



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2257 4100

March 12, 2010

Jeffrey Thorne, Administrator
Cerenity CC Marian St. Paul
200 Earl Street
St. Paul, MN 55106

Re: Results of State Licensing Survey

Dear Mr. Thorne:

The above agency was surveyed on January 4, 5, and 6, 2010, 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) 201-5273.

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

01/07 CMR3199



Class F 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 Class F home care providers (Class F). Class F 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 Class F 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 Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: CERENITY CC MARIAN ST PAUL

HFID #: 20167

Date(s) of Survey: January 4, 5 and 6, 2010

Project #: QL20167007

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> 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 understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel 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>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0810 	<ul style="list-style-type: none"> Client personal information and records are secure. Any information about clients is released only to appropriate parties. Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0065 MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0840 MN Rule 4668.0070 MN Statute §144D.065 	<ul style="list-style-type: none"> 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 that are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions. Personnel records are maintained and retained. Staff meet infection control guidelines. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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>	<ul style="list-style-type: none"> • The CLASS F 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) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 	<ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><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 rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

SURVEY RESULTS: 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.

1. MN Rule 4668.0815 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed an individualized evaluation of the client’s needs and established a service plan no later than two weeks after initiation of assisted living home care services for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services which included medication administration and housekeeping and laundry services on August 25, 2008. The client’s record contained a service plan, dated August 3, 2009. The client’s record did not contain an evaluation of the client’s needs by a RN, nor did it include a service plan for providing home care services for the client no later than two weeks after the initiation of assisted living home care services.

When interviewed January 5, 2010, the Housing Director at site A, and employee AA confirmed the lack of an evaluation of client #1’s needs and the development of a service plan. The Housing Director was unable to determine if the evaluation and service plan had been completed as the RN responsible for completion of these documents was no longer employed by the licensee.

2. MN Rule 4668.0815 Subp. 4**INDICATOR OF COMPLIANCE: # 1**

Based on interview and record review, the licensee failed to ensure the client's service plan and a plan for contingency action was complete for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services August 25, 2008, which included medication administration and assistance with housekeeping and laundry. The client's service plan dated August 3, 2009 did not include the fees for the services and the area where the licensee documented who to contact in case of an emergency or change in the client's condition was left blank.

When interviewed January 5, 2010, the housing director at site A confirmed the fees for client #1's services and who to contact in case of emergency were not included in the client's service plan.

3. MN Rule 4668.0840 Subp. 3**INDICATOR OF COMPLIANCE: # 5**

Based on interview and record review, the licensee failed to ensure training/competency evaluations were complete for one of one unlicensed employee (AB) record reviewed. The findings include:

Employee AB was hired August 21, 2007 to provide direct care to clients. Although employee AB's training and competency records included the required topics, some of the areas that were required to be instructed/evaluated by a registered nurse (RN), were not. For example, the topic areas of observing, reporting, and documenting client status and the care or services provided; maintaining a clean, safe and healthy environment; and the physical, emotional and developmental needs of clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property, and the client's family were not taught/evaluated by a RN as required.

When interviewed January 5, 2010, the housing director at site A confirmed that not all the topic areas that were to be taught/evaluated by a RN were completed as required.

4. MN Rule 4668.0845 Subp. 2**INDICATOR OF COMPLIANCE: # 1**

Based on interview and record review, the licensee failed to ensure that a registered nurse (RN) supervised and a licensed practical nurse (LPN) monitored unlicensed staff who performed services that required supervision for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services on August 25, 2008, which included medication administration and daily insulin injections and nebulizer treatments. There was no RN supervisory visit or LPN monitoring visit within fourteen days after initiation of home care services, nor were there visits made at least every sixty-two days thereafter. The client's record contained three monitoring visits by the LPN dated June 10, 2009, July 28, 2009 and November 16, 2009. There were no RN supervisory visits noted in the client's record.

When interviewed January 5, 2010, the housing director at site A and employee AA confirmed the lack of supervisory/monitoring visits in client #1's record. Employee AA stated there had been changes in the nursing staff over the last year, and was unsure if the visits had been completed as required.

5. MN Rule 4668.0855 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on interview and record review, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration for one of one client (#1) record reviewed. The findings include:

Client #1's service plan, dated August 3, 2009, noted she received medication administration on a daily basis. There was no evidence that the RN conducted a nursing assessment of the client's functional status and need for assistance with medication administration prior to providing the service.

When interviewed January 5, 2010, the housing director at site A confirmed client #1 did not have a RN assessment of the client's functional status and need for assistance with medication administration. The housing director stated they have had changes in nursing staff and was not sure that an assessment had been done.

6. MN Rule 4668.0860 Subp. 9

INDICATOR OF COMPLIANCE: # 6

Based on interview and record review, the licensee failed to ensure that medication and treatment orders were renewed at least every twelve months for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services which included medication administration on August 25, 2008. The client's prescriber's orders indicated her medications were last renewed on October 2, 2008. There was no subsequent review of orders for client #1.

When interviewed January 5, 2010, employee AA confirmed the lack of a twelve month renewal of client #1's medications. Employee AA stated there had been changes in nursing staff and that this requirement was probably overlooked.

7. MN Rule 4668.0865 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on interview and record review, the licensee failed to have the registered nurse (RN) conduct an assessment of the client's functional status and need for central medication storage and develop a service plan for the provision of central storage of medications for one of one client (#1) record reviewed who received central storage of medications. The findings include:

Client #1 began receiving central storage of medications August 25, 2008. There was no evidence in client #1's record of an RN assessment of the client's functional status and need for central medication storage, nor did the client's service plan, dated August 3, 2009, include that central storage of medication was provided.

When interviewed January 5, 2010, the housing director at site A confirmed the lack of a RN assessment of the client's need for central storage of medication and inclusion of central medication storage on the client's service plan. The housing director stated she was not aware that central storage of medication needed to be on the client's service plan.

8. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on interview and record review, the licensee failed to ensure that an individualized abuse prevention plan was developed for one of one client (#1) record reviewed. The findings include:

Client #1 resided on the memory care unit and began receiving services August 25, 2008. There was no individualized assessment of the client's susceptibility to abuse by other individuals, the client's risk of abusing other vulnerable adults, or specific measures to be taken to assist in minimizing the risk of abuse to the client and other vulnerable adults.

When interviewed January 5, 2010, the housing director at site A confirmed the lack of an individualized abuse prevention plan for client #1.

A draft copy of this completed form was left with Jeffrey Thorne, Administrator, at an exit conference on January 6, 2010. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent 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) 201-4309. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4887

April 1, 2005

Jeffrey Thorne, Administrator
Healtheast CC Marian St. Paul
2005 Earl Street
St. Paul, MN 55106

Re: Licensing Follow Up Revisit

Dear Mr. Thorne:

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 February 28, 2005.

The documents checked below are enclosed.

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

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

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

Cc Timothy Hanson, 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: HEALTHEAST CC MARIAN ST PAUL

DATE OF SURVEY: 02/28/2005

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:

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 February 28, 2006. 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. 1 | Corrected |
| 2. MN Rule 4668,0815 Subp. 3 | Corrected |
| 3. MN Rule 4668.0855 Subp. 2 | Corrected |
| 4. MN Rule 4668.0855 Subp. 9 | Corrected |

2) The exit conference was not tape recorded.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0095

September 21, 2004

Jeffrey Thorne, Administrator
Healtheast CC Marian St. Paul
200 Earl Street
St. Paul, MN 55106

Re: Results of State Licensing Survey

Dear Mr. Thorne:

The above agency was surveyed on July 12, 13, and 15, 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: Timothy Hanson, 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: HEALTHEAST CC MARIAN ST PAUL

HFID # (MDH internal use): 20167

Date(s) of Survey: July 12, 13, and 15, 2004

Project # (MDH internal use): QL20167001

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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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 <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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 <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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 <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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 <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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 Order(s) issued <u> X </u> 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><u> </u> Met <u> X </u> Correction 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> X </u> Met <u> </u> Correction 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 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:

_____ 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>1</u>	Regulation: MN Rule 4668.0815, Subp. 1	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: # <u>1</u> Education: # <u>1</u>	Based on record review and interviews, the licensee failed to have a registered nurse complete an individualized evaluation of the client's need and form a suitable up to date service plan for one of four active clients (#3) reviewed. Client #3 had services beginning in 2003. Client #3's current service plan dated, 2004, indicated the service of feeding the client three times a day would be provided. On July 13, 2004, client #3 and an unlicensed staff both stated that no feeding assistance had been needed or done since admission. When interviewed July 13, 2004 the agency director stated that data obtained from the county, prior to admission was used. She indicated the client had not been assessed for feeding at the agency. Education provided on MN ALHCP Home Care Rule 4668.0815 during survey and at the exit conference.	
Indicator of Compliance: # <u>1</u>	Regulation: MN Rule 4668.0815, Subp. 3	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: # <u>1</u> Education: # <u>1</u>	Based on staff interview and client record review, the licensee did not have modifications in the service plan signed and agreed to by the client or the client's responsible party before initiating services for one of four active clients (#2) reviewed. Client # 2 began receiving services February 2004. Client # 2's service plans dated February, May and June of 2004 were not signed by the licensee or the client/responsible party agreeing to the services. During an interview July 15, 2004 the registered nurse acknowledged the service plans had never been signed. Education provided on MN ALHCP Home Care Rule 4668.0815 during survey and at the exit conference.	

Indicator of Compliance: # <u>7</u>	Regulation: MN Rule 4668.0070, Subp. 2	<u> </u> Correction Order Issued <u> X </u> Education provided
Education: # <u>7</u>	ALHCP staff educated at exit and during review about how to verify licensure of registered nurses by using the Minnesota Board of Nursing website.	
Indicator of Compliance: # <u>8</u>	Regulation: MN Rule 4668.0855, Subp. 2	<u> X </u> Correction Order Issued <u> X </u> Education provided
Statement(s) of Deficient Practice: # <u>8</u> Education: # <u>7</u>	<p>Based on staff interview and client record review, the licensee failed to provide a nursing assessment of client's functional status and need for assistance with self-administration of medication or medication administration for two of four active clients (#3 and #4) reviewed. Client #3 began receiving services June 2003. His initial services did not include assistance with medication administration. Assistance with medication administration began August of 2003. During an interview July 13, 2004 the registered nurse (RN) verified that an assessment for assistance with medications had not been done.</p> <p>Client #4 began receiving services November of 2003. Client #4's record indicated the client received medication setup and administration. The client's record did not include an assessment of need for assistance with medication administration. During an interview July 13, 2004 the RN verified that an assessment for assistance with medications had not been done.</p> <p>Education provided for MN ALHCP Home Care Rule 4668.0855 during survey and at the exit conference.</p>	
Indicator of Compliance: # <u>8</u>	Regulation: MN Rule 4668.0855, Subp.9	<u> X </u> Correction Order Issued <u> X </u> Education provided
Statement(s) of Deficient Practice: # <u>8</u> Education: # <u>8</u>	<p>Based on record review and staff interview, the licensee failed to assure accurate documentation of medication administration for two of five clients (#3, and # 4) reviewed.</p> <p>On July 13, 2004, the registered nurse stated that the correct doses were given and that these were documentation errors.</p> <p>Education provided for MN ALHCP Home Care Rule 4668.0855 during the survey and at the exit conference.</p>	

Indicator of Compliance: # <u>8</u>	Regulation: MN Rule 4668.0003, Subp. 2a and Subp. 21a	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Education: # <u>8</u>	When discussing central storage of medication with registered nurses and housing director, staff indicated unlicensed personnel took medication from pill boxes and gave to clients or their responsible person when they go out on pass. Education provided for MN ALHCP Home Care Rule 4668.0003 during the survey and at the exit conference.	
Indicator of Compliance: # <u>9</u>	Regulation: MN Rule 4668.0870, Subp.2	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Education: # <u>9</u>	Client #5 was admitted April of 2003 to the ALHCP. The record indicates client #5 was discharged later that month. Client #5's ALHCP record did not address disposition of medications at time of client's discharge. When ALHCP staff were questioned, a record was provided to the surveyor showing that the client's medications were destroyed June of 2004. Education provided for MN ALHCP Home Care Rule 4668.0870 during survey and at the exit conference.	

A draft copy of this completed form was left with Jeffrey Thorne at an exit conference on (date) July 15, 2004. 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).