



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0678

September 1, 2006

Mary Beyer, Administrator
Nicollet Place
311 South Nicollet
Blue Earth, MN 56013

Re: Licensing Follow Up visit

Dear Ms. Beyer:

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 August 14, 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,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

**Minnesota Department Of Health
Division Of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: NICOLLET PLACE

DATE OF SURVEY: August 14, 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:

Mary Beyer, Licensed Practical Nurse/Owner
Suzanne Olson, Registered Nurse

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 October 10, 11, 12 and 17, 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 issued as a result of a visit made on October 10, 11, 12 and 17, 2005 is as follows:

1. MN Rule 4668.0065 Subp. 1	Corrected
2. MN Rule 4668.0815 Subp. 3	Corrected
3. MN Rule 4668.0815 Subp. 4	Corrected
4. MN Rule 4668.0855 Subp. 2	Corrected
5. MN Rule 4668.0860 Subp. 2	Corrected
6. MN Rule 4668.0860 Subp. 4	Corrected
7. MN Rule 4668.0860 Subp. 7	Corrected

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|--|------------------|
| 8. MN Rule 4668.0865 Subp. 2 | Corrected |
| 9. MN Statute §626.557 Subd. 14(b) | Corrected |
| 10. MN Statute §144A. 46 Subd. 5(b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1248

March 16, 2006

Mary Beyer, Administrator
Nicollet Place
311 South Nicollet
Blue Earth, MN 56013

Re: Results of State Licensing Survey

Dear Ms. Beyer:

The above agency was surveyed on October 10, 11, 12, and 17, 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

Enclosures

cc: Mary Beyer, President Governing Body
Ron Drude, Minnesota Department of Human Services
Faribault County Social Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
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: NICOLLET PLACE:

HFID # (MDH internal use): 20008

Date(s) of Survey: October 10, 11, 12, and 17, 2005

Project # (MDH internal use): QL20008002

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
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)	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).	<u> X </u> Met <u> </u> Correction Order(s) issued <u> X </u> Education Provided
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)	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.	<u> </u> Met <u> X </u> Correction Order(s) issued <u> X </u> Education provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	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.	<u> X </u> Met <u> </u> Correction Order(s) issued <u> </u> Education provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	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.	<u> X </u> Met <u> </u> Correction Order(s) issued <u> X </u> Education provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	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.	<u> X </u> Met <u> </u> Correction Order(s) issued <u> </u> Education provided

Indicators of Compliance	Outcomes Observed	Comments
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)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
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)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
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.	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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

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 4668.0815 Subp. 2 Reevaluation		X	<u>Education:</u> Provided
#1	MN Rule 4668.0815 Subp. 3 Modifications	X	X	<p>Based on record review and interview, the facility failed to ensure that the client agreed in writing to a service plan modification for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 had modifications to her/his service plan for services that were not signed by the client on August 4, 2004, January 7, 2005, and March 23, 2005.</p> <p>Client #2 had undated modifications to her/his service plan for several services. The client did not sign the modifications. When interviewed October 12, 2005, the registered nurse verified the preceding findings.</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 facility failed to provide a complete service plan for one of two clients' (#2) records reviewed. The findings include:</p> <p>Client #2 was admitted February 2005 and the client's service plan, dated February 2005, did not contain a complete contingency plan, which included a method for the client or responsible person to contact a representative of the assisted living when staff is providing care.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0865 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on record review and interview, the facility failed to ensure the registered nurse (RN) conducted an assessment of the client's functional status and need for central storage of medication for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 and #2 were admitted August 2004 and February 2005, respectively. Both clients had received central storage of medications since admission. When interviewed October 11, 2005, the RN indicated that she did not conduct an assessment as required by this rule.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0865 Subp. 3 Control of medications		X	<p><u>Education:</u> Provided</p>
#3	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	X	X	<p>Based on record review and interview, the facility failed to assure that tuberculosis screening was completed for three of four employees (A, B and D) reviewed who provided direct care. The findings include:</p> <p>Employee A was hired July 2002 and had a Mantoux test done on July 1, 2002 and August 24, 2004 (one month and twenty three days late).</p> <p>Employee B was hired October 1999 and had a Mantoux test on October 22, 2001 and November 10, 2003 (nineteen days late).</p> <p>Employee D was hired December 1998 and had Mantoux tests done January 19, 2001 and November 13, 2003 (9 months and 25 days late).</p> <p>When interviewed October 12, 2005,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the owner indicated that she thought the Mantoux testing was up to date.</p> <p><u>Education:</u> Provided</p>
#3	MN Statute §144A.46 Subd. 5(b) Background study	X	X	<p>Based on record review and interview, the facility failed to complete a background study for four of four employees (A, B, C, and D) reviewed. The findings include:</p> <p>Employee A, B, C and D were hired July 2002, October 1999, November 2002 and December 1998, respectively. Their records contained copies of background studies from other employers. When interviewed October 12, 2005, the owner indicated she was unaware that the background studies could not be transferred between facilities.</p> <p><u>Education:</u> Provided</p>
#3	MN Statute §626.557 Subd. 14(b) Abuse prevention plan	X	X	<p>Based on record review and interview, the facility failed to develop an individual abuse prevention plan for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 had a vulnerable adult assessment, dated August 2004, which identified vulnerabilities such as social support system, but did not include specific measures to be taken to minimize the risk for abuse for each item.</p> <p>Client #2 had a vulnerable adult assessment, dated February 2005, which identified areas of vulnerabilities such as arthritis, but did not include specific measures to be taken to minimize the risk for abuse for each item.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#5	MN Rule 4668.0810 Subp. 6 Content of client record		X	<u>Education:</u> Provided
#8	MN Rule 4668.0855 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on record review and interview, the facility 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 two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 and #2's records indicated that they received medication administration and assistance with self-administration of medication. Their records lacked an assessment of their functional status and need for assistance with medication administration and self-administration of medication. When interviewed October 12, 2005, the RN said that she does not conduct the assessment as required by this rule.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 2 Prescriber's order required	X	X	<p>Based on record review and interview, the facility failed to obtain a prescriber's order for medications for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's record contained documentation between September 23, 2005 and October 2, 2005 which stated the client had a topical medication applied to open areas on her/his skin. A review of physician's orders, dated September 12 and 26, 2005, did not include an order for the topical medication. When interviewed October 11, 2005, the owner stated she called the registered nurse (RN) and the RN instructed her to use the ointment</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>which the client had in her room.</p> <p>Client #2's record contained documentation on April 26, 2005, which indicated the client had been given an antacid medication and on April 29, 2005 the client had received two tablespoons of a laxative medication. The client's record did not contain orders for the medications.</p> <p>When interviewed October 11, 2005, the RN verified that there were no orders for the medications and indicated she was unaware that orders were needed for over-the-counter drugs.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 4 Authorizations	X	X	<p>Based on record review and interview, the facility failed to have signed prescriber's orders for one of two (#1) clients reviewed. The findings include:</p> <p>Client #1's record contained a hand written note, dated June 7, 2005. Documentation on the note indicated the client was to have specific medication and treatment orders implemented. The orders were not signed by the physician and had been signed off by the registered nurse (RN). When interviewed October 11, 2005 the RN verified that the physician had not signed the orders and that she had not called to verify the orders.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 6 Verbal orders		X	<p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0860 Subp. 7 Electronically transmitted orders	X	X	<p>Based on record review and interview, the facility failed to communicate facsimile orders to the registered nurse (RN) within one hour of receipt for one of two clients' (#1) records reviewed. The findings include:</p> <p>Client #1 had facsimile orders on April 11, 2005, June 30, 2005, August 2 and 22, 2005, and September 12 and 19, 2005. There was no indication that the RN was notified of the receipt of the fax orders. When interviewed October 11, 2005, the RN indicated that she was unaware of this rule requirement and stated there was no system in place to communicate facsimile orders to the RN within one hour of receipt.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Mary Beyer at an exit conference on October 17, 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)