



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2257 4094

February 5, 2010

Denny O'Donnell, Administrator
Walker Home Services
3737 Bryant Avenue South
Minneapolis, MN 55409

Re: Results of State Licensing Survey

Dear Mr. O'Donnell:

The above agency was surveyed on January 7 and 11, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman



Class F Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class F home care providers (Class F). Class F licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class F Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: WALKER HOME SERVICES

HFID #: 02260

Date(s) of Survey: January 7 and 11, 2010

Project #: QL02260007

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0065 • MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0840 • MN Rule 4668.0070 • MN Statute §144D.065 	<ul style="list-style-type: none"> • Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. • Nurse licenses are current. • The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. • The process of delegation and supervision is clear to all staff and reflected in their job descriptions. • Personnel records are maintained and retained. • Staff meet infection control guidelines. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<ul style="list-style-type: none"> • The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 	<ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

SURVEY RESULTS: All Indicators of Compliance listed above were met.

A draft copy of this completed form was left with Chris Orr, Campus Housing Director, at an exit conference on January 11, 2010. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4309. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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



Protecting Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4795

August 18, 2005

Denny O'Donnell, Administrator
Walker Home Services
3737 Bryant Avenue South
Minneapolis, MN 55409

Re: Licensing Follow Up Revisit

Dear Mr. O'Donnell:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on April 1 and April 4, 2005.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Lynn Starkovich, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Hennepin County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

10/04 FPC1000CMR

Minnesota Department Of Health
Health Policy, Information and Compliance Monitoring Division
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: WALKER HOME SERVICES

DATE OF SURVEY: 04/01/2005, 04/04/2005

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP _____

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Elizabeth Tott, Director of Research & Development
 Scott Peterson, RN Walker Tree Tops
 Barbara Baichtal and Carla Hill Resident Assistants Walker Tree Tops
 Rebecca Rheinhold RN, Director of Health Services
 Vivian Akoh RN, Westwood Ridge
 Patti Fluegge RN, Walker Elder Suites
 Lisa Toms Housing Director Walker Elder Suites

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on November 9, 10, 15, 16, 18, 19, 23 and December 1, 2004. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- | | |
|-----------------------------------|------------|
| 1. MN Statute 144A.44 Subd. 1 (2) | Corrected. |
| 2. MN Statute 144A.46 Subd. 5 (b) | Corrected. |
| 3. MN Rule 4668.0845 Subp. 2 | Corrected. |
| 4. MN Rule 4668.0855 Subp. 9 | Corrected. |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 2814

March 7, 2005

Denny O'Donnell, Administrator
3737 Bryant Avenue South
Minneapolis, MN 55409

Re: Results of State Licensing Survey

Dear Mr. O'Donnell:

The above agency was surveyed on November 9, 10, 15, 16, 18, 19, 23, and December 1, 2004 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Lynn Starkovich, President Governing Board
Case Mix Review File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: WALKER HOME SERVICES

HFID # (MDH internal use): 02260

Date(s) of Survey: November 9, 10, 15, 16, 18, 19, 23, and December 1, 2004

Project # (MDH internal use): QL02260001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

<p>2. Agency staff promotes the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff has received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff is trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follows any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

Survey Results:

_____ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0845, Subp.2 Supervisory visits			<p>Based on record review and interview the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for four of eighteen clients (clients C2, D1, F1, and F2) reviewed. The findings include:</p> <p>Client C2 received delegated nursing services preformed by unlicensed staff. Client C2 had a registered nurse supervisory visit of services preformed by unlicensed personnel June 16, 2004. Client C2 then had monitoring visits of services preformed by unlicensed personnel August 12, 2004 and September 9, 2004. Both visits were done by a licensed practical nurse. The next supervisory visit done by a registered nurse was October 29, 2004. Clients D1, F1, and F2 all received medication administration preformed by unlicensed personnel.</p> <p>Client D1 had registered nurse supervisory visit of services preformed by unlicensed personnel August 2, 2004 and October 28, 2004; 87 days later.</p> <p>Client F1 had a registered nurse supervisory visit of services preformed by unlicensed personnel January 7, 2004. There was no evidence of subsequent supervisory visits by a registered nurse or licensed practical nurse through the November 23, 2004 date of survey; 320 days later.</p> <p>Client F2 had a registered nurse supervisory visit June 16, 2004, and a licensed practical nurse monitoring visit August 13, 2004. There was no evidence of subsequent supervisory</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>visits by a registered nurse or licensed practical nurse through the November 23, 2004 date of survey; 103 days later.</p> <p>When interviewed November 15, 2004 for site B, November 16, 2004 for Site C, November 18, 2004 for site D and November 23, 2004 for site F the registered nurse at each site confirmed that the supervisory visits were late and/or documentation could not be found.</p> <p>Education: Provided</p>

2	MN Statute §144 A.44, Subd. 1 (2)	X	X	<p>Based on record review and interview the licensee failed to perform services according to acceptable medical standards for one of three clients (A2) reviewed at site A. The findings include:</p> <p>Client A2 began receiving services from the licensee September 25, 2003 and had a diagnosis of Emphysema. Client A2 had a “services needed based assessment” done by the registered nurse (RN) dated September 25, 2003 that stated, “Tasks, Knows when to take each medication, needs assistance. Remembers to take each medication on time, needs assistance.” Client A2s’ service plan updated March 1, 2004 indicated the client was to receive assistance with medication administration twice daily. Client A2 had a September 15, 2003 medication order, which was renewed for a year September 23, 2004, for Flovent 110 mcg per oral inhaler 2 puffs three times per day. Client A2s’ medication administration records for June and July 2004 did not include Flovent until the sheets were revised July 9, 2004 to state “Flovent 110 mcg oral inhaler tid, early afternoon, late afternoon, early evening.” After the July 9, 2004 revision client A2s’ medication administration record indicated the “late afternoon” dose of Flovent was not given July 11, 12, 13, 14, 15, 17, 18, 24, 25, 31, August 1, 7, 8, 9, 10, 11, 15, 16, and 31, September 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, and 30, October 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, and November 1, 2, 3, 4, 5, 6, 7, 8, 9, 2004 and through the day of survey at site A, November 10, 2004. There was no documentation in the record that the physician was aware the agency transcribed the order</p>
---	-----------------------------------	---	---	---

			<p>times as “Flovent 110 mcg oral inhaler tid, early afternoon, and late afternoon, early evening” or that this was acceptable with the physician as administration times. There was no documentation in the record that the physician was aware the Flovent was not being given three times daily as ordered. Client A2 also had a physician order September 23, 2004 for Albuterol Sulfate inhalation solution 0.0837% per nebulizer three times daily. Client A2s’ medication administration records September 23, 2004 through the survey visit November 10, 2004 were documented that it was administered two times per day, not three times daily as ordered. There was no documentation in the record that the physician was aware the Albuterol was not being given three times daily as ordered. When interviewed November 10, 2004 the site A RN stated that medications ordered more than daily could not be provided more often until March 1, 2004 due to lack of staffing. She indicated that after March 1, 2004 an evening resident assistant was hired. She stated no client received medication administration assistance three times per day because the most assistance provided was twice daily. The RN confirmed she was aware client A2 had Flovent and Albuterol orders for three times daily. When asked if there was a system for evaluating medication discrepancies the RN stated “No” there was no system. She stated, “ I guess I should have called the doctor to change the order.”</p> <p>Education: Provided</p>
--	--	--	---

3	MN Statute §144 A.46, Subd. 5 (b) Background check	X	X	<p>Based on record review and interview the licensee failed to perform criminal background checks for two of eighteen employees (employees C3 and F3) reviewed. The findings include:</p> <p>Employee C3 had initially been hired for a position that did not require a background check remained continuously employed with the licensee and changed positions May 5, 2003 to provide “direct contact” requiring a background check. No background check was on record for employee C3. On November 16, 2004 the Site C resident services staff confirmed the background study was probably missed due to the position change and employee C3 not needing it when initially hired.</p> <p>Employee F3 had been previously employed by the licensee, had a break in service and was rehired August 25, 2003. Employee F3 lacked a new background study for the August 25, 2003 rehire. On November 23, 2004 Site F registered nurse confirmed the background study had not been done upon rehire since they were unaware of the need to do so.</p> <p>Education: Provided</p>
7	4668. 0070, Subp. 2 Evidence of current licensure		X	Education: Provided

8	MN Rule 4668.0855, Subp.9 Medication records	X	X	<p>Based on record review and interview the licensee failed to maintain complete medication records for one of three clients (A2) reviewed at site A. The findings include:</p> <p>Client A2 began receiving services from the licensee September 25, 2003 and had a diagnosis of Emphysema. Client A2 had a “services needed based assessment” by the registered nurse (RN) dated September 25, 2003 that stated, “Tasks. Knows when to take each medication, needs assistance. Remembers to take each medication on time, needs assistance.” Client A2s’ service plan updated March 1, 2004 indicated the client was to receive assistance with medication administration twice daily. Client A2 had a September 15, 2003 medication order, which was renewed for a year September 23, 2004, for Flovent 110 mcg per oral inhaler 2 puffs three times per day. Client A2s’ medication administration records for June and July 2004 did not include Flovent until the sheets were revised July 9, 2004 to state “Flovent 110 mcg oral inhaler tid, early afternoon, late afternoon, early evening.” After the July 9, 2004 revision client A2s’ medication administration record indicated the “late afternoon” dose of Flovent was not given July 11, 12, 13, 14, 15, 17, 18, 24, 25, 31, August 1, 7, 8, 9, 10, 11, 15, 16, and 31, September 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, and 30, October 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, and November 1, 2, 3, 4, 5, 6, 7, 8, 9, 2004 and through the day of survey at site A November 10, 2004. There was no documentation in the record as to why the medication was not given as ordered for the “late afternoon dose for the dates cited.</p>
---	---	---	---	---

			<p>There was no documentation in the record that the physician was aware the agency transcribed the order times as “Flovent 110 mcg oral inhaler tid, early afternoon, late afternoon, early evening” for three times daily medication dosing or that this was acceptable with the physician as administration times. Client A2 also had a physician order September 23, 2004 for Albuterol Sulfate inhalation solution 0.0837% per nebulizer three times daily. Client A2s’ medication administration records September 23, 2004 through the survey visit November 10, 2004 were documented that it was administered two times per day, not three times daily as ordered. There was no documentation as to why the medication was not given as ordered or that any follow up was initiated. When interviewed November 10, 2004 the site A RN confirmed there was no documentation as to why the medication was not given as ordered or that any follow up was initiated. She stated that medications ordered more than daily could not be provided more often until March 1, 2004 due to lack of staffing. She indicated that after March 1, 2004 an evening resident assistant was hired. She stated no client received medication administration assistance three times per day because the most assistance provided was twice daily. The RN confirmed she was aware client A2 had Flovent and Albuterol orders for three times daily. When asked if there was a system for evaluating medication discrepancies the RN stated “No” there was no system.</p> <p>Education: Provided</p>
--	--	--	--

8	MN Rule 4668.0860 Subp.7 Electronically Transmitted Orders		X	Education: Provided
N/A	CLIA Waiver		X	Education: Provided

A draft copy of this completed form was left with Elizabeth Tott at an exit conference on December 1, 2004. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

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

(Form Revision 7/04)