



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6888

August 12, 2010

Seeta Arrell, Administrator
Chez Vous Home Care LLC
11977 84th Place North
Maple Grove, MN 55369

Re: Results of State Licensing Survey

Dear Ms. Arrell:

The above agency was surveyed on July 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 cursive script that reads "Patricia Nelson".

Patricia Nelson, Supervisor

Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2303 6888

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>SEETA ARRELL</u>	DATE: August 12, 2010
PROVIDER:	<u>CHEZ VOUS HOME CARE LLC</u>	COUNTY: HENNEPIN
ADDRESS:	<u>11977 84TH PLACE NORTH</u>	HFID: 26654
	<u>MAPLE GROVE, MN 55369</u>	

On July 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 Statute §626.557 Subd. 14(b)

Based on interview and record review, the licensee failed to ensure that an individuated assessment of the client's susceptibility to abuse was completed for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services from the home care provider on February 11, 2010. Client #1 was identified on his service agreement, dated February 11, 2010, as requiring total assistance with all of his activities of daily living, medication administration, tracheostomy care, gastrostomy tube feedings and suctioning. There was no individualized assessment of the client's susceptibility to abuse.

When interviewed July 6, 2010, employee A (registered nurse/owner) confirmed client #1 did not have an individualized assessment of his susceptibility to abuse. Employee A stated an individualized assessment of the client's susceptibility to abuse had not been completed on any of the clients as she was not aware this needed to be done.

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