings include:

Employee A began having direct client contact visits with client #1 beginning September of 2007. Employee B was hired September of 2007 as an unlicensed direct care staff. There was no evidence that either employee received orientation to home care. When interviewed August 14, 2008, the governing board president provided a copy of a form entitled “Confidentiality of Client Information,” and indicated it was the only orientation used.

7. MN Rule 4668.0100 Subp. 4

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview the licensee failed to have a registered nurse or therapist document specific instructions regarding client procedures for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services September of 2007. When interviewed August 14, 2008, the client’s daughter, as the interpreter, stated the unlicensed care giver performed range of motion on Client #1’s right arm and leg. There were no instructions nor was there evidence of training for the range of motion exercises. When interviewed August 14, 2008, the governing board president confirmed there were no instructions or training for the range of motion stating they did not employ a nurse but contracted with one who did only supervisory visits. When interviewed August 14, 2008, the administrator indicated he did not have copy of the Minnesota rules and statutes governing class A home care.

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

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

Employee B was hired September of 2007, as an unlicensed care giver (PCA) who performed home health aide services including bathing, range of motion exercises and mobility assistance. There was no record of training or competency for employee B. When interviewed, August 14, 2008, the governing board president provided a blank training manual for PCA's which addressed confidentiality, authorization for emergency procedure plan, a listing of county telephone numbers, a confidential notice of status of report of suspected maltreatment, a client grievance/complaint form, vulnerable adults common entry point telephone numbers, and a form called vulnerable adult/child protection. There was no skill training in the manual.

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

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

Client #1 began receiving services September of 2007 including bathing, range of motion exercises and mobility assistance and housekeeping. RN supervisory visits were documented on September 26, 2007 (25 days later) October 15, 2007 (19 days later), November 21, 2007 (37 days later), December 4, 2007 and August 9, 2008 (247 days later). None of the visits indicated that cares that required supervision by a RN were supervised. They report conversational visits only except the November 21, 2007 visit which read "PCA cleaning." When interviewed August 14, 2008, the governing board president indicated the RN is not employed by the licensee but is a contract nurse and does only supervision.

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

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

Client #1 began receiving services September of 2007. There was no service agreement. When interviewed August 14, 2008, the governing board president indicated they only went by what the Department of Human Services gave them. When interviewed August 14, 2008, Client #1 could not remember getting a copy of a service agreement.

11. MN Rule 4668.0180 Subp. 9**INDICATOR OF COMPLIANCE: # 7**

Based on record review and interview the licensee failed to establish a quality assurance plan. The findings include:

During the survey of August 13 through August 18, 2008, the licensee was unable to produce a quality assurance plan. When interviewed, August 18, 2008 the governing board president indicated they did not have a policy and procedure book, or a quality assurance plan.

12. MN Statute §144A.46 Subd. 5(b)**INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview the licensee failed to obtain a background study for one of one licensed staff (A) record reviewed. The findings include:

Employee A, a licensed caregiver was contracted to work for the agency and began having direct client contact visits with client #1 September of 2007. There was no background study for employee A. When interviewed, August 14, 2008 the governing board president indicated they had not done a background study because employee A was contracted to work for them and they believed therefore employee A was not really an employee.

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

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

Client #1 had limited mobility and began receiving services September of 2007. There was no assessment or plan for the client's vulnerabilities. When interviewed August 14, 2007, the governing board president produced a blank assessment form and confirmed vulnerable adult assessment had not been done for client #1.

A draft copy of this completed form was left with Olad Abdulkadir at an exit conference on August 18, 2008. Any correction orders 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).