



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9182

December 19, 2005

Pam Hockert-Freese, Administrator
Sunrise Village
1125 Ninth Street Southeast
Willmar, MN 56201

Re: Licensing Follow Up Revisit

Dear Ms. Hockert-Freese:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on November 2, 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: Terry Swenson, President Governing Board
Kandiyohi County Social Services
Gloria Lehnertz, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

10/04 FPC1000CMR

Minnesota Department Of Health
Health Policy, Information and Compliance Monitoring Division
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: SUNRISE VILLAGE

DATE OF SURVEY: November 2, 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

NAMES AND TITLES OF PERSONS INTERVIEWED:

Nancy Jacobs, RN
Angela Gerhardson.

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 29, 30, 31 and April 1, 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 4668.0855, Subp. 9 | Corrected |
| 2. MN Rule 4668.0860, Subp. 2 | Corrected |
| 3. MN Statute 144A.46, Subd. 5 (b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 8714 4894

April 20, 2005

Pam Hockert-Freese, Administrator
Sunrise Village
1125 Ninth Street Southeast
Willmar, MN 56201

Re: Results of State Licensing Survey

Dear Ms. Hockert-Freese:

The above agency was surveyed on March 29, 30, 31, and April 1, 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: Douglas DeWare, 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: SUNRISE VILLAGE

HFID # (MDH internal use): 20208

Date(s) of Survey: March 29, 30, 31 and April 1, 2005

Project # (MDH internal use): QL20208001

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
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)	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).	<u> X </u> Met ____ Correction ____ Order(s) issued ____ Education provided
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)	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.	____ Met <u> X </u> Correction ____ Order(s) issued <u> X </u> Education provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	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.	<u> X </u> Met ____ Correction ____ Order(s) issued ____ Education provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	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.	<u> X </u> Met ____ Correction ____ Order(s) issued ____ Education provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	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.	<u> X </u> Met ____ Correction ____ Order(s) issued ____ Education provided

Indicators of Compliance	Outcomes Observed	Comments
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)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff is 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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
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)	Clients are given information about other home care services available, if needed. Agency staff follows 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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
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.	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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided

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. 4, Contents of Service Plan		X	<u>Education:</u> Provided.
#3	MN Rule 4668.0065 Subp. 3 Infection Control-Inservice Training		X	<u>Education:</u> Provided.
#3	MN. Statute 144A.46 Subd. 5(b) Prior Criminal Convictions	X	X	<p>Based on interview, and record review, the licensee failed to perform a criminal background study for one of three (#2) staff reviewed. Findings include:</p> <p>Employee #2 began employment as a direct care staff March 25, 1992. A review of employee #2's personnel record indicated she did not have a criminal background study completed by the Department of Human Services in her personnel record as required by this statute. Employee #2's personnel record did contain a Criminal history from the Department of Public Safety, Bureau of Criminal Apprehension dated September 15, 1995. The employee's name on the Criminal history form was misspelled. The Criminal History form stated, "the search was performed by Name and Date of Birth." On March 31, 2005, the Human Resources Director stated that a criminal background study by the Department of Human Services had not been completed for this employee.</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 4668.0855 Subp. 9 Medication Records			<p>Based on interview, and record review, the licensee failed to record in the client's record the name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications following the assistance with self-administration of medication or medication administration for two of two clients (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's service plan indicated that the client received assistance with self-administration of medications since March 15, 2005. On March 31, 2005 the registered nurse (RN) stated that on occasion client #1 required assistance with self-administration of medications and at times she was independent with medication administration. The daily "Services Documentation" for client #1 indicated that the client received assistance with self-administration of medications daily at 8AM, 6PM, and 8PM since March 15, 2005. The record lacked any documentation of what medications, dosage and method of administration was completed by staff.</p> <p>Client #2's service plan indicated that the client received assistance with administration of medications since August 7, 2002. The client's record contained a "Medication Profile" which identified the medication name, and strength, dosage, time, and route of administration and side effects. Some of the client's medications were set-up by the RN in a dosage box every two weeks and some were included in a cartridge and administered by the unlicensed personnel from the cartridge. On March 31, 2005, the RN stated that the unlicensed personnel were instructed to check all</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>medications that they administer against the "Medication Profile." After completing administration of the medications the unlicensed personnel sign a "Medication Administration Record" (MAR) with their initials for the time the medications in the cartridge or dosage box were administered. The MAR did not indicate the name of the drug, the dosage, the route of administration or the method of administration except for the client's inhaler, which the unlicensed personnel provide assistance with self-administration.</p> <p>When interviewed on March 31, 2005, the RN confirmed the above findings and indicated that she was not aware of this requirement.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp.2 Prescriber's Orders.	X	X	<p>Based on interview, and record review, the licensee failed to have prescriber's orders for two of two current clients (#1 and #2) records reviewed, who received assistance with self administration or administration of medications. The findings include:</p> <p>Client #1's service plan indicated the client began receiving assistance with self- administration of medications on March 15, 2005. The client's record contained physician orders for medications, signed by the physician on March 15, 2005. During a review of the client's current medications it was noted that the client had a bottle of over the counter vitamins, which was not included on the prescriber's orders signed by the physician on March 15, 2005. On March 31, 2005, the RN confirmed that client #1 was currently taking the Vitamin every day.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #2's service plan indicated the client began been receiving assistance with medication administration on August 7, 2002. A physician's order dated September 22, 2003 indicated, "discontinue Serevent Diskus and start Maxair ii puffs three times a day." A physician's order dated July 30, 2004, signed by the physician on August 11, 2004, indicated "Serevent Diskus, I puff three times a day." During a review of the client's current medications it was noted that the client had a Maxair Inhaler and not a Serevent Inhaler. On March 31, 2005, the RN confirmed that the client had received the Maxair Inhaler since the order of September 22, 2003 and not the Serevent Diskus.</p> <p><u>Education:</u> Provided.</p>

A draft copy of this completed form was left with Pam Hockert-Freese and Nancy Jacobs, RN at an exit conference on April 1, 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)