



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 0150 0001 1713 6635

November 14, 2008

Brad Molgard, Administrator
Deaconess Tower
503 East Division Street
Faribault, MN 55021

Re: Results of State Licensing Survey

Dear Mr. Molgard:

The above agency was surveyed on September 24, 25, and 26, 2008, 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 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) 201-4301.

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

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>

An equal opportunity employer



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: DEACONESS TOWER

HFID #: 03753

Date(s) of Survey: September 24, 25 and 26, 2008

Project #: QL03753005

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 type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" 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 # <input type="text"/></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 # <input type="text"/></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 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 type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" 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>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ 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>___ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ 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.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0065 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure tuberculosis screening was completed before employees had direct contact with clients for one of one professional (#A) employee reviewed. The findings include:

Employee A was hired June of 2004 as a licensed direct care staff. The only documentation of Mantoux testing for employee A indicated it was administered September 18, 2006 and June 18, 2008. When interviewed September 25, 2008 employee A was unable to obtain any documentation regarding tuberculosis screening prior to giving direct care.

2. MN Rule 4668.0065 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure the annual infection control and the required content for infection control was provided for two of two employees (A and B) records reviewed. The findings Include:

Employee A was hired as a licensed direct care staff and employee B as an unlicensed direct care staff June of 2004 and March of 2008 respectively. Employee A had documentation of hand washing inservice done October 14, 2007. Both had documentation of an infection control training dated June 12 and 13, 2008, which did contain the required content. When interviewed September 26, 2008, the administrator confirmed there was no other infection control inservice for either employee.

3. MN Rule 4668.0815 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that a clients' service plan was authenticated by the licensee for one of one client's (#1) records reviewed. The findings include:

Client #1's service plan dated April of 2008 lacked authentication by the licensee. When interviewed September 25, 2008, the registered nurse verified that client #1 service plan lacked the licensee signature.

4. MN Rule 4668.0815 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's service plan at least annually for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services June of 2001. Service plans were most recently completed or reviewed on July 13, 2005, and April 4, 2008. When interviewed September 25, 2008, the RN indicated there had not been any review of the service plan in 2006 or 2007.

5. MN Rule 4668.0815 Subp. 4

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to provide a complete service plan for one of one client's (#1) records reviewed. The findings include:

Client #1's service plan, dated April of 2008, had no method for the client to contact a representative of the agency when services were being provided. When interviewed, September 25, 2008, the registered nurse agreed there was not a method on the service plan, for clients to contact the agency when staff were giving care.

6. MN Rule 4668.0825 Subp. 4**INDICATOR OF COMPLIANCE: # 5**

Based on record review, observation, and interview, the licensee failed to obtain demonstration of competency for delegated nursing tasks performed by one of one unlicensed employee's (B) record reviewed. The findings include:

Daily nursing assistant logs indicated client #1 was assisted everyday with dressing which included ace wraps, on in the morning and off at night. Client #1's doctor's orders, dated August of 2008, read "ace bandages for compression of L/E (lower extremity) edema on AM off PM." During at client home visit September 25, 2008, it was observed that the ace wraps were applied to each foot and ankle approximately two inches above the client's ankles and secured with safety pins. When interviewed, September 25, 2008, the registered nurse (RN) stated employee B worked mostly nights and put on the ace wraps. The RN agreed there was no evidence of competency testing.

7. MN Rule 4668.0865 Subp. 3**INDICATOR OF COMPLIANCE: # 6**

Based on observation, record review and interview the facility failed to establish a system to control medications for one of one client (#1) record reviewed. The findings include:

Client #1 received assistance with medication administration and central storage of medication since admission June of 2001. Client #1's current medications include Zoloft (an antidepressant) and Ultram (a pain medication.) When the central storage of medication cupboard was observed, September 25, 2008 this reviewer observed two unidentified white round pills in one of the client's baskets of medications. Client #1 also had expired Benadryl from 2006. When interviewed, September 25, 2008 the registered nurse (RN) stated she did not know what the unidentified pills were or whose they were.

A draft copy of this completed form was left with Karen Ruda, Administrator, at an exit conference on September 26, 2008. 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) 201-4301. 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 # 7005 0390 0006 1222 1576

May 11, 2006

Brad Molgard, Administrator
Deaconess Tower
503 East Division Street
Faribault, MN 55021

Re: Licensing Follow Up visit

Dear Mr. Molgard:

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 12, 2006.

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

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Ron Drude, Minnesota Department of Human Services
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: DEACONESS TOWER

DATE OF SURVEY: April 12, 2006

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:

Kari (Baily) Kuhlman, LPN
Brad Molgard, Administrator

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on June 27, 28, 29 and 30, 2005. 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 Rule 4668.0805 Subp. 1	Corrected
2. MN Rule 4668.0815 Subp. 2	Corrected
3. MN Rule 4668.0815 Subp. 3	Corrected
4. MN Rule 4668.0815 Subp. 4	Corrected
5. MN Rule 4668.0825 Subp. 2	Corrected
6. MN Rule 4668.0825 Subp. 4	Corrected
7. MN Rule 4668.0835 Subp. 2	Corrected
8. MN Rule 4668.0845 Subp. 2	Corrected

- | | |
|--------------------------------------|------------------|
| 9. MN Rule 4668.0855 Subp. 2 | Corrected |
| 10. MN Rule 4668.0855 Subp. 7 | Corrected |
| 11. MN Rule 4668.0855 Subp. 9 | Corrected |
| 12. MN Rule 4668.0865 Subp. 2 | Corrected |
| 13. MN Rule 4668.0870 Subp. 2 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8130

September 29, 2005

Brad Molgard, Administrator
Deaconess Tower
503 East Division Street
Faribault, MN 55021

Re: Results of State Licensing Survey

Dear Mr. Molgard:

The above agency was surveyed on June 27, 28, 29, and 30, 2005 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

cc: Paul Contris, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Rice County Social Services
Sherilyn Moe, Office of the Ombudsman
CMR 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: DEACONESS TOWER
 HFID # (MDH internal use): 03753
 Date(s) of Survey: June 27, 28, 29, and 30, 2005
 Project # (MDH internal use): QL03753001

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input 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>

Indicators of Compliance	Outcomes Observed	Comments
<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 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 who 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 type="checkbox"/> Met <input checked="" 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 are 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 follow 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 4668.0800 Subp. 3 Documentation		X	<u>Education:</u> Provided
1	MN Rule 4668.0815 Subp. 1 Evaluation; documentation		X	<u>Education:</u> Provided
1	MN Rule 4668.0815 Subp. 2 Reevaluation	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's evaluation and service plan at least annually or more frequently when there was change in the client's condition that required a change in service for two of three clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's April and June 2005 home health aide monthly reports indicated the client had received nail care. On May 19, 2005 the RN reevaluated the client's need to for medication set-up. On June 3, 2005 the licensed practical nurse (LPN) reviewed the service plan and noted there were no changes. There was no evidence the RN re-evaluated the client's needs related to the nail care. There was no indication that the RN had reevaluated the client's need for the nail care.</p> <p>Client #2's May and June, 2005 home health aide monthly reports records indicated she was receiving assistance with ambulation. Her records also indicated the client was having blood pressure checks done weekly, and daily bed making. The LPN reviewed client #2's service plan on June 13, 2005.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>There was no indication that the RN had re-evaluated the client's need for the ambulation, blood pressure checks and bed making. Client #2's service plan and review did not identify that assistance with ambulation or blood pressure check services were to be provided.</p> <p>When interviewed June 28, 2005, the licensed practical nurse and RN verified that the RN had not reevaluated the clients needs when a change in the service plan was required.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0815 Subp. 3 Modification of service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that the client or the client's responsible person agreed in writing to a service plan modification for one of three client (#1) records reviewed. The findings include:</p> <p>Client #1 had a modification to his service plan, dated February of 2005, which noted a catheter change every month and as needed. The client was responsible for himself. There was no authentication by the client indicating he had agreed to the modification to the service plan. When interviewed June 28, 2005, the licensed practical nurse confirmed that there was no authentication by the client indicating he had agreed to the change in the service plan.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0815 Subp. 4 Contents of service plan	X	X	<p>Based on record review and interview, the licensee failed to provide a complete service plan for three of three clients' (#1, #2 and #3) records reviewed. The findings include:</p> <p>Client #1's service plan, dated January</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>of 2004, stated he was to receive medication set-up and medication administration. The service plan had no fees for the services indicated. Client #1 had a service plan change February of 2005, indicating the client was to have catheter changes every month and as needed. The service plan did not include the person who would provide the service, the frequency of supervision, or the fee for service.</p> <p>Client #2 had a change in her service plan, dated May of 2005, indicating the client was to receive medication administration by unlicensed staff. The service plan did not include the frequency of supervision, the fee for service and the frequency of administration by the unlicensed staff.</p> <p>Client #3's service plan, dated January of 2004, stated she received weekly medication set-up and daily administration of medication. There were no fees listed for the service.</p> <p>When interviewed, June 28, 2005 and June 29, 2005, the licensed practical nurse verified the above information was not on the clients' service plans.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0825 Subp. 2 Delegated nursing services; nursing assessment	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for nursing services before delegating nursing services for two of three clients' (#1, and #2) records reviewed. The findings include:</p> <p>Client # 1's April and June 2005 home health aide monthly report records indicated the client had received nail care. Client #2's home health aide</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>monthly report records indicated she had received assistance with ambulation in May and June, 2005. Her records also indicated she was having blood pressures done weekly and daily bed making.</p> <p>There was no RN documentation that an assessment was done before delegating the nursing services for clients #1 and #2. When interviewed June 28, 2005, the licensed practical nurse and RN confirmed that the nursing assessments had not been done.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0845 Subp.2 Supervisory visits	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for two of three clients' records (#2 and #3) reviewed. The findings include:</p> <p>Client #2's service plan, dated January of 2004 noted she was receiving weekly shower assistance. The last supervisory visit documented was on August 7, 2004. There were no monitoring visits by a licensed practical nurse.</p> <p>Client #3 began receiving services in January of 2004. Her service plan, dated January of 2004, noted she was receiving medication administration and personal laundry service. There were no RN supervisory visits or monitoring visits by a licensed practical nurse in the record.</p> <p>During an interview June 28, 2005 and June 29, 2005, the licensed practical nurse confirmed that supervisory and/or monitoring visits had not been done every 62 days.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education:</u> Provided
1	MN Rule 4668.0865 Subp. 2 Central storage of medication; assessment and service plan	X	X	<p>Based on observation, interview, and record review, the licensee failed to have a registered nurse include central storage of medication on the service plans for three of three clients' (#1, #2 and #3) who received central storage of medications. The findings include:</p> <p>Client #1's service plan, dated January of 2004, stated he was to receive medication set-up and medication administration; client #2's service plan was modified on May of 2005 for the client to receive weekly medication set-up and medication administration; and client #3's service plan, dated January of 2004, stated she was to receive weekly medication set-up and medication administration. The service plan for clients #1, #2 and #3 did not include the service of central storage of medications.</p> <p>When interviewed on June 28, 2005 and June 29, 2005, the licensed practical nurse confirmed that all of the clients' medications had been centrally stored and their service plans did not include central storage of medications.</p> <p><u>Education:</u> Provided</p>
3	MN Rule 4668.0805 Subp. 1 Orientation to home care	X	X	<p>Based on record review and interviews, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for six of six employees' (#1, #2, #3, #4, #5 and #7) records reviewed. The findings include:</p> <p>There was no documentation that employee's #1, #2, #3, #4, #5 and #7 had received orientation to home care requirements prior to providing home care services. When interviewed, June</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>28, 2005, the licensed practical nurse and registered nurse stated that employees #2, #3, #4 and #5 had not received any orientation. The training and personnel records for employee #1 and #7 indicated that they had not received the complete orientation before providing home care services. Employee #1 was hired November of 1999. There was no documentation of orientation until October 19, 2001, when she received training on the home care bill of rights, complaint procedure and emergency procedures. Employee #7 was hired November of 2001. There was no documentation of orientation until June 6, 2002, when she had received training in emergency procedures.</p> <p><u>Education:</u> Provided</p>
7	<p>MN Rule 4668.0825 Subp. 4 Performance of routine procedures</p>	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse documented instructions for delegated nursing procedures for two of three client (#1 and #2) records reviewed that received delegated nursing procedures. The findings include:</p> <p>Client #1's record indicated he had received nail care by unlicensed personnel. Client #2's record had documentation that she had received assistance with ambulation, and had weekly blood pressures and daily bed making done by unlicensed staff. There was no documentation indicating the unlicensed persons were instructed on the procedures and demonstrated the ability to competently perform the procedures. There were no instructions for the procedures in the client records. When interviewed June 28, 2005 and June 29, 2005, the licensed practical nurse verified that there was no documented evidence that each</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>employee had received training to perform the delegated nursing services and that the procedures were not in the client records.</p> <p><u>Education:</u> Provided</p>
7	MN Rule 4668.0835 Subp. 2 Qualifications/unlicensed personnel	X	X	<p>Based on record review and interview, the licensee failed to ensure that unlicensed persons performing delegated nursing services were qualified to perform the services for two of two (#1 and #7) personnel records reviewed. The findings include:</p> <p>Employees' #1 and #7 were hired November of 1999, and November of 2001, respectively, as unlicensed direct caregivers who preformed delegated nursing services. There was no evidence indicating that they had received training for performing delegated nursing services.</p> <p>Interviews June 28, 2005 and June 29, 2005, with the licensed practical nurse and registered nurse verified that employees' #1 and #7 had not received training prior to performing delegated nursing services.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 2 Nursing Assessment/medication administration	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration for three of three clients' (#1, #2 and #3) records reviewed. The findings include:</p> <p>Client #1's service plan, dated January of 2004, noted he received weekly medication set-up and medication administration. Client #2 had a change</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>in her service plan, dated May of 2005, which added weekly medication set-up and medication administration. Client #3's service plan, dated January of 2004, noted she received weekly medication set-up and daily administration of medication.</p> <p>There was no documentation in each of the records that the RN conducted a nursing assessment of the client's functional status and need for assistance with medication prior to providing the service. When interviewed June 28, 2005 and June 29, 2005, the licensed practical nurse (LPN) verified that the assessments had not been conducted.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 3 Medication administration/qualified staff		X	<p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 4 Medication procedures/training		X	<p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 7 Medication administration procedures	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse documented the medication administration procedures in each client's record for three of three clients (#1, #2 and #3) who received assistance with medication from unlicensed staff. The findings include:</p> <p>Client #1, #2 and #3 received medication administration by unlicensed staff. There were no procedures related to the medication administration in the clients' records.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed June 28, 2005 and June 29, 2005, the licensed practical nurse confirmed that there were no procedures for medication administration in each client's record.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 9 Medication administration/ Documentation	X	X	<p>Based on record review and interview, the licensee failed to have complete medication records for three of three clients' records (#1, #2 and #3) reviewed.</p> <p>Clients' #1, #2 and #3 had weekly medication set-up by licensed staff and daily medication administration by unlicensed staff. The licensed staff that performed the weekly set-up of medication did not document each medication set-up and the unlicensed staff administering the medication on a daily basis did not document each medication that was administered to the client. Documentation on the medication administration record stated "dosage box system see medication profile" and noted a designated time the medications were to be given. Staff administering the medications just documented their initials at the designated time the medications were to be administered. The "medication profile" listed the medication, dosage, time and route of administration, however there was no way to verify that each medication had been set up and administered.</p> <p>When interviewed June 27, 2005, the licensed practical nurse verified that each medication was not documented as required by the state licensing requirements.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
9	MN Rule 4668.0870 Subp. 2 Medication disposition/documentation	X	X	<p>Based on record review and interview, the licensee failed to document the disposition of medications upon discharge for one of one discharge client record (#3) reviewed. The findings include:</p> <p>Client #3 client had been receiving medication that was centrally stored by the licensee and was discharged to a nursing facility June of 2005. There was no documentation of the disposition of the medication upon the client's discharge from the assisted living home care provider.</p> <p>When interviewed on June 29, 2005, the licensed practical nurse stated the client's medications were sent to the new nursing facility.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Brad Molgard/Adm. at an exit conference on June 30, 2005. 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)