



Protecting, maintaining and improving the health of all Minnesotans

September 24, 2008

Kim Nguyen, Administrator
Edgerton Hi Rise #20560
555 North Wabasha St., Suite 400
St. Paul, MN 55102

RE: Letter of Warning/Response/Attestation Statement dated July 24, 2008

Dear Ms. Nguyen:

This letter acknowledges receipt of the response/attestations statement dated August 19, 2008 from Edgerton Hi Rise in St. Paul, MN.

Based upon the information received from Edgerton Hi Rise in St. Paul, MN; Minnesota Department of Health staff has determined that all the actions described in the response/attestation statement dated August 19, 2008 are satisfactory.

Please note that the Letter of Warning and the response from Edgerton Hi Rise in St. Paul, 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



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Certified Mail #7005 0390 0006 1222 2252

July 24, 2008

Kim Nguyen, Administrator
Edgerton Hi Rise #20560
555 North Wabasha Street. Suite 400
St. Paul, MN 55102

Re: Letter of Warning

Dear Ms. Nguyen:

The Minnesota Department of Health has determined that Edgerton Hi Rise located in St. Paul, MN, is not meeting the following provisions of MN Statute 144G:

1. MN Statute §144G.03 Subdivision 1. **Verification in annual registration.** A registered housing with services establishment using the phrase "assisted living," pursuant to section [144G.02, subdivision 1](#), shall verify to the commissioner in its annual registration pursuant to chapter 144D that the establishment is complying with sections [144G.01](#) to [144G.05](#), as applicable.

During the survey process a business card for Sheila Kahlert and a brochure "A Guide to Edgerton Hi-Rise" were provided to the reviewer. The business card states: "EDGERTION ASSISTED LIVING PROGRAM". A Guide to Edgerton Hi-Rise contains the following statements: "Those residents who may need a greater level of support than CHSP can participate in the Wilder Assisted Living Program (ALP). ALP services include meals, help with cleaning and laundry, health monitoring, personal care and activities. Wilder Assisted Living Program Phone: 651-776-5885."

The St. Paul Public Housing Agency website at: <http://www.stpaulpha.org/phprograms.html>; viewed on May 28, 2008, had the following information listed:

"Wilder Assisted Living Program (ALP)

The Wilder Assisted Living Program provides comprehensive supportive services to assist frail or disabled residents at risk of nursing home placement at four PHA hi-rises: Ravoux, Dunedin, Hamline and Edgerton. Basic services include three daily meals, 24-hour on-site staff that provide housekeeping, laundry, personal care services, medication monitoring and a day activity program. The program was created through collaboration between the PHA, Wilder and Ramsey

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County. It is licensed through the state under the Home Care Rule. Community resources augment base services to meet specific residents' needs. Payment is made through direct client reimbursement, Alternative Care, Elderly Waiver funds and/or Minnesota Supplemental Assistance funds.”

The website specific for Edgerton Hi Rise at: <http://www.stpaulpha.org/phhiriedgerton.html>; viewed on May 28, 2008, had the following information listed under Special Services: “Wilder Assisted Living Program (ALP) - provides a greater level of support than CHSP. ALP services include meals, help with cleaning and laundry, health monitoring, personal care and activities.”

In a brochure titled “Wilder Assisted Living Programs”; Edgerton Hi Rise is listed as one of the locations in which Wilder Assisted Living Programs provides services.

The housing with services registration form filed by Edgerton Hi Rise, June 28, 2007, indicated that Edgerton Hi Rise does not intend to use the phrase “assisted living” orally or in writing to advertise, market or otherwise describe, offer or promote itself.

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.

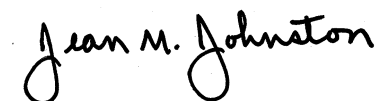
This information must be submitted to the Minnesota Department of Health within 30 days of receipt of this letter. If you do not respond to this Letter of Warning, the Minnesota Department of Health may take further action which could include a referral to another governmental agency, and/or action for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



Jean Johnston, Program Manager
Case Mix Review Program

Attachments



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>Edgerton Hi Rise</u>	Review done in conjunction with a survey of Home Care Provider name: <u>WILDER ASSISTED LIVING PROGRAMS</u>
HWS HFID: <u>20560</u>	
Date of review: <u>April 10, 2008</u>	Home Care Provider HFID: <u>20812</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO 144G.03 Subd. 1	
B. Does the signage for the building include the words assisted living? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> YES <input 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="padding-left: 20px;"><input checked="" type="checkbox"/> Bathing</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Dressing</p> <p style="padding-left: 20px;"><input type="checkbox"/> Grooming</p> <p style="padding-left: 20px;"><input type="checkbox"/> Eating</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Transferring (Short Term)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Continence care (Short Term)</p> <p style="padding-left: 20px;"><input 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> <hr style="border-top: 1px dashed black;"/> <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> <hr style="border-top: 1px dashed black;"/> <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>	<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> <hr/> <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>

MN Statute 144G Review Results:

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

A draft copy of this completed checklist was left with Shiela Kahlert, Site Manager, at an exit conference on April 10, 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)