



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9229

December 19, 2005

Deanne Beito, Administrator
Westwood Place Inc
209 Jefferson Avenue Southwest
Watertown, MN 55388

Re: Licensing Follow Up Revisit

Dear Ms. Beito:

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 November 9, 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: Michael Gorra, President Governing Board
Carver County Social Services
Gloria Lehnertz, Minnesota Department of Human 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: WESTWOOD PLACE INC

DATE OF SURVEY: November 9, 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

NAMES AND TITLES OF PERSONS INTERVIEWED:

1. Deanne Beito, Director
2. Pamela Luedke, RN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) On November 9, 2005, an unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on April 8, 11, 12 and 13, 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 4668.0030 Subp. 2. | Corrected |
| 2. MN Rule 4668.0815 Subp. 2. | Corrected |
| 3. MN Rule 4668.0815 Subp. 3. | Corrected |
| 4. MN Rule 4668.0855 Subp. 2. | Corrected |
| 5. MN Statute §144A.46 Subd. 5(b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8715 0505

September 26, 2005

Deanne Beito, Administrator
Westwood Place Inc.
209 Jefferson Avenue Southwest
Watertown, MN 55388

Re: Results of State Licensing Survey

Dear Ms. Beito:

The above agency was surveyed on April 8, 11, 12, and 13, 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: Michel Gorra, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Carver 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: WESTWOOD PLACE INC.

HFID # (MDH internal use): 20063

Dates of Survey: April 8, 11, 12, and 13, 2005

Project # (MDH internal use): QL20063001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff 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 acknowledgment in the client's clinical record to show that the BOR was received (or why acknowledgment could not be obtained).</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p>

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 <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education <input type="checkbox"/> 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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 Service Plan Reevaluation	X	X	<p>Based on record review, the agency failed to have a registered nurse review and revise a client's evaluation and service plan at least annually for two of three current client records (#3 and #4) reviewed. The findings include:</p> <p>Client #3 began receiving assisted living home care services in 2001. On January 7, 2003, the service plan was amended to indicate blood glucose tests would be performed "as ordered." There was no evidence client #3's service plan had been reviewed or revised by a registered nurse since January 7, 2003.</p> <p>Client #4 began receiving assisted living home care services in May of 2002. A registered nurse completed a "Resident Assessment" on June 6, 2002. There was no evidence client #4's service plan had been reviewed or revised by a registered nurse since June 6, 2002.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0815 Subp. 3 Service Plan Modification	X	X	<p>Based on record review and interview, the licensee failed to ensure that a modification of the service plan was in writing and agreed to by the client or the client's responsible person before the modification was initiated for two of three current client records (#3 and #4) reviewed. The findings include:</p> <p>Client #3 began receiving assisted living home care services February of 2001. Client #3 had family listed as the responsible party. A "SERVICE AGREEMENT" signed by client #3 May of 2001; indicated home care services were</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>\$1,367.00 per month. Room and board was an additional fee. When interviewed April 3, 2005, the administrator reported there had been fee increases since 2001. She provided documentation indicating there were fee increases for client #3 January of 2002, July of 2003, December of 2004, January of 2005, and February of 2005. The fee increases were related to medical assistance providing additional funds. The record did not contain documentation indicating a fee increase had occurred since May of 2001. When interviewed April 12, 2005, client #3 reported he was unaware of the cost of the home care services being provided. Client #3 reported a county social worker handled his financial matters.</p> <p>Client #4 began receiving assisted living home care services May of 2002, and a service plan was established May of 2002. Client #4s record did not contain documentation indicating there had been a fee increase or a modification of the service plan between May of 2002, and the date of this survey review, April 11, 2005. When interviewed April 13, 2005, the administrator indicated there had been fee increases for services provided to client #4. The administrator provided documentation indicating client #4's fees were increased July 1, 2004. When interviewed on April 12, client #4 reported a family member was the designated representative for him and "a while ago" the designated representative had informed him that there was a fee increase.</p> <p><u>Education:</u> Provided</p>
1.	MN Rule 4668.0845 Subp. 2. Services that require supervision by a registered nurse.		X	<p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
2.	MN Rule 4668.0030 Subp. 2. Bill of Rights Notification of client.	X	X	<p>Based on observation, record review, and interview, the licensee failed to provide an up to date Home Care Bill of Rights to four of four clients (#1, #2, #3 and #4) records reviewed. The findings include:</p> <p>The records of clients #1, #2, #3 and #4 indicated they were not provided the current Home Care Bill of Rights. The Home Care Bill of Rights in their records did not contain the additions made in 2001.</p> <p>When interviewed April 8, 2005 the administrator indicated he was unaware the clients were not provided with the current Home Care Bill of Rights.</p> <p><u>Education:</u> Provided</p>
3.	MN Statute§ 144A.46 Subd. 5 (b) Background Checks	X	X	<p>Based on record review the licensee failed to ensure that employee background studies were performed for one of four personnel records (#2) reviewed. The findings include:</p> <p>Employee #2 was initially hired March 10, 1997. A background study was completed February 17, 1998. Employee #2 terminated her employment in January of 2000. Employee #2 resumed employment between May 2000 and July of 2002, terminated employment again, and then resumed employment with the licensee February of 2003. A background study had not been completed since the study for her initial employment date of February 2003.</p> <p><u>Education:</u> Provided</p>
7.	MN Rule 4668.0835 Subp. 3 Inservice training		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 4668.0855 Subp. 2 Assessment for medication administration	X	X	Based on record review and interview the licensee failed to have a registered nurse (RN) conduct a nursing assessment of a client's need for assistance with medication administration or medication administration for one of one discharged clients (#1) reviewed who received assistance with medication administration. The findings include: Client #1 began receiving medication administration assistance November 9, 2004. A nursing assessment of client #1's functional status and need for assistance with medication administration was not conducted until November 23, 2004. When interviewed the RN indicated this was before she was employed by the licensee. <u>Education:</u> Provided
9.	MN Rule 4668.0870 Subp. 2. Disposition of medications.		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Deanne Beito, Administrator, at an exit conference on April 13, 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 web site. General information about ALHCP is also available on the web site:

<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)