MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0839

July 8, 2009

Lisa Blahosky, Administrator
Mille Lacs Band of Ojibwe Publ
17230 Noopiming Drive
Onamia, MN 56359

Re: Results of State Licensing Survey

Dear Ms. Blahosky:

The above agency was surveyed on June 4, 5, 9, 10, and 11, 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,

Jean M. Johnston

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Mille Lacs 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: MILLE LACS BAND OF OJIBWE PUBL

HFID #: 25702

Date(s) of Survey: June 4, 5, 9, 10 and 11, 2009

Project #: QL25702002

Indicators of Compliance	Outcomes Observed	Comments
1. The provider accepts and retains clients for whom it can meet the needs. **Focus Survey** • MN Rule 4668.0140 **Expanded Survey** • MN Rule 4668.0050 • MN Rule 4668.0060 Subp. 3, 4 and 5 • MN Rule 4668.0180 Subp. 8	• 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.	**Focus Survey** ____Met _X_Correction Order(s) issued X___Education Provided **Expanded Survey** ____Survey not Expanded X___Met ____Correction Order(s) issued ____Education Provided **Follow-up Survey** #___ ____New Correction Order issued ____Education Provided

Indicators of Compliance	Outcomes Observed	Comments
2. The provider promotes client rights. **Focus Survey** • MN Rule 4668.0030 • MN Statute §144A.44 **Expanded Survey** • MN Rule 4668.0040 • MN Rule 4668.0170	• Clients' are aware of and have their rights honored. • Clients' are informed of and afforded the right to file a complaint.	**Focus Survey** _X_ Met ___ Correction Order(s) issued ___ Education Provided **Expanded Survey** _X_ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided **Follow-up Survey** #___ ___ New Correction Order issued ___ Education Provided
3. The provider promotes and protects each client's safety, property, and well-being. **Focus Survey** • MN Statutes §144A.46 Subd. 5(b) • MN Statute §626.556 • MN Statutes §626.557 **Expanded Survey** • MN Rule 4668.0035	• 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.	**Focus Survey** _X_ Met ___ Correction Order(s) issued _X_ Education Provided **Expanded Survey** _X_ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided **Follow-up Survey** #___ ___ New Correction Order issued ___ Education Provided
4. The provider maintains and protects client records. **Focus Survey** • MN Rule 4668.0160 **Expanded Survey** [Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.	• **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.	**Focus Survey** _X_ Met ___ Correction Order(s) issued ___ Education Provided **Expanded Survey** _X_ Survey not Expanded ___ Met

Indicators of Compliance	Outcomes Observed	Comments
Non-compliance with this variance will result in a correction order issued under 4668.0016.]		____Correction Order(s) issued ____Education Provided **Follow-up Survey** #___ ____New Correction Order issued ____Education Provided
5. The provider employs and/or contracts with qualified and trained staff. **Focus Survey** • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 **Expanded Survey** • 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 [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.]	• 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.	**Focus Survey** _X_Met ____Correction Order(s) issued _X_Education Provided **Expanded Survey** _X_Survey not Expanded ____Met ____Correction Order(s) issued ____Education Provided **Follow-up Survey** #___ ____New Correction Order issued ____Education Provided
6. The provider obtains and keeps current all medication and treatment orders [if applicable]. **Focus Survey** • MN Rule 4668.0150 **Expanded Survey** • MN Rule 4668.0100 Subp. 2 [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	• 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.	**Focus Survey** ____Met _X_Correction Order(s) issued _X_Education Provided **Expanded Survey** ____Survey not Expanded _X_Met ____Correction Order(s) issued ____Education Provided **Follow-up Survey** #___ ____New Correction

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** • MN Rule 4668.0019 **Expanded Survey** • 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 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.	• 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** _X_Met ____Correction Order(s) issued ____Education Provided **Expanded Survey** _X_Survey not Expanded ____Met ____Correction Order(s) issued ____Education Provided **Follow-up Survey** #___ ____New Correction Order issued ____Education Provided
8. The provider is in compliance with MDH waivers and variances. **Expanded Survey** • MN Rule 4668.0016	• Licensee provides services within the scope of applicable MDH waivers and variances	*This area does not apply to a Focus Survey.* **Expanded Survey** _X_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 4668.0140 Subp. 2

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to provide a complete service agreement for two of two client (A1 and B1) records reviewed. The findings include:

Client A1 began receiving services from the agency December 8, 2008 which included skilled nursing visits and home health aide services for personal cares. Client B1 began receiving services February 23, 2007 which included skilled nursing visits and medication set up. The service agreements for both clients did not include a description of services, who was to provide services, frequency and fees for service, frequency of supervision or a contingency plan. The service agreements did not include the name or signature of the client.

When interviewed June 5, 2009, the director confirmed the service agreements were incomplete and the service agreements needed to be individualized.

2. MN Rule 4668.0150 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to have signed prescriber medication and treatment orders for one of two client (B1) records reviewed. The findings include:

Client B1's home health certification and plan of care included orders for eight medications including Effexor 150 mg. daily and Lisinopril 30 mg. daily. There was no other document in the client record for prescriber orders. The client received medication set up from agency staff. The home health certifications and plans of care dated July 2008 to September 2009; September 25, 2008 to November 25, 2008; and November 24, 2008 to January 24, 2009 were not signed by a prescriber.

When interviewed, June 10, 2009 the director confirmed that prescriber signatures had not been obtained.

A draft copy of this completed form was faxed to Lisa Blahosky on June 11, 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).

MINNESOTA
MDH
DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

January 22, 2009

Roger Jahn, Administrator
Mille Lacs Band of Ojibwe
17230 Noopiming Drive
Onamia, MN 56359

Re: Telephone Interview

Dear Mr. Jahn:

The information discussed during a telephone interview conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on December 29, 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,

Jean M. Johnston

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: Mille Lacs Band of Ojibway

HFID #: 25702 Type of License: Class A Home Care

Date of Interview: December 29, 2008

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

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

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

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

The data used to complete this form was reviewed with Lisa Blahosky, RN/Interim Director, during a telephone interview on December 29, 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