



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2304 1431

December 3, 2010

Hibo Daar, Administrator
New American Home Healthcare
2109 Central Avenue NE
Minneapolis, MN 55418

RE: Results of State Licensing Survey

Dear Ms. Daar:

The above agency was surveyed on October 26 and 27, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order 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) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written in a cursive style.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2304 1431

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care & Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	HIBO DAAR	DATE: December 3, 2010
PROVIDER:	NEW AMERICAN HOME HEALTHCARE L	COUNTY: HENNEPIN
ADDRESS:	2109 CENTRAL AVENUE NE MINNEAPOLIS, MN 55418	HFID: 25421

On October 26 and 27, 2010, surveyors of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0030 Subp. 4

Based on interview and record review, the licensee failed to ensure that the required content regarding contacting the ombudsman and Office of Health Facility Complaints was included in the home care bill of rights for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1's and #2's record reflected that they received a copy of the MN Home Care Bill of Rights, but in addition to the text of the bill of rights, the document did not include the telephone number and mailing and street address of the Office of Health Facility Complaints, nor did it include the correct address of the office of the ombudsman.

When interviewed October 26, 2010, employee A (director) confirmed the bill of rights for clients #1 and #2 did not include the telephone number and mailing address of the Office of Health Facility Complaints or the correct address of the office of the ombudsman. Employee A stated that all the clients receiving services would have received this bill of rights that was lacking the required information.

TO COMPLY: In addition to the text of the bill of rights in Minnesota Statutes, section [144A.44](#), subdivision 1, the written notice to the client must include the following:

A. a statement, printed prominently in capital letters, that is substantially the same as the following:

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR OLDER MINNESOTANS.

B. the telephone number, mailing address, and street address, of the Office of Health Facility Complaints;

C. the telephone number and address of the office of the ombudsman for older Minnesotans; and

D. the licensee's name, address, telephone number, and name or title of the person to whom problems or complaints may be directed.

The information required by items B and C shall be provided by the Commissioner to licensees upon issuance of licenses and whenever changes are made.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0040 Subp. 1

Based on interview and record review, the licensee failed to ensure that tuberculosis testing was completed prior to health care workers (HCW) providing services to clients for three of three employees' (B, C and D) records reviewed. The agency failed to follow any TB screening including the conditions of Information Bulletin 09-04: Pursuant to Minnesota Rule 4668.0016, and as defined in Minnesota Department of Health Information Bulletin 09-04 Tuberculosis Prevention and Control: Home Care. Minnesota Rule 4668.0065, Subpart 1, Tuberculosis Screening is waived. The findings include:

Employees B (registered nurse), C and D (unlicensed staff) began providing direct care services to clients on February 5, 2009, April 20, 2010, and February 26, 2010, respectively. There was no evidence of any tuberculosis testing for these employees.

When interviewed October 27, 2010, employee A (director) confirmed employees B, C and D did not have any tuberculosis testing. Employee A stated they were not doing tuberculosis testing for any of their employees at the agency at the present time. When questioned, employee A stated he was not aware of the Minnesota Department of Health Information Bulletin 09-04 related to Tuberculosis Prevention and Control that came out in 2009.

TO COMPLY: - All paid HCWs (as defined in the "CDC Guidelines") must receive baseline TB screening. This screening must include a written assessment of any current TB symptoms, and a two-step tuberculin skin test (TST) or single interferon gamma release assay (IGRA) for M. tuberculosis (e.g., QuantiFERON® TB Gold or TB Gold - In Tube, T-SPOT® .TB).

- All paid HCWs (as defined in the "CDC Guidelines") must receive serial TB screening based on the facility 's risk level: (1) low risk - not needed; (2) medium risk - yearly; (3) potential ongoing transmission - consult the Minnesota Department of Health's TB Prevention and Control Program at 651-201-5414.

· HCWs with abnormal TB screening results must receive follow-up medical evaluation according to current CDC recommendations for the diagnosis of TB. See www.cdc.gov/tb

· All reports or copies of HCW TSTs, IGRAs for M. tuberculosis, medical evaluation, and chest radiograph results must be maintained in the HCW 's employee file.

· All HCWs exhibiting signs or symptoms consistent with TB must be evaluated by a physician within 72 hours. These HCWs must not return to work until determined to be non-infectious.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

3. MN Rule 4668.0100 Subp. 5

Based on interview and record review, the licensee failed to ensure that unlicensed staff that perform home health aide tasks successfully completed the training and/or passed the competency evaluation for two of two unlicensed employees (C and D) records reviewed. The findings include:

Employees C and D (unlicensed staff) were hired to provide direct care to clients April 20, 2010, and February 26, 2010, respectively. There was no training and/or competency records for employees C and D that included the required topics; observing, reporting, and documenting client status and the care or services provided; basic infection control; maintaining a clean, safe, and healthy environment; medication reminders; appropriate and safe techniques in personal hygiene and grooming, including bathing and skin care, the care of teeth, gums and oral prosthetic devices and assisting with toileting; adequate nutrition and fluid intake including basic meal preparation and special diets; communication skills; reading and recording temperature, pulse and respiration; basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; recognition of handling emergencies; physical, emotional and developmental needs of clients and ways to work with clients who have problems in these areas, including respect for the client, the client's property and the client's family; safe transfer techniques and ambulation; and range of motion and positioning.

When interviewed October 27, 2010, employee B (registered nurse) confirmed employee C's and D's training and or competencies did not include the required topics. Employee B stated the training she provided for the unlicensed staff was to ensure they watch a video. Employee B stated she was not aware of the training and competency requirement.

TO COMPLY: A person may only offer or perform home health aide tasks, or be employed to perform home health aide tasks, if the person has:

A. successfully completed the training and passed the competency evaluation required by part [4668.0130](#), subpart 1;

B. passed the competency evaluation required by part [4668.0130](#), subpart 3;

C. successfully completed training in another jurisdiction substantially equivalent to that required by item A;

D. satisfied the requirements of Medicare for training or competency of home health aides, as provided by Code of Federal Regulations, title 42, section [484.36](#);

E. satisfied subitems (1) and (2):

(1) meets the requirements of title XVIII of the Social Security Act for nursing assistants in nursing facilities certified for participation in the Medicare program, or has successfully completed a nursing assistant training program approved by the state; and

(2) has had at least 20 hours of supervised practical training or experience performing home health aide tasks in a home setting under the supervision of a registered nurse, or completes the supervised practical training or experience within one month after beginning work performing home health aide tasks, except that a class C licensee must have completed this supervised training or experience before a license will be issued; or

F. before April 19, 1993, completed a training course of at least 60 hours for home health aides that had been approved by the department.

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Rule 4668.0100 Subp. 8

Based on interview and record review, the licensee failed to ensure the registered nurse (RN) oriented each person who was to perform home health aide tasks prior to initiation of the service for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee on February 26, 2010, which included assistance with personal care and housekeeping and laundry by an unlicensed staff. The unlicensed staff documentation of services provided began on March 1, 2010. The client's "Home Health Aide/PCA Care Plan" which included instructions from the RN on the type of assistance the client needed and what duties the unlicensed staff was to perform when providing services to the client, was not developed until April 1, 2010. The document indicated that the unlicensed staff was oriented to the care plan on April 2, 2010, which was over a month after services were initiated.

Client #2 began receiving services from the licensee on February 26, 2010, which included assistance with personal care and housekeeping and laundry by unlicensed staff. The unlicensed staff documentation of services provided began on March 15, 2010. The client's "Home Health Aide/PCA Care Plan" which included instructions from the RN on the type of assistance the client needed and what duties the unlicensed staff was to perform when providing services to the client, was not developed until

May 30, 2010. The document indicated that the unlicensed staff was oriented to the care plan on May 30, 2010, which was over two months after services were initiated.

When interviewed October 27, 2010, employee B (registered nurse) confirmed the unlicensed staffs' care plans for clients #1 and #2 had not been developed until after the unlicensed staff began providing services. Employee B stated she usually tried to visit the client within the first week or two after services were started to develop the unlicensed staffs' care plan.

TO COMPLY: Prior to the initiation of home health aide tasks, a registered nurse or therapist shall orient each person who is to perform home health aide tasks to each client and to the tasks to be performed.

TIME PERIOD FOR CORRECTION: Thirty (30) days

5. MN Rule 4668.0100 Subp. 9

Based on interview and record review, the licensee failed to ensure that the registered nurse (RN) conducted supervisory visits within fourteen days after initiation of home health aide tasks and at least every sixty days thereafter for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee February 26, 2010, which included assistance with personal care and housekeeping and laundry on a daily basis. There was no supervisory visit within fourteen days after initiation of services. The first supervisory visit by the RN was April 1, 2010. The only other supervisory visit for client #1 was dated May 31, 2010. There were no subsequent supervisory visits documented.

Client #2 began receiving services from the licensee February 26, 2010, which included assistance with personal care and housekeeping and laundry. There was no supervisory visit within fourteen days after initiation of services. Client #2 had one RN supervisory visit in his record dated May 30, 2010. There were no subsequent supervisory visits documented.

When interviewed October 27, 2010, employee B (registered nurse) stated she conducted supervisory visits every month. When questioned regarding client #1 and #2 only having one or two supervisory visits in their records, she stated she may have some of the visit documentation with her that was not in the clients' records. When questioned if the documentation of the visits could be brought to the home care office for review, employee B stated she was too busy and she was not sure if the visits were done.

TO COMPLY: After the orientation required by subpart 8, a therapist or a registered nurse shall supervise, or a licensed practical nurse, under the direction of a registered nurse, shall monitor persons who perform home health aide tasks at the client's residence to verify that the work is being performed adequately, to identify problems, and to assess the appropriateness of the care to the client's needs. This supervision or monitoring must be provided no less often than the following schedule:

- A. within 14 days after initiation of home health aide tasks; and
- B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or

C. every 60 days thereafter, or more frequently if indicated by a clinical assessment, for all home health aide tasks other than those described in subparts 2 to 4.

If monitored by a licensed practical nurse, the client must be supervised at the residence by a registered nurse at least every other visit, and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

TIME PERIOD FOR CORRECTION: Thirty (30) days

6. MN Rule 4668.0140 Subp. 1

Based on interview and record review, the licensee failed to ensure that a written service agreement with the client was entered into no later than the second visit to the client for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee February 26, 2010, which included assistance with personal care and housekeeping and laundry on a daily basis. Client #2 began receiving services from the licensee February 26, 2010, which included assistance with personal care and housekeeping and laundry. There was no written service agreement with the client or the client's responsible person in client #1's and #2's records.

When interviewed October 26, 2010, employee A (director) confirmed there was no written service agreement for clients #1 and #2. Employee A stated they had used the Department of Human Services Agreement as the service agreement. Employee A verified this document was not signed/agreed to by the client or the client's responsible person nor did it include the required content of the service agreement as indicated in MN Rule 4668.0140 Subpart 2.

TO COMPLY: No later than the second visit to a client, a licensee shall enter into a written service agreement with the client or the client's responsible person. Any modifications of the service agreement must be in writing and agreed to by the client or the client's responsible person.

TIME PERIOD FOR CORRECTION: Thirty (30) days

7. MN Rule 4668.0160 Subp. 6

Based on interview and record review, the licensee failed to ensure that notes summarizing each contact with the client were entered into the client's record no later than two weeks after the contact for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 began receiving services from the licensee on February 26, 2010. A review of client #1's and #2's record lacked recent nursing visit notes.

When interviewed October 27, 2010, employee B (registered nurse) stated she kept approximately three months of notes with her at home and used them as a reference when doing her home visit. Employee B stated she does not usually get her nursing notes into the client's record within two weeks after the visit.

TO COMPLY: The client record must contain:

A. the following information about the client:

(1) name;

(2) address;

(3) telephone number;

(4) date of birth;

(5) dates of the beginning and end of services; and

(6) names, addresses, and telephone numbers of any responsible persons;

B. a service agreement as required by part [4668.0140](#);

C. medication and treatment orders, if any;

D. notes summarizing each contact with the client in the client's residence, signed by each individual providing service including volunteers, and entered in the record no later than two weeks after the contact;

E. names, addresses, and telephone numbers of the client's medical services providers and other home care providers, if known;

F. a summary following the termination of services, which includes the reason for the initiation and termination of services, and the client's condition at the termination of services.

Class C licensees need only include the information required by items A, B, and E. Class E licensees need only include the information required by items A, B, D, and E.

TIME PERIOD FOR CORRECTION: Thirty (30) days

8. MN Statute §626.557 Subd. 14(b)

Based on interview and record review, the licensee failed to ensure that an individualized assessment of the client's susceptibility to abuse and a plan to minimize the risk of abuse to that person was developed for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee on February 26, 2010, which included assistance with personal cares and housekeeping and laundry as she was a paraplegic. There was no individualized assessment of the client's susceptibility to abuse.

Client #2 began receiving services from the licensee on February 26, 2010, which included assistance with personal cares and housekeeping. There was no individualized assessment of the client's susceptibility to abuse.

The agency's policy and procedure titled "Abuse Prevention Plan," dated 2007, indicated "All clients admitted to the agency will be assessed for vulnerability. An individual abuse prevention plan for individuals suspected or determined to be vulnerable will be documented on the care plan."

When interviewed October 27, 2010, employee B (registered nurse) confirmed clients #1 and #2 did not have an individualized assessment of their susceptibility to abuse. Employee B stated she had received training on vulnerability assessments a couple months ago, but had not implemented the assessments for any clients yet.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman



Protecting, Maintaining and Improving the Health of Minnesotans

October 2, 2008

Hibo Daar, Administrator
New American Home Healthcare LLC 141A
912 East 24th Street
Minneapolis, MN 55404

Re: Telephone Interview

Dear Ms. Daar:

The information discussed during a telephone interview conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on (date) 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".

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: New American Home Healthcare LLC

HFID #: 25421

Type of License: Class A Home Care

Date of Interview: September 11, 2008

Interview Topic	Item Discussed	Education Provided
Access to information	<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
Client Needs	<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
Home Care Bill of Rights	<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
Advertising	<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
Unlicensed personnel (ULP) who provide direct care	<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 checked="" type="checkbox"/> Initial training needed MN Rule 4668.0100 Subp. 5 (Class A) <input checked="" type="checkbox"/> Competency testing required MN Rule 4668.0130 Subp.3 (Class A) <input checked="" type="checkbox"/> Inservice training MN Rule 4668.0100 Subp. 6 (Class A) <input checked="" type="checkbox"/> Ongoing infection control training needed MN Rule 4668.0065 Subp. 3 <input checked="" type="checkbox"/> Basic Education Provided
Unlicensed personnel (ULP) and medication administration	<input checked="" type="checkbox"/> Training required <input type="checkbox"/> Insulin administration by unlicensed personnel	<input checked="" type="checkbox"/> Difference between medication administration and assistance with medication administration. MN Rule 4668.0003 Subp. 2a and Subp. 21a <input checked="" 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 checked="" 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
Role of registered nurse (RN) and licensed practical nurse (LPN)	<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 checked="" type="checkbox"/> RN assessment and change in condition MN Rule 4668.0100 Subp. 9 (Class A) <input checked="" type="checkbox"/> Basic Education Provided
Supervision of unlicensed personnel (ULP)	<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
Service plan or agreement	<input checked="" type="checkbox"/> Contents of Service Plan or Agreement <input checked="" type="checkbox"/> Person who prepares service plan	<input checked="" type="checkbox"/> Differentiate between licensee service plan and county service plan <input checked="" type="checkbox"/> Required components of service plan <input checked="" type="checkbox"/> Need to review service plan <input checked="" type="checkbox"/> Basic Education Provided MN Rule 4668.0140 (Class A)
Protection of health, safety and well being of clients	<input checked="" type="checkbox"/> Background studies for all staff <input checked="" type="checkbox"/> Assessment of vulnerability for all clients	<input checked="" type="checkbox"/> Background studies not transferable <input checked="" type="checkbox"/> Only DHS background study accepted MN Statute §144A.46 Subd. 5 <input checked="" type="checkbox"/> Plan to address identified vulnerabilities required MN Statute §626.557 Subd. 14b <input checked="" type="checkbox"/> Basic Education Provided

Interview Topic	Item Discussed	Education Provided
Infection control	<input checked="" type="checkbox"/> Tuberculosis screening prior to direct client contact	<input checked="" type="checkbox"/> System for follow up on TB status after hire MN Rule 4668.0065 Subps. 1 & 2 <input checked="" 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
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 Mohamed Abdilahi Administrator during a telephone interview on September 11, 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