DEPARTMENT OF HEALTH

Records Request

STATE EVALUATION: TEMPORARY LICENSED AND LICENSED HOME CARE PROVIDERS (144A)

Overview

The survey process requires the Minnesota Department of Health (MDH) to review how your home care operates. This requires the surveyor to review specific records and policies. Below is a sample of the items needed from you and the time frames within which you must provide them to help facilitate a smooth survey start. Surveyors may request the information earlier than specified, as needed. Surveyors may also request additional information as needed.

Providers may use the forms provided on the <u>Home Care Survey Forms and Self-Audit Tools</u> webpage or the licensee's own forms, provided they contain the required content.

Within one hour of survey:

- □ Up-to-date Current Client Roster (Comprehensive or Basic)
- □ Up-to-date Discharged/Deceased Client Roster
- Up-to-date Employee Roster with hire dates
- □ Current week's Daily staffing Schedule
- Admission information including: advertising material, complaint notice procedure and the bill of rights given to residents on admission
- □ Accident, incident, or medication error documentation, from the past six months
- □ 24-hour report book or communication book, if applicable

Within two hours of survey:

- □ Facility's tuberculosis risk assessment and infection control policies
- Documentation of M.A.A.R.C reports for the past six months
- Documentation of complaints for the past three to six months
- Policies and procedures related to unlicensed personnel including initial orientation, training, competency evaluations and medication administration

Please also provide:

- □ Medication administration book/treatment book
- □ Clinical Laboratory Information Act (CLIA) waiver
- □ Disaster and emergency preparedness plan

RECORDS REQUEST (STATE EVALUATION 144A)

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To obtain this information in a different format, call: 651-201-4200.