

Introduction Letter for Home Care Survey

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

My name is _____, RN. I am a nurse with the Minnesota Department of Health (MDH). The purpose of my visit is to complete the initial licensing survey for your temporary license to ensure you are complying with current regulations, laws and rules and to review the quality of care clients receive.

During the survey I will observe and interview staff, clients, and client representatives (if applicable). I will also review records, including those for:

- Clients
- Employees
- Operational and/or administrative policies and procedures

I will need access to these records. You can provide the records electronically or on paper. We will discuss this at the beginning of the survey.

The information provided by your staff is a very important part of my evaluation. I want all staff to feel comfortable talking to me. Let me know if you have any questions during the survey or want clarification about compliance expectations. I will explain the results of my visit after I am done with the observations, interviews, record reviews and home visits.

If you have any questions or comments about my visit, feel free to contact the State Evaluations Program Manager:

Daphne Ponds, RN, MSN, JD
Daphne.Ponds@state.mn.us
651-373-4413

MDH has a website where information for home care providers is posted. We encourage you to visit the website for information designed to help providers meet licensing requirements and improve the quality of care for the clients.

Thank you for taking the time to help with the evaluation of your home care services.

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