



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2258 0446

September 29, 2009

Albasha Nkenzidyo, Administrator  
Integrity Health Care Services  
7362 University Avenue STE 303  
Fridley, MN 55432

Re: Results of State Licensing Survey

Dear Mr. Nkenzidyo:

The above agency was surveyed on August 24, 25, 26, and 27, 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.

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Anoka 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: INTEGRITY HEALTH CARE SERVICES

HFID #: 25390

Date(s) of Survey: August 24, 25, 26 and 27, 2009

Project #: QL25390004

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>___ 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>___ 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>___ 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>

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 <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> 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 <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> 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>___ 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><input checked="" type="checkbox"/> 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 4668.0100 Subp. 2****INDICATOR OF COMPLIANCE: # 6**

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

Client #1 had a physician's order for a Dulcolax suppository every Monday and Thursday. The client's August 2009 medication administration record indicated employee A had administered the Dulcolax suppository to the client on August 10 and 13, 2009.

When interviewed August 24, 2009, employee A stated she had been trained and competency tested to administer the Dulcolax suppository by a licensed practical nurse. She stated the RN had not trained her on this procedure nor did employee A demonstrate to the RN her ability to competently perform the administration of the suppository.

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

Based on record review and interview, the licensee failed to ensure a registered nurse instructed and competency tested unlicensed persons who performed delegated nursing procedures for one of one client's (#1) record reviewed. The findings include:

Client #1's medication and treatment record for August 2009 indicated the client had a "site dressing" every day and catheter irrigation three times per week.

When interviewed August 24, 2009, employee A stated she irrigated client #1's suprapubic catheter three times a week and changed the bag from a leg bag to a straight drainage every morning and at bedtime; she also provided daily wound care to the open area on client #1's left heel by cleansing it and applying a dressing. Employee A stated the licensed practical nurse had trained her and observed her perform the procedures. Employee A also indicated that there were no written instructions in the proper methods to perform the procedures for client #1.

**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 personnel who performed services that required supervision every fourteen days for one of one client's (#1) record reviewed. The findings include:

Client #1's record indicated he received multiple delegated nursing procedures. The last documented supervisory visit by the RN for client #1 was on July 30, 2009, and the last documented visit by the licensed practical nurse was on May 15, 2009.

When interviewed August 24, 2009, employee A stated the registered nurse came monthly and her last visit was on July 30, 2009.

#### **4. MN Rule 4668.0130 Subp. 3**

##### **INDICATOR OF COMPLIANCE: # 5**

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

Employee A began working for the licensee in February 2009. Employee A'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 August 24, 2009, employee A stated the licensed practical nurse had provided training on administration of rectal medications, use of the mechanical lift, dressing changes, bed bath, infection control and emergency procedures. Employee A stated the registered nurse did not administer a practical skill test in any of the procedures.

#### **5. 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 August 2009 medication and treatment record indicated unlicensed personnel administered a Dulcolax suppository every Monday and Thursday from August 3 through 24, 2009. Client #1's service agreement, dated July 13, 2009, did not include medication administration.

The service agreement lacked the fees for services; and a plan for contingency action that included the action to be taken by the licensee, client and responsible persons, if scheduled services could not be provided; the method for a client or responsible person to contact a representative of the licensee whenever staff were providing services; and circumstances in which emergency medical services were not to be summoned.

When interviewed August 24, 2009, the licensee stated the fees for services were on the State of Minnesota Home and Community Based Services Form, that was contained in the record, and he was unaware that the contingency plan was not completed on the service agreement.

**6. 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 in one of one client's (#1) record reviewed. The findings include:

Client #1's record contained progress notes, dated July 24 through August 3, 2009. The notes lacked the signature of the person making the entries.

When interviewed August 24, 2009, employee A stated she did not know she was to sign the progress notes with her name and title.

**7. MN Rule 4668.0160 Subp. 6****INDICATOR OF COMPLIANCE: # 4**

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

Client #1's August 2009 medication administration record indicated the client received Chantix 1 milligram twice per day from August 1 through 24, 2009. Physician's orders, dated August 14, 2009, did not contain an order for the Chantix. When observed on August 24, 2009, the medications that had been set-up for administration from August 24, 2009 through 8:00 a.m. on August 31, 2009, did not contain the Chantix.

When interviewed August 24, 2009, employee A stated client #1 had been taking the Chantix on the day she last worked, which was August 17, 2009. When interviewed August 24, 2009, client #1 stated the Chantix was discontinued "last week."

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

Based on observation, record review and interview, the licensee failed to ensure that the registered nurse delegated only those nursing services that could be delegated to unlicensed personnel per acceptable nursing standards for one of one client's (#1) record reviewed. The findings include:

During observation of the central storage of medications on August 24, 2009, it was noted that the medications for client #1 were set-up in seven day dose boxes, for administration four times a day.

When interviewed August 24, 2009, employee A, an unlicensed employee, stated that another unlicensed employee had set-up client #1's medications into the seven day dose boxes for administration. Employee A stated the medications from the seven day dose box were given to the client each morning by the unlicensed staff.



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A draft copy of this completed form was faxed to Albasha Nkensidyo at a teleconference exit on August 27, 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 25, 2008

Enid Mumba, Administrator  
Integrity Health Care Services  
7362 University Ave STE 303  
Fridley, MN 55432

Re: Telephone Interview

Dear Ms. Mumba:

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 with a large 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: Integrity Health Care

HFID #: 25390

Type of License: Class A Home Care

Date of Interview: July 24, 2008

Interview Topic	Item Discussed	Education Provided
<b>Access to information</b>	<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 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 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
<b>Supervision of unlicensed personnel (ULP)</b>	<input checked="" 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 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 checked="" 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 checked="" type="checkbox"/> Basic Education Provided

The data used to complete this form was reviewed with Enid L. Mumba, LPN 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