

**Class A Licensed-Only Home Care
Pre-licensing Survey**

Applicant Name:
Survey Date:
Reviewer Name:

	Met	Not Met	Notes
Confirm information provided on application: Applicant name: Address: City, State: Phone number: Emergency number: E-mail address:	<input type="checkbox"/>	<input type="checkbox"/>	Schedule survey one week in advance and verify that you have the correct address and other contact information during the survey.
Verify services listed on the application: <input type="checkbox"/> RN Services <input type="checkbox"/> LPN Services <input type="checkbox"/> OT <input type="checkbox"/> Speech <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Medical Social Services <input type="checkbox"/> Nutritional Services by a Dietitian <input type="checkbox"/> Home Health Aide Tasks (HHA) <input type="checkbox"/> Home Care Aide Tasks <input type="checkbox"/> Housekeeping <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Medical Supplies and Equipment accompanied by a home care service <i>Verify that they are actually prepared to offer these services. Hint: If they plan to offer some services via contract, ask them how they assure their contractors meet the Class A requirements. MN Rule 4668.0008 Subp. 3</i>	<input type="checkbox"/>	<input type="checkbox"/>	**
Applicant has received and read MN Statutes 144A.43 through 144A.47 <i>Hint: Do they have a copy and can they find it?</i>	<input type="checkbox"/>	<input type="checkbox"/>	**
Applicant has received and read MN Rules Chapter 4668 and 4669 <i>Hint: Do they have a copy and can they find it?</i>	<input type="checkbox"/>	<input type="checkbox"/>	**
Does the applicant have a system in place to receive, investigate and	<input type="checkbox"/>	<input type="checkbox"/>	**

<p>MN Rule 4668.0170 What is the applicant's plan in the event there is a request for discontinuation of life sustaining treatment?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>**</p>
<p>MN Statute 144A.46 Subd 5(b) Has the applicant staff registered for temporary access to completing background studies? Are they registered for the background study class? <i>Note: Temporary access to NetStudy system only works for 120 days – applicant must complete class to get regular access.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>**</p>
<p>MN Statute 626.557 14(b) Vulnerable Adult Assessment includes: (1) Individualized assessment of the person's susceptibility to abuse by other individuals, including other VA's (2) the person's risk of abusing other VA's (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other VA's. <i>Note: Ask the applicant how they plan to meet this requirement.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>**</p>

Additional notes:

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

INFORMATIONAL MEMORANDUM

PROVIDER: "Click here and type applicant name"

DATE OF SURVEY: "Click here and type date of pre licensing survey"

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 F

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

[Click here and type names of **staff** interviewed.]

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: _____ Pre-licensing Survey: _____

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to determine compliance with state licensure requirements. The following are areas of non compliance that were noted during the pre-licensing survey:

(Directions: Delete those items that do not apply to this survey and leave those that do apply)

The applicant was ~~not~~ prepared to offer the services listed on their license application.

The applicant did not have a copy of or was not aware of the home care rules and statutes

The applicant failed to have a plan or system in place related to handling client complaints.

(MN Rule 4668.0040)

The applicant failed to have a plan or system in place related to TB screening. (MDH Information Bulletin 09-04)

The applicant failed to have a plan or system in place related to providing orientation to home care. (MN Rule 4668.0075)

The applicant failed to have a plan or system in place related to medication administration training of unlicensed personnel. (MN Rule 4668.0100 Subp. 2)

The applicant failed to have a plan or system in place to assure unlicensed personnel are qualified. (MN Rule 4668.0100 Subp. 5)

The applicant failed to have a plan or system in place related to in-service for unlicensed personnel. (MN Rule 4668.0100 Subp. 6)



The applicant failed to have a plan or system in place related to supervision of unlicensed personnel. (MN Rule 4668.0100 Subp. 9)

The applicant failed to have a plan or system in place related to Service Agreements (MN Rule 4668.0140)

The applicant failed to have a plan or system in place related to request for discontinuation of life sustaining treatment. (MN Rule 4668.0170)

The applicant failed to have a plan or system in place for Central Storage of Medications when listed as a provided service. (MN Rule 4668.0865)

The applicant failed to have a plan or system in place related to background studies for employees. (MN Statute §144A.46 Subd. 5(b))

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