



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6871

August 31, 2010

Melissa Christianson, Administrator  
Circle Drive Manor Asst Lvg  
56733 State Hwy 56 South  
West Concord, MN 55985

Re: Results of State Licensing Survey

Dear Ms. Christianson:

The above agency was surveyed on June 30 and July 1, 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 located below the "Sincerely," text.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

**CERTIFIED MAIL #:** 7009 1410 0000 2303 6871

**FROM:** Minnesota Department of Health, Division of Compliance Monitoring  
85 East Seventh Place, Suite 220, P.O. Box 64900 St. Paul, Minnesota 55164-09008  
Home Care and Assisted Living Program



Patricia Nelson, Supervisor- (651) 201-4309

TO:	MELISSA CHRISTIANSON	DATE: August 31, 2010
PROVIDER:	CIRCLE DRIVE MANOR ASST LVNG	COUNTY: DODGE
ADDRESS:	56733 STATE HWY 56 SOUTH	HFID: 20055
	WEST CONCORD, MN 55985	

On June 30 and July 1, 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 4668.0065 Subp. 3**

Based on record review and interview, the licensee failed to ensure annual infection control training was completed for one of one licensed employee (A) record reviewed. The findings include:

Employee A was hired June 22, 2005, as a contracted registered nurse. There was no documentation of infection control training in her records. On June 30, 2010, employee A provided documentation of infection control training dated June 1, 2010. The documentation of training only addressed handwashing. The training did not include the use of gowns, gloves, masks, disposal of contaminated equipment, disinfecting reusable equipment and disinfecting environmental surfaces.

When interviewed June 30, 2010, employee B (owner) indicated she was unaware that the nurse needed infection control training, since she taught infection control to the unlicensed employees.

**TO COMPLY:** For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

- A. hand washing techniques;
- B. the need for and use of protective gloves, gowns, and masks;
- C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
- D. disinfecting reusable equipment; and
- E. disinfecting environmental surfaces.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

## **2. MN Rule 4668.0810 Subp. 6**

Based on record review and interview, the licensee failed to maintain a complete record for three of three clients' (#1, #2 and #5) records reviewed. The findings include:

The provider's daily information log revealed that on May 14, 2010, client #1 had a fall in her bathroom; on June 23, 2010, client #2 sustained a fall at supper; and on June 28, 2010, client #5 had slid off of the edge of the bed. The incidents had not been recorded in the each client's record.

When interviewed June 30, 2010, employee D (home health aide/owner) verified that documentation of client #1's, #2's and #5's falls was only on the daily information log and also indicated she was unaware that the falls had occurred.

**TO COMPLY:** The client record must be accurate, up to date, and available to all persons responsible for assessing, planning, and providing assisted living home care services. The record must contain:

- A. the following information about the client:
  - (1) name;
  - (2) address;
  - (3) telephone number;
  - (4) date of birth;
  - (5) dates of the beginning and end of services;
  - (6) names, addresses, and telephone numbers of any responsible persons;

(7) primary diagnosis and any other relevant current diagnoses;

(8) allergies, if any; and

(9) the client's advance directive, if any;

B. an evaluation and service plan as required under part [4668.0815](#);

C. a nursing assessment for nursing services, delegated nursing services, or central storage of medications, if any;

D. medication and treatment orders, if any;

E. the client's current tuberculosis infection status, if known;

F. documentation of each instance of assistance with self-administration of medication and of medication administration, if any;

G. documentation on the day of occurrence of any significant change in the client's status or any significant incident, including a fall or a refusal to take medications, and any actions by staff in response to the change or incident;

H. documentation at least weekly of the client's status and the home care services provided, if not addressed under item F or G;

I. the names, addresses, and telephone numbers of the client's medical services providers and other home care providers, if known;

J. a summary following the discontinuation of services, which includes the reason for the initiation and discontinuation of services and the client's condition at the discontinuation of services; and

K. any other information necessary to provide care for each individual client.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

### **3. MN Rule 4668.0865 Subp. 2**

Based on record review and interview, the licensee failed to ensure that central storage was included on the service plan for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 were admitted and began receiving home care services including central storage of medications December 23, 2008, and January 25, 2006, respectively. Their services plans, dated November 4, 2009, did not include central storage of medications.

When interviewed June 30, 2010, employee B (home health aide/owner) indicated she had revised the form and central storage had been inadvertently left off of the new form.

**TO COMPLY:** For a client for whom medications will be centrally stored, a registered nurse must conduct a nursing assessment of a client's functional status and need for central medication storage, and develop a service plan for the provision of that service according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part [4668.0845](#). The service plan for central storage of medication must be maintained as part of the service plan required under part [4668.0815](#).

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

#### **4. MN Rule 4668.0865 Subp. 8**

Based on observation and interview, the licensee failed to store all drugs, including over the counter medications, in a locked compartment. The findings include:

On June 30, 2010, on top of two metal file cabinets in the licensee's office the following over the counter medications were observed: Milk of Magnesia, Miralax, Tylenol, Robitussin cough syrup, Maalox and two bags of Halls cough drops.

When interviewed June 30, 2010, employee D (home health aide/owner) stated he didn't realize over the counter medications had to be stored in a locked compartment. When interviewed by phone June 30, 2010, at 10:30 a.m. employee A (contracted registered nurse) indicated she was unaware that the over the counter medications needed to be locked up.

**TO COMPLY:** A class F home care provider licensee providing central storage of medications must store all drugs in locked compartments under proper temperature controls and permit only authorized nursing personnel to have access to keys.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

#### **5. MN Statute §144A.44 Subd. 1(2)**

Based on observation, record review and interview, the licensee failed to provide medication administration per facility policy and acceptable nursing standards of practice for two of two clients' (#1 and #6) records reviewed. The findings include:

During observation of medication administration on July 1, 2010, employee D (unlicensed staff) was observed to administer artificial tears eye drops to client #2. Employee D set the cover of the Artificial tears bottle open end down, on a plastic table cloth. He then administered eye drops in each of the client's eyes, without having the client tilt her head back. The tip of the eye drop container touched client #2's eye lashes, and three drops of Artificial tears were administered in each eye. The physician's order, dated June 22, 2010, was for one drop in each eye four times a day. The licensee's procedure for administering eye drops stated to have the individual lie down, or sit with her head tipped backwards, place the lid of the container on the medication tray and place the lid (cover) on its side so that the inside of the lid is kept clean.

During administration of oral medications on July 1, 2010, employee D administered K-Dur (potassium) 20 milligrams to client #2. The K-Dur was crushed and in a plastic medication cup. Client #2 put the crushed K-Dur into her hand and licked it off her hand three times, saying "oh it's a little bitter," and

was repeatedly taking sips from a glass of milk. The bubble pack of K-Dur in client #2's central storage had "crush" handwritten on the bubble pack. Employee D then administered Advair (inhaler) to the client. Employee D did not have the client rinse her mouth after administration of the inhaler. *The Nursing Drug Handbook 2010* stated after the inhalation of Advair the patient was to be instructed to rinse their mouth to prevent oral candidiasis and K-Dur, a sustained release potassium product was not to be crushed. When interviewed July 1, 2010, at 10:30 a.m., employee A (contracted registered nurse) indicated she did not know that the K-Dur was being crushed for administration.

Client #6 received medication administration. During observation of a medication pass on July 1, 2010, from 7:50 a.m. to 8:15 a.m. client #6 was observed to have three medications in a medication souffle cup in front of her on the table. The medications included metoprolol (blood pressure) multivitamin and flax seed oil (bowels). The medication cup was not within sight of employee D (unlicensed staff) at all times. Three other clients were also at the table having breakfast. When interviewed July 1, 2010, at 8:15 a.m. employee D indicated client #6 always took her medications when they were set at the table for her. When interviewed July 1, 2010, at 10:30 a.m. employee A indicated that she had reminded the staff to not let medications sit on the table, that they were supposed to watch the clients swallow the medications.

**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:** Seven (7) days

#### **6. MN Statute §626.557 Subd. 14(b)**

Based on observation, record review and interview, the licensee failed to ensure a vulnerability assessment was completed and an individual abuse prevention plan was developed which included specific measures to minimize the risk of abuse for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 were admitted and began receiving home care services December 23, 2008, and January 25, 2006, respectively. Client #1 was observed using a walker during the survey of June 30 and July 1, 2010. Client #2's diagnoses included memory loss. There was no documentation of a vulnerability assessment or an abuse prevention plan for either client #1 or #2.

When interviewed July 1, 2010, employee B (home health aide/owner) indicated the vulnerable adult assessments and abuse prevention plans had not been done for any of the clients.

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



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7829

September 29, 2005

Melissa Christianson, Administrator  
Circle Drive Manor  
56697 State Hwy 56 South  
West Concord, MN 55985

Re: Licensing Follow Up Revisit

Dear Ms. Christianson:

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 22, 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: Tim Chladek, President Governing Board  
Kelly Crawford, Minnesota Department of Human Services  
Dodge 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:** CIRCLE DRIVE MANOR

**DATE OF SURVEY:** 09/22/2005

**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:**

Melissa Christenson, Owner

Bryan Christenson, Home Health Aide

**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 29, 30, 1 and April 1, 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 4668.0065 Subp. 3	Corrected
2. MN Rule 4668.0815 Subp. 2	Corrected
3. MN. Rule 4668.0815 Subp. 4	Corrected
4. MN. Rule 4668.0825 Subp. 3	Corrected
5. MN. Rule 4668.0825 Subp. 4	Corrected
6. MN. Rule 4668.0860 Subp. 7	Corrected
7. MN. Statute 144A.44 Subd. 1 (8)	Corrected



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 4825

August 18, 2005

Melissa Christianson, Administrator  
Circle Drive Manor  
56697 State HWY 56 South  
West Concord, MN 55985

Re: Results of State Licensing Survey

Dear Ms. Christianson:

The above agency was surveyed on March 29, 30, 31, and April 1, 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: Tim Chladek, President Governing Body  
Kelly Crawford, Minnesota Department of Human Services  
Dodge County Social Services  
Sherilyn Moe, Office of the Ombudsman  
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: CIRCLE DRIVE MANOR

HFID # (MDH internal use): 20055

Dates of Survey: March 29, 30, 31, and April 1, 2005

Project # (MDH internal use): QL20055001

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>    </u> Met <u>  X  </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)	<b>Client personal information and records are secure.</b> <b>Any information about clients is released only to appropriate parties.</b> 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>    </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>    </u> Met <u>  X  </u> Correction Order(s) issued <u>  X  </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 type="checkbox"/> Met <input checked="" 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 type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided  HWS Contract 17 points

***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	X	<p>Based on record review and interview the agency failed to review and update service plans at least annually for two of two clients (#1, #2). The findings include:</p> <p>A service plan for client #1 was developed on February 11, 2003. There was no documentation available for review to indicate that the service plan had been reviewed and updated since that date.</p> <p>A service plan for client #2 was developed on October 24, 2000. There was no documentation available for review to indicate that all required components of the service plan had been reviewed since it was developed in 2000.</p> <p>The owner was interviewed on March 30, 2005 and stated she was not aware of the requirement for the agency to review each client's service plan annually.</p> <p><b><u>Education:</u></b> Provided</p>
#1	MN. Rule 4668.0815 Subp. 4. Contents of service plan	X	X	<p>Based on record review and interview, the agency failed to develop a complete service plan for two of two clients (#1, #2) reviewed. The findings include:</p> <p>Client #1 was receiving the daily accuchecks and the application of TED stockings. Client #2 was receiving daily Foley catheter care. Client #1 and #2's service plan did not note that they were receiving these delegated nursing services.</p> <p>The owner was interviewed on March</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>30, 2005 and verified that she did not note the accuchecks and TED stockings for client #1 and the Foley catheter care for client #2 on the clients' service plan.</p> <p><b><u>Education:</u></b> Provided</p>
#2	MN. Statute 144A.44 Subd. 1. (8) Statement of rights	X	X	<p>Based on record review and staff interview the agency failed to inform each client of the charge for their services from the ALCHP in two of two client (#1, #2) records reviewed. The findings include:</p> <p>Client #1's cost for services were determined on January 3, 2005 and client #2's cost was determined on October 1, 2004. The owner of the ALHCP, the county case manager and the agency's registered nurse had signed the contract for the client's services. There was a portion of the contract for the client to sign, but this area was noted to be blank. The owner was interviewed on March 30, 2005. She stated since the county was paying for the majority of the services, she was not aware that the client was also to be made aware of the cost of the services. Based on record review and staff interview the agency failed to inform each client of the charges for services received in two of two client (#1, #2) records reviewed. The findings include:</p> <p>Documentation in client #1 and #2's record reflected that on January 3, 2005, the owner of the ALHCP, the county case manager and the agency's registered nurse had signed a county contract for both clients to receive services. There was an area in this contract for the clients to sign, but this area was noted to be blank for both clients. The owner was interviewed on March 30, 2005 and stated that since the county was paying for the majority</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>of the services, she did not think that the clients had to made aware of the cost of the services.</p> <p><b><u>Education:</u></b> Provided</p>
#3	MN. Rule 4668.0065 Subp. 3. Infection control in-service training	X	X	<p>Based on training records reviewed and interview, the agency failed to include all the required infection control topics in their yearly in-service training for four of four employees (#1, #2, #3, and #4). The findings include:</p> <p>Employees #1, #2, #3, and #4 had worked in the agency since at least 2002. Employees #1, #2, #3, and #4's training records for the year 2004, contained an annual infection control in-service on hand washing. The agency's 2004 infection control training did not cover the following required topics: the need for and use of protective gloves, gowns, and masks; disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; and disinfecting environmental surfaces. The owner was interviewed on March 30, 2005 and verified that the only topic the annual in-service covered was hand washing.</p> <p><b><u>Education:</u></b> Provided</p>
#6	MN. Rule 4668.0825 Subp. 3 Nursing services delegated to unlicensed personnel	X	X	<p>Based on record review and interviews, the agency failed to assure that two of two clients (#1, #2) received care and services from staff who possessed the knowledge and skills consistent with the complexity of the delegated nursing task. The findings include:</p> <p>The accucheck (blood sugar monitoring) training provided to the Home Health aides was reviewed and it was noted that the training indicated that staff were to notify the registered</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>nurse if the client's accucheck reading was below 60. Client #1's accucheck result on February 2, 2005 was 58 and 56 on March 19, 2005. The owner together with the registered nurse (RN) was interviewed on March 31, 2005 and verified that staff did not contact the RN to report the low accucheck readings.</p> <p>Nursing notes dated February 11, 2005 documented that client #2's Foley catheter was leaking and "appears to be possibly be plugged." The documentation indicated that client #2 was complaining of abdominal pain. The owner together with the registered nurse (RN) was interviewed on March 31, 2005 and verified that staff did not contact the RN to report the leaking Foley catheter and client #2's complaints of pain until the next day at which time the RN replaced the Foley catheter.</p> <p><b><u>Education:</u></b> Provided</p>
#7	MN. Rule 4668.0825 Subp. 4. Performance of routine procedures	X	X	<p>Based on record review and interview, the agency failed to assure that three of three home health aides (#2, #3, #4) who provided Foley catheter care, had been instructed by a registered nurse in the proper methods to perform the catheter care. The findings include:</p> <p>Client #2 has a Foley catheter. Employees #2, #3, and #4 provide Foley catheter care for client #2. Training records indicated the employees #2, #3 and #4 had received training on urostomy care, but not Foley catheter care. The owner was interviewed on March 31, 2005 and stated the agency previously had a client with a urostomy and training was provided for the urostomy. The owner stated that she thought the training received for the urostomy was</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				transferable for the Foley catheter care.  <b><u>Education:</u></b> Provided
#8.	MN. Rule 4668.0860 Subp. 4 Physician's signature for orders.	X	X	Based on record review and interview, the agency failed to assure that a prescriber sign orders for Coumadin for one of one client record (#1) reviewed. The findings include:  Client #1 was seen in the "Coumadin clinic" on March 9, February 9, January 12, 2005 and December 15, 2004. Coumadin orders were written at each visit and signed by a pharmacist not by a physician. The registered nurse was interviewed on March 30, 2005 and stated that since the pharmacist was signing the orders, the orders were not being sent to the physician for a signature.  <b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Melissa Christianson, Owner at an exit Conference on April 1, 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)