



Protecting, Maintaining and Improving the Health of Minnesotans

7175Certified Mail # 7009 1410 0000 2303 7175

July 23, 2010

Grace Guemple, Administrator
Valley View of Northfield
812 North Linden Street
Northfield, MN 55057

Re: Results of State Licensing Survey

Dear Ms. Guemple:

The above agency was surveyed on May 25, 26, and 27, 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: Rice 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 7175

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	GRACE GUEMPLE	DATE: July 23, 2010
PROVIDER:	VALLEY VIEW OF NORTHFIELD	COUNTY: RICE
ADDRESS:	812 NORTH LINDEN STREET	HFID: 20071
	NORTHFIELD, MN 55057	

On May 25, 26, and 27, 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 4668.0030 Subp. 4

Based on record review and interview, the licensee failed to provide an accurate copy of the Minnesota Home Care Bill of Rights for one of one client (#1) reviewed. The findings include:

Client #1 was admitted and began receiving home care services May 5, 2010. The bill of rights provided for clients in the resident handbook, contained the following statement which was not prominently printed in capital letters: "If you have a complaint about the agency or person providing you home care services, you may call, write or visit the office of Health Facility Complaints, Minnesota Department of Health. You may also contact the ombudsman for older Minnesotans."

When interviewed May 26, 2010, the executive administrator stated she had updated the bill of rights in the 2008 resident handbook and verified since that time no one has gotten the correct version of the bill of rights.

TO COMPLY: In addition to the text of the bill of rights in Minnesota Statutes, section [144A.44](#), subdivision 1, the written notice to the client must include the following:

A. a statement, printed prominently in capital letters, that is substantially the same as the following:

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR OLDER MINNESOTANS.

B. the telephone number, mailing address, and street address, of the Office of Health Facility Complaints;

C. the telephone number and address of the office of the ombudsman for older Minnesotans; and

D. the licensee's name, address, telephone number, and name or title of the person to whom problems or complaints may be directed.

The information required by items B and C shall be provided by the Commissioner to licensees upon issuance of licenses and whenever changes are made.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0815 Subp.

Based on record review and interview, the licensee failed to provide a complete service plan for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services including medication administration May 5, 2010. The service plan, dated May 5, 2010, stated "The schedule or frequency of sessions of supervision is determined by each resident's care plan." The care plan, dated May 5, 2010, did not address supervisory visits.

In addition, the client's service plan did not contain the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition, or the circumstances in which emergency medical services are not to be summoned.

When interviewed May 26, 2010, the registered nurse did not realize the service plan did not contain all of the required items.

TO COMPLY: The service plan required under subpart 1 must include:

A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;

B. the identification of the persons or categories of persons who are to provide the services;

C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;

D. the fees for each service; and

E. a plan for contingency action that includes:

(1) the action to be taken by the class F home care provider licensee, client, and responsible person if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the class F home care provider licensee whenever staff are providing services;

(3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the class F home care provider licensee to contact a responsible person of the client, if any; and

(5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0845 Subp. 2

Based on record review and interview, the licensee failed to provide a supervisory visit within 14 days after initiation of assisted living home care services that require supervision by a registered nurse (RN) for one of one client's record (#1) reviewed. The findings include:

Client #1 was admitted and began receiving home care services including medication administration May 5, 2010. There were no supervisory visits documented following the client's admission on May 5, 2010.

When interviewed May 26, 2010, the RN stated she had just missed that the supervisory visit needed to be done.

TO COMPLY: A. After the orientation required under part [4668.0835](#), subpart 5, a registered nurse must supervise, or a licensed practical nurse under the direction of a registered nurse must monitor, unlicensed persons who perform assisted living home care services that require supervision by a registered nurse at the housing with services establishment, to verify that the work is being performed adequately, identify problems, and assess the appropriateness of the care to the client's needs. Supervision or monitoring must be provided no less often than the following schedule:

(1) within 14 days after initiation of assisted living home care services that require supervision by a registered nurse; and

(2) at least every 62 days thereafter, or more frequently if indicated by a nursing assessment and the client's individualized service plan.

B. If the unlicensed person is monitored by a licensed practical nurse, the client must be supervised by a registered nurse at the housing with services establishment at least every other visit and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

TIME PERIOD FOR CORRECTION: Fourteen (14) days

4. MN Rule 4668.0855 Subp. 6

Based on observation, record review and interview, the licensee failed to ensure that unlicensed direct care staff did not draw up insulin for administration for one of one client (#1) reviewed. The findings include:

Client #1 was admitted and began receiving home care services including medication administration May 5, 2010. The registered nurse evaluation, dated May 5, 2010, stated the client would use an insulin pen and draw up and self inject the insulin with staff verbal cues. A physician order, dated May 21, 2010, stated nursing staff were to assist the client to administer the insulin. Staff was to position the Novolog/Lanntus (insulin) pen and the client would then push the insulin pen button for the injection.

A nurse's note, which was signed by unlicensed direct care staff, dated May 21, 2010, indicated the client could push the button on the pen (insulin pen) himself "if (licensee) employees set up (dial the dosage) pen for resident per resident being blind."

When interviewed May 26, 2010, at 9:45 a.m., employee D (unlicensed direct care staff) stated that she along with other staff had been dialing (setting the dosage) the insulin pen for the client since he was admitted because he said he couldn't see to do it. Employee D stated she had told employee A (licensed practical nurse) that staff had been dialing the pen for the client a week or so after he was admitted.

During observation of the insulin delivery procedure on May 27, 2010, at 11:45 a.m. employee B asked client #1 to dial the insulin pen. Client #1 said he couldn't because he couldn't see, but employee B encouraged and provided verbal cues to him to do so by listening for two clicks of the insulin pen's dial device. Client #1 was able to dial the two clicks, thereby preparing the insulin dose and then went on to self-administer the insulin.

TO COMPLY: A person who administers medications under subpart 3 may not draw up injectables. Medication administered by injection under subpart 5 is limited to insulin.

TIME PERIOD FOR CORRECTION: Seven (7) days

5. MN Rule 4668.0865 Subp. 2

Based on observation, record review and interview, the facility failed to provide a complete service plan which included central storage of medications for one of one client's record (#1) reviewed. The findings include:

Client #1 was admitted and began receiving home care services including medication administration and central storage on May 5, 2010. Client #1's medications were observed on May 26, 2010, to be stored on a medication cart.

When interviewed May 26, 2010, the registered nurse indicated she did not know that central storage of medications had to be indicated on the clients' service plans.

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

6. MN Statute §144A.44 Subd. 1(2)

Based on record review and interview, the licensee failed to provide services according to accepted medical or nursing standards for one of one client (#1) record reviewed and failed to ensure that policies and procedures were established and implemented regarding the use of oxygen. The findings include:

Client #1 was not provided care with appropriate infection control techniques. Client #1 was admitted and began receiving home care services including medication administration May 5, 2010. Employee B was observed to perform a blood sugar monitoring procedure for the client on May 26, 2010, at 11:25 a.m. Employee B stated she had washed her hands in the medication room. When employee B arrived at client #1's bedroom, she set the blood sugar machine on the bedspread, put on disposable gloves and opened client #1's blood sugar machine case. Employee B then wiped off the blood sugar machine lancet with an alcohol wipe, used the same alcohol wipe to clean the tip of client #1's finger, used her gloved hand to press on client #1's finger to extract a blood drop, and then employee B used the same alcohol wipe to cleanse the blood from client #1's finger.

The licensee's blood glucose testing procedure, dated September 22, 2008, listed alcohol swabs as part of the supplies, but also stated "follow directions for facility's glucose monitoring device (*insert these directions here*)." No other directions were indicated on the policy and procedure for cleansing of the blood sugar machine, cleansing of the client's finger prior to the lancet puncture or wiping away blood after the lancet punctured the client's skin.

When interviewed May 26, 2010, employee B indicated she did not realize she had used the same alcohol wipe to cleanse the lancet, cleanse the finger and wipe away blood when doing client #1's blood sugar monitoring procedure. When interviewed May 26, 2010, the registered nurse confirmed that one alcohol wipe should have been used to cleanse the finger and a different alcohol wipe should have been used to wipe the blood off of client #1's finger.

A tour of the housing with services site A was conducted with the licensee's housing director during the survey of May 25, 2010, through May 27, 2010. During various times throughout the survey, it was noted that a smoking room was inside the building. The room was observed to be open and there were no signs posted in the hallways regarding smoking or oxygen use. Several clients were observed throughout the survey seated in the room and smoking. On May 26, 2010, at 8:30 a.m. an oxygen tank on a carrier was observed unattended and approximately 12 feet from the open smoking room.

When interviewed May 26, 2010, the executive director stated that there was not a policy and procedure regarding smoking and placement of the oxygen tanks near the smoking room. She stated that they had been “grandfathered” in when the smoking laws went into effect. The housing director called the oxygen company and stated that the placement of the oxygen tanks was within the guidelines of the oxygen company.

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: Fourteen (14) days

7. MN Statute §144A.441

Based on record review and interview, the licensee failed to provide the correct Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers for one of one client’s (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services May 5, 2010. Documentation indicated client #1 was provided a copy of the Minnesota Home Care Bill of Rights on May 5, 2010, but the content did not include the current language for assisted living clients in clause, 16 which included the right to at least a thirty day advance notice of termination of a service by the provider.

When interviewed May 26, 2010, the executive administrator stated she had compared the January 2007 bill of rights to what the facility already had for the bill of rights. She acknowledged that the bill of rights was not correct and then added the changes to the copy bill of rights that they already had on file.

TO COMPLY: Assisted living clients, as defined in section [144G.01, subdivision 3](#), shall be provided with the home care bill of rights required by section [144A.44](#), except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section [144A.44, subdivision 1](#), clause (16):

“(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days’ advance notice of the termination of a service by a provider, except in cases where:

C. the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;

(ii) an emergency for the informal caregiver or a significant change in the recipient’s condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or

(iii) the provider has not received payment for services, for which at least ten days’ advance notice of the termination of a service shall be provided.”

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Rice 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 9656

December 22, 2005

Joy Melby, Administrator
Lindenwood Inc.
812 North Linden Street
Northfield, MN 55057

Re: Licensing Follow Up Revisit

Dear Ms. Melby:

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 December 14, 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: M J Goirra, President Governing Board
Rice 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: LINDENWOOD INC

DATE OF SURVEY: December 14, 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:

Joy Melby, Director
Allison Ohnesorge, RN

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 July 12, 13, and 15, 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 4668.0810 Subp. 6 | Corrected |
| 2. MN Rule 4668.0815 Subp. 3 | Corrected |
| 3. MN Rule 4668.0855 Subp. 2 | Corrected |
| 4. MN Rule 4668.0865 Subp. 2 | Corrected |
| 5. MN Rule 4668.0865 Subp. 8 | Corrected |
| 6. MN Rule 4668.0870 Subp. 2 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8260

November 9, 2005

Joy Melby, Administrator
Lindenwood Inc
812 North Linden Street
Northfield, MN 55057

Re: Results of State Licensing Survey

Dear Ms. Melby:

The above agency was surveyed on July 12, 13, and 15, 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: M J Gorra, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Rice 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: LINDENWOOD INC

HFID # (MDH internal use): 20071

Date(s) of Survey: July 12, 13, and 15, 2005

Project # (MDH internal use): QL20071002

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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> 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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 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. 4 Contents of service plan		X	<u>Education:</u> Provided
#1	MN Rule 4668.0855 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on interview, and record review, the licensee failed to ensure that the registered nurse (RN) conducted a nursing assessment of each client's functional status and need for medication administration for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1, #2 and #3s' service plans dated June of 2004, May of 2004, and June of 2003 respectively, indicated that staff were providing medication administration to the clients on at least a daily basis. In addition, client #1 stated in an interview that she self-administered her Tylenol arthritis medication twice a day. There was no documentation in client #1, #2 and #3's record of an assessment by the RN on the client's functional status and need for assistance with self-administration and/or medication administration. When interviewed June 12 and 13, 2005, the director and RN confirmed an assessment of the clients' need for medication administration had not been completed.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0865 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on observation, interview, and record review, the licensee failed to ensure that the registered nurse conducted a nursing assessment of each client's functional status and need for central storage of medications for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #1, #2, and #3s' service plans dated June of 2004, May of 2004, and June of 2003 respectively, indicated the following, "Lindenwood requires all medications to be placed in centrally locked storage for medications that a RN sets up."</p> <p>Observations during a home visit of client #1 on July 13, 2005 indicated that client #1 had a bottle of Tylenol arthritis on her bedside stand, which she stated she kept in her room and administered herself twice a day. There was no assessment in client #1, #2, and #3's record of an assessment by the RN on the client's functional status and need for central storage of medications.</p> <p>When interviewed on June 12, and 13, 2005, the director and RN confirmed an assessment of the clients' need for central storage of medications had not been completed.</p> <p><u>Education:</u> Provided</p>
#3	MN Rule 4668.0065 Subp. 1 Tuberculosis screening		X	<u>Education:</u> Provided
#3	MN Rule 4668.0065 Subp. 3 Infection control in-service training		X	<u>Education:</u> Provided
#5	MN Rule 4668.0810 Subp. 6 Content of client record	X	X	<p>Based on interview, and record review, the licensee failed to ensure a summary the discontinuation of services was completed for one of one client (#3) who was discharged. The findings include:</p> <p>Client #3's record indicated that in January of 2005, she was discharged from the assisted living home care provider to a nursing facility. The client's record did not contain a summary following the discontinuation of services that included the reason for the initiation and discontinuation of</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>services, and the client's condition at the discontinuation of services. When interviewed</p> <p><u>Education:</u> Provided</p>
#6	MN Rule 4668.0815 Subp. 3 Modifications	X	X	<p>Based on record review and interview, the licensee failed to ensure that the client or the client's responsible person agreed in writing to a service plan modification for one of one client (#2) whose record was reviewed. The findings include:</p> <p>Client #2 began receiving services on May of 2004. The client's service plan dated the day of admission indicated that staff was to assist the client with a bath weekly. When interviewed July 13, 2005, the client stated that she no longer required assistance from staff with bathing, and had been independent in bathing for sometime now. When interviewed July 13, 2005, the registered nurse (RN) and the director confirmed that client #2 was independent in bathing and had been independent for approximately six weeks. The RN confirmed that the client's service plan had not been modified to reflect the change in service.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0825 Subp. 4 Performance of routine procedures		X	<p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 7 Performance of routine procedures		X	<p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 8 Storage of drugs	X	X	<p>Based on observations and interview, the licensee failed to ensure the proper storage of medications that were centrally stored.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>The findings include:</p> <p>During a tour of the central medication storage areas with the registered nurse (RN) on July 13, 2005 it was observed that prefilled insulin syringes, and insulin vials belonging to clients #3 and #4 were stored in unlocked containers in an unlocked refrigerator in the kitchen. Staff and clients had access to the kitchen, as the doors to the kitchen were also not locked. In addition, on July 13, 2005, a medication cart, which stored the clients' medications that were set-up by the RN, was observed to be in a room adjacent to the kitchen, which was a food storage area. The medication cart was observed to be unlocked. Clients and staff had access to this room. On July 13, 2005 employee #1 was observed to show the reviewer the process she used to administer clients' medications. When she completed the process, she locked the medication cart, but set the keys to the cart on top of the medication cart and left the unlocked room. When interviewed on July 13, 2005, the RN confirmed the above medication storage problems.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 8 Storage of Schedule II drugs		X	<p><u>Education:</u> Provided</p>
#9	MN Rule 4668.0870 Subp. 2 Drugs given to discharged clients	X	X	<p>Based on record review and interview, the licensee failed to document the disposition of medications upon discharge for one of one discharged client (#3) whose record was reviewed. The findings include:</p> <p>Client #3 was discharged from the facility January 24, 2005 to a nursing home. There was no evidence in the client's record as to the disposition of the client's medications when she was discharged.</p> <p>When interviewed July 13, 2005, the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>registered nurse (RN) stated that client #3's medications were sent with the client's family upon discharge. The RN confirmed that the disposition of the client's medications was not documented in client #3's record.</p> <p><u>Education:</u> Provided</p>
	CLIA Waiver		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Joy Melby, Director at an exit conference on July 15, 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)