



Protecting, maintaining and improving the health of all Minnesotans

March 26, 2009

Deen Ajibola, Administrator
Amas Incorporated #24324
8525 Edinbrook Crossing Suite 102
Brooklyn Park, MN 55443

RE: Letter of Warning/Response/Attestation Statement dated March 13, 2009

Dear Mr. Ajibola:

This letter acknowledges receipt of the response/attestations statement dated March 16, 2009 from Amas Incorporated in Brooklyn Park, MN.

Based upon the information received from Amas Incorporated in Brooklyn Park, MN; Minnesota Department of Health staff has determined that all the actions described in the response/attestation statement dated March 13, 2009 are satisfactory.

Please note that the Letter of Warning and the response from Amas Incorporated in Brooklyn Park, 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, looped initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

01/07 AL Letter D CMR



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Certified Mail #7004 1350 0003 0567 2081

March 13, 2009

Deen Ajibola, Administrator
Amas Incorporated #24324
8525 Edinbrook Crossing Suite 102
Brooklyn Park, MN 55443

Re: Letter of Warning

Dear Mr. Ajibola:

The Minnesota Department of Health has sufficient information to determine that Amas Incorporated located in Brooklyn Park, MN is in violation following provisions of MN Statute 144G:

1. Minnesota Statutes **144G.02**, Subdivision 1. **Protected title; restriction on use.**

No person or entity may use the phrase "assisted living," whether alone or in combination with other words and whether orally or in writing, to advertise, market, or otherwise describe, offer, or promote itself, or any housing, service, service package, or program that it provides within this state, unless the person or entity is a housing with services establishment that meets the requirements of this chapter, or is a person or entity that provides some or all components of assisted living that meet the requirements of this chapter. A person or entity entitled to use the phrase "assisted living" shall use the phrase only in the context of its participation in assisted living that meets the requirements of this chapter. A housing with services establishment offering or providing assisted living that is not made available to residents in all of its housing units shall identify the number or location of the units in which assisted living is available, and may not use the term "assisted living" in the name of the establishment registered with the commissioner under chapter 144D, or in the name the establishment uses to identify itself to residents or the public.

Amas Incorporated website at <http://amasincorporated.com/>, viewed on March 5, 2009, contained the following information: “**AMAS Incorporated Assisted Living Program:** Amas Incorporated has an assisted living site for seniors/elderly facing long term care.”

Beside the instance cited in this letter, if Amas Incorporated is using the phrase “assisted living” in other means that violate the provisions of MS 114G.02, Subdivision 1, that should also be covered in your response to this letter.

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.

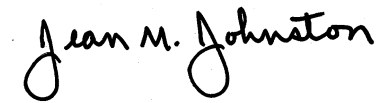
This information must be submitted to the Minnesota Department of Health within 30 days of receipt of this letter. If you do not respond to this Letter of Warning, the Minnesota Department of Health may take further action which could include a referral to another governmental agency, and/or action for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

08/07 AL Letter H 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>Amas Incorporated</u>	Review done in conjunction with a survey of Home Care Provider name: <u>AMAS INCORPORATED</u>
HWS HFID: <u>24324</u>	
Date(s) of review: <u>December 1, 2008</u>	Home Care Provider HFID: <u>24324</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="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 type="checkbox"/> Eating</p> <p style="margin-left: 20px;"><input type="checkbox"/> Transferring</p> <p style="margin-left: 20px;"><input type="checkbox"/> Continence care</p> <p style="margin-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 type="checkbox"/> YES <input checked="" 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 checked="" 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:

_____ 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.

MN Statute 144G.03 Subd. 3 (a) 6

The licensee failed to maintain awake staff at the housing with services site. The findings include:

The licensee had four clients with a responding person present at the housing with services who slept at night. The housing contract and application did not disclose the awake staff exemption.

On interviewed December 1, 2008, the Director of Residential Services stated he misunderstood and thought the awake staff exemption was not marked on the application when the staff were not awake at night and the staff were able to sleep about six hours per night.

On interview at 7:45 a.m. on December 3, 2008 the night support staff stated "I sleep about five hours per night."

A draft copy of this completed checklist was left with Lamar Hodges, Director of Residential Services at an exit conference on December 5, 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)