



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7311

May 25, 2010

Jennifer Pfeffer, Administrator
Pathstone Crossing
718 Mound Avenue
Mankato, MN 56001

Re: Results of State Licensing Survey

Dear Ms. Pfeffer:

The above agency was surveyed on April 12, 13, and 14, 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 above the typed name.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Blue Earth County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General

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 7311

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 and Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: JENNIFER PFEFFER DATE: May 25, 2010
PROVIDER: PATHSTONE CROSSING COUNTY: BLUE EARTH
ADDRESS: 718 MOUND AVENUE HFID: 20164
MANKATO, MN 56001

On April 12, 13 and 14, 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 Rule 4668.0815 Subp. 4

Based on record review and interview, the licensee failed to provide a complete service plan for one of two clients' (#1) records reviewed. The findings include:

Client #1 was admitted to the memory care unit January 12, 2010. The client's service plan, dated January 8, 2010, did not include a package price (fees for service) for bathing, dressing, grooming, or toileting assistance.

When interviewed April 12, 2010, employee A/registered nurse indicated the memory care package prices were different from the other client's package prices and was not noted on any of the service plans for the clients in the memory care unit. The housing director also agreed that prices (fees for services) were not on the service plans for the clients in the memory care unit.

TO COMPLY: The service plan required under subpart 1 must include:

- A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;
- B. the identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;
- D. the fees for each service; and
- E. a plan for contingency action that includes:
 - (1) the action to be taken by the class F home care provider licensee, client, and responsible person if scheduled services cannot be provided;
 - (2) the method for a client or responsible person to contact a representative of the class F home care provider licensee whenever staff are providing services;
 - (3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;
 - (4) the method for the class F home care provider licensee to contact a responsible person of the client, if any; and
 - (5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0825 Subp. 4

Based on observation, record review and interview, the licensee failed to ensure a registered nurse (RN) instructed unlicensed staff before delegating procedures for three of four clients' (#2, #4 and #6) records reviewed who received delegated procedures. The findings include:

Client #4 was admitted and began receiving services December 11, 2007. The client began having irrigations of the left eye socket February 10, 2010. Employee B/unlicensed staff was observed on April 13, 2010, to perform the irrigation procedure. There was no evidence employee B had demonstrated competency to the RN her ability to perform the irrigation of the eye socket.

Client #2 was admitted and began receiving delivery of insulin syringes (assistance with self-administration of insulin) June 16, 2009, by unlicensed staff. There was no competency documented for the delivery of the insulin syringes.

Client #6 was admitted and began receiving delivery of insulin syringes, cleansing of skin, removal of the syringe cap and guidance of resident's hand to the correct area for the insulin injection on March 31, 2007, by unlicensed staff. There was no competency documented for the delivery of the insulin procedure.

The facility's insulin injection policy did not include delivery, cleansing, or guidance of the resident's hand, or the correct area for injection. When interviewed April 14, 2010, employee A/RN indicated the staff had been trained or the procedure was in the communication book, but she did not competency test unlicensed staff on the procedure.

TO COMPLY: A person who satisfies the requirements of part [4668.0835](#), subpart 2, may perform delegated nursing procedures if:

A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;

B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;

C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;

D. the procedures for each client are documented in the client's record; and

E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

3. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to provide care and services according to acceptable medical and nursing standards for three of three clients' records (#1, #4 and #6) reviewed. The findings include:

Client #1 was admitted to the memory care unit and began receiving total care, including medication administration, dressing, grooming, bathing, and incontinent care on January 12, 2010. Documentation completed on January 12, 2010 revealed the following: A fall risk assessment indicated the client was at a high risk of falls; the care plan indicated the client used a wheelchair with a lap belt for a reminder not to get up independently; and a nurse's admission note stated the client had a lap belt alarm which was transferred to a new wheelchair. A nurse's note, dated January 21, 2010, stated the client was frequently opening his lap belt, setting off the alarm. Client #1's record lacked a nursing assessment and interventions prior to the use of the lap belt. Client #1 was observed April 13, 2010, at 4:00 p.m. sitting in the wheelchair, with the lap belt buckled across his lower torso and around the wheelchair. When asked if he could remove the lap belt, he began manipulating it and after approximately three minutes he got the belt undone. When interviewed April 13, 2010, employee A/registered nurse stated she had not done an assessment; she indicated the lap belt was used as a restraint for his safety, and indicated she had not tried different methods to assure his safety and did not know if the client could take the lap belt off independently.

Client #4 was admitted to the memory care unit and began receiving services December 11, 2007. A facsimile dated, February 8, 2010, stated client #4 had a significant amount of drainage from the prosthetic eye (left) and the eye was "crusted shut." A clinic visit, dated February 10, 2010, stated there has been yellow/green discharge coming from it (eye socket) and the doctor ordered Tetracycline (oral antibiotic), Polysporin eye drops and sterile water irrigations twice daily. On February 12, 2010, the doctor ordered irrigations everyday until clear and changed the eye drops to Tobramycin and the Tetracycline to twice a day for 15 days.

During observation of the irrigation for client #4's left eye socket on April 13, 2010, at 3:35 p.m., employee B/unlicensed staff went to the medication room and removed a bottle of irrigating solution and a plastic bag containing a syringe. She then poured the irrigation solution into a plastic glass. Employee B did not wash her hands prior to the preparation of the supplies. Employee B went to client #4's room, put on plastic gloves, took the syringe (which did not have a tip on) out of the plastic bag and put it into the solution and drew up 2 cc's (cubic centimeters). Employee B attempted to lift the client's top left eye lid and put the solution into the socket. She put the syringe directly on client #4's eyelid five times. The eyelid contained a yellow crusted like material and a thin substance. Employee B attempted to instill the solution into the eye socket, however most of the fluid ran down the client's cheek. Employee B then cleaned the outside of the syringe with an alcohol swab, but did not take the barrel out of the syringe. Employee B then put the syringe back into the same plastic bag. She then wiped the client's eyelashes off with a wet cloth to remove the yellow substance; however the crusted material still remained on his lashes. Employee B then took off her gloves and rolled them into the used washcloth, dialed the phone for the client, opened the door, and went back to the medication room before washing her hands.

The facility's hand washing procedure stated, hand-washing shall be performed between resident cares and whenever direct physical contact of residents takes place. The standard precautions for the infection policy stated "hand washing is crucial. Wash hands: after touching blood, body fluids, feces, or contaminated items (regardless of whether or not gloves are worn)."

A review of employee B's records revealed that she had no competency testing documented for irrigation of the eye socket.

When interviewed April 13, 2010, employee A/registered nurse (RN) indicated she had observed employee B touch the syringe directly on the client's eye lid/lashes during the procedure which was also observed by the surveyor on April 13, 2010, so she was aware there were breaks in the infection control technique. On April 14, 2010, employee A/RN stated the discharge was green now and they were calling the doctor to see if a culture should be ordered.

Client #6 was admitted and began receiving medication administration including blood sugar testing and insulin syringe delivery March 31, 2009, by unlicensed staff. A review of service check off lists from November 2009 through April 2010 indicated wound care was being done one to two times a day. When interviewed April 14, 2010, employee A/RN indicated wound care was not being done and had not been done since November 20, 2009, when his heel had healed.

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: Fourteen (14) days

cc: Blue Earth County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7577

October 25, 2005

Jennifer Pfeffer, Administrator
Sibley Manor Assisted Living
718 Mound Avenue
Mankato, MN 56001

Re: Licensing Follow Up Revisit

Dear Ms. Pfeffer:

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 October 17, 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: Richard Osborne, President Governing Board
Gloria Lehnertz, Minnesota Department of Human Services
Stearns 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: SIBLEY MANOR ASSISTED LIVING

DATE OF SURVEY: October 17, 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:

Jane Unzeitig RN, Clinical Director
Mary Olson, Director of Sibley Manor Assisted Living

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

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 March 15,16,17 and 18, 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. 0810 Subp. 5	Corrected
2. MN Rule 4668. 0815 Subp. 1	Corrected
3. MN Rule 4668. 0815 Subp. 2	Corrected
4. MN Rule 4668. 0815 Subp. 4	Corrected
5. MN Rule 4668. 0855 Subp. 5	Corrected
6. MN Rule 4668. 0860 Subp. 2	Corrected
7. MN Rule 4668. 0860 Subp. 9	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4207

August 17, 2005

Jennifer Pfeffer, Administrator
Sibley Manor Assisted Living
718 Mound Avenue
Mankato, MN 56001

Re: Results of State Licensing Survey

Dear Ms. Pfeffer:

The above agency was surveyed on March 15, 16, 17, and 18, 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: Richard Osborne, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Blue Earth 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: SIBLEY MANOR ASSISTED LIVING

HFID # (MDH internal use): 20164

Date(s) of Survey: March 15,16,17, and 18, 2005

Project # (MDH internal use): QL20164001

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 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" 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 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</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</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	X	<p>Based record review, and interview, the licensee failed to ensure the signature or other authentication by the assisted living home care provider was included on the service plan, documenting agreement to the services to be provided for three of five clients' (#3, #4 and #5) records reviewed. The findings include:</p> <p>Client #3's service plan dated October 20, 2004, client #4's service plan dated November 3, 2004, and client #5's service plan dated September 29, 2004 were not signed or authenticated by the assisted living home care provider. Employee #1 Employee #1 confirmed these findings during an interview on March 16, 2005.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0815 Subp. 2 Reevaluation	X	X	<p>Based record review, and interview, the licensee failed to ensure that the registered nurse reevaluated and revised as necessary the client's service plan at least annually for three of five clients' (#2, #3, and #4) records reviewed. The findings include:</p> <p>Client #2 had service plans dated August 15, 2002 and September 13, 2004. Client #3 had service plans dated October 14, 2002 and October 20, 2004, and client #4 had service plans dated July 14, 2003 and November 3, 2004. There was no evidence that the service plans were reevaluated at least annually. Employees #1 and #2</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>verified these findings during an interview on March 16, 2005.</p> <p><u>Education:</u> 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 ensure that the client's service plan included all the contents required by this subpart for five of five clients' (#1, #2, #3, #4, and #5) records reviewed. The findings include:</p> <p>The description of the service provided was not always included on the service plan and/or was inaccurate for four of five clients (#1, #2, #3, and #5) records reviewed. Client #1's service plan dated October 26, 2004 indicated that medication reminders were provided, although the service that was provided was assistance with self-administration of medications. Client #2 service plan dated September 13, 2004 did not include assistance with self-administration of medication, although this service was being provided. Client #3's service plan dated October 20, 2004 did not include assistance with self-administration of medication and medication administration although these services were being provided. Client #5's service plan dated September 29, 2004 did not include assistance with self-administration of medication, although this service was being provided.</p> <p>The identification of the person or categories of persons providing the service was inaccurate for one of five clients (#1) records reviewed. Client #1's service plan dated October 26, 2004 indicated medications were administered by the nurse although the resident care aides provided medication</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>administration.</p> <p>The schedule of supervision and the contingency plan were lacking on the service plans for four of five clients (#2, #3, #4, and #4) records reviewed. Client #2's service plan dated September 13, 2004, client #3's service plan dated October 20, 2004, client #4's service plan dated November 3, 2004, and client #5's service plan dated September 29, 2004 did not include the schedule of supervision nor a contingency plan. Employee #1 verified these findings during an interview March 16, 2005.</p> <p><u>Education:</u> Provided</p>
5	MN Rule 4668.0810 Subp. 5 Form of Entries	X	X	<p>Based on record review, and interview, the licensee failed to ensure that all entries in the client's record were in ink for five of five clients (client #1, #2, #3, #4, and #5) records reviewed. The findings include:</p> <p>A review of client #1, #2, #3, #4 and #5's records reviewed a list of current medications for each client which was on the back of the Ambulance Emergency Copy card and was noted to be written by pencil. During an interview on March 16, 2005 employee #2, a registered nurse confirmed this document was in pencil since it was used as a medication set up list. The card was copied and sent to the physician for review when the client went to medical appointments. When new orders were returned on the physician progress notes, the information on the card (which was written in pencil) was erased and the changes in medication orders were recorded on card for use in medication set up. The copy that was sent to the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>physician was discarded.</p> <p><u>Education:</u> Provided</p>
7	MN Rule 4668.0825 Subp. 4 Performance of routine procedures		X	<p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 9 Medication records	X	X	<p>Based on record review, and interview, the licensee failed to record the name, date, time, quantity of dosage and the method of administration of all prescribed legend and over-the-counter medication and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration for five of five clients (#1, #2, #3, #4, and #5) records reviewed. The findings include:</p> <p>Client #1, #2, #3 and #4s' Service Checkoff Lists for March 2005 (and all previous Service Checkoff Lists) and Client #5's (discharged record) Service Checkoff List for February 2005 (and all prior Service Checkoff Lists) stated "medication assist" on each time assistance with self-administration of medication or medication administration was provided.</p> <p>Client #1, #2, #3 and #4 Service Checkoff Service Lists for March 2005 and client #5' Service Checkoff List for February 2005 lacked a signature and title for at least one authorized person providing the service. Client #1, #2, #5's Checkoff list indicated the initials, "DS." Client #3's Checkoff list indicated the initials, "LB," and client #4's Checkoff List indicated the initials, "KN." There were no signatures or titles of the persons who these initials represented.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Employee #5 was observed at 9:20 am on March 17, 2005 providing assistance with self-administration of medications for all oral medications and medication administration for eye drops for client #3. Client #3 counted eleven oral medications. The March 2005 Service Checkoff List did not list the medications. The March 2005 Medication Set up Sheet was used as the 'medication profile' and indicated ten pills were ordered for 9:00 am medication administration. The Reviewer and employee #1 cross-referenced the March 2005 Medication Set Up Sheet with the client medications and noted a one dose discrepancy. The Reviewer and employee #4 cross referenced the pencil listing of medications on the card used as the medication set up sheet and the client's medications and found that the penciled card had Allopurinol 100 mg daily and none of the Medication Set Up Sheets had included this medication since it was ordered on December 2, 2004.</p> <p>Employee #2 verified the findings during an interview on March 16, 2005 and confirmed the Service Checkoff List system is accepted in the corporation which they are a member. Employees #2 and #4 confirmed during an interview on March 17, 2005 that the Medication Set Up Forms did not include one of client #3's medications since it was ordered on December 2, 2004.</p> <p>The licensee's Policy and Procedure "Subject: Medication Administration System – Weekly Dosage Box Set up" states #1 "Medication orders are transcribed onto the Medication Profile." #2: "The RN or LPN</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>transcribes the medication order onto the Medication Administration Record (MAR)." #3 "The medications will be recorded on the MAR." #4 "The RN or LPN sets up medication on a weekly/biweekly into the dosage boxes." #5 "When the RN or LPN has completed setting up the medications into the dosage box, the set up is documented on the MAR." The licensee does not use a Medication Administration Record or the system as aforementioned. When interviewed on March 16, 2005 employee #3 and #4 confirmed that the registered nurse checked the box on the back of the Service Checkoff List which indicated "med set up" and not an MAR.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0860 Subp. 2 Prescriber's order required.	X	X	<p>Based on record review and interview the licensee failed to ensure there were written prescriber's orders for client's medications that the assisted living home care provider provided assistance with self administration of medication or medication administration for one of five clients (#5) records reviewed. The findings include:</p> <p>Client #5's physician's orders dated September 14, 2004 included a medication to be increased to 50 mg at 4:00 pm and 100mg at hour of sleep (HS). Employee #3 documented on the Physician Progress note dated December 27, 2004; "I gave [client name] the increased dose of medication, 50mg at 4:00pm and 100mg at HS for only a short time. We are back to the 25mg at 4 pm and 50 mg at HS." There were no physician's orders in client #5's record changing the medication back to the dosage of 25 mg at 4 pm and 50 mg at HS, which</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>was documented on the January and February 2005 Medication Set Up Sheets and the medication card. Employee #3 confirmed that medication had been increased as stated on the physician's order but did not confirm how many days the client received the increased dose.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0860 Subp. 9 Renewal of orders	X	X	<p>Based on record review, and interview, the licensee failed to ensure that medication and treatment orders were renewed at least every twelve months for three of three clients (#2, #3 and #4) records reviewed.</p> <p>The findings include:</p> <p>Client #2's physician's orders indicated his/her medications were renewed August 26, 2002 and December 4, 2003, which was sixteen months apart. No further medication renewals were noted in the client's record since December 4, 2003. Client #3's admission orders were obtained October 14, 2002. There were no subsequent medication renewals for client #3. Client #4's admission orders were dated July 13, 2003. There was not a subsequent review of these orders since July 13, 2003.</p> <p>During an interview on March 16, 2005, employee #2 and #4 confirmed that a copy of the current medications were sent with the clients to all doctor appointments for review and it was assumed that this review was a renewal, although nothing was documented to verify this and the copy of current medications was discarded upon return from the appointment and changes were penciled onto the back of the Ambulance Emergency Copy card.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education:</u> Provided
	Provider Web Sites		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Jane Unzeitig, Clinical Director of Assisted Living and Home Care at an exit conference on March 18, 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)