



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7434

April 14, 2010

Laura Lokken, Administrator
Golden Oaks
4067 Reinke Road
Hermantown, MN 55811

Re: Results of State Licensing Survey

Dear Ms. Lokken

The above agency was surveyed on March 1, 2, and 3, 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 in a cursive style.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: St. Louis 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 55164-0938 • 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 7434

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



Patricia Nelson, Supervisor - (651) 201-4309

TO:	<u>LAURA LOKKEN</u>	DATE: <u>April 14, 2010</u>
PROVIDER:	<u>GOLDEN OAKS</u>	COUNTY: <u>SAINT LOUIS</u>
ADDRESS:	<u>4067 REINKE ROAD</u>	HFID: <u>20156</u>
	<u>HERMANTOWN, MN 55811</u>	

On March 1, 2 and 3, 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, record review, and interview, the licensee failed to ensure unlicensed personnel washed their hands according to infection control standards for two of three unlicensed personal (B and C) observed providing services to clients. The findings include:

During observation of the medication pass on March 1, 2010, at 12:00, noon employee C was observed to administer an inhaler treatment to client #2. She then went on and administered oral medication to client #3 and a nebulizer treatment to clients #4 and #5. Employee C did not wash her hands following administration of the inhaler, the oral medication and the nebulizers and went on to administer eye drops to client #7. Employee C put on gloves when she administered the eye drops, but did not wash her hands after removing the gloves.

A review of the policies and procedures for administration of oral medication, inhalers, and nebulizer treatments all indicated staff was to wash their hands prior to administering the medications. There was no hand sanitizer observed on the medication cart during the medication pass observation. Review of employee C's personnel record indicated she had received infection control training annually with the last time being on April 29, 2009.

When interviewed March 1, 2010, the registered nurse indicated all staff were trained in hand washing and it is their policy to wash their hands frequently and between providing cares to client's. On March 2, 2010, the registered nurse indicated she had spoken to employee C and employee C said to her that she did not use hand sanitizer because there was not any on the medication cart.

During observation of cares on March 1, 2010, at 2:00 p.m., employee B and D transferred client #1 to the bed side commode in her room. Employee B, with gloved hands, was observed to remove a wet incontinence product from client #1. She then opened the client's bedroom door, walked across the hall, opened the bathroom door and disposed of the wet incontinence product in the garbage in the bathroom. She then returned to the client's room to complete the cares. Employee B had not removed the gloves or washed her hands during observation of the cares. When interviewed March 1, 2010, the registered nurse indicated staff had been trained in hand washing and the 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: St. Louis 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 # 7003 2260 0000 9988 1085

Date: October 15, 2004

Charles D. Miller, Administrator
Golden Oaks Residence
5072 Jennifer Circle
Hermantown, MN 55811

Re: Licensing Follow Up Revisit

Dear Mr. Miller:

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 (date).

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
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 Laura Greenfield, 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: GOLDEN OAKS

DATE OF SURVEY: 09/24/2004

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:

Charles Miller RN, Administrator

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 07 and 08 2004. 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 4668.0870, Subp. 2 Corrected

- 2) The exit conference was not tape recorded.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7000 1670 0005 7581 7934

July 1, 2004

Charles D. Miller, Administrator
Golden Oaks
5072 Jennifer Circle
Hermantown, Minnesota 55811

Re: Results of State Licensing Survey

Dear Mr. Miller:

The above agency was surveyed on June 7 and 8, 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: Laura Greenfield, 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: Golden Oaks

 HFID # (MDH internal use): 20156

 Date(s) of Survey: June 07,2004 and June 08, 2004

 Project # (MDH internal use): QL20156005

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, Subp. 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 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><u>X</u> Met Correction Order(s) issued 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><u>X</u> Met Correction Order(s) issued 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><u>X</u> Met Correction Order(s) issued 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><u>X</u> Met Correction Order(s) issued 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><u>X</u> Met Correction Order(s) issued Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statute 144D.065; 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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800, Subp. 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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> X </u> Education provided <u> </u> 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><u> </u> Met <u> X </u> Correction <u> </u> Order(s) issued <u> X </u> Education provided <u> </u> 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, Subd.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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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:

 X 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: # <u> 8 </u>	Regulation: MN Rule 4668.0855, Subp. 5 (B) Administration of Medications	<u> </u> Correction Order Issued <u> X </u> Education provided
Education:	Based on interview and record review the facility failed to report the use of pro re nata (PRN) medication to the registered nurse (RN) for 1 of 3 (#1) clients reviewed. Client #1 had a physician order for acetaminophen 325 mg. Every 6 hours PRN. The Medication administration record 06-04-04 indicated the medication was given at 9:00 a.m. and at 3:00 p.m. There was no documentation to indicate why the medication was given or the result from it being given. The facility policy states all PRN medications will be charted on the medication/supervisors report and inspection form which is subsequently reviewed by the RN. During an interview, 06-07-04, with the RN she stated these forms are to be completed at the end of each shift and reviewed by the RN the next day. The RN was educated on the need for all PRN medication administered to be reported to her and various scenarios for increased compliance with this.	
Indicator of Compliance: # <u> 9 </u>	Regulation: MN Rule 4668.0870, Subp. 2. Drugs Given to Discharged Clients	<u> X </u> Correction Order Issued <u> X </u> Education provided
Statement(s) of Deficient Practice:	Based on record review and interview the facility failed to document disposition of medications for 1 of 1 (#3) client who was discharged on 3-19-04. During an interview, 06-08-04, the Licensed Practical nurse stated that she was unaware of the need to document the disposition of medications. She stated they either return medications to the drug store or give them to the family. The LPN was made aware of the need to document the disposition of medications upon discharge or move from the establishment Education was provided regarding the regulatory requirement.	

A copy of this completed form was left with Laura Greenfield at an exit conference on (date) June 08, 2004. Any correction orders issued as a result of the on-site visit 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).