



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7652

November 22, 2005

Sandy McDonald, Administrator  
Loving Residence  
1760 Perlich Avenue  
Red Wing, MN 55066

Re: Licensing Follow Up Revisit

Dear Ms. McDonald:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on November 8 and 9, 2005.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Sandra McDonald, President Governing Board  
Goodhue 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:** LOVING RESIDENCE

**DATE OF SURVEY:** November 8, and 9, 2005

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
ALHCP

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Sandra McDonell, Owner  
Andrea Gernetz, LPN  
Julie Glaus, HHA

**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 June 20, 21, and 23, 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 4668.0815 Subp. 2	Corrected
2. MN Rule 4668.0815 Subp. 3	Corrected
3. MN Rule 4668.0815 Subp. 4	Corrected
4. MN Rule 4668.0825 Subp. 4	Corrected
5. MN Rule 4668.0855 Subp. 5	Corrected
6. MN Rule 4668.0865 Subp. 2	Corrected
7. MN Rule 4668.0865 Subp. 9	Corrected
8. MN Statute §626.557 Subd. 14 (b)	Corrected



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7874

October 4, 2005

Sandy McDonald, Administrator  
Loving Residence  
1760 Perlich Avenue  
Red Wing, MN 55066

Re: Results of State Licensing Survey

Dear Ms. McDonald:

The above agency was surveyed on June 20, 21, and 23, 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: Sandra McDonald, President Governing Body  
Kelly Crawford, Minnesota Department of Human Services  
Goodhue 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: LOVING RESIDENCE

HFID # (MDH internal use): 20142

Date(s) of Survey: June 20, 21, and 23, 2005

Project # (MDH internal use): QL20142001

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.	<u>    </u> Met <u>  X  </u> Correction Order(s) issued <u>  X  </u> 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p><b>Client personal information and records are secure.</b> <b>Any information about clients is released only to appropriate parties.</b> Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 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 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)</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 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 4668.0815 Subp. 1 Evaluation; documentation		X	<b><u>Education:</u></b> Provided
1	MN Rule 4668.0815 Subp. 2 Reevaluation	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed the client's service plan at least annually for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1 started receiving services March of 2004. There was no evidence in client #1's record that her service plan had been reviewed and/or revised by the RN since she started services.</p> <p>Client #2's service plan review dated June of 2004, was not done by an RN.</p> <p>Client #3 started receiving services April of 2002, and the client was discharged May of 2005. There was no evidence in client #3's record that an RN had reviewed her service plan while she received services.</p> <p>When interviewed, June 21, 2005, the RN confirmed that she had not participated in the annual review of each client's service plans.</p> <p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0815 Subp. 4 Contents of service plan	X	X	<p>Based on record review and interview, the licensee failed to provide a complete service plan for one of four clients' (#2) records reviewed. The findings include:</p> <p>Client #2 had a physician's order for support stockings to be on in the morning and off at bedtime. The client's record indicated that unlicensed personnel were</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>performing this procedure. Assistance with the support stockings and frequency of the service were not on the client's current service plan dated June 10, 2004.</p> <p>When interviewed, June 22, 2005, the administrator and registered nurse confirmed that staff assistance with the support stockings was not on client #2's service plan.</p> <p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0865 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on observation, record review, and interview, the licensee failed to ensure complete service plans for four of four clients' (#1, #2, #3, and #4) records reviewed. The findings include:</p> <p>Observations of the medication storage cupboard on June 21, 2005, and documentation in clients' #1, #2, #3, and #4's record indicated that the clients were receiving central storage of medications. The service plans for clients #1, #2, #3, and #4 did not include central storage of medications. When interviewed on June 22, 2005, the administrator and registered nurse (RN) verified that all clients' medications in the assisted living were centrally stored. The administrator and RN confirmed that clients #1, #2, #3 and #4's service plans did not include central storage of medications.</p> <p><b><u>Education:</u></b> Provided</p>
3	MN Statute §626.557 Subd. 14 (b) Abuse prevention plans	X	X	<p>Based on record review and interview, the licensee failed to establish an abuse prevention plan for four of four clients (#1, #2, #3 and #4) records reviewed. The findings include:</p> <p>Client #1's vulnerability and safety assessment dated March of 2004, identified anxiety, depression, mental illness, ability to manage finances, environment safe/clean, and able to report abuse or neglect as areas of vulnerability. There was no evidence in client #1's record of the</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>plan to minimize the risk of abuse to client #1.</p> <p>Client #2's vulnerability assessment dated, May of 2001, noted she was susceptible to abuse in several areas including inability to follow directions and provide accurate information. The assessment noted that interventions related to the addressed areas of vulnerability would be included on the client's care plan. There were no interventions related to the identified areas noted in the care plan.</p> <p>Client #3's assessment for client vulnerability and safety dated December of 2004, identified the following areas of vulnerability: orientation, ability to give accurate information consistently, mental illness, ability to ambulate safely with/without assistive devices, endurance/strength, vision, speech and communication, able to report abuse or neglect, environment safe/clean, and behaviors. There was no evidence in client #3's record of the specific measures to be taken to minimize the risk of abuse to client #3.</p> <p>Client #4 had a vulnerability assessment dated June of 2005, which identified areas of vulnerabilities such as mild confusion, inability to follow directions and provide accurate information consistently. The assessment noted that interventions related to the addressed areas of vulnerability would be included on the client's care plan. There were no interventions related to the identified areas noted on the care plan.</p> <p>When interviewed, June 21, 2005, the registered nurse confirmed that interventions/measures to address areas of vulnerability were not present for clients #1, #2, #3, and #4.</p> <p><b><u>Education:</u></b> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
6	MN Rule 4668.0815 Subp. 3 Service Plan Modifications	X	X	<p>Based on record review and interview, the licensee failed to modify the service plan for one of one client (#1) record reviewed, who had a change in services. The findings include:</p> <p>Client #1 started receiving services March of 2004. Documentation on a care coordinator supervisory note dated April of 2005 indicated that the home health aides assisted client #1 with blood glucose testing. Client #1's service plan dated June of 2004, did not include assistance with checking the client's blood glucose. When interviewed, June 21, 2005, the administrator and registered nurse confirmed that a modification to client #1's service plan had not been done.</p> <p><b><u>Education:</u></b> Provided</p>
7	MN Rule 4668.0805 Subp. 1 Orientation to Home Care		X	<p><b><u>Education:</u></b> Provided</p>
7	MN Rule 4668.0825 Subp. 4 Performance of routine procedures	X	X	<p>Based on interview and record review, the licensee failed to ensure that delegated nursing procedures performed by unlicensed personnel, were documented in the client's record, and the assisted living home care provider retained documentation that the registered nurse (RN) observed the unlicensed personnel perform the procedures competently for two of two clients' (#1 and #2) records reviewed who were receiving delegated nursing procedures. The findings include:</p> <p>Client #1's care plan indicated that unlicensed personnel were assisting the client with blood glucose testing on a daily basis. There were no procedures for blood glucose testing noted in client #1's record. In addition, there was no documentation that the unlicensed personnel performing this procedure had demonstrated competency to the registered nurse (RN)</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>regarding their ability to perform blood glucose testing.</p> <p>Client #2's record indicated that unlicensed personnel were providing assistance with support stockings twice daily. There were no procedures related to the support hose noted in the client's record. In addition, there was no documentation in the client's record by the RN of the staff persons' demonstrated competency to perform the procedure.</p> <p>When interviewed, June 21, 2005, the RN confirmed there was no procedure in client #1's record regarding blood glucose testing, nor was there a procedure in client #2's record pertaining to the application of support stockings. The RN stated that she instructed the unlicensed personnel, and observed them performing the tasks, but did not retain documentation of the demonstrated competency.</p> <p>When interviewed, June 21, 2005, employees #4 and #5 confirmed that the RN had observed them performing blood glucose testing and applying support stockings prior to performing the procedures themselves.</p> <p><b><u>Education:</u></b> Provided</p>
8	MN Rule 4668.0855 Subp. 5 Administration of medications	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse was informed when unlicensed personnel administered pro re nata (PRN, as needed) for two of four clients' (#1 and #3) records reviewed. The findings include:</p> <p>Client #1's PRN log for June 2005 indicated that unlicensed personnel administered an antidiarrheal medication to client #1 on June 6, 11, and 15, 2005, for complaints of loose stools. There was no</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>evidence that the RN was notified of the PRN use of the antidiarrheal. In addition, client #1's June 2005 PRN log indicated that unlicensed personnel administered an over the counter analgesic to client #1 on June 2 and 4, 2005, for complaints of pain. There was no evidence of a time specified by the RN prior to administration for notification of the RN. The RN was not notified of the PRN analgesic use until June 6, 2005.</p> <p>Client #3's PRN log for May of 2005 indicated that unlicensed personnel administered a narcotic analgesic to client #1 on May 24, 2005, for complaints of right knee pain. The RN was not informed of the PRN use of the narcotic analgesic until May 26, 2005.</p> <p>When interviewed, June 21, 2005, the RN confirmed the preceding findings.</p> <p><b><u>Education:</u></b> Provided</p>
8	MN Rule 4668.0855 Subp. 7 Performance of routine procedures		X	<p><b><u>Education:</u></b> Provided</p>
8	MN Rule 4668.0865 Subp. 9 Storage of Schedule II drugs	X	X	<p>Based on observation and interview, the licensee failed to provide a separate locked compartment that was permanently affixed to the physical plant or medication cart for storage of schedule II drugs. The findings include:</p> <p>During a tour of the medication storage area, June 21, 2005, it was observed that the schedule II drugs were placed in a separate locked container inside a locked cupboard. Hydrocodone (a narcotic analgesic schedule II drug) was observed in this container. The</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				container was not permanently affixed inside the locked medication cupboard. The findings were reviewed with the administrator during an interview on June 21, 2005.  <b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Sandy McDonald, Administrator at an exit conference on June 23, 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)