

**Class F Home Care  
Pre-licensing Survey**

**Applicant Name:**  
**Survey Date:**  
**Reviewer Name:**

	<b>Met</b>	<b>Not Met</b>	<b>Notes</b>
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"/> Registered Nursing services <input type="checkbox"/> Licensed Practical Nursing Services <input type="checkbox"/> Delegated Nursing Services <input type="checkbox"/> Non-nursing Services Performed by Unlicensed personnel <input type="checkbox"/> Central Storage of Medications  <i>Verify that they are actually prepared to offer these services.</i>  <b>Hint:</b> If they plan to offer some services via contract, ask them how they assure their contractors meet the Class F requirements. MN Rule 4668.0008 Subp. 3	<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 resolve complaints consistent with MN Rule 4668.0040?  <i>Hint: ask to review the policy.</i>	<input type="checkbox"/>	<input type="checkbox"/>	**



	Met	Not Met	Notes
<p>The applicant has a plan to meet the TB Guidelines from Information Bulletin 09-04</p> <p><i>Note: Complete TB Inspector check list</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	**
<p><b>MN Rule 4668.0065 Subp. 3</b></p> <p>What is plan for infection control in-service training?</p> <p><i>Hint: All staff with client contact must receive training that includes the required content.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>MN Rule 4668.0805</b></p> <p>Does the applicant have a plan in place to provide Orientation to Home Care?</p> <p><b>Subp. 1</b> - Before providing care <input type="checkbox"/></p> <p><b>Subp. 2</b> - Content <input type="checkbox"/></p> <p><b>Subp. 3</b> - Sources <input type="checkbox"/></p> <p><b>Subp. 4</b> - Documentation <input type="checkbox"/></p>			**
<p><b>MN Rule 4668.0815</b></p> <p><b>Service Agreements</b></p> <p><b>Subp. 1</b> - Within two weeks of start of services. RN evaluation required. <input type="checkbox"/></p> <p><b>Subp. 2</b> - Annual re-evaluation <input type="checkbox"/></p> <p><b>Subp. 3</b></p> <ul style="list-style-type: none"> <li>- Service description &amp; frequency <input type="checkbox"/></li> <li>- Persons or categories providing <input type="checkbox"/></li> <li>- Schedule of supervision <input type="checkbox"/></li> <li>- Fees for services</li> <li>- Contingency Plan – see rule for details</li> </ul> <p><i>Note: ask to see the form the applicant plans to use and the procedure that goes with it.</i></p>			**

	Met	Not Met	Notes
<p><b>MN Rule 4668.0825 Subp. 4</b> Does the applicant have a plan in place to assure that an RN or therapist instructs the (unlicensed personnel) ULP for routine procedures not included in meeting basic qualifications?</p> <p>The ULP must demonstrate competency in these procedures to an RN or therapist.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>MN Rule 4668.0835 Subp. 2</b> <b><u>Option 1: Training Unlicensed Personnel (ULP)</u></b> Applicant plans to train and competency test ULP according to part 4668.0840, subparts 2 and 3. This option allows the agency to train and test their own unlicensed personnel.</p>			<p><b>**</b></p> <p><input type="checkbox"/> This qualifying option will not be used</p>
<p><b>MN Rule 4668.0835 Subp. 2</b> <b><u>OPTION 2A for Training ULP</u></b> <b>4668.0100 Subp. 5</b> Applicant plans to train and competency test as required by 4668.0130 Subp. 1. This option allows the applicant to train and test their own HHA .</p> <p><i>Ask to see their plan if this is what they intend to do.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>**</b></p> <p><input type="checkbox"/> This qualifying option will not be used</p>
<p><b>MN Rule 4668.0835 Subp. 2</b> <b><u>OPTION 2B for Training ULP</u></b> <b>4668.0100 Subp. 5</b> Applicant plans to competency test as required by 4668.0130 Subp. 3. This option allows the applicant to competency test their own Home Health Aides to be qualified. <i>Ask to see their plan for testing.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>**</b></p> <p><input type="checkbox"/> This qualifying option will not be used</p>

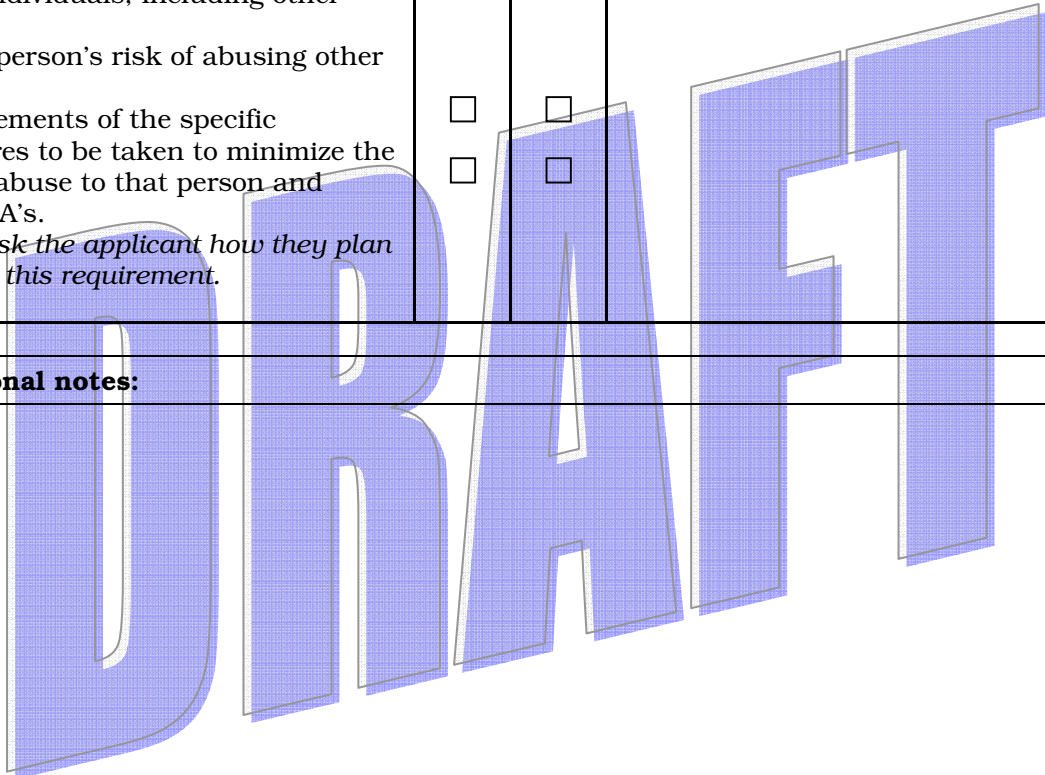
<p><b>MN Rule 4668.0835 Subp. 2</b></p> <p><b><u>OPTION 2C - for Training ULP</u></b>  <b>4668.0100 Subp. 5</b></p> <p>Applicant plans to accept training from another jurisdiction that included the topics and competency evaluations required in Option A.</p> <p><i>If they will accept – ask to see the criteria they will use to evaluate another jurisdictions training.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> This qualifying option will not be used
<p><b>MN Rule 4668.0835 Subp. 2</b></p> <p><b><u>OPTION 2D - for Training ULP</u></b>  <b>4668.0100 Subp. 5</b></p> <p>Successfully satisfied the requirements of Medicare for training or competency of home health aides.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> This qualifying option will not be used
<p><b>MN Rule 4668.0835 Subp. 2</b></p> <p><b><u>OPTION 2E - for Training ULP</u></b>  <b>4668.0100 Subp. 5</b></p> <p>Nursing Assistant trained per Medicare requirements for nursing facilities <b>AND</b> has had at least 20 hours of supervised practical training . . . in a home setting under the supervision of a registered nurse. . .</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> This qualifying option will not be used
<p><b>MN Rule 4668.0035 Subp. 2</b></p> <p><b><u>OPTION 2F - for Training ULP</u></b>  <b>4668.0100 Subp. 5</b></p> <p>Before April 19, 1993, completed MDH approved training course</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> This qualifying option will not be used

<p><b>MN Rule 4668.0835 Subp. 3</b>  <b>Inservice Training</b>  Have the applicant describe how they plan to meet the inservice training requirement for ULPs.</p> <ul style="list-style-type: none"> <li>- at least eight (8) hours of in-service training in topics relevant to the provision of home care services</li> <li>- documentation of satisfying this requirement and shall provide documentation to persons who have completed the training.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>MN Rule 4668.0845 Subp. 2</b>  What system have they developed to supervise unlicensed personnel</p> <p><i>Hint: Have them describe the system including how frequent the supervision will occur.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>MN Rule 4668.0855 Subp. 4</b></p> <p>Does the applicant have a plan in place to train unlicensed personnel who will administer medications?</p> <p><i>Note: only an RN may provide medication training and competency testing</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unlicensed staff will not administer medications. Ask to see job descriptions of both ULP and nurses to assure med administration is not part of the ULP role.
<p><b>4668.0855 Subp. 7</b></p> <p>Does the applicant have a plan in place to assure that an RN instructs the ULP for medication procedures <b>not</b> included in basic medication training?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unlicensed staff will provide only basic medication administration. Ask to see job descriptions of both ULP and nurses to assure med administration is not part of the ULP role.



<p><b>MN Rule 4668.0170</b>          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><b>**</b></p>
<p><b>MN Statute 626.557 14(b)</b>   <b>Vulnerable Adult Assessment</b> 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><b>**</b></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 request for discontinuation of life sustaining treatment. (MN Rule 4668.0170)  
 The applicant failed to have a plan or system in place related to providing orientation to home care. (MN Rule 4668.0805)  
 The applicant failed to have a plan or system in place related to Service Plan. (MN Rule 4668.0815)  
 The applicant failed to have a plan or system in place to assure unlicensed personnel are qualified. (MN Rule 4668.0835 Subp. 2)

The applicant failed to have a plan or system in place related to in-service for unlicensed personnel. (MN Rule 4668.0835 Subp. 3)

The applicant failed to have a plan or system in place related to supervision of unlicensed personnel. (MN Rule 4668.0845)

The applicant failed to have a plan or system in place related to medication administration training of unlicensed personnel. (MN Rule 4668.0855 Subp. 4)

Failed to have a plan or system in place related 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))