



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6093

May 4, 2010

Shirley Rainey, Administrator
Ivy Hill Senior Care Inc
519 First Street Southwest
Faribault, MN 55021

Re: Results of State Licensing Survey

Dear Ms. Rainey:

The above agency was surveyed on March 15 and 16, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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 Correction Order 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 black ink, appearing to read "Patricia Nelson", is written above the typed name.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
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

CERTIFIED MAIL #: 7009 1410 0000 2303 6093

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: SHIRLEY RAINEY DATE: May 4, 2010
PROVIDER: IVY HILL SENIOR CARE INC COUNTY: RICE
ADDRESS: 519 FIRST STREET SOUTHWEST HFID: 03884
FARIBAULT, MN 55021

On March 15 and 16, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0815 Subp. 4

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

Client #1 was admitted and began receiving medication administration February 23, 2007. The service plan, dated September 22, 2009, did not indicate a description of the home care services, identification of persons who are to provide the services and schedule of supervision or fees for each service. A review of the medication storage cupboard on March 15, 2010, and documentation in client #1's record indicated the client was receiving central storage of medications. The service plan for client #1 also did not include the service of central storage of medications.

When interviewed March 15, 2010, the administrator stated all five clients residing in the assisted living had the same service plan, which did not include all the required elements. The administrator also did not know that central storage of medications had to be on the service plan.

TO COMPLY: The service plan required under subpart 1 must include:

- A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;
- B. the identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;
- D. the fees for each service; and
- E. a plan for contingency action that includes:
 - (1) the action to be taken by the class F home care provider licensee, client, and responsible person if scheduled services cannot be provided;
 - (2) the method for a client or responsible person to contact a representative of the class F home care provider licensee whenever staff are providing services;
 - (3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;
 - (4) the method for the class F home care provider licensee to contact a responsible person of the client, if any; and
 - (5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Statute §144A.44 Subd. 1(2)

Based on record review and interview, the licensee failed to provide services according to acceptable nursing standards for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving services February 23, 2007. A nursing home transfer sheet, dated February 23, 2007, indicated Arimidex (antineoplastic medication) was ordered everyday. A clinic referral, written by the client's doctor, dated November 17, 2009, stated, "the patient is supposed to be on Arimidex for her breast cancer. I do not see the pill listed on the attached sheet. ARIMIDEX 1 mg a day if she is not already taking this pill." There was a note attached to the form which stated, the doctor discontinued the Arimidex on July 6, 2009, and another note attached to the form indicated staff was waiting to hear from the doctor's nurse before the medication is ordered. There was no

documentation that Arimidex was administered after July 2009. On March 2, 2010, a physician ordered Ativan 0.5 milligrams to be given at HS (bedtime) "every 8 hours." Documentation indicated client #1 received the Ativan at HS. There was no further documentation to clarify if the Ativan was to be administered every eight hours.

When interviewed March 16, 2010, employee B stated she had called the doctor's nurse, regarding the antineoplastic medication, but never heard anything from her. When interviewed March 16, 2010, the administrator indicated there had been no further follow-up regarding the antineoplastic medication. When interviewed March 16, 2010, a registered nurse indicated she signed the clinic referral on November 24, 2009, but stated it probably just got filed. She also stated that no one had followed up on the order for the Ativan every 8 hours.

TO COMPLY: A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Statute §626.557 Subd. 14(b)

Based on interview and record review, the licensee failed to assure a vulnerability assessment was completed and an individual abuse prevention plan was developed for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving services February 23, 2007. There was no vulnerable adult assessment or plan noted in her record. When interviewed March 16, 2010, client #1 indicated she was legally blind, hard of hearing and used a walker. When interviewed March 15, 2010, the administrator stated a vulnerable adult assessment had not been done at the time she was admitted.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: RiceCounty Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0477

October 26, 2005

Charles Nauman, Administrator
Naumans Senior Care
519 First Street Southwest
Faribault, MN 55021

Re: Licensing Follow Up Revisit

Dear Mr. Nauman:

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 October 18, 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: Mary Nauman, President Governing Board
Gloria Lehnertz, Minnesota Department of Human Services
Rice 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: NAUMANS SENIOR CARE

DATE OF SURVEY: October 18, 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:

Mary Nauman Owner/Manager

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #2: X

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 October 14, 2004 and follow up March 28, 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 4668.0865 Subp. 2 | Corrected |
| 2. MN Statute§144A.44 Subd. 1 (2) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0347

August 22, 2005

Charles Nauman, Administrator
Nauman's Senior Care
519 First Street Southwest
Faribault, MN 55021

Re: Licensing Follow Up Revisit

Dear Mr. Nauman:

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 March 28, 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: Mary Nauman, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Rice County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Jocelyn Olson, Assistant Attorney General
Mary Henderson, Program Assurance Unit
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: NAUMANS SENIOR CARE

DATE OF SURVEY: March 28, 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:

Mary Nauman, Owner

Frances Bauer, Registered Nurse

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X #1

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 October 13 and 14, 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 Rule 4668.0815 Subp. 2

Not Corrected

\$250.00

Based on record review and interview the licensee failed to have a registered nurse (RN) annually review and revise a client's evaluation and service plan for three of three clients (#1, #2, and #3) records reviewed. The findings include:

Client #1's current service plan dated November 30, 2002 and client #2's current service plan dated February 11, 1999 lacked documentation that the service plans had been reviewed since they were initiated. On March 28, 2005 the owner's initials and "reviewed 12/01/04" was documented on Client #1's service plan. Client #2's service plan had the owner's initials and "reviewed 11/28/04" documented. Client's #1, #2, and #3 received central storage of medications from the licensee. The current service plans dated November 30, 2002, dated February 11, 1999, and September 7, 2004 respectively lacked central storage of medication in the description of services. There was no evidence that the RN had reviewed or revised, as needed the service plans. When interviewed, March 28, 2005, the owner confirmed that she had

initialed the forms and that this was the follow up that was implemented. When interviewed, March 28, 2005, the registered nurse confirmed the service plans for client's #1, #2, and #3 did not indicate central storage of medications. She also confirmed that central storage was provided for client's #1, #2, and, #3.

2. MN Rule 4668.0845 Subp. 2

Corrected

3. MN Rule 4668.0855 Subp. 2

Corrected

- 2) Although a State licensing survey was not due at this time, correction orders were issued.
- 3) The exit conference was not tape- recorded.



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: NAUMANS SENIOR CARE
 HFID # (MDH internal use): 03884
 Date(s) of Survey: March 28, 2005
 Project # (MDH internal use): QL03884001

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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 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 type="checkbox"/> Correction Order(s) issued <input 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 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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>___ Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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)</p> <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>	<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>___ Met ___ Correction ___ Order(s) issued ___ 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:
#2	MN Statute §144A.44 Subd. 1 (2) Home care bill of rights	X	X	<p>Based on record review and interview the licensee failed to provide services according to accepted medical or nursing standards for two of three clients (#1, and #3) records reviewed. The findings include:</p> <p>The records of client's #1, #2, and #3 all contained a form for activity of daily living (ADL) descriptions. Page 4 of 5 of Nauman's ADL descriptions included 'medication monitoring' which addressed medication storage, set up, administration. This was a new form was not present during the survey conducted by this reviewer October 13, and 14, 2004. The forms were dated "March 2004" for client #1, and "9/7/04" for client #3. Both dates were prior to the survey conducted by this reviewer October 13, and 14, 2004. When interviewed March 28, 2005, the registered nurse (RN) confirmed the forms had been backdated. She indicated the actual date the forms were completed was March 9, 2005. The RN stated she had been "too loose here."</p> <p>Education: Provided</p>
#1	MN Rule 4668.0865 Subp 2 Nursing assessment and service plan	X	X	<p>Based on record review and interview the licensee failed to have a registered nurse (RN) conduct an assessment of the client's functional status and need for central medication storage for three of three clients (#1, #2, and #3) records reviewed who received central storage of medication. The findings include:</p> <p>Client's #1, #2, and #3 received central</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>storage of medications from the licensee. The records for client's #1, #2, and #3 did not contain an assessment of the client's functional status and need for central medication storage.</p> <p>When interviewed, March 28, 2005, the RN confirmed that she had not conducted an assessment of the client's functional status and need for central medication storage for client's #1, #2, and #3.</p> <p>Education: Provided</p>

A draft copy of this completed form was left with Mary Nauman, Owner at an exit conference on March 28, 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)



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 1276

Date: November 24, 2004

Charles W. Nauman, Administrator
Nauman's Senior Care
519 First Street Southwest
Faribault, MN 55021

Re: Results of State Licensing Survey

Dear Mr. Nauman:

The above agency was surveyed on October 13 and 14th, 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: Mary Nauman, 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: NAUMANS SENIOR CARE
 HFID # (MDH internal use): 03884
 Date(s) of Survey: October 13 and 14, 2004
 Project # (MDH internal use): QL03884001

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 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 observes 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 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 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input 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 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:
1	MN Rule 4668.0815, Subp.2 Reevaluation of Service Plan.	X	X	<p>Based on record reviewed and staff interview the licensee failed to annually review and revise service plans for two of three clients' reviewed. Client# 1 had an initial service plan dated November 2002. Client #2 had an initial service plan dated December 2002. Both records lacked documentation that the service plans had been reviewed since 2002. When interviewed October 13, 2004 the owner stated she was unaware of the need to review service plans annually.</p> <p><u>Education:</u> Education provided regarding rule.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
1	MN Rule 4668.0845, Subp.2 Services that require supervision by a registered nurse.	X	X	<p>Based on record review and staff interview the agency failed to have the registered nurse (RN) supervise services that require supervision by a RN for three of three clients' (#1, #2, #3) reviewed.</p> <p>Client #2 began receiving services including assistance with medication administration November 2002. Client #3 began receiving services including assistance with medication administration December 2002. Client #1 began receiving services including assistance with medication administration June 2004. Clients' #1, #2, and #3 continued to receive assistance with medication through the dates of this survey. There was no documentation of supervision or monitoring of services in the record for client #1, #2, or #3. On October 14, 2004 the owner provided a hand written document "Recheck on Medication and Procedures" that indicated two unlicensed staff (#1 and #4) had been observed, January 20, 2003, March 17, 2003, May 19, 2003, October 20, 2003, January 19, 2004, April 19, 2004, June 21, 2004 and August 25, 2004 by the LPN. One additional unlicensed staff, (#6) had been observed July 16, 2003, October 27, 2003, January 28, 2004, April 25, 2005, June 22, 2004, and August 23, 2004 by the LPN. All observations done were for setting up medications and informing staff of changes of medication, including color of medication. There was no indication that clients had been observed or that a registered nurse had supervised services. When asked about supervisory visits, October 14, 2004 the owner stated "This is all there is."</p> <p><u>Education:</u> Rule reviewed with owner and Board of Nursing Education Module provided.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
8	MN Rule 4668.0855 Supb.2 Nursing assessment and service plan.	X	X	Based on record review and staff interview the agency failed to have a registered nurse assess the need for assistance with self-administration of medication or medication administration record for three of three clients' (#1, #2, #3) reviewed. Clients' #1, #2, and #3 did not have nursing assessments for the need for assistance with self-administration of medication or medication administration supervision. During an interview October 13, 2004, the owner confirmed they had not been done. <u>Education:</u> Education provided on the rule.
8	MN Rule 4668.0860, Subp. 9		X	<u>Education:</u> Education was provided to the owner on the rule.
9	MN Rule 4668.0870, Subp. 2		X	<u>Education:</u> Education provided by reviewing the rule with the owner.

A draft copy of this completed form was left with Mary Nauman at an exit conference on October 14, 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)