



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2290 **Hand-delivered by Sarah Peterson 5/29/07**

May 25, 2007

Mohamed Abdi, Administrator
Lakes Home Care Health Service Inc
2121 Nicollet Avenue South
Minneapolis, MN 55404

Re: Licensing Follow Up visit

Dear Mr. Abdi:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on April 30 and May 1 and 2, 2007.

The documents checked below are enclosed.

- ☒ Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- ☐ MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- ☒ Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink, which appears to read "Jean Johnston", is written over a light blue rectangular stamp. The stamp contains some faint, illegible text.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

01/07 CMR1000



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2290 **Hand-delivered by Sarah Peterson 5/29/07**

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR HOME CARE PROVIDERS**

May 25, 2007

Mohamed Abdi, Administrator
Lakes Home Care Health Service Inc
2121 Nicollet Avenue South
Minneapolis, MN 55404

RE: QL23233003

Dear Mr. Abdi:

On April 30 and May 1 and 2, 2007, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on January 29, 30 and February 2, 2007, with correction orders received by you on February 13, 2007.

The following correction orders were not corrected in the time period allowed for correction:

1. MN Rule 4668.0030 Subp. 5 \$50.00

Based on record review and interview the licensee failed to ensure there was an acknowledgement of receipt of the Minnesota home care Bill of Rights for two of four clients' (#1, #4) records reviewed. The findings include:

Clients #1, #4 began receiving services July 1, 2004 and August 23, 2005 respectively. Their records lacked acknowledgement of receipt of the Bill of Rights. When interviewed, January 30, 2007, the administrator confirmed there was no acknowledgement.

TO COMPLY: The provider shall obtain written acknowledgment of the client's receipt of the bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's responsible person.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

3. MN Rule 4668.0065 Subp. 2

\$500.00

Based on record review and interview, the licensee failed to ensure the required tuberculosis screening was provided for four of four employees (A, B, C, and D) who had direct contact with clients. The findings include:

Employees' A, B, C, and D began providing direct client care September 12, 2004, December 1, 2004, May 21, 2005 and December 29, 2004 respectively. Their records did not include documentation of the required tuberculosis screening. When interviewed January 30, 2007 the registered nurse stated there had been no tuberculosis screening.

TO COMPLY: In addition to the requirements of subpart 1, a person who has been exposed to active tuberculosis must document a negative result of a Mantoux test or chest x-ray administered no earlier than ten weeks and no later than 14 weeks after the exposure.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$500.00.

7. MN Rule 4668.0100 Subp. 2

\$350.00

Based on record review and interview, the licensee failed to have training and competency for medications and treatments for three of three employees (B, C and D) records reviewed. The findings include:

Employees' B, C, and D pay period documentation for performing tasks for clients #1, #2 and #3 included medication administration which was given daily to clients #1, #2 and #3. During home visits with client #1 and #2 employee B and C stated they assist the client with self-administration of medication. Employee B and C opened the container containing the medications set up by the nurse, emptied the contents from the container into a cup or the client's hand and provided liquids to accompany the medication. Timesheet documentation, August 2006 through January 2007, and some undated documented paid time for client medication assistance. There was no evidence of medication training for employees' B, C, and D.

When interviewed January 29, 2007 the administrator stated the pay period (timesheet) documentation was a form that was from another home care agency and the licensee put their letterhead on it and then used it not realizing that medication assistance was documented instead of medication reminders.

TO COMPLY: A person who satisfies the requirements of subpart 5 may administer medications, whether oral, suppository, eye drops, ear drops, inhalant, topical, or administered through a gastrostomy tube, if:

A. the medications are regularly scheduled;

B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:

(1) within 24 hours after its administration; or

(2) within a time period that is specified by a registered nurse prior to the administration;

C. prior to the administration, the person is instructed by a registered nurse in the procedures to administer the medications to each client;

D. a registered nurse specifies, in writing, and documents in the clients' records, the procedures to administer the medications; and

E. prior to the administration, the person demonstrates to a registered nurse the person's ability to competently follow the procedure.

For purposes of this subpart, "pro re nata medication," commonly called p.r.n. medication, means a medication that is ordered to be administered to or taken by a client as necessary.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

10. MN Rule 4668.0140 Subp. 1

\$250.00

Based on record review and interview, the licensee failed to enter into a written service agreement with the client no later than the second visit to a client for four of four client's (#1, #2, #3 and #4) records reviewed. The findings include:

Client #1 began receiving services including assistance with medication July 1, 2004. Her record contained a State of Minnesota Department of Human Services (DHS) medical assistance (MA) Home Care Prior Authorization form dated August 29, 2006 which indicated client #1 was approved to receive 5.75 hours of personal care attendant (PCA) care daily from July 1, 2006 to June 30, 2007. The record also contained a DHS, MA Health Status Assessment, dated July 19, 2005 that indicated client needed assistance with mobility, meals, and medications. The DHS forms were not signed by the client or their responsible party. There was no service agreement in the record.

Client #2 began receiving services including assistance with medication September 1, 2004. His record contained a State of Minnesota Department of Human Services (DHS) medical assistance (MA) Home Care Prior Authorization form dated December 18, 2006 which indicated client #2 was approved to receive 2.0 hours of personal care attendant (PCA) care daily from July 1, 2006 to December 31, 2006. The record also contained a Home Health Aide/PCA Care Plan dated September 23, 2004 that indicated client#2 needed encouragements to do activities of daily living and assistance with meal preparation, laundry and medications. There was no service agreement in the record.

Client #3 began receiving services including assistance with medication December 1, 2005. The record contained a State of Minnesota Department of Human Services (DHS) medical assistance (MA) Home Care Prior Authorization form dated September 13, 2006 which indicated client #3

was approved to receive 2.75 hours of personal care attendant (PCA) care daily from December 1, 2005 to November 30, 2006. The record also contained a Home Health Aide/PCA Care Plan dated March 30, 2005 that indicated client #3 needed assistance with oral hygiene, skin care, meal preparation, and household tasks. There was nothing in the record to indicate that medication assistance was required or contracted as a service. There was no service agreement in the record.

Client #4 began receiving services August 23, 2005 including assistance with medication. The State of Minnesota Department of Human Services (DHS) medical assistance (MA) Home Care Prior Authorization form dated December 11, 2006 indicated client #4 was approved to receive 2.0 hours of personal care attendant (PCA) care daily from July 1, 2006 to June 30, 2007. The record also contained a Medical Assistance Home Care Service Plan dated July 13, 2005 that indicated client #4 needed assistance with activities of daily and with health related functions. There were no other details of specific assistance to be done. Client #4 was a preterm infant with a gastrostomy feeding tube. There was no service agreement in the record.

When interviewed, January 30, 2006, the administrator stated the agency used the DHS forms in lieu of a service agreement.

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.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$250.00.

11. MN Rule 4668.0150 Subp. 3

\$350.00

Based on record review and interview, the licensee failed to have current orders for medications and treatments for four of four client's (#1, #2, #3 and #4) records reviewed. The findings include:

Client #1 began receiving services including assistance with medication July 1, 2004. Client #2 began receiving services including assistance with medication September 1, 2004. Client #3 began receiving services including assistance with medication December 1, 2005. Client #4 began receiving services August 23, 2005 including assistance with medication.

During home visits with client #1 and #2 employees B and C, both unlicensed staff, stated they assisted the client with self-administration of medication. Employees B and C opened the container containing the medications set up by the registered nurse, emptied the contents from the container into a cup or the client's hand and provided liquids to accompany the medication.

When interviewed January 30, 2006, the registered nurse stated medication and treatment orders were not required for medication reminders which was the level of training provided.

TO COMPLY: All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

12. MN Rule 4668.0160 Subp. 2

\$100.00

Based on record review and interview the licensee failed to establish a written procedure to control use and removal of client records for four of four clients' (#1, #2, #3, and #4) records reviewed. The findings include:

Clients #1, #2, #3, and #4 began receiving services July 1, 2004, September 1, 2004, December 1, 2005 and August 23, 2005 respectively. Their records were partially maintained in the licensees' office and portions of the records were transported to their homes by the registered nurse (RN) when she made home visits. The records lacked evidence of supervisory visits. When interviewed January 30, 2007 the RN stated that the portion of the client records containing supervisory visits were at her home. When interviewed January 30, 2007 the administrator stated there was no written procedure to control use and removal of client records. He stated the office was locked and there was an alarm system for the office. That was the record security system.

TO COMPLY: The licensee shall establish written procedures to control use and removal of client records from the provider's offices and for security in client residences and to establish criteria for release of information. The client record must be readily accessible to personnel authorized by the licensee to use the client record.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$100.00.

14. MN Statute §626.557 Subd. 14(b)

No Fine

Based on record review and interview the licensee failed to ensure there was an individual abuse prevention plan for three of three adult clients' (#1, #2, and #3) records reviewed. The findings include:

Clients #1, #2 and #3 began receiving services July 1, 2004, September 1, 2004 and December 1, 2005 respectively. Their records lacked evidence of an assessment or plan for abuse prevention. When interviewed January 30, 2007 the administrator confirmed the assessments and plans were missing.

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.

No assessment is due for this uncorrected order.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$1600.00. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

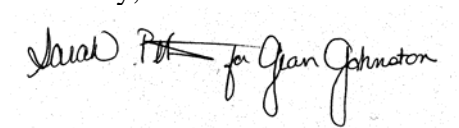
FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

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.

If you have any questions, please feel free to give me a call at 651-201-4301.

Sincerely,

A handwritten signature in black ink, appearing to read "Jean Johnston", is written over a horizontal line. The signature is cursive and somewhat stylized.

Jean Johnston
Program Manager
Case Mix Review Program

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

01/07 CMR 2697

**Minnesota Department of Health
Division of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: LAKES HOME CARE HLTH SERV INC

DATE OF SURVEY: April 30, May 1st and 2nd, 2007

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER: Class A

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Mohamed Abdi, Administrator

Nimo Ahmed, RN

Asha Jimale, Personal Care Attendant

Nuro Yacoub, Personal Care Attendant (per telephone)

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # 1

ITEMS NOTED AND DISCUSSED:

An unannounced visit was made April 30, May 1st and 2nd, 2007 to follow-up on the status of state licensing orders issued as a result of a visit made on January 29, 30 and February 2, 2007. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on January 29, 30 and February 2, 2007 are as follows:

1. MN Rule 4668.0030 Subp. 5

Not Corrected

\$50.00

Based on record review and interview the licensee failed to ensure there was an acknowledgement of receipt of the Minnesota home care Bill of Rights for two of two clients' (#3, #5) records reviewed. The findings include:

Clients #3, #5 began receiving services December 1, 2005 and February 14, 2007 respectively. Their records lacked acknowledgement of the Bill of Rights. When interviewed April 30, 2007 the administrator showed the reviewer an orange folder with information for clients including the Bill of Rights which will be given to clients. The reviewer showed the blank acknowledgement page to the

administrator that was in client #3 and #5 records. The administrator confirmed that acknowledgement of receipt was not documented. He stated the folders with the Minnesota Bill of Rights was left at the client home for the client. During translated interviews May 1, 2007, clients #3 and #5 indicated they had not yet received a copy of the Minnesota Bill of Rights.

2. MN Rule 4668.0040 Subp. 1 **Corrected**

3. MN Rule 4668.0065 Subp. 2 **Not Corrected** **\$500.00**

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for two of four employee (C and E) records reviewed. The findings include:

Employees C and E began providing direct client care May 21, 2005 and February 9, 2005 respectively. There was no evidence of tuberculosis screening in their records. When interviewed, April 30, 2007 the registered nurse stated they had not had the required tuberculosis screening yet.

4. MN Rule 4668.0065 Subp. 3 **Corrected**

5. MN Rule 4668.0070 Subp. 2 **Corrected**

6. MN Rule 4668.0075 Subp. 1 **Corrected**

7. MN Rule 4668.0100 Subp. 2 **Not Corrected** **\$350.00**

Based on record review and interview, the licensee failed to have training and competency for medications and treatments for two of three employees (C and D) records reviewed. The findings include:

Employee C and D's pay period documentation for performing tasks for clients #2 and #3 included daily medication administration. During a telephone interview May 1, 2007, with employee D she verified she gave medications daily to client #3. The pay period documentation form stated at the bottom of the page "assistance with self administration of medication means performing a task to enable clients to self administer medication including: A. Bring medication to the client. B. Opening a container containing medication set up by a nurse, physician or pharmacist. C. Emptying the content from the container into the client's hand. D. Providing liquids or nutrition to accompany medication that a client is self administering. E. Reporting information to a nurse regarding concerns about a client's self administration of medication. F. Medication reminder means providing a verbal or written reminder to a client to take medication. G. Administer medication set up by parents/guardian. Certification: this is to certify that information given on this form is accurate and complete" and there was a space for the client to write their signature. There was no evidence of medication training for employee D.

When interviewed, May 1, 2007 the registered nurse stated that the employee records lacked training for assistance with self administration of medications because she thought bringing medication to the client with nourishment was part of a medication reminder only and therefore did not require training for assistance with self administration of medication or medication administration.

8. MN Rule 4668.0100 Subp. 5 **Corrected**

9. MN Rule 4668.0100 Subp. 6**Corrected****10. MN Rule 4668.0140 Subp. 1****Not Corrected****\$250.00**

Based on record review and interview, the licensee failed to enter into a written service agreement with the client no later than the second visit for two of two client's (#3 and #5) records reviewed. The findings include:

According to pay period documentation dated March 24, 2007 through April 6, 2007, of tasks performed, client #3 received services which included assistance with medications and bathing. The client record contained a "State of Minnesota Department of Human Services Medical Assistance Home Care Prior Authorization" form dated February 26, 2007 which indicated client #3 was approved for payment of personal care attendant hours care daily from December 1, 2006 through November 30, 2007. The form did not contain any of the required elements of a service agreement. There was nothing in the client record to indicate that medication and bathing assistance was required or contracted as a service. There was a blank service agreement with the licensee/agency name in the record.

According to pay period documentation of tasks performed, client #5 began receiving services February 14, 2007, which included bathing, grocery shopping and housekeeping. Client #5's record contained a "State of Minnesota Department of Human Services Medical Assistance Home Care Prior Authorization" form dated March 23, 2007 which indicated client #5 was approved for payment of 2 hours of personal care attendant care daily from February 14, 2007 through January 31, 2008. The form did not contain any of the required elements of a service agreement. There was nothing in the client record to indicate that bathing, grocery shopping and housekeeping were required or contracted as services. There was a blank service agreement in the record.

When interviewed April 30, 2007 the administrator stated the blank service agreements were new forms which needed to be completed for clients.

11. MN Rule 4668.0150 Subp. 3**Not Corrected****\$350.00**

Based on record review and interview the licensee failed to have current physician's orders for medications and treatments for one of two clients reviewed (#3). The findings include:

According to pay period documentation of tasks performed dated March 10, 2007 through April 6, 2007, client #3 received services which included daily assistance with medication administration. Client #3's record lacked any prescriber's orders for medications or treatments. During a telephone interview May 1, 2007, with employee D, an unlicensed care giver for client #3, employee D confirmed the assistance with self administration of medication for client #3.

During an interview May 1, 2007, the registered nurse confirmed the absence of medication orders.

12. MN Rule 4668.0160 Subp. 2**Not Corrected****\$100.00**

Based on record review and interview the licensee failed to establish a written procedure to control use and removal of client's records for two of two clients (#3, #5) reviewed. The findings include:

Clients #3 and #5 began receiving services December 1, 2005 and February 14, 2007 respectively. Their records were partially maintained in the licensee's office and portions of the records were transported to

the client homes by the registered nurse (RN) when she made home visits. When interviewed January 30, 2007 the RN indicated she transported parts of client records to and from the licensee's office, the client's homes and her home. She showed this reviewer a briefcase that zippered shut to protect the client records during transportation to home visits. She stated she keeps the briefcase with her when out on visits and keeps it safe it at home.

When interviewed April 30, 2007, the administrator confirmed there was no written procedure to control the use and removal of client's records.

13. MN Rule 4668.0160 Subp. 6**Corrected****14. MN Statute §626.557 Subd. 14(b)****Not Corrected****No Fine**

Based on record review and interview the licensee failed to ensure there was an individual abuse prevention plan for two of two client's (#3, #5) records reviewed. The findings include:

Clients #3 and #5 began receiving services December 1, 2005 and February 14, 2007 respectively. Client #3 had a diagnosis of degenerative joint disease and client #5 had a history of lower extremity fracture. Their records lacked an assessment or plan for abuse prevention.

When interviewed April 27, 2007 the administrator provided a Vulnerable Adult Assessment form for clients and stated they were just getting started with this assessment.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 3350

February 8, 2007

Mohamed Abdi, Administrator
Lakes Home Care Health Services Inc
2121 Nicollet Avenue South
Minneapolis, MN 55404

Re: Results of State Licensing Survey

Dear Mr. Abdi:

The above agency was surveyed on January 29, 30, and February 2, 2007, 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".

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

01/07 CMR3199



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: LAKES HOME CARE HLTH SERV INC

HFID #: 23233

Date(s) of Survey: January 29, 30, and February 2, 2007

Project #: QL23233003

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 checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input checked="" type="checkbox"/> Met</p> <p><input 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><u>X</u> Correction Order(s) issued</p> <p><u>X</u> 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><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ 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><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p>

Indicators of Compliance	Outcomes Observed	Comments
Non-compliance with this variance will result in a correction order issued under 4668.0016.]		____ Correction Order(s) issued ____ Education Provided Follow-up Survey # ____ ____ New Correction Order issued ____ Education Provided
5. The provider employs and/or contracts with qualified and trained staff. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 Expanded Survey <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 [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.]	<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. 	Focus Survey ____ Met <u>X</u> ____ Correction Order(s) issued <u>X</u> ____ 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
6. The provider obtains and keeps current all medication and treatment orders [if applicable]. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0150 Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 [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	<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. 	Focus Survey ____ Met <u>X</u> ____ Correction Order(s) issued <u>X</u> ____ 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

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
<p>7. The provider is licensed and provides services in accordance with the license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0019 <p>Expanded Survey</p> <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. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p>____ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>____ Met</p> <p>____ Correction Order(s) issued</p> <p>____ Education Provided</p> <p>Follow-up Survey # ____</p> <p>____ New Correction Order issued</p> <p>____ Education Provided</p>
<p>8. The provider is in compliance with MDH waivers and variances.</p> <p>Expanded Survey</p> <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 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p>____ Survey not Expanded</p> <p><input checked="" type="checkbox"/> Met</p> <p>____ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ____</p> <p>____ New Correction Order issued</p> <p>____ Education Provided</p>

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 4668.0030 Subp. 5**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview the licensee failed to ensure there was an acknowledgement of receipt of the Minnesota home care Bill of Rights for two of four clients' (#1, #4) records reviewed. The findings include:

Clients #1, #4 began receiving services July of 2004 and August of 2005 respectively. Their records lacked acknowledgement of receipt of the Bill of Rights. When interviewed, January 30, 2007, the administrator confirmed there was no acknowledgement.

2. MN Rule 4668.0040 Subp. 1**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview the licensee failed to ensure there was a system for receiving, investigating and resolving complaints from clients for four of four clients' (#1, #2, #3, and #4) records reviewed. The findings include:

Clients #1, #2, #3, and #4 began receiving services July of 2004, September of 2004, December of 2005 and August of 2005 respectively. Their records lacked evidence they had received information about a complaint procedure for the licensee. When interviewed January 30, 2007 the administrator gave this reviewer a copy of the "No Call---No Show Company Policy" for staff. There was no complaint procedure for clients.

3. MN Rule 4668.0065 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure the required tuberculosis screening was provided for four of four employees (A, B, C, and D) who had direct contact with clients. The findings include:

Employees' A, B, C, and D began providing direct client care September of 2004, December of 2004, May of 2005 and December of 2004 respectively. Their records did not include documentation of the required tuberculosis screening. When interviewed January 30, 2007 the registered nurse stated there had been no tuberculosis screening.

4. MN Rule 4668.0065 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure the required infection control in-service training was provided for four of four employees (A, B, C, and D) who had direct contact with clients. The findings include:

Employees' A, B, C, and D began providing direct client care September of 2004, December of 2004, May of 2005 and December of 2004 respectively. Their records did not include evidence of any infection control training. When interviewed January 30, 2007 the registered nurse stated there had been no infection control training this past year.

5. MN Rule 4668.0070 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to maintain a record of each employee which included credential information, records of training and evidence of licensure if required for four of four employees (A, B, C, and D) who had direct contact with clients. The findings include:

Employees' A, B, C, and D began providing direct client care September of 2004, December of 2004, May of 2005 and December of 2004 respectively. Employee information including background study, personal care attendant enrollment application, and American Employment Eligibility Verification was merged within the client records. There was no credential information, records of training or evidence of licensure if required. When interviewed January 30, 2007 the administrator stated the contents of the client record included the employee file since most of the personal care attendants worked for one client as it is family.

6. MN Rule 4668.0075 Subp. 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to provide an orientation to home care requirements for four of four employees (A, B, C, and D) who had direct contact with clients. The findings include:

Employees' A, B, C, and D began providing direct client care September of 2004, December of 2004, May of 2005 and December of 2004 respectively. The employee information lacked verification and documentation that each employee completed an orientation to home care requirements before providing home care services to clients. When interviewed January 30, 2007 the administrator provided a list of employees, dated June 23, 2005, that had orientation to home care and the nurse stated the list had not been updated.

7. MN Rule 4668.0100 Subp. 2**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have training and competency for medications and treatments for three of three employees (B, C and D) records reviewed. The findings include:

Employees' B, C, and D pay period documentation for performing tasks for clients #1, #2 and #3 included medication administration which was given daily to clients #1, #2 and #3. During home visits with client #1 and #2 employee B and C stated they assist the client with self-administration of medication. Employee B and C opened the container containing the medications set up by the nurse, emptied the contents from the container into a cup or the client's hand and provided liquids to accompany the medication. Timesheet documentation, August 2006 through January 2007, and some undated documented paid time for client medication assistance. There was no evidence of medication training for employees' B, C, and D.

When interviewed January 29, 2007 the administrator stated the pay period (timesheet) documentation was a form that was from another home care agency and the licensee put their letterhead on it and then used it not realizing that medication assistance was documented instead of medication reminders.

8. MN Rule 4668.0100 Subp. 5

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed home health aide tasks successfully completed training or demonstrated competency in the required topics, for one of three of three unlicensed employees' (B, C, and D) records reviewed. The findings include:

Employee B began providing direct client care December of 2004, as an unlicensed personnel who performed home health aide tasks. There was a "PCA Orientation" form in the client record that listed numerous subjects for training. The form for employee B indicated the employee name and was dated May of 2007. It was not signed by a nurse or any other person as providing the training. There was no indication which, if any subjects or skill were taught.

Employee C began providing direct client care May of 2005 as an unlicensed personnel who performed home health aide tasks. There was a "PCA Orientation" form in the client record that listed numerous subjects for training. The form for employee C indicated the employee name and was dated August of 2005. It was not signed by a nurse or any other person as providing the training. There was no indication which, if any subjects or skill were taught.

Employee D began providing direct client care December of 2004, as an unlicensed personnel who performed home health aide tasks. There was a "PCA Orientation" form in the client record that listed numerous subjects for training. The form for employee D indicated the employee name and was dated February of 2005. It was not signed by a nurse or any other person as providing the training.

When interviewed January 30, 2007 the registered nurse circled eight of twenty one possible subjects and tasks on employee D's form in front of this reviewer. She stated she trained employee D in these areas. The RN indicated there was no competency evaluation done of all subjects nor documentation.

9. MN Rule 4668.0100 Subp. 6

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview the licensee failed to ensure that each person who performs home health aide tasks completed eight hours of in-service training for each twelve months of employment for three of three employees (B, C, and D) records reviewed. The findings include:

Employee B began providing direct client care December of 2004. Employee C began providing direct client care May of 2005. Employee D began providing direct client care December of 2004. There was no documentation of in-service training for employees B, C, and D. When interviewed January 29, 2007 the administrator stated that they did not think this was needed.

10. MN Rule 4668.0140 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to enter into a written service agreement with the client no later than the second visit to a client for four of four client's (#1, #2, #3 and #4) records reviewed. The findings include:

Client #1 began receiving services including assistance with medication July of 2004. Her record contained a State of Minnesota Department of Human Services (DHS) medical assistance (MA) Home Care Prior Authorization form dated August of 2006 which indicated client #1 was approved to receive 5.75 hours of personal care attendant (PCA) care daily from July of 2006 to June of 2007. The record also contained a DHS, MA Health Status Assessment, dated July of 2005 that indicated client needed assistance with mobility, meals, and medications. The DHS forms were not signed by the client or their responsible party. There was no service agreement in the record.

Client #2 began receiving services including assistance with medication September of 2004. His record contained a State of Minnesota Department of Human Services (DHS) medical assistance (MA) Home Care Prior Authorization form dated December of 2006 which indicated client #2 was approved to receive 2.0 hours of personal care attendant (PCA) care daily from July of 2006 to December of 2006. The record also contained a Home Health Aide/PCA Care Plan dated September 23, 2004 that indicated client#2 needed encouragements to do activities of daily living and assistance with meal preparation, laundry and medications. There was no service agreement in the record.

Client #3 began receiving services including assistance with medication December of 2005. The record contained a State of Minnesota Department of Human Services (DHS) medical assistance (MA) Home Care Prior Authorization form dated September of 2006 which indicated client #3 was approved to receive 2.75 hours of personal care attendant (PCA) care daily from December of 2005 to November of 2006. The record also contained a Home Health Aide/PCA Care Plan dated March 30, 2005 that indicated client #3 needed assistance with oral hygiene, skin care, meal preparation, and household tasks. There was nothing in the record to indicate that medication assistance was required or contracted as a service. There was no service agreement in the record.

Client #4 began receiving services August of 2005 including assistance with medication. The State of Minnesota Department of Human Services (DHS) medical assistance (MA) Home Care Prior Authorization form dated December of 2006 indicated client #4 was approved to receive 2.0 hours of personal care attendant (PCA) care daily from July of 2006 to June of 2007. The record also contained a Medical Assistance Home Care Service Plan dated July of 2005 that indicated client #4 needed assistance with activities of daily and with health related functions. There were no other details of specific assistance to be done. Client #4 was a preterm infant with a gastrostomy feeding tube. There was no service agreement in the record.

When interviewed, January 30, 2006, the administrator stated the agency used the DHS forms in lieu of a service agreement.

11. MN Rule 4668.0150 Subp. 3**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have current orders for medications and treatments for four of four client's (#1, #2, #3 and #4) records reviewed. The findings include:

Client #1 began receiving services including assistance with medication July of 2004. Client #2 began receiving services including assistance with medication September of 2004. Client #3 began receiving services including assistance with medication December of 2005. Client #4 began receiving services August of 2005 including assistance with medication.

During home visits with client #1 and #2 employees B and C, both unlicensed staff, stated they assisted the client with self-administration of medication. Employees B and C opened the container containing the medications set up by the registered nurse emptied the contents from the container into a cup or the client's hand and provided liquids to accompany the medication.

When interviewed January 30, 2006, the registered nurse stated medication and treatment orders were not required for medication reminders which was the level of training provided.

12. MN Rule 4668.0160 Subp. 2**INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview the licensee failed to establish a written procedure to control use and removal of client records for four of four clients' (#1, #2, #3, and #4) records reviewed. The findings include:

Clients #1, #2, #3, and #4 began receiving services July of 2004, September of 2004, December of 2005 and August of 2005 respectively. Their records were partially maintained in the licensees' office and portions of the records were transported to their homes by the registered nurse (RN) when she made home visits. The records lacked evidence of supervisory visits. When interviewed January 30, 2007 the RN stated that the portion of the client records containing supervisory visits were at her home. When interviewed January 30, 2007 the administrator stated there was no written procedure to control use and removal of client records. He stated the office was locked and there was an alarm system for the office. That was the record security system.

13. MN Rule 4668.0160 Subp. 6**INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview the licensee failed to provide accurate notes summarizing each contact with the client in the client's residence for three of four clients (#1, #3 and #4) reviewed. The findings include:

Client #1's services rendered were documented only on employee pay period timesheets. The timesheets from January 13 to January 26, 2007 read that the personal care attendant (PCA) provided TED stockings, prosthesis, catheter and range of motion services for the client. None of these tasks were indicated on the MA (medical assistance) Health Status Assessment dated July of 2005 and there was no

service agreement for client #1. During a home visit, January 30, 2007, the client was not wearing Ted stockings, prosthesis or a catheter. There was no documentation of services and or contact other than billing for services.

Client #3's services rendered were documented only on employee pay period timesheets. The pay period timesheets from December 2, 2006 to January 11, 2007 read that the PCA provided medication assistance to the client daily. The home health aide/PCA care plan dated March of 2005 did not document the need for medication assistance for client #3 and there was no service agreement for client #3. There was no documentation of services and or contact other than billing for services.

Client #4's services rendered were documented only on employee pay period timesheets. The pay period timesheets from August 26 to September 8, 2006 read that the PCA meal preparation (client had a gastrostomy tube feeding), medication assistance, application of TED stockings, prosthesis and catheter care. None of these tasks were indicated on client #4's Medical Assistance Home Care Service Plan dated July of 2005 and there was no service agreement for client #3. There was no documentation of services and or contact other than billing for services.

When interviewed January 29, 2007 the administrator stated that the timesheet form was taken from another agency and the licensee put their title on it but didn't know the wrong words i.e. medication assistance were used instead of medication reminders and did not know about the accuracy of the other tasks.

14. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview the licensee failed to ensure there was an individual abuse prevention plan for three of three adult clients' (#1, #2, and #3) records reviewed. The findings include:

Clients #1, #2 and #3 began receiving services July of 2004, September of 2004 and December of 2005 respectively. Their records lacked evidence of an assessment or plan for abuse prevention. When interviewed January 30, 2007 the administrator confirmed the assessments and plans were missing.

A draft copy of this completed form was left with Mohamed Abdi at an exit conference on February 2, 2007. 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).