



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2304 1417

December 3, 2010

Angela Elliott, Administrator
Just For Rachel Home Care
4954 170th Lane Northwest
Andover, MN 55304

RE: Results of State Licensing Survey

Dear Ms. Elliott:

The above agency was surveyed on October 6 and 7, 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: Anoka County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
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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CERTIFIED MAIL #: 7009 1410 0000 2304 1417

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 and Assisted Living Program



Patricia Nelson, Supervisor- (651) 201-4309

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|-----------|----------------------------------|------------------------|
| TO: | <u>ANGELA ELLIOTT</u> | DATE: December 3, 2010 |
| PROVIDER: | <u>JUST FOR RACHEL HOME CARE</u> | COUNTY: ANOKA |
| ADDRESS: | <u>4954 170TH LANE NORTHWEST</u> | HFID: 25672 |
| | <u>ANDOVER, MN 55304</u> | |

On October 6 and 7, 2010, a surveyor 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 4668.0065 Subp. 1

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

Employee C was hired as a licensed staff to provide care to client #1 on December 31, 2008. There was no evidence of tuberculosis testing in employee C's record. When interviewed October 6, 2010, employee D (registered nurse/owner) indicated she did not know if employee C's Mantoux testing had been done.

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: Thirty (30) days

2. MN Rule 4668.0065 Subp. 3

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for three of three licensed employees' (A, B and C) records reviewed. The findings include:

Employees A, B and C were hired as licensed staff to provide care to client #1 on May 15, 2010, March 30, 2009, and December 31, 2008, respectively. There was no documentation of infection control training for employees A, B or C.

When interviewed October 6, 2010, employee D (registered nurse/owner) stated that none of the nurses had any infection control training.

TO COMPLY: For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

A. hand washing techniques;

B. the need for and use of protective gloves, gowns, and masks;

C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;

D. disinfecting reusable equipment; and

E. disinfecting environmental surfaces.

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0075 Subp. 1

Based on record review and interview, the licensee failed to ensure that each employee received orientation to home care requirements before providing home care services to clients for three of three employees' (A, B and C) records reviewed. The findings include:

Employees A, B and C were hired as licensed staff to provide care to client #1 on May 15, 2010, March 30, 2009, and December 31, 2008, respectively. Their records lacked evidence that they had received orientation to home care.

When interviewed October 6, 2010, employee D (registered nurse/owner) indicated she didn't know what orientation to home care included, or what orientation to home care was.

TO COMPLY: Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, shall complete an orientation to home care requirements before providing home care services to clients. This orientation may be incorporated into the training required of paraprofessionals under part [4668.0130](#). This orientation need only be completed once.

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to provide services according to acceptable medical and nursing standards for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services in October 2008. The client's care included suctioning, tracheostomy care, administration of medication via a gastrostomy tube, nebulizer treatments, incontinent care and a ventilator at night.

On October 7, 2010, employee B (licensed practical nurse/LPN) was observed suctioning client #1 at 8:30 a.m. and 9:30 a.m. At 10:30 a.m. employee B changed client #1's incontinent product. At 10:35 a.m. employee B performed a nebulizer treatment through client #1's tracheostomy. At 1:05 p.m. employee B administered medications through client #1's gastrostomy tube. Employee B did not wear gloves nor did she wash her hands before or after providing the cares of suctioning, incontinent care, nebulizer treatment or medication administration. When interviewed October 7, 2010, employee B

stated she had not used hand gel or washed her hands before cares. Employee B stated there was no excuse except that you get so used to providing the cares. She also indicated she needed to work at better infection control techniques.

During observation of medication administration October 7, 2010, at 1:05 p.m., employee B administered Reglan (gastric upset) 4 mg (milligrams) Tegretol (seizures) 13 ml (milliliters) and Tylenol (pain) 15 ml through client #1's gastrostomy tube. Employee B was observed to pour the medications out of the bottles and did not verify the medications with the medication administration record or the label on the bottle prior to administration of the medications. When interviewed October 7, 2010, employee B stated that she knew what the medications were when she looked at the bottle and she stated she needed to get back into the habit of doing medication administration correctly.

When interviewed October 6, 2010, employee D (registered nurse/owner) stated that there were no procedures on infection control. She also said that client #1 had been admitted to the hospital three times in 2010 for pneumonia or respiratory illnesses requiring intravenous antibiotics and/or bronchoscopy.

TO COMPLY: A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Seven (7) days

5. MN Statute §144A.46 Subd. 5(b)

Based on record review and interview, the licensee failed to ensure a background study was done for one of three licensed employees' (A) records reviewed. The findings include:

Employee A was hired as a licensed staff May 15, 2010. There was no evidence of a background study being completed for employee A.

When interviewed October 6, 2010, employee D (owner) indicated she thought the background study had been done, but didn't know why the background study wasn't in employee A's file.

TO COMPLY: Employees, contractors, and volunteers of a home care provider are subject to the background study required by section [144.057](#). These individuals shall be disqualified under the provisions of chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.

TIME PERIOD FOR CORRECTION: Seven (7) days

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