



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7397

May 5, 2010

Susan Eckstrom, Administrator
Rakhma Peace Home
4953 Aldrich Avenue South
Minneapolis, MN 55419

Re: Results of State Licensing Survey

Dear Ms. Eckstrom:

The above agency was surveyed on April 6, 7, 8, and 9, 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 written over a white background.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>
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CERTIFIED MAIL #: 7009 1410 0000 2303 7397

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 & Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: SUSAN ECKSTROM DATE: May 5, 2010
PROVIDER: RAKHMA PEACE HOME COUNTY: HENNEPIN
ADDRESS: 4953 ALDRICH AVENUE SOUTH HFID: 20103
MINNEAPOLIS, MN 55419

On April 6, 7, 8 and 9, 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 Statute §144A.44 Subd. 1(2)

Based on observation, interview and record review, the licensee failed to ensure clients received services according to acceptable medical or nursing standards for five of six clients (A1, A2, B1, B2 and B3) reviewed and failed to ensure unlicensed personnel washed their hands according to infection control standards for three of four unlicensed personnel (AB, AC and AD) observed providing services to clients. The findings include:

The communication book in housing with services A contained the following entries pertaining to client A1: on November 27, 2009, a bruise was noted on her left hand; on January 6, 2010, she had a quarter size bruise on the inside of her right arm by the elbow; on January 12, 2010, the client had a bruise on her leg and right arm; on February 21, 2010, she had a bruise on her right forearm; on March 18, 2010,

she had a big bruise on her right arm that had been there for some time, but it seems like it is getting worse; and on April 1, 2010, the client had some red marks on her right and left arms. Client A1's resident care plan last reviewed March 29, 2010, by the registered nurse, indicated the client required the assistance of one with transfers, with the use of a transfer. On April 6, 2010, at 4:30 p.m. employee AB/unlicensed personnel was observed to transfer client A1 from her bed to a standing position with out using the transfer belt and on April 7, 2010, employee AD/unlicensed personnel was observed at 8:00 a.m. to transfer client A1 from bed to a standing position with out the use of a transfer belt. Client A1's record lacked evidence the registered nurse had assessed the bruises the client had received to determine the cause of the bruising. When interviewed April 7, 2010, employee BA/registered nurse stated she was not aware that the client had the bruising and she does not routinely check the documentation in the communication book.

Client A1's record had a prescriber's order, dated June 29, 2009, for monthly weights, because of weight loss. Review of the vital sign sheets indicated client A1's weights were obtained April 2009 - 150.4 pounds, October 2009 - 146 pounds, November 2009 - 141 pounds, December 2009 - 140 pounds, and the last weight recorded was January 2010 - 139.6 pounds. Client A1's record lacked evidence that further evaluation of the clients weight loss had been completed. When interviewed April 7, 2010, employee BA/registered nurse stated they do not always have a scale available in housing with services A because they have to share the scale between the other two housing with services sites. Employee BA also stated the scale is shared because there are no funds to have a scale at all sites.

Clients B2 and B3 reside in housing with services B. Client B2's and B3's records contained vital signs and weight records indicating monthly weights were to be done. Client B2's vital sign and weight record indicated the client's weight was only documented as being completed in August 2009 - 143 pounds and January 2010 - 154 pounds. Client B3's vital signs and weight records indicated the client's weights were only documented as being completed on April 2009 - 115 pounds and January 2010 - 104 pounds. When interviewed April 7, 2010, employee BA/registered nurse indicated it is the agency's policy to do monthly weights on all clients. Employee BA went on to state the weights were not done, because they have to share the scale with the other housing with service sites.

The communication book in housing with services A indicated on April 5, 2010, that client A2's breast was tender and pink. The medication administration book in housing with services A contained discharge instructions for a breast biopsy for client A2. After reviewing client A2's record it could not be determined when the breast biopsy had been completed or if there was documentation pertaining to the breast biopsy. When interviewed April 7, 2010, employee BA/registered nurse stated she was not at the housing with services when the client went for the breast biopsy or when she came back, because it was not her "working day" at housing with services A and that the breast biopsy had been completed on March 11, 2010.

Client B1's record contained a prescriber's order, dated March 10, 2010, for a urinalysis and culture because the client was more incontinent of urine. Client B1's record lacked evidence that the urinalysis and culture had been completed. When interviewed April 7, 2010, employee BA/registered nurse stated the urinalysis and culture had not yet been completed, because they did not have the equipment at housing with services B to collect the urine sample.

During observation of the medication pass on April 6, 2010, at 4:30 p.m., employee AB/unlicensed personnel was observed to administer medications to client A5. She then went on to assist getting client A1 up out of bed. Employee AB did not was her hands in between administering medications to client

A5 and assisting client A1 out of bed. At 5:00 p.m. employee was observed administering medications to client A3 and A1 without washing her hands between administering the medications to client A3 and A1. When interviewed on April 6, 2010, employee AB stated that she had forgotten to wash her hands between giving the medications to the clients.

On April 7, 2010, at 7:30 a.m. employee AC/unlicensed personnel was observed to run her hands through client A6's hair in the dining room of housing with services A. Employee AC then went into the kitchen and poured another client a cup of coffee without washing her hands first. When interviewed, employee AC stated she did not wash her hands prior to pouring the coffee.

On April 7, 2010, at 1:45 p.m. employee BC/unlicensed personnel was observed to walk into the living room of housing with services B with gloves on her hands. She then took client B4 by her hand and led her into the bathroom to assist the client with toileting. Employee BC then left the bathroom by opening the bathroom door with her gloved hands and went into client B4's bedroom and retrieved clean clothing for the client. She went back to the bathroom and opened the bathroom door with same gloved hands and assisted the client to change her clothing. Employee BC again opened the bathroom door with the same gloved hands and led the client back to the living room. It was not until after the client was back sitting in the living room that employee BC removed her gloves and washed her hands. Employee BC confirmed she used her gloved hands to open and close the bathroom door.

Employees AB, AC, and BC's personnel records indicated they received infection control training on May 21, 2009, May 7, 2009, and July 23, 2009, respectively.

When interviewed April 7, 2010, employee BA/registered nurse stated the unlicensed personnel had received infection control training, which included hand washing and the appropriate use of gloves.

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: Thirty (30) days

cc: Hennepin 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 8715 0079

June 10, 2005

Ms. Janelle Johnson, Administrator
Rakhma Peace Home
4953 Aldrich Avenue South
Minneapolis, MN 55409

Re: Licensing Follow Up Revisit

Dear Ms. Johnson:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on March 60, 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 Assisted Living Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

Cc: Mary Lynum, President Governing Board
Case Mix Review File

10/04 FPC1000CMR

Minnesota Department Of Health
Health Policy, Information and Compliance Monitoring Division
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: RAKHMA PEACE HOME

DATE OF SURVEY: 03/30/2005

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:

Janelle Johnson, Executive Director
Sheila McGuire, Registered Nurse

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 11/18/04. 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 follow:

- 1. MN Rule 4668.0870 Subp. 3 Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

CERTIFIED MAIL #: 7002 0860 0006 5139 4610

February 17, 2005

Janelle Johnson, Administrator
Rakhama Peace Home
4953 Aldrich Avenue South
Minneapolis, MN 55409

Re: Amended Licensing Order Issued January 31, 2005

Dear Ms. Johnson:

Thank-you for bringing to our attention the semantic issues in relation to the state licensing order that was issued on January 31, 2005 in relation to your survey of November 18, 19, 22, and 23, 2004.

The corrected order, with added information in bold and deleted information struck-out, is enclosed. Please sign the correction order form, make a copy for your file and return the entire original form to this office when all orders are corrected.

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: Mary Lynum, President Governing Board
Case Mix Review File

CMR 3199 6/04



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 1009

January 31, 2005

Janelle Johnson, Administrator
Rakhama Peace Home
4953 Aldrich Avenue South
Minneapolis, MN 55409

Re: Results of State Licensing Survey

Dear Ms. Johnson:

The above agency was surveyed on November 18, 19, 22, and 23, 2004 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Mary Lynum, 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: RAKHMA PEACE HOME
 HFID # (MDH internal use): 20103
 Date(s) of Survey: 11/18,19, 22, 23, 2004
 Project # (MDH internal use): QL20103001

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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promotes 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 <input type="checkbox"/> 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 observes 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 are 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 <input type="checkbox"/> 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 has 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 that 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 <input type="checkbox"/> 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 is 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 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</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 follows 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education <input type="checkbox"/> 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)</p> <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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:
#3	MN Rule 4668.0065, Subp.1		X	<u>Education</u> Provided:
#8	MN Rule 4668.003, Subp.2a (B), and Subp.21a		X	<u>Education:</u> Provided
#9	MN Rule 4668.0870, Subp.3 A. <u>AMENDED 2/17/2005</u> [New information in bold-deleted information struck-out)	X	X	1. MN Rule 4668.0870 Subp. 3 Based on record review and , interviews and observation , the facility failed to assure that controlled substances left at the facility were disposed for one of three discharged clients (#C1) reviewed. The findings include: Record review indicated that client #C1 was discharged from the facility on 05/16/04. During observation of the medication central storage area of the facility Documentation reviewed on 11/22/04, indicated that left over Morphine and Ativan for client #C1 was noted to be stored in the medication central storage areas of the facility. Interview with the executive director and the registered nurse on 11/22/04 indicated that their pharmacy had not picked up the Morphine and Ativan to be destroyed. <u>Education:</u> Provided

A draft copy of this completed form was left with the Executive Director and Director of Health Services at an exit conference on 11/23/04. 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)