



Protecting, maintaining and improving the health of all Minnesotans

March 4, 2009

Sheila Nieland-Snyder, Administrator
Copperfield Hill Phase II #20297
4020 Lakeland Avenue North
Robbinsdale, MN 55422

RE: Letter of Warning/Response/Attestation Statement dated February 11, 2009

Dear Ms. Nieland-Snyder:

This letter acknowledges receipt of the response/attestations statement dated February 20, 2009 from Copperfield Hill Phase II in Robbinsdale, MN.

Based upon the information received from Copperfield Hill Phase II in Robbinsdale, MN; Minnesota Department of Health staff has determined that all the actions described in the response/attestation statement dated February 20, 2009 are satisfactory.

Please note that the Letter of Warning and the response from Copperfield Hill Phase II in Robbinsdale, MN will remain on record at the Minnesota Department of Health. This closure letter does not preclude the Minnesota Department of Health from taking further action with respect to the failure 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 with a large initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

01/07 AL Letter D CMR



Protecting, maintaining and improving the health of all Minnesotans

Certified Mail #:7008 0150 0003 5688 9002

February 11, 2009

Sheila Nieland-Snyder, Administrator
Copperfield Hill Phase II #20297
4020 Lakeland Avenue North
Robbinsdale, MN 55422

Re: Letter of Warning

Dear Ms. Nieland-Snyder,

The above establishment was visited on November 11, 2008 for the purpose of assessing Copperfield Hill Phase II compliance with State licensing requirements. At the time of the survey, the reviewer(s) from the Minnesota Department of Health noted one or more assisted living requirements under MN Statute 144G were not met. The Minnesota Department of Health has sufficient information to allege that Copperfield Hill Phase II in Robbinsdale, MN, is not meeting the following provisions of MN Statute 144G:

1. MN Statute 144G.03 Subd. 2(b)9

Based on record review and interview the licensee failed to provide the Uniform Consumer Guide to present and prospective clients. The findings include:

There was no evidence of the Uniform Consumers Guide being utilized by the facility. When interviewed, November 3, 2008, the housing with services director stated they had not been providing current or prospective clients with the Uniform Consumer Guide as she had been trying to get a copy of the guide and had not been able to find it.

To respond to this Letter of Warning please complete the enclosed form which includes a brief statement of actions taken to address the failure(s) to meet requirements noted above, and an attestation statement concerning compliance with MN Statute 144G. The form should be signed by an individual authorized to sign on behalf of the establishment.

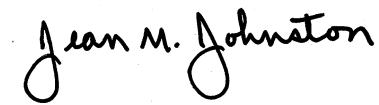
This information must be submitted to the Minnesota Department of Health within 30 days of receipt of this letter. If you do not respond to this Letter of Warning, the Minnesota Department of Health may take further action which could include a referral to another governmental agency, and/or action for injunctive relief in district court.

This Letter of Warning and your response do not preclude the Minnesota Department of Health from taking further action with respect to the failure to meet the minimum requirements described in this letter. The Minnesota Department of Health reserves the right to pursue any and all actions specified under Minnesota Statute §144G.02 Subdivision 2.

The requirements of MN Statute 144G can be viewed by accessing the Minnesota Department of Health website at: <http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html> and clicking on the Assisted Living link.

If you have 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 with a large initial "J" and "M".

Jean Johnston, Program Manager
Case Mix Review Program

Attachments

01/07 AL Letter A 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>Copperfield Hill Phase II</u>	Review done in conjunction with a survey of Home Care Provider name: <u>COPPERFIELD HILL PHASE II</u>
HWS HFID: <u>20297</u>	
Date(s) of review: <u>November 3, 2008</u>	Home Care Provider HFID: <u>20297</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?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)4</p>	<p>5. Is the uniform consumer guide with current information provided to assisted living clients?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)9</p>
<p>2. Is there a means for assisted living clients to request assistance 24 hours a day seven days a week?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)6</p>	<p>6. Are the following required supportive services made available to assisted living clients?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)8</p> <p><input checked="" type="checkbox"/> Two meals per day</p> <p><input checked="" type="checkbox"/> Weekly housekeeping</p> <p><input checked="" type="checkbox"/> Weekly laundry service</p> <p><input checked="" type="checkbox"/> Reasonable assistance with transportation to appointments</p> <p><input checked="" type="checkbox"/> Reasonable assistance accessing community resources</p> <p><input checked="" type="checkbox"/> Periodic opportunities with socialization</p>
<p>3. Is there a system to check on assisted living clients at least daily?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)5</p>	<p>7. Does the HWS provide all of the following minimally required health-related services?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> Med admin or assist with med admin and</p> <p><input checked="" type="checkbox"/> At least three of the following ADL's</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Bathing</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Dressing</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Grooming</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Eating</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Transferring</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Continence care</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Toileting</p> <p style="text-align: right;">144G.03 Subd. 2(b)1</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?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)7</p> <p>If yes, you may skip 4a and 4b</p>	<p>8. Are assisted living clients offered a nursing assessment by a registered nurse prior to move in?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 4</p>
<p>4a. If the answer to 4 is no, does the HWS claim the 24/7 awake staff exemption?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 3 (a)6</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>
<p>4b. If the above answer if YES, do they meet the awake staff exemption criteria?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Capacity to serve twelve or fewer assisted living clients.</p> <p><input type="checkbox"/> Responding person is present in HWS</p> <p><input type="checkbox"/> HWS contract discloses exemption</p> <p><input type="checkbox"/> System is compatible with health, safety and welfare of clients.</p> <p><input type="checkbox"/> Exemption was disclosed on HWS application/renewal.</p> <p style="text-align: right;">144G.03 Subd. 3</p>	

MN Statute 144G Review Results:

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

1. MN Statute 144G.03 Subd. 2(b)9

Based on record review and interview the licensee failed to provide the Uniform Consumer Guide to present and prospective clients. The findings include:

There was no evidence of the Uniform Consumers Guide being utilized by the facility. When interviewed, November 3, 2008, the housing with services director stated they had not been providing current or prospective clients with the Uniform Consumer Guide as she had been trying to get a copy of the guide and had not been able to find it.

A draft copy of this completed checklist was left with Catoya Clausell and Lucinda Gardner at an exit conference on November 18, 2008. 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)