



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2258 0880

December 10, 2009

Emeka Linus Okafor, Administrator  
CBD Home Care Inc  
10650 County RD 81 STE 207  
Maple Grove, MN 55369

Re: Results of State Licensing Survey

Dear Mr. Okafor:

The above agency was surveyed on November 12, 16, and 18, 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

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>

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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: CBD HOME CARE INC

HFID #: 25274

Date(s) of Survey: November 12, 16 and 18, 2009

Project #: QL25274004

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0140</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0060 Subp. 3, 4 and 5</li> <li>MN Rule 4668.0180 Subp. 8</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Service plans accurately describe the needs and services and contain all the required information.</li> <li>Services agreed to are provided Clients are provided referral assistance.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> </ul>	<ul style="list-style-type: none"> <li>• Clients’ are aware of and have their rights honored.</li> <li>• Clients’ are informed of and afforded the right to file a complaint.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statutes §144A.46 Subd. 5(b)</li> <li>• MN Statute §626.556</li> <li>• MN Statutes §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> </ul>	<ul style="list-style-type: none"> <li>• Client’s person, finances and property are safe and secure.</li> <li>• All criminal background checks are performed as required.</li> <li>• Clients are free from maltreatment.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0160</li> </ul> <p><b>Expanded Survey</b></p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p>	<ul style="list-style-type: none"> <li>• <b>Client records are maintained and retained securely.</b></li> <li>• <b>Client records contain all required documentation.</b></li> <li>• Client information is released only to appropriate parties.</li> <li>• Discharge summaries are available upon request.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></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  <b>Follow-up Survey #</b> ___                      ___ New Correction Order issued                      ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100</li> <li>• [Except Subp. 2]</li> <li>• MN Rule 4668.0065</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0060 Subp. 1</li> <li>• MN Rule 4668.0070</li> <li>• MN Rule 4668.0075</li> <li>• MN Rule 4668.0080</li> <li>• MN Rule 4668.0130</li> <li>• MN Statute §144A.45 Subd. 5</li> </ul> <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"> <li>• Staff, employed or contracted, have received all the required training.</li> <li>• Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>• Personnel records are maintained and retained.</li> <li>• Licensee and all staff have received the required Orientation to Home Care.</li> <li>• Staff, employed or contracted, are registered and licensed as required by law.</li> <li>• Documentation of medication administration procedures are available.</li> <li>• Supervision is provided as required.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded                      ___ Met                      ___ Correction Order(s) issued                      ___ Education Provided</p> <p><b>Follow-up Survey #</b> ___                      ___ New Correction Order issued                      ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0100 Subp. 2</li> </ul> <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"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded                      ___ Met                      ___ Correction Order(s) issued                      ___ Education Provided</p> <p><b>Follow-up Survey #</b> ___                      ___ 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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 Subp. 3</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0060 Subp. 2 and 6</li> <li>• MN Rule 4668.0180</li> <li>• MN Rule 4668.0220</li> </ul> <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"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee's advertisements accurately reflect services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</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><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>• Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</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 4668.0065 Subp. 3****INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that infection control was completed annually for one of two employees' (A) records reviewed. The findings include:

Employee A, a licensed nurse, began employment August 7, 2003, and began providing direct care services March 3, 2008. Employee A provided evidence of infection control training on November 3, 2007.

When interviewed November 17, 2009, employee A stated he received infection control training during the past 12 months of employment.

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

Based on observation, record review and interviews, the licensee failed to ensure a registered nurse (RN) specified in writing, specific instructions for performing a delegated procedure and documented the unlicensed person's ability to competently follow the procedure for one of one unlicensed employee's (B) record reviewed. The findings include:

Client #1 received tube feedings via a feeding pump from employee B, an unlicensed direct care staff, on November 9, 10, 11, 12, 13 and 14, 2009. Client #1's record did not contain written instructions for performing the tube feeding. In addition, the policy and procedure manual did not contain written instructions for performing a tube feeding. The tube feeding pump was observed to have the manufacturer's instructions affixed to the side of the control box.

Employee B's record lacked evidence of training or competency for the performance of tube feedings.

When interviewed November 16, 2009, employee B stated he received training and competency testing from employee C, a registered nurse (RN) for performing tube feedings for client #1.

When interviewed November 16, 2009, RN C stated he had trained employee B to perform client #1's tube feedings. Employee C confirmed the policy and procedure manual did not contain written instructions for performing a tube feeding.

**3. 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 persons who performed home health aide tasks for one of one client's (#1) record reviewed. The findings include:

On March 3, 2008, client #1 began receiving home health aide services, including medication administration, suctioning and tube feedings, which required supervision every 14 days. RN supervisory visits were performed November 22, 2008; December 10, 2008; March 5, 2009; March, 25, 2009; July 22, 2009; July 24, 2009; October 7, 2009; and October 13, 2009.

When interviewed November 16, 2009, the Director of Nursing stated there was a misunderstanding related to the frequency of supervision required by the rules.

#### **4. 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) record reviewed. The findings include:

Client #1's service agreement dated March 2, 2008, failed to provide a clear and detailed description of the services to be provided and the fees for services.

When interviewed November 16, 2009, the Director of Nursing confirmed the service agreement was not complete.

#### **5. MN Rule 4668.0150 Subp. 6**

##### **INDICATOR OF COMPLIANCE: # 6**

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

Client #1 began receiving medication administration services March 3, 2008. Client #1's medication and treatment orders were renewed by the prescriber December 16, 2008; May 8, 2009; and October 26, 2009. (Some treatment and tube feeding orders were renewed June 8, 2009.)

When interviewed November 16, 2009, the director of nursing confirmed the medication and treatment orders were not renewed at least every three months.

#### **6. MN Statute §144A.44 Subd. 1(2)**

##### **INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure care was provided according to acceptable medical or nursing standards in that they failed to ensure medications and treatments were administered as ordered by the prescriber for one of one client's (#1) record reviewed. The findings include:

Prescribers' orders dated October 26, 2009, indicated client #1 was to receive Baclofen 15 milligrams via a feeding tube four times daily. The Baclofen tablets were noted to be 10 milligrams. The November 2009 medication administration record indicated "Baclofen 10 mg. Give 1 tablet via FT Four times Daily." Staff documented that Baclofen 10 milligrams had been administered four times per day between November 1, 2009, and November 16, 2009.

Client #1's medication administration record indicated he received two Senna tablets via a feeding tube at 8:00 p.m. every day between November 1, 2009; and November 15, 2009. The Senna order was not found in the renewed prescribers' orders dated October 26, 2009. However, Senna 1-2 tablets via per mouth/feeding tube at the hour of sleep was prescribed during March 2009, and renewed May 8, 2009.

The November 2009 medication administration record indicated client #1's supra-pubic catheter was to be changed every two weeks. A licensed nurse documented the catheter was changed November 4, 2009. There was no evidence in client #1's record of a prescriber's order to change the supra-pubic catheter.

The November 2009 medication administration record indicated client #1's feeding tube was flushed with 200 milliliters of water after each feeding four times per day. There was no evidence of a prescriber's order in client #1's record to flush the feeding tube with water.

When interviewed November 17, 2009, the Director of Nursing stated he would look into the discrepancies.

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A draft copy of this completed form was left with Emeka Okafor, DON, at an exit conference on November 18, 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*

December 4, 2008

Emeka Linus Okafor, Administrator  
CBD Home Care Inc  
10650 County RD 81 STE 207  
Maple Grove, MN 55369

Re: Telephone Interview

Dear Ms. Okafor:

The information discussed during a telephone interview conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on November 21, 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 "J" and "N".

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: CBD Home Care, Inc.

HFID #: 25274

Type of License: Class A Home Care

Date of Interview: November 21, 2008

Interview Topic	Item Discussed	Education Provided
<b>Access to information</b>	<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
<b>Client Needs</b>	<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
<b>Home Care Bill of Rights</b>	<input checked="" type="checkbox"/> Bill of Rights given to clients	<input 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
<b>Advertising</b>	<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
<b>Unlicensed personnel (ULP) who provide direct care</b>	<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 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 checked="" type="checkbox"/> Basic Education Provided
<b>Unlicensed personnel (ULP) and medication administration</b>	<input checked="" type="checkbox"/> Training required  <input checked="" 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 checked="" type="checkbox"/> Basic Education Provided

Interview Topic	Item Discussed	Education Provided
<b>Role of registered nurse (RN) and licensed practical nurse (LPN)</b>	<input checked="" type="checkbox"/> Need to verify licenses of nurses <input checked="" type="checkbox"/> RN does assessments <input 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
<b>Supervision of unlicensed personnel (ULP)</b>	<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
<b>Service plan or agreement</b>	<input checked="" type="checkbox"/> Contents of Service Plan or Agreement <input checked="" type="checkbox"/> Person who prepares service plan	<input type="checkbox"/> Differentiate between licensee service plan and county service plan <input 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)
<b>Protection of health, safety and well being of clients</b>	<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
<b>Infection control</b>	<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 Emeka Okafor, RN/DON, and Freddie Ogiugo, Adm./Owner, during a telephone interview on November 21, 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 website. 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