



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 8529

October 25, 2005

Sandra Pettersen, Administrator  
Eventide Fairmont  
801 Second Avenue North  
Moorhead, MN 56560

Re: Licensing Follow Up Revisit

Dear Ms. Petterson:

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 26 and 27, 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: John Riewer, President Governing Board  
Kelly Crawford, Minnesota Department of Human Services  
Gloria Lehnertz, 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:** EVENTIDE FAIRMONT

**DATE OF SURVEY:** September 26, 27, 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:**

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up First Follow up

Jodi Swenson, Registered Nurse; Sandra Petterson, Executive Director; Pam Lee, Director of  
Aptartments

**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 February 22, 23, 24, 25, 28, March 1, and 2, 2005 and the follow up visit on September 26, and 27, 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

<b>1. MN Rule 4668.0800 Subp. 3</b>	<b>Corrected</b>
<b>2. MN Rule 4668.0815 Subp. 3</b>	<b>Corrected</b>
<b>3. MN Rule 4668.0855 Subp. 2</b>	<b>Corrected</b>



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 3927

June 11, 2005

Sandra Pettersen, Administrator  
Eventide Fairmont  
801 Second Avenue North  
Moorhead, MN 56560

Re: Results of State Licensing Survey

Dear Ms. Pettersen:

The above agency was surveyed on February 22, 23, 24, 25, 28, March 1 and 2, 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: John Riewer, President Governing Board  
Case Mix Review File

CMR 3199 6/04



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

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

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

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

Name of ALHCP: EVENTIDE FAIRMONT

HFID # (MDH internal use): 20101

Date(s) of Survey: February 22, 23, 24, 25, 28, 2005 March 1, 2, 2005

Project # (MDH internal use): QL20101001

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 acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>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)</p>	<p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input checked="" type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 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.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>

***Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.***

Survey Results:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0800, Subp, 3 Fulfillment of Service Plan	X	X	<p>Based on observation, record review and interview the agency failed to provide services as indicated on the service plan for one of two clients (#1B) reviewed at site B. The findings include:</p> <p>Client #1B had a diagnosis of “memory loss.” On March 1, 2005, client #1B was observed during a home visit, by a reviewer to have a bottle of Tussin on her kitchen counter. The bottle was 1/3 full. When interviewed March 1, 2005, client #1B stated, “I haven’t taken it in a long time.” Client #1B was unable to remember the reviewer had chosen to talk to her for a home visit and asked four times in fifteen minutes why the reviewer had chosen to talk to her. The assessment for need for assistance with medications, dated January 10, 2005, stated, “has forgotten to take it on her own consistently. Client is aware of her forgetfulness and asks several times ‘what all this is for.’” The service plan dated January 10, 2005 included “med administration &amp; central storage of medication.” When interviewed, March 1, 2005, the registered nurse confirmed the licensee provided central storage of medications for client #1B and stated, “I didn’t even know she had it.”</p> <p><b>Education:</b> provided</p>
1	MN Rule 4668.0815, Subp, 3 Modification of Service Plan	X	X	<p>Based on record review and interview the agency failed to have a modification to a service plan signed within two weeks for one of three clients (#2A) reviewed at site A. The</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>findings include:</p> <p>Client 2A's service plan dated, December 16, 2004, indicated she received "med reminder" and "med set up". On December 20, 2004 client 2A's service plan was modified to add "med administration &amp; central storage of medication." The February 2005 medication administration record indicated client 2A had eight medications administered by staff and assistance with self-administration of one injectable medication. A nurses note, December 20, 2004, indicated client 2A's daughter requested "that staff administer client's medication and bring her the insulin syringes to self inject" It also stated "modification to service agreement sent to son for signature." The record indicated the son was the responsible person. Upon survey review, February 23, 2005, the modification dated, December 20, 2004, remained unsigned. There was no evidence of further attempts, written or oral, by the agency to contact the son for consent or signature. When interviewed February 23, 2005 client 2A confirmed her medication was stored "somewhere else" by the agency and that staff gave her medications. During an interview February 23, 2005 the Registered Nurse stated, in reference to client 2A, "she has central storage of meds". She also confirmed the modification to the service plan was not yet signed.</p> <p><b>Education:</b> Provided</p>
8	MN Rule 4668.0855 Subp, 2 Nursing Assessment and Service Plan	X	X	Based on record review and interview the agency failed to have a registered nurse (RN) conduct an assessment for medication administration and assistance with self administration of medications for one of four clients (2A)



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>at site A. The findings include:</p> <p>Client 2A's December 16, 2004 indicated she received "med reminder" and "med set up." On December 20, 2004 client 2A's service plan was modified to add "med administration &amp; central storage of medication." The February 2005 medication administration record indicated client 2A had eight medications administered by staff and assistance with self-administration of one injectable medication. Nurses note, December 20, 2004 indicated client 2A's daughter requested, "that staff administer client's medication and bring her the insulin syringes to self inject." There was no evidence of an assessment by the RN for the need for medication administration and assistance with self-administration of medications. When interviewed February 23, 2005 client 2A confirmed her medication was stored "somewhere else" by the agency and that staff give her medications. During an interview February 23, 2005 the Registered Nurse confirmed, "she has central storage of meds". She also stated the assessment for medication administration and assistance with self-administration of medications had not been done</p> <p><b>Education:</b> provided</p>
N/A	MN Statue §144 A.43 Subd. 4 B/P clinic, RN visits		X	<b>Education:</b> provided
#8	4668.0860 Subp 5 Content of Medication Orders		X	<b>Education:</b> provided

A draft copy of this completed form was left with Sandra Pettersen at an exit conference on March 2, 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)