

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9847

January 31, 2006

Maria Field, Administrator Heritage of Edina, Inc 3434 Heritage Drive Edina, MN 55435

Re: Licensing Follow Up Revisit

Dear Ms. Field:

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 January 17, 2006.

The documents checked below are enclosed.

<u>X</u>	<u>Informational Memorandum</u>
	Items noted and discussed at the facility visit including status of outstanding licensing correction
	orders.
	MDHC (O.1 11; 10 E
	MDH Correction Order and Licensed Survey Form
	Correction order(s) issued pursuant to visit of your facility.
	Nations Of Assessment For Nancompliance With Correction Orders For Home Care Providers
	Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers
Feel free	e to call our office if you have any questions at (651) 215-8703.
Sincerel	ly
Sincere	·J,

Jean Johnston, Program Manager Case Mix Review Program

Enclosure(s)

cc: Maria Field, President Governing Board Hennepin County Social Services

Gloria Lehnertz, Minnesota Department of Human Services

Sherilyn Moe, Office of Ombudsman for Older Minnesotans

Case Mix Review File

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

INFORMATIONAL MEMORANDUM

PROVIDER: HERITAGE OF EDINA INC
DATE OF SURVEY: January 17, 2006
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: Kathryn Nordberg, Vice President Patty Schumacher, LPN/ADON Maria Field, COO
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 issue as a result of a visit made on March 4, 7, 8 and 9, 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 it as follows:
1. MN Rule 4668.0870 Subp. 3 Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 11160 0004 8714 3989

July 26, 2005

Maria Field, Administrator Heritage of Edina 3434 Heritage Drive Edina, MN 554385

Re: Results of State Licensing Survey

Dear Ms. Field:

The above agency was surveyed on March 4, 7, 8, and 9, 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 Original-Facility

> Maria Field, President Governing Board Case Mix Review File County Social Services Sherilyn Moe, Office of Ombudsman Kelly Crawford, Minnesota Department of Human Services



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: HERITAGE OF EDINA INC

HFID # (MDH internal use): 20233
Date(s) of Survey: March 4, 7, 8, and 9, 2005
Project # (MDH internal use): QL20233001

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.	X Met Correction Order(s) issued Education provided

Indicators of Compliance	Outcomes Observed	Comments
		Comments
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)	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). Clients are free from abuse or neglect.	X Met Correction Order(s) issued Education provided
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 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.	X Met Correction Order(s) issued 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.	X 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.	X 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 is informed when changes occur.	_X Met Correction Order(s) issued Education provided

		Page 3 of 4
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 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.	X Met Correction Order(s) issued 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 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 are administered are documented.	_X Met Correction Order(s) issued Education provided 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 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.	Met _X Correction Order(s) issued _X Education provided 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) Note: 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).	X Met Correction Order(s) issued Education provided

<u>Please note</u>: 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:

		Correction		
Indicator of		Order	Education	
Compliance	Regulation	Issued	provided	Statement(s) of Deficient Practice/Education:
#9	MN Rule	X	X	Client #1 expired at the facility January
	4668.0870 Subp.3			of 2005. Client #1 had received central
	Disposition of medications			storage of several medications at the
	1			facility. There was no documentation in
				the record of the disposition of the
				medications. When interviewed, March
				4, 2005, the licensed practical nurse
				(LPN) indicated she was unsure if there
				was any other documentation. She
				looked through old records and did not
				find documentation for the disposition
				of client #1s' medications after she
				expired. She stated that the other
				medications probably had not been
				= = =
				destroyed and would most likely still be
				in the nurses' station locked up. On,
				March 4, 2005, the LPN showed this
				reviewer the medication storage area. A
				bottle of Tylenol was observed sitting
				on the shelf with client #1s' name on it.
				The LPN indicated that she wasn't sure
				what happened to the other
				medications.
				Education: Provided
				_

A draft copy of this completed form was left with Maria Field, COO at an exit conference on March 9, 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).