



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6277

October 29, 2010

Karen Carlson, Administrator  
Visiting Angels  
200 3<sup>rd</sup> Avenue NE STE 100  
Cambridge, MN 55008

Re: Results of State Licensing Survey

Dear Ms. Carlson:

The above agency was surveyed on October 7 and 8, 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: Isanti 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 2303 6277

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:	<u>KAREN CARLSON</u>	DATE: October 29, 2010
PROVIDER:	<u>VISITING ANGELS</u>	COUNTY: ISANTI
ADDRESS:	<u>200 3RD AVENUE NE STE 100</u>	HFID: 26546
	<u>CAMBRIDGE, MN 55008</u>	

On October 7 and 8, 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 4668.0100 Subp. 9**

Based on record review and interview, the licensee failed to ensure a registered nurse (RN) supervised persons who perform home health aide tasks every 60 days for two of two clients (#1 and #2) reviewed. The findings include:

Client #1 began receiving services on April 22, 2010. The client's service agreement, dated April 22, 2010, indicated the client received the following services; shower, medication reminders as needed, and home management. The client's record indicated supervisory visits by a RN were completed on May 4, 2010, and September 13, 2010 (132 days between RN visits).

When interviewed October 8, 2010, employee D (owner) stated she had talked with the RN and the supervisory visits were only completed on May 4 and September 13, 2010.

Client #2 began receiving services on June 5, 2009. The client's service agreement, dated June 5, 2009, indicated the client received the following services; assistance with bathing, medication reminders, and meal preparation. The client's record indicated supervisory visits by a RN were completed on August 11, 2009, February 2, 2010, (175 days between RN visits), June 1, 2010, (119 days between RN visits) and August 24, 2010.

When interviewed October 8, 2010, employee D verified the RN supervisory visits were not completed every 60 days.

**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

## **2. MN Rule 4668.0140 Subp. 2**

Based on record review and interview, the licensee failed to ensure the service agreement was complete for one of two clients (#2) reviewed. The findings include:

Information provided at the time of the survey indicated that client #2 received medication set-up. The client's record indicated the registered nurse (RN) set up the client's medications every two weeks. The client's services agreement, dated June 5, 2009, did not include medication set-up as a service being provided to the client.

When interviewed October 7, 2010, employee A (RN) stated she set up the client's medications every two weeks. When interviewed October 7, 2010, employee D (owner) stated that the RN sets up the client's medications and the service agreement does not include medication set-up.

**TO COMPLY:** The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;
- B. identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required, if any;
- D. fees for services;
- E. a plan for contingency action that includes:

(1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

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