



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 0064

Date: November 4, 2004

Mr. Mark Rust, Administrator  
Westview Estates  
703 West Yellowstone Trail  
Buffalo Lake, MN 55314

Re: Licensing Follow Up Revisit

Dear Mr. Rust:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on October 26, 2004

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  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Assisted Living 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 Leeland Fischer, President Governing Board  
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:** WESTVIEW ESTATES

**DATE OF SURVEY:** 10/26/2004

**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:**

Kendra Hiles RN, DON

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up  X

**ITEMS NOTED AND DISCUSSED:**

1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on June 28, 29, and 30, 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 4668.0070, Subp. 3** Corrected

**2. MN Rule 4668.0805, Subp. 1** Corrected

**3. MN Rule 4668.0855, Subp. 2** Corrected

2) The exit conference was not tape recorded.



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9986 7393

August 12, 2004

Mark Rust, Administrator  
Westview Estates  
703 West Yellowstone Trail  
Buffalo Lake, MN 55314

Re: Results of State Licensing Survey

Dear Mr. Rust:

The above agency was surveyed on June 29, 29 and 30, 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: Leeland Fischer, 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: WESTVIEW ESTATES  
 HFID # (MDH internal use): 20031  
 Date(s) of Survey: June 28, 29, and 30, 2004  
 Project # (MDH internal use): QL20031006

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, Subp. 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>X</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>    </u> Met  <u>X</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>X</u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </u> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statute 144D.065; 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subd.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><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:

<p>Indicator of Compliance # 1 Education: #1</p>	<p>MN Rule 4668.0845, Subp. 2</p>	<p><input checked="" type="checkbox"/> Education provided</p>
<p>Indicator of Compliance: # <u>2</u></p>	<p>Regulation: MN Rule 4668.0030, Subp. 4</p>	<p><input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided</p>
<p>Statement(s) of Deficient Practice: #2  Education: #2</p>	<p>Based on review of five of five client records (#1,2,3,4,5) and the orientation packet for new clients the agency failed to provide clients with the most recent the Bill of Rights or the State regulatory and advocacy telephone numbers and addresses on the Bill of Rights notifications. The agency staff did not have the new addresses and telephone numbers for Office of Health Facility Complaints and for the Office of the Ombudsman for older Minnesotans. Interview with the administrator June 28, 2004 confirmed the agency had not been giving out the current, updated Bill of Rights. Education was provided for the need to give a current copy of the Bill of Rights with the current addresses and telephone numbers to all clients. A copy of the current Bill of Rights was given to the licensee.</p>	

Indicator of Compliance: # <u>3</u>	Regulation: MN Rule 4668.0805, Subp. 1	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #3  Education: #3	Based on record review and interview the facility failed to provide orientation to home care requirements before providing home care services for four of four (#1, #2, #3, #4) personnel reviewed. The most recent hire of personnel reviewed was March 2001. The facility did not have any record of staff orientation to home care. June 29, 2004, employee #1 was interviewed and stated, "I went to an in-service or something back in 1995 that was on home health. I do not recall the substance." During an interview June 28, 2004 the nurse confirmed that there has been no orientation to home care requirements. Education was provided on the orientation to home care utilizing subparts one through five (1-5) of Rule 4668.0805. It was also suggested that they utilize the information in the " Guide to Home Care and Hospice Services" which was given at the exit conference.	
Indicator of Compliance: # <u>7</u>	Regulation: MN Rule 4668.0070, Subp. 3	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #7  Education: #7	Based on record review and interview the facility failed to have a current job description for Assisted Living Home Care Providers for four of four (#1, 2, 3 & 4) personnel records reviewed. The job descriptions on file were written prior to the opening of the ALHCP in August of 2000. On June 30, 2004, employee #1 stated she did not recall anything specific in her job description as to responsibilities or qualifications for ALHCP services. On June 29, 2004, the registered nurse stated that the job descriptions were all outdated and they were in the process of updating them. None of the job descriptions included responsibilities and identification of supervisors for the ALHCP services. Education was provided on the need to have current job descriptions including qualifications, responsibilities, and identification of supervision for the ALHCP services.	



Indicator of Compliance: # <u>8</u>	Regulation: MN Rule 4668.0855, Subp.2	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #8  Education: #8	Based on record review and interview the facility failed have the registered nurse (RN) conduct a nursing assessment of the client's functional status and need for assistance with self administration of medication or medication administration for five of five clients (#1, #2, #3, #4, #5) client records reviewed. No record reviewed had evidence of an assessment by the registered nurse for self-administration of medications. On June 29, 2004, the RN stated she did not see a need to do an assessment as the clients wanted their medications administered by the staff. Education was provided on the need for a nursing assessment, as required by the law, to the registered nurse during review of client records. The information was repeated to the administrator during the exit conference.	
Indicator of Compliance # 8  Education: #8	MN Rule 4668.0855, Subp. 9	<input checked="" type="checkbox"/> Education provided
Based on interview and record review the licensee failed to provide the signatures and titles of authorized persons who provided assistance with self-administration of medications or medication administration. Three of three client records reviewed lacked the signatures and titles of the personnel who administered the medications. On June 29, 2004, employee #2 stated they did not have signature sheets of the staff that administer medications to the ALHCP clients. During the survey on June 29, 2004 the registered nurse was in the process of obtaining personnel signatures that provided medication administration to the clients. Medications were signed as given on the Medication administration sheet.  Education was provided on the need for signatures and titles of personnel who provided assistance with self-administration of medications and administration of medications instead of just initials. This information was given to the registered nurse during the survey and the administrator at the exit conference.		

A copy of this completed form was left with Mark Rust at an exit conference on June 30, 2004. Any correction orders issued as a result of the on-site visit 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).