



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7843

October 3, 2005

Mark Wilson, Administrator
Regina Retirement Center
1175 Nininger Road
Hastings, MN 55033

Re: Licensing Follow Up Revisit

Dear Mr. Wilson:

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 September 23, 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: Mark Wilson, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Dakota 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: REGINA RETIREMENT CENTER

DATE OF SURVEY: September 23, 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:

Dory Losh, Housing Director
Shelia Johnson, RN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up 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 March 4, 7, and 8, 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 order(s) is as follows:

1) MN Rule 4668.0815 Subp. 3

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3514

July 26, 2005

Karrie Tipler, Administrator
Regina Retirement Center
1175 Niniber Road
Hastings, MN 55033

Re: Results of State Licensing Survey

Dear Ms. Tipler:

The above agency was surveyed on March 4, 7, and 8, 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: Mark Wilson, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Dakota County Social Services
Sherilyn Moe, Office of the Ombudsman
Original – Facility
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: REGINA RETIREMENT CENTER
 HFID # (MDH internal use): 20006
 Date(s) of Survey: March 4, 5, and 8, 2005
 Project # (MDH internal use): QL20006001

| 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 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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> X </u> 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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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><u> </u> Met <u> X </u> Correction <u> </u> Order(s) issued <u> X </u> 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 <input type="checkbox"/> 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 | |
|-------------------------|---|-------------------------|--------------------|--|
| #1 | MN Rule 4668.0815, Subp. 4 Contents of the Service Plan | | X | <u>Education:</u> Provided. |
| #3 | MN Rule 4668.0805, Sup. 1 Orientation | | X | <u>Education:</u> Provided |
| #6 | MN Rule 4668.0815, Subp. 3 Modifications | X | X | <p>Based on interview and record review, the licensee failed to ensure that modifications to the client's service plans were authenticated by the client or the client's responsible person for two of two client's (#1 and #2) records reviewed, that had modifications to their service plans. The findings include:</p> <p>Client #1's service plan was modified on June 7, 2004 to add assistance with bed making on a daily basis. A notation was made on the service plan that a verbal okay was obtained from the client on June 7, 2004 for this service. The bed making service was discontinued on August 4, 2004. In addition, the client's service plan was modified on August 11, 2004 to include assistance with putting on TED (elastic stockings) stockings every morning. This service was discontinued on October 1, 2004. There was no documentation that the client signed that she was aware and in agreement with the discontinuation of the bed making service, nor did the client sign that she was aware and in agreement that staff would not be assisting her with her TED stockings after August 11, 2004.</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | |
|-------------------------|------------|-------------------------|--------------------|--|
| | | | | <p>The registered nurse (RN) was interviewed, March 4, 2005, and confirmed that the client did not sign that she acknowledged the changes to her service plan.</p> <p>Client #2's service plan was modified on December 15, 2004 to include daily administration of insulin by a licensed nurse, and a pacemaker check. A note on the service plan indicated that a call was made to the client's responsible party. It could not be determined when the client's responsible party was notified of this modification, as this note was not signed or dated by the person making the entry, nor was there evidence that the client's responsible party acknowledged the additions to the client's service plan.</p> <p>The RN was interviewed on March 4, 2005 and confirmed the client's responsible party had not signed the modifications to the client's service plan.</p> <p><u>Education:</u> Provided.</p> |

A draft copy of this completed form was left with Karrie Tipler, Administrator at an exit conference on March 8, 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).