



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0372

April 2, 2009

Myra Magana, Administrator
Tut's Blessing LLC
8617 Edinbrook Crossing #104
Brooklyn Park, MN 55443

Re: Results of State Licensing Survey

Dear Ms. Magana:

The above agency was surveyed on March 23, 24, 25, 26, 27, and 31, 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 initial "J".

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
Deb Peterson, Office of the Attorney General
Stella French, Office of Health Facility Complaints

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
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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: TUTS BLESSING LLC

HFID #: 26478

Date(s) of Survey: March 23, 24, 25, 26, 27 and 31, 2009

Project #: QL26478001

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 type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</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>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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>3. The provider promotes and protects each client’s safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statutes §144A.46 Subd. 5(b) • MN Statute §626.556 • MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 	<ul style="list-style-type: none"> • Client’s person, finances and property are safe and secure. • All criminal background checks are performed as required. • Clients are free from maltreatment. • There is a system for reporting and investigating any incidents of maltreatment. • Maltreatment assessments and prevention plans are accurate and current. 	<p>Focus Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p>	<ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. 	<p>Focus Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ 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><input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____ _____ New Correction Order issued _____ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</p>	<ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. 	<p>Focus Survey</p> <p>_____ Met _____ Correction Order(s) issued _____ Education Provided</p> <p>Expanded Survey</p> <p>_____ Survey not Expanded _____ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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 	<i>This area does not apply to a Focus Survey.</i> Expanded Survey ___ Survey not Expanded <u>X</u> 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 4668.0012 Subp. 8**INDICATOR OF COMPLIANCE: # 7**

Based on record review and interview, the licensee failed to notify the commissioner in writing of changes in the information on the license application within ten working days. The findings include:

The license indicated the office address was 8617 Edinbrook Crossing, Brooklyn Park. The license further indicated that the licensee provided occupational therapy directly and physical therapy, speech therapy, respiratory therapy, nutritional services and medical social services by contract.

When interviewed March 25, 2009, the owner verified that the address on the license was incorrect. She said they had planned to office at that location and it didn't work out. She also stated that she never had an occupational therapist on staff and that was an error on the license. She further stated that she never had any contracts with other providers for services.

2. MN Rule 4668.0012 Subp. 17**INDICATOR OF COMPLIANCE: # 7**

Based on observation and interview, the licensee failed to display the original license in the principle business office. The findings include:

There was no license displayed anywhere in the office area during this reviewers visit.

When interviewed March 24, 2009, the owner stated that she had not yet received the license in the mail. She stated that apparently it was sent to the wrong address.

3. MN Rule 4668.0030 Subp. 3**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights to nine of nine client (#1, #2, #3, #4, #5, #6, #7, #8, and #10) records reviewed. The findings include:

All clients began receiving services from this licensee on February 13, 2009. Prior to that, they had received services from a different licensee in the same housing with services. There was no evidence that any of the clients had ever received a copy of the bill of rights.

When interviewed, March 25, 2009, client #2's sister, and power of attorney, stated they had not received a copy of the bill of rights.

When interviewed March 25, 2009, the registered nurse stated she did not know anything about the bill of rights being given.

When interviewed March 27, 2009, the owner verified that she had not given a copy of the bill of rights to any of her clients. She stated that they were still working on that.

4. MN Rule 4668.0040 Subp. 2**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to have a complaint procedure in place for nine of nine client (#1, #2, #3, #4, #5, #6, #7, #8, and #10) records reviewed. The findings include:

There was no evidence in any of the client records that a written complaint procedure had been given to any of the clients.

When interviewed March 25, 2009, the registered nurse confirmed there were no complaint procedures given.

When interviewed March 25, 2009, the owner provided a written copy of the complaint procedure to this reviewer. During further interview on March 27, 2009, the owner confirmed that none of the clients had been given a written copy of the complaint procedure. She stated that they were still working on that.

5. MN Rule 4668.0050 Subp. 1**INDICATOR OF COMPLIANCE: #1**

Based on observation and interview the licensee failed to have staff, sufficient in qualifications and numbers, to adequately provide services for ten of eleven clients (#1, #2, #3, #4, #5, #6, #7, #8 and #10). The findings include:

During a facility walk through on March 26, 2009, at 6 AM it was observed that there was one licensed nurse on duty for all ten clients. Clients #1 and #6 were on ventilators. Clients #5 and #10 were on C-PAP machines with oxygen via tracheostomy. Client #7 was on C-PAP machine with oxygen via tracheostomy and tube feeding running overnight. Clients #1, #2, #8 and #10 were insulin dependent diabetics. All of the client's apartments are spread out within the building on all three floors.

When interviewed March 26, 2009, the director of nursing stated that the usual staffing for licensed nurses' was one to two nurses on the night shift.

6. 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 eleven of thirteen employee (C, E, F, G, J, K, L, M, N, O and P) records reviewed. The findings include:

Employees C, E, F, G, J, K, L, M, N, O and P were all hired on February 13, 2009, as direct care staff. There was no evidence of tuberculin screening for any of the employees.

When interviewed, March 25, 2009, the owner confirmed that the employees provided direct care for clients and she was unaware tuberculin screening needed to be completed before employees could provide care for clients.

7. MN Rule 4668.0070 Subp. 2

INDICATOR OF COMPLIANCE: # 5

Based on observation and interview, the licensee failed to maintain an employee record for four of seventeen (D, H, I and Q) employees. The findings include:

The licensee provided this reviewer with employee lists of all licensed and unlicensed staff upon beginning of survey. Files for employees D, H, I and Q could not be located.

When interviewed March 24, 2009, the owner stated that employees D and Q must have taken their files home with them.

When interviewed March 25, 2009, the owner (I) stated she did not realize that she had to have an employee file on herself. She also stated that employee H was just volunteering to help get the business started. It was noted however, on schedule documents, that employee H worked as an unlicensed staff caring for clients in apartment 101 on March 1, 2009 and in apartment 112 on March 15, 2009.

When interviewed March 25, 2009, employee H stated that sometimes she just fills in as a care provider for clients.

8. MN Rule 4668.0070 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview the licensee failed to provide a job description for eight of seventeen (A, B, C, D, E, F, J and L) employees reviewed. The findings include:

Employee A was hired as the director of nurses on February 13, 2009. Employees B, C, D and E were hired as licensed nurses on February 13, 2009. Employees F, J and L were unlicensed staff hired February 13, 2009 to be unit coordinators and provide medication administration for clients. There were no job descriptions for any of these employees.

When interviewed March 25, 2009, the owner provided a copy of the job description for the personal care attendant but verified that she did not yet have a job description written for the director of nurses, the licensed nurses or the unit coordinators.

9. MN Rule 4668.0075 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on record review and interviews, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for thirteen of thirteen employee (A, B, C, E, F, G, J, K, L, M, N, O, and P) records reviewed. The findings include:

There was no documentation that employee's A, B, C, E, F, G, J, K, L, M, N, O, and P had received orientation to home care requirements prior to providing home care services.

When interviewed, March 27, 2009, the owner verified that none of the employees had received orientation to home care requirements from the licensee.

10. MN Rule 4668.0100 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on observation, record review and interview, the licensee failed to ensure that the registered nurse (RN) delegated nursing services to trained unlicensed personnel for two of nine unlicensed employee (F and J) records reviewed. The findings include:

During a home visit March 25, 2009, employee F was observed suctioning client #2. There was no evidence of training or competency for any delegated tasks in employee F's file.

During a home visit March 26, 2009, employee J was observed suctioning client #1. There was no evidence of training or competency for any delegated tasks in employee J's file.

When interviewed, March 25, 2009, employee F, an unlicensed caregiver, stated he routinely suctioned clients and did blood sugar monitoring. Employee C stated that he was trained by another unlicensed staff.

When interviewed March 24, 2009 the director of nurses stated that she had not trained any of the unlicensed staff. She said she has known all staff from the previous home care employer and that she knows they were all trained.

When interviewed March 25, 2009, the registered nurse stated some staff were trained by a contracted agency and she was unsure how the other unlicensed staff were trained.

11. MN Rule 4668.0100 Subp. 5

INDICATOR OF COMPLIANCE: # 5

Based on observation, record review and interview, the licensee failed to ensure that unlicensed direct care staff were trained and demonstrated competency to a registered nurse (RN) before performing home health aide tasks for nine of nine unlicensed employee (F, G, J, K, L, M, N, O and P) records reviewed. The findings include:

During a home visit March 25, 2009, employee F was observed suctioning client #2. There was no evidence of training or competency for any delegated tasks in employee F's file. During a home visit on March 25, 2009, employee L was observed doing oral cavity suctioning on client #6. There was no evidence of training or competency for delegated tasks in employee L's file.

When interviewed March 25, 2009, employee L stated that she frequently does oral or nasal suctioning as well as dressing, grooming, bathing and positioning for client #6. She stated she was trained by her previous employer.

When interviewed, March 25, 2009, employee F, an unlicensed caregiver, stated he routinely performed assistance with dressing, grooming, bathing, transfers, positioning, suctioned clients and did blood sugar monitoring. Employee C stated that he was trained by another unlicensed staff.

When interviewed March 25, 2009, the registered nurse stated some staff were trained by a contracted agency and she was unsure how the other unlicensed staff were trained.

When interviewed March 24, 2009, the owner verified that employees F, G, J, K, L, M, N, O and P were unlicensed staff who performed home health aide tasks. She verified that there were no records of training or competency in their files. She stated that all staff had come from another agency and she assumed they were all trained. She said her agency is developing their own competency evaluation and plan to complete an evaluation on all unlicensed staff.

12. MN Rule 4668.0100 Subp. 8

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to have the registered nurse (RN) orient unlicensed personnel to each client and their services for nine of nine unlicensed employee (F, G, J, K, L, M, N, O and P) records reviewed. The findings include:

Unlicensed employees' G, J and L provided direct cares for clients #1, #2, #3, #4, #5 and #6 which included trach care. There was no evidence that an RN had oriented the employees to each client.

When interviewed March 25, 2009, employee G indicated that the client's family member provided them with information about the client's needs, otherwise the unlicensed staff asked the client. She stated occasionally an RN would instruct them as well.

When interviewed March 25, 2009, Client #2's family member stated she had instructed unlicensed staff on how to use oxygen properly with her family member.

When interviewed March 24, 2009, the director of nurses stated that none of the current unlicensed staff had been oriented to each client and their services because all the current staff already knew each client and their services from caring for them under the previous agency.

13. 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 nine of nine client (#1, #2, #3, #4, #5, #6, #7, #8, and #10) records reviewed. The findings include:

Client #2 received trachea care, catheter care, and total care with all activities of daily living. There were no supervisory visits documented. The client record contained "forms titled "Ometta Vent Care Skilled Nursing Visit Report" that had the name of a different agency on them. These reports did not include supervision of unlicensed staff.

Clients #1, #2, #3, #4, #5, #6, #7, #8, and #10 all received medication administration from unlicensed staff. There were no supervisory visits on any of the client records.

When interviewed March 24, 2009, the director of nurses stated she had not been doing the supervisory visits. She stated that she is there daily and observe all staff frequently.

When interviewed March 25, 2009, the registered nurse stated she saw unlicensed staff daily so that was supervision.

14. MN Rule 4668.0140 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to have a registered nurse (RN) establish a service agreement for nine of nine clients (#1, #2, #3, #4, #5, #6, #7, #8, and #10) records reviewed. The findings include:

Clients #1, #2, #3, #4, #5, #6, #7, #8, and #10 all began receiving services from the licensee February 13, 2009. There were no service agreements for any of the clients.

When interviewed March 25, 2009, the RN stated that she did not know there were no service agreements.

When interviewed March 27, 2009, the owner confirmed that they have not done new service agreements with any of the clients since starting the new agency. She said they have a format they are going to use but they are still working on it.

15. MN Rule 4668.0150 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on observation and interview the licensee failed to obtain a prescriber's signature on an order for one of seven client (#2) records reviewed. The findings include:

Client #2 had "Vent Care-Ometta-"orders for "March 2009" that were signed as reviewed by a nurse on dated February 24, 2009. The physicians order sheet contained forty-two orders. The orders were not signed by a prescriber.

When interviewed March 25, 2009, the registered nurse confirmed that the prescriber's signature had not been obtained.

16. MN Rule 4668.0160 Subp. 2

INDICATOR OF COMPLIANCE: # 4

Based on observation and interview the licensee failed to establish and implement a written procedure for the security of client records for one of ten clients (#9) record. The findings include:

During facility walk through March 26, 2009, at 6 AM it was observed that client #9's apartment was unsecured. During an interview March 25, 2009, the owner had stated the client had moved that day and no longer received services from the licensee. The complete client medical record was left in view upon opening the door of the apartment. The apartment was unlocked and unattended and in a multiplex apartment building with many people not served by the licensee.

When interviewed, March 26, 2009, an RN stated that client #9's record was in the licensee office. The licensee did not have a policy/procedure available for the security of client records.

17. MN Statute §144A.44 Subd. 1(2)

INDICATOR OF COMPLIANCE: # 2

Based on observation, record review and interview the licensee failed to provide services according to suitable and acceptable nursing standards for three of nine client (#2, #4 and #10) records reviewed. The findings include:

Client #2 began receiving services from the licensee February 13, 2009. Client #2 had diagnoses of Multiple Sclerosis, respiratory failure with tracheostomy, 3 respiratory arrests, chronic pain, malnourishment, diabetes mellitus, was tube fed and required total care. The client had "Vent Care-Ometta-" orders for "March 2009" that were signed as reviewed by a nurse on dated February 24, 2009. The orders contained an order for blood sugar checks every six hours and Insu-Novolin Regular 100 units per milliliter (ml) give 2 units for blood glucose levels of 150 to 199; give 4 units for blood glucose levels of 200 to 249; give 6 units for blood glucose levels of 250 to 299; give 8 units for blood glucose levels of 300 to 349; give 10 units for blood glucose levels of 350 to 399; give 12 units for blood glucose levels of 400 or greater. The March 2009, "Vent Care-Ometta- Diabetic Flow Record" had a blood sugar level of 150 recorded on March 8, 2009, at 6AM and a blood sugar level of 126 recorded on March 14, 2009. There was no documentation of insulin coverage given for these elevated blood sugar levels. The Flow sheet was blank for these administration times. The flow sheet had the initials "BC" as the person who administered insulin to client #2 on February 14, 2009, at 12 midnight, 6 AM, 12 noon, and PM. Also, on March 2, 2009, at 12 midnight. The initials "BC" were also signed on the medication administration record as administering medications per g-tube to client 2 on February 13, 14, and 18, 2009. The initials BC did not match up with any of the staff names provided by the licensee upon entrance of nurses or unlicensed staff.

When interviewed March 25, 2009, employees B and D, both licensed direct care staff, and an office staff (H) said they had no idea who "BC" was. When confronted at 3:30 PM the director of nurses (DON) begrudgingly verified that the BC was individual R, the former owner who lost her licensed practical nursing license. She said the office human resource person had called individual R to come in "one time" and work when the DON was sick. She said "there just was no one else to call." The DON admitted she knew that was wrong.

Client #2 had a February 2009 and a March 2009 order for repositioning every two hours. There was a physician visit record dated February 3, 2009, that read "5X4 pressure ulcer on L heel with dry stable eschar. Paint wound daily with Betadine. Apply dry protective gauze dressing daily. Continue with Heal float boots at all times." Client #2 had physician visit record dated March 25, 2009, which read "Stage II pressure ulcer left heal." The "Ometta Vent Care Skilled Nursing Visit Report" forms dated February 13, 2009, through the survey March 26, 2009, had no notation for skin except "WNL" (within normal limits) for turgor on February 16, and 18, 2009. On February 21, 2009, it read "L heel & R knee blister."

No other notations were made. The record also contained a form titled “Wound Assessment Flow Sheet.” The site indicated was “L heel.” The check sheet form notation was done by a licensed practical nurse and was undated. There was no description of the wound or client skin by the licensee’s staff, ever, in the record. No nursing assessment was present.

During an observation of cares March 25, 2009, employee F, an unlicensed direct care staff was performing tracheostomy suctioning on client #4. Employee F donned sterile gloves and picked up a formerly utilized bottle of saline solution that was sitting in the client’s room. The employee suctioned client #4 and secretions touched the gloved hands. When client #10 vent alarm sounded employee F went to check the alarm without removing the soiled gloves. Employee F turned off the vent alarm, assisted the client with disconnecting the client’s vent hoses which contained secretions that employee F touched with the same gloved hands, put the hoses away for client #10 and returned to client #4 where employee returned to suctioning the client with the same cross contaminated gloves on.

When interviewed March 25, 2009, employee F stated he did not realize he had done anything that might cause contamination.

18. MN Statute §144A.46 Subd. 5(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview the licensee failed to provide completed background studies for nine of seventeen employees (D, F, H, I, M, N, O, P and Q). The findings include:

Employees D, F, H, I, M, N, O, P and Q were all hired on February 13, 2009. No documentation of completed background studies was available on any of the employees.

When interviewed March 25, 2009, the owner stated she had just sent them all in about a week ago and didn’t have them back yet. I asked the owner (I) for the copy of her background study and she stated it was at home.

When interviewed March 27, 2009, the owner stated she couldn’t find the copy of her background study and she would need to redo it.

A draft copy of this completed form was left with Myra Magana, Owner, at an exit conference on March 31, 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).