

## Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 3251

February 7, 2007

Craig Ammermann, Administrator Good Sam Lakes Country Assisted Living 1953 Seventh Street South Brainerd, MN 56401

Re: Results of State Licensing Survey

Dear Mr. Ammermann:

The above agency was surveyed on December 26, 27, and 28, 2006, 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 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) 201-4301.

Sincerely.

0

Jean Johnston, Program Manager Case Mix Review Program

**Enclosures** 

cc: Crow Wing County Social Services

Ron Drude, Minnesota Department of Human Services Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199



Assisted Living Home Care Provider

## LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Assisted Living home care providers (ALHCP). ALHCP licensees may also use this 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 staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living Home Care services. Completing this Licensing Survey Form in advance may facilitate 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: GOOD SAM LAKES CNTRY HOME CARE

HFID #: 20129

Date(s) of Survey: December 26, 27, and 28, 2006

Project #: QL20129003

Indicators of Compliance	Outcomes Observed	Comments
<ol> <li>The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</li> <li>Focus Survey         <ul> <li>MN Rule 4668.0815</li> </ul> </li> <li>Expanded Survey         <ul> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul> </li> </ol>	<ul> <li>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.</li> <li>The service plan accurately describes the client's needs.</li> <li>Care is provided as stated in the service plan.</li> <li>The client and/or representative understand what care will be provided and what it costs.</li> </ul>	Focus Survey   X

Indicators of Compliance	Outcomes Observed	Comments
2. The provider promotes the clients' rights.  Focus Survey  MN Rule 4668.0030  MN Statute §144A.44  Expanded Survey  MN Rule 4668.0040  MN Rule 4668.0170  MN Statute §144D.04  MN Rule 4668.0870	<ul> <li>Clients are aware of and have their rights honored.</li> <li>Clients are informed of and afforded the right to file a complaint.</li> <li>Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	Focus Survey  X Met  Correction Order(s) issued X Education Provided  Expanded Survey  X Survey not Expanded Met  Correction Order(s) issued Education Provided  Follow-up Survey #  New Correction Order issued Education Provided
3. The health, safety, and well being of clients are protected and promoted.  Focus Survey  MN Statute §144A.46  MN Statute §626.557  Expanded Survey  MN Rule 4668.0035  MN Rule 4668.0805	<ul> <li>Clients are free from abuse or neglect.</li> <li>Clients are free from restraints imposed for purposes of discipline or convenience.         Agency personnel observe infection control requirements.</li> <li>There is a system for reporting and investigating any incidents of maltreatment.</li> <li>There is adequate training and supervision for all staff.</li> <li>Criminal background checks are performed as required.</li> </ul>	Focus Survey  X Met  Correction Order(s) issued  X Education Provided  Expanded Survey  X Survey not Expanded  Met  Correction Order(s) issued Education Provided  Follow-up Survey #  New Correction Order issued Education Provided

<b>Indicators of Compliance</b>	<b>Outcomes Observed</b>	Comments
<ul> <li>4. The clients' confidentiality is maintained.</li> <li>Expanded Survey</li> <li>MN Rule 4668.0810</li> </ul>	<ul> <li>Client personal information and records are secure.</li> <li>Any information about clients is released only to appropriate parties.</li> <li>Client records are maintained, are complete and are secure.</li> </ul>	This area does not apply to a Focus Survey  Expanded Survey  X Survey not Expanded Met Correction Order(s) issued Education Provided  Follow-up Survey # New Correction Order issued Education Provided
5. The provider employs (or contracts with) qualified staff.  Focus Survey  MN Rule 4668.0065  MN Rule 4668.0835  Expanded Survey  MN Rule 4668.0820  MN Rule 4668.0825  MN Rule 4668.0840  MN Rule 4668.0070  MN Statute §144D.065	<ul> <li>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>Nurse licenses are current.</li> <li>The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>Personnel records are maintained and retained.</li> <li>Staff meet infection control guidelines.</li> </ul>	Focus Survey  X Met  Correction Order(s) issued  X Education Provided  Expanded Survey  X Survey not Expanded  Met  Correction Order(s) issued Education Provided  Follow-up Survey #  New Correction Order issued Education Provided

<b>Indicators of Compliance</b>	Outcomes Observed	Comments
6. Changes in a client's condition are recognized and acted upon. Medications are stored and administered safely.  Focus Survey  MN Rule 4668.0855  MN Rule 4668.0860  Expanded Survey  MN Rule 4668.0800  MN Rule 4668.0815  MN Rule 4668.0820  MN Rule 4668.0865  MN Rule 4668.0870	<ul> <li>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment.</li> <li>Emergency and medical services are contacted, as needed.</li> <li>The client and/or representative is informed when changes occur.</li> <li>The agency has a system for the control of medications.</li> <li>A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	Focus Survey  X Met  Correction Order(s) issued Education Provided  Expanded Survey  X Survey not Expanded Met  Correction Order(s) issued Education Provided  Follow-up Survey #  New Correction Order issued Education Provided
7. The provider has a current license.  Focus Survey  MN Rule 4668.0019  Expanded Survey  MN Rule 4668.0008  MN Rule 4668.0012  MN Rule 4668.0016  MN Rule 4668.0220  Note: 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.	<ul> <li>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.</li> <li>The agency operates within its license(s) and applicable waivers and variances.</li> <li>Advertisement accurately reflects the services provided by the agency.</li> </ul>	Focus Survey  X Met Correction Order(s)     issuedEducation Provided  Expanded Survey  X Survey not ExpandedMetCorrection Order(s)     issuedEducation Provided  Follow-up Survey # New Correction     Order issuedEducation Provided

Indicators of Compliance	Outcomes Observed	Comments
8. The provider is in compliance with MDH waivers and variances	• Licensee provides services within the scope of applicable MDH	This area does not apply to a Focus Survey.
Expanded Survey  • MN Rule 4668.0016	waivers and variances	Expanded Survey  X Survey not Expanded  Met Correction Order(s) issued Education Provided  Follow-up Survey #  New Correction Order issued Education Provided

<u>Please note</u>: 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:** <u>X</u> All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

A draft copy of this completed form was left with <u>Craig Ammermann</u> at an exit conference on <u>December 28, 2006</u>. 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. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the MDH website:

http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm

Regulations can be viewed on the Internet: <a href="http://www.revisor.leg.state.mn.us/stats">http://www.revisor.leg.state.mn.us/stats</a> (for MN statutes) <a href="http://www.revisor.leg.state.mn.us/arule/">http://www.revisor.leg.state.mn.us/arule/</a> (for MN Rules).