



Protecting, maintaining and improving the health of all Minnesotans

September 10, 2007

Ms. Patricia Krueger, Administrator
Elder Homestead #20104
11400 Fourth Street North
Minnetonka, MN 55343

RE: 144G Review conducted on August 7, 2007

Dear Ms. Krueger:

This letter acknowledges that a 144G review was conducted at Elder Homestead, Minnetonka, MN on August 7, 2007. Based upon the information gathered at this review, Minnesota Department of Health staff have determined that the minimum requirements for the use of the term "assisted living" as outlined in MN Statute 144G have been met.

Please note that this letter will remain on record at the Minnesota Department of Health. This letter does not preclude the Minnesota Department of Health, from taking action with respect to any future failures to meet the minimum requirements of MN Statute 144G. The Minnesota Department of Health reserves the right to pursue any and all actions specified under Minnesota Statute §144G.02 Subdivision 2.

If you have any questions, feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style.

Jean Johnston, Program Manager
Case Mix Review Program

01/07 AL Letter F CMR



Housing with Services Establishment
MN STATUTE 144G ASSISTED LIVING CHECKLIST

Registered nurses from the Minnesota Department of Health (MDH) use this Check List during on-site visits to determine if a Housing with Services (HWS) establishment who represents itself as assisted living or offers assisted living services meets the MN Statute 144G minimum requirements. Registrants may use the optional HWS Assisted Living Worksheet which is available on the MDH web-site to communicate how they meet the requirements. Completing the HWS Assisted Living Worksheet in advance may facilitate the MN Statute 144G review process.

During an on-site visit, reviewer(s) will interview staff and clients and/or their representatives, make observations and review documentation. The review is an opportunity for the Housing with Services establishment to explain to the reviewer(s) what systems are in place to assure the minimum assisted living requirements are met.

The minimum requirements of MN Statute 144G are reviewed during a home care provider survey. A determination is made whether the requirements are met or not met.

Reviewer Checklist to determine need to review HWS for Compliance with MN Statute 144G	
HWS Name: <u>Elder Homestead</u>	Review done in conjunction with a survey of Home Care Provider name: <u>VOA Home Health</u>
HWS HFID: <u>20104</u>	Home Care Provider HFID: <u>23500</u>
Date(s) of review: <u>August 7, 2007</u>	
If the answer to any of the questions below is yes, 144G applies and the HWS will be reviewed for compliance with 144G.	
A. Did the HWS indicate that they provide assisted living on their annual registration? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 144G.03 Subd. 1	
B. Does the signage for the building include the words assisted living? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 144G.02 Subd. 1	
C. Does the HWS brochure or other available marketing materials state that assisted living is offered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 144G.02 Subd. 1	
D. Does any person or entity verbally represent this as assisted living? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 144G.02 Subd. 1	

Directions: Review the entire building for compliance with 144G if the HWS establishment states assisted living is available in the entire building and review only those portions of the building where assisted living is provided when assisted living is only available and provided in designated portions of the building.

Reviewer Checklist for Compliance with MN Statute 144G	
<p>1. Do staff members have access to an on-call registered nurse 24 hours a day 7 days a week? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>144G.03 Subd. 2(b)4</small></p>	<p>5. Is the uniform consumer guide with current information provided to assisted living clients? <input type="checkbox"/> N/A YES <input type="checkbox"/> NO <small>144G.03 Subd. 2(b)9</small></p>
<p>2. Is there a means for assisted living clients to request assistance 24 hours a day seven days a week? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>144G.03 Subd. 2(b)6</small></p>	<p>6. Are the following required supportive services made available to assisted living clients? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>144G.03 Subd. 2(b)8</small> <input checked="" type="checkbox"/> Two meals per day <input checked="" type="checkbox"/> Weekly housekeeping <input checked="" type="checkbox"/> Weekly laundry service <input checked="" type="checkbox"/> Reasonable assistance with transportation to appointments <input checked="" type="checkbox"/> Reasonable assistance accessing community resources <input checked="" type="checkbox"/> Periodic opportunities with socialization</p>
<p>3. Is there a system to check on assisted living clients at least daily? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>144G.03 Subd. 2(b)5</small></p>	<p>7. Does the HWS provide all of the following minimally required health-related services? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Med admin or assist with med admin and <input checked="" type="checkbox"/> At least three of the following ADL's <input checked="" type="checkbox"/> Bathing <input checked="" type="checkbox"/> Dressing <input checked="" type="checkbox"/> Grooming <input checked="" type="checkbox"/> Eating <input checked="" type="checkbox"/> Transferring <input checked="" type="checkbox"/> Continence care <input checked="" type="checkbox"/> Toileting <small>144G.03 Subd. 2(b)1</small></p>
<p>4. Are there staff members available and awake 24 hours per day, seven days a week to respond to client health and safety needs? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>144G.03 Subd. 2(b)7</small> If yes, you may skip 4a and 4b</p>	<p>7. Does the HWS provide all of the following minimally required health-related services? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Med admin or assist with med admin and <input checked="" type="checkbox"/> At least three of the following ADL's <input checked="" type="checkbox"/> Bathing <input checked="" type="checkbox"/> Dressing <input checked="" type="checkbox"/> Grooming <input checked="" type="checkbox"/> Eating <input checked="" type="checkbox"/> Transferring <input checked="" type="checkbox"/> Continence care <input checked="" type="checkbox"/> Toileting <small>144G.03 Subd. 2(b)1</small></p>
<p>4a. If the answer to 4 is no, does the HWS claim the 24/7 awake staff exemption? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>144G.03 Subd. 3 (a)6</small></p>	<p>7. Does the HWS provide all of the following minimally required health-related services? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Med admin or assist with med admin and <input checked="" type="checkbox"/> At least three of the following ADL's <input checked="" type="checkbox"/> Bathing <input checked="" type="checkbox"/> Dressing <input checked="" type="checkbox"/> Grooming <input checked="" type="checkbox"/> Eating <input checked="" type="checkbox"/> Transferring <input checked="" type="checkbox"/> Continence care <input checked="" type="checkbox"/> Toileting <small>144G.03 Subd. 2(b)1</small></p>
<p>4b. If the above answer if YES, do they meet the awake staff exemption criteria? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Capacity to serve twelve or fewer assisted living clients. <input type="checkbox"/> Responding person is present in HWS <input type="checkbox"/> HWS contract discloses exemption <input type="checkbox"/> System is compatible with health, <small>144G.03 Subd. 4</small></p>	<p>8. Are assisted living clients offered a nursing assessment by a registered nurse prior to move in? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>144G.03 Subd. 4</small></p>

<p>safety and welfare of clients. <input type="checkbox"/> Exemption was disclosed on HWS application/renewal.</p> <p style="text-align: right;">144G.03 Subd. 3</p>	<p>9. Does the HWS identify a person or persons to work with assisted living clients related to concerns regarding the arranged home care provider?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </p> <p style="text-align: right;">144G.03 Subd. 5</p>
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MN Statute 144G Review Results:

X All Areas of MN Statute 144G listed on page 2 of this document were met.

For areas of MN Statute 144G not met, list the statute number and the findings.

A draft copy of this completed checklist was left with Patty Krueger, Residence Director, at an exit conference on August 9, 2007. The final MN Statute 144G Assisted Living Checklist will be sent to the Housing with Services establishment. If you have any questions about the MN Statute 144G Assisted Living Checklist, please contact the Minnesota Department of Health, (651) 201-4301. After review, this checklist will be posted on the MDH website. General information about the use of the title assisted living is available on the MDH website at <http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html> and clicking on the assisted living link.

Statutes can be viewed on the Internet at: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)