

Entrance Conference

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

Surveyor Name:

Provider Information

Provider:

Date:

HFID:

Time:

License effective date:

License expiration date:

Branch office address(s):

In attendance:

Agent/Director Name:

Email:

Is the provider familiar with current home care laws and regulations? (144A.472, Subd. 1-3)

Yes

No

Provider holds the integrated license: HCBS designation.

Yes

No

Current license is displayed in provider's place of business/branch offices.

Yes

No

Nurse/Licensed Health Professional Information

Primary nurse:

Phone number:

Hours/Days:

Previous experience:

Additional nurse(s):

Hours/Days:

PT/OT/Speech therapist (if applicable):

How many licensed staff does licensee employ?

How do staff contact on-call nurse/licensed health care professional?

Obtain schedule of home visits during the survey:

Assessment, Service Plan, and Service Provision

Assessments (144A.4791, Subd. 8; 144A.479, Subd. 6; 144A.44, Subd. 12)

Nursing Assessments: Describe your assessment procedures. Include information about the initial assessment, reassessments/changes in condition, individual abuse prevention plans, and physical device/safety (e.g. bed rails). When conducted (i.e., falls, hospital return, etc), who completes them? Process for off hours (weekend, holidays)?

Service Plan (144A.4791, Subd. 9)

Describe your procedure for developing and maintaining the service plan. Who develops and updates the service plan?

Medication Management Services (144A.4792, Subd. 1-23)

Describe your medication management assessment process:

Describe your medication management services:

- Times:
- PRN Procedures:
- Medication Security/Storage:
- Controlled Medications:
- Loss/Spillage:
- Disposition:

RN medication set up services?

Describe your system for how prescribed orders are communicated to the registered nurse, including when received by fax, digital, or hardcopy.

Describe your protocol for medication management services for clients who will be away from home:

Treatment or Therapy Management Services (144A.4793, Subd. 1-6)

Describe treatment/therapy management services you are providing or would provide if requested:

- | | |
|---|---|
| <input type="checkbox"/> Oxygen: | <input type="checkbox"/> CPAP/BiPAP: |
| <input type="checkbox"/> Compression Stockings: | <input type="checkbox"/> Orthotic Braces: |
| <input type="checkbox"/> Ace Wraps: | <input type="checkbox"/> Wound Care: |
| <input type="checkbox"/> Blood Glucose: | <input type="checkbox"/> Catheters: |
| <input type="checkbox"/> Modified Diets: | <input type="checkbox"/> Other: |

Describe your individualized treatment or therapy management plans:

Describe how/what you document in the client record regarding treatment/therapy plans:

Comments:

Documentation Records

Resident record documentation system:

- Electronic Paper Both

Location of records:

Are you aware of the required contents of the employee records?

- Yes No

How are employee records maintained and stored?

- Electronic Paper Both

Staff Orientation, Training and Supervision

All Staff

Orientation and training of unlicensed personnel and professional staff:

- Describe who trains staff on home care licensing requirements and regulations and how that training is done. (144A.4796, Subd. 1-2):
- Describe how staff are oriented to individual clients and where it is documented in the client record. (144A.4796, Subd. 4):
- Describe how staff orientation and training are documented and tracked. (144A.479, Subd. 7):
- Describe your system for completing annual training. (e.g.: monthly, yearly, or anniversary hire date) (144A.4795, Subd. 3, 7 (a-c)):
- Describe your system for completing annual performance reviews (144A.479, Subd. 7 (4)):

Training for dementia, Alzheimer's disease or related disorders:

- Describe your system for completing the required training at hire date and annually (144A.4796, Subd. 5):

Unlicensed personnel (ULP): Training and Supervision

How are unlicensed personnel trained by the RN?

- Medication administration: Describe the training, competency evaluations and supervision process for ULPs. (144A.4792, Subd. 7, 10(b)):
- Treatment and therapy services: Describe the training, competency evaluations and supervision process for ULPs. (144A.4793, Subd. 4; 144A.4795, Subd. 3, 7(a-c)):
- Competency evaluations: Describe how competencies (written and demonstrated) are documented and tracked in the employee record (144A.479, Subd. 7):

Comments:

Staff Communications

ULP communications: How do the ULPs communicate with each other and the licensed nurse regarding changes in the clients' condition or events on their shift?

Nursing staff communications: How do nursing staff communicate to ULPs and to other nursing staff regarding changes in clients' condition, medications, treatments, etc.?

Describe nurse on-call process: Who is available, how do staff find that information, and what is the expected return communication time frame?

Staffing Pattern and Schedule

Contract agency use, frequency, position (if applicable):

Nurse ULP Other:

Describe your staffing schedule (hours, # of staff/shift) for both ULPs and nursing.

- Days:
- Evenings:
- Nights:

Comments:

Programs and Procedures:

Complaints and Investigations

Client complaint procedure: Describe and review your client complaint procedure, investigations, and documentation. (144A.4791, Subd. 11 (a-c)):

Management of client unusual occurrence or incidents: Describe your investigative procedures and implementation of interventions and documentation of the following (144A.4794, Subd. 3 and 144A.479, Subd. 6)

- Falls:
- Medication Error:
- Elopement:
- VA Reporting expectations:

Tuberculosis (TB) Prevention and Control Program (144A.4798, Subd. 1)

Facility Risk Assessment completed:

Level:

Describe your employee, regularly schedule volunteer, and contract staff TB screening process including:

- TB policy and procedures

- Staff TB history and symptom screens and baseline screenings at hire
- TB Training records

Comments:

Quality Management Activities

Describe your agency's quality management plan and provide documentation for the previous twelve (12) months. (144A.479, Subd. 3)

Last meeting:

Current focus/topics:

Comments:

Required Documents

Provide these at the start of the survey.

Services and Client Admission

Home care services offered (including integrated license services):

Surveyor will obtain a copy of the following documents at the start of the survey:

- Home care bill of rights (144A.4791, Subd. 1 (a-c))
- Written complaint notice (144A.4791, Subd. 11)
- Statement of services given to clients (144A.4791, Subd. 3)
- Website and advertising information (144A.4791, Subd. 2)
- Written notice of dementia care training program (144A.4791, Subd. 2)

Reports or Documents

- Current client roster (may use MDH form)
- Discharged/deceased client roster (may use MDH form)
- List of employees (including all contracted staff), titles, and hire dates (may use MDH form)
- List of all licensed staff and evidence of current licensure
- Documentation of incidents, accidents and medication errors for the past six (6) months
- Abuse/neglect reports for the past six (6) months (MAARC)
- Any complaints for the past three (3) to six (6) months
- 24-hour report book or communication book, if applicable
- Unlicensed personnel daily assignment work/shift forms
- Admission information (See page 2, Services and client admission)

- A complete description of the training program in dementia care if providing services to clients with dementia, Alzheimer's and related disorders (144A.4791, Subd. 2)
- CLIA waiver (if applicable)
- Current year's quality management plan
- Medication administration book and treatment provision documentation/book (Provide when requested)

Policies and Procedures

- Training of unlicensed personnel on:
 - Documentation requirements
 - Medication administration
 - Delegated Tasks
 - Treatment or therapies
 - Dementia and related disorders
- Content of employee records
- Content of resident record
- Disaster and emergency plan (for business and for individual clients)
- Quality management plan and activities
- Orientation and annual training (including curriculum)
- Vulnerable adult reporting/Reporting of maltreatment of minors (if serving minors)
- Handling of complaints from residents and/or resident representatives
- Medications management services
- Treatment and therapy services
- Service plan

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