



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7522

October 25, 2005

Kathy Schultz, Administrator
Mother Lucille Leisure Living
58 Ivy Avenue Northeast
Richmond, MN 56368

Re: Licensing Follow Up Revisit

Dear Ms. Schultz:

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 September 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 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: Kathleen Schultz, 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: MOTHER LUCILLE LEISURE LIVING

DATE OF SURVEY: 09/28/2005

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:

Kathy Schultz RN/owner
Barbara Walz RN
Martha Schmitz RA (cook)

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, and 17, 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 4668.0070 Subp. 3 | Corrected |
| 2. MN Rule 4668.0815 Subp. 2 | Corrected |
| 3. MN Rule 4668.0825 Subp. 4 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4221

Date: July 14, 2005

Kathy Schultz, Administrator
Mother Lucille Leisure Living
58 Ivy Avenue Northeast
Richmond, MN 56368

Re: Results of State Licensing Survey

Dear Ms. Schultz:

The above agency was surveyed on March 15, 16, and 17, 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: Kathy Schultz, 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: MOTHER LUCILLE LEISURE LIVING
 HFID # (MDH internal use): 20181
 Date(s) of Survey: March 15, 16, and 17, 2005
 Project # (MDH internal use): QL20181001

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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promotes 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 acknowledgment in the client's clinical record to show that the BOR was received (or why acknowledgment 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 observes 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative are informed when changes occur.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input checked="" type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff has 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.</p>	<p>_____ Met <u> X </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. A registered nurse prior to administering medications trains staff. 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 _____ Correction Order(s) issued <u> X </u> Education provided _____ 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 _____ Correction Order(s) issued <u> X </u> Education provided _____ N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <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 _____ Correction Order(s) issued <u> X </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	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0825 Subp.2 Nursing Assessment and service plan		X	<u>Education:</u> Provided
#6	MN Rule 4668.0815 Subp.2 Reevaluation	X	X	Based on record review, observation, and interview the registered nurse (RN)/owner failed to review and revise the service plan when there was a change in the client's condition that required a change in services for one of three clients (#1) reviewed. The findings include: Documentation March 3, 2005 in the nurses' notes indicate that a machine for the treatment of a condition the resident has was set up. The service plan had a modification sheet but the treatment was not included in the modifications dated March 1, 2005 and March 9, 2005. Client (#1) was interviewed March 15, 2005 in his room and the treatment machine was on the bedside table. When asked if he was able to manage the machine himself the client (#1) stated "no I don't touch it, the staff hooks me up at night and turns it on and they come in the morning and shut it off." Instructions for use were on the table and a booklet of instructions for cleaning. The client stated he did not clean it or put water in it. <u>Education:</u> Provided
#7	MN Rule 4668.0825 Subp. 4 Performance of routine procedures	X	X	Based on record review, observation, and interview the registered nurse (RN)/owner failed to document that the ULP were trained in the procedures for using the treatment machine for client (#1). The findings include:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>During the interview of client (#1) in his room on March 15, 2005, a treatment machine was noted on the bedside table. The client (#1) stated that staff hook him up and start the machine and stop it in the morning. Client (#1) said, “ I don’t touch the machine, staff take care of it”.</p> <p>Personnel records for the ULP (#1 and #2) were reviewed and the training records did not include the procedures for the treatment or machine use. When interviewed on March 17, 2005 the registered nurse (RN)/owner stated “ the instructions are on the inside of the locked cabinet for medications and staff have been trained, I just didn’t get to documenting that in their records”.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0070 Subp. 2 Personnel Records		X	<p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0070 Subp 3 Job descriptions	X	X	<p>Based on record review and interview the registered nurse (RN)/owner failed to have a job description in her personnel record and Personnel (#1, and #2) did not have any qualifications specified for the job in their personnel records. The findings include: The (RN)/owner’s personnel file was reviewed March 16, 2005 and did not contain a job description. When interviewed March 16, 2005 the RN stated she “did not have one”.</p> <p>Personnel (#1, and #2) records were reviewed March 16, 2005 and did not contain qualifications for the job and the responsibilities were fragmented on pieces of paper.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0860 Medication and Treatment Orders		X	<u>Education:</u> Provided
#9	MN Rule 4668.0870 Subp. 2 Drugs given to discharged clients		X	<u>Education:</u> Provided
#10	MN Rule 4668.0012 Subp 17 Display of license		X	<u>Education:</u> Provided
N/A	CLIA waiver		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Kathleen Schultz / owner at an exit conference on March 17, 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 web site. General information about ALHCP is also available on the web site:

<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)