



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8062

April 7, 2006

Jane Hausman, Administrator
Ruth Homes Inc.
1306 Lincoln Lane
Hastings, MN 55033

Re: Licensing Follow Up Revisit

Dear Ms. Hausman:

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 March 30 and 31, 2006.

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: Jane Hausman, President Governing Board
Dakota County Social Services
Ron Drude, 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: RUTH HOMES INC

DATE OF SURVEY: March 30 and 31, 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:

Renee Belland-Wenda, Assistant Director
Jane Hausman, Owner
Sara Arsola, Supervising Residential Assistant
Emily Raway, Registered Nurse
Glenda Smith, Residential Assistant
Sherry Morstad, Residential Assistant
Kay Simmons, Residential Assistant
Kathy Fountaine, Residential Assistant

SUBJECT: Licensing Survey _____ Licensing Order Follow Up ____1st____

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 June 29, 30 and July 1, 6 and 7, 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 4668.0030 Subp. 2 | Corrected |
| 2) MN Rule 4668.0065 Subp. 1 | Corrected |
| 3) MN Rule 4668.0065 Subp. 3 | Corrected |
| 4) MN Rule 4668.0810 Subp. 2 | Corrected |

- | | |
|------------------------------------------|------------------|
| 5) MN Rule 4668.0810 Subp. 5 | Corrected |
| 6) MN Rule 4668.0815 Subp. 4 | Corrected |
| 7) MN Rule 4668.0825 Subp. 4 | Corrected |
| 8) MN Rule 4668.0855 Subp. 9 | Corrected |
| 9) MN Rule 4668.0865 Subp. 3 | Corrected |
| 10) MN Rule 4668.0865 Subp. 9 | Corrected |
| 11) MN Statue §144A.44 Subd. 1(2) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8420

October 7, 2005

Jane Hausman, Administrator
Ruth Homes Inc.
1306 Lincoln Lane
Hastings, MN 55033

Re: Results of State Licensing Survey

Dear Ms. Hausman:

The above agency was surveyed on June 29, 30, July 1, 6, 7, 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: Jane Hausman, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Dakota County Social Services
Sherily 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: RUTH HOMES INC
 HFID # (MDH internal use): 20237
 Dates of Survey: June 29, 30, July 1, 6, 7, 2005
 Project # (MDH internal use): QL20237001

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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 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 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 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 type="checkbox"/> Met <input checked="" 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 <input type="checkbox"/> 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> 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><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 4668.0800 Subp. 3 Fulfillment of services	X	X	<u>Education:</u> Provided
1.	MN. Rule 4668.0815 Subp. 4 Contents of service plan	X	X	Based on record review and interview, the agency failed to have complete service for seven of seven clients' (#1, #2, #3, #4, #5, #6, #7) records reviewed. The findings include: Clients' #1, #2, #3, #4, #5, #6, and #7 service plans did not include the schedule or frequency of supervision or monitoring of the services, nor the persons providing the services in all records reviewed. The service plan for each client included an area for a supervision schedule. When interviewed, July 1, 2005, the owner and program manager verified the preceding findings and indicated it was not the agency's current procedure to note the frequency of supervisory visits. <u>Education:</u> Provided
2.	MN. Rule 4668.0030 Subp. 2 Notification of client	X	X	Based on record review and interview, the agency failed to provided a copy of the Minnesota Home Care Bill of Rights to seven of seven clients' (#1, #2, #3, #4, #5, #6 and #7) records reviewed. The findings include: Clients' #1, #2, #3, #4, #5, #6 and #7 records contained a copy of the MN Home Care Bill of Rights that did not contain the modifications added in 2001 by the State legislature. The owner and assistant director were

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>interviewed on July 1, 2005 and stated they were unaware that the Bill of Rights had been modified by the State legislature in 2001 and therefore had not provided clients with the updated bill of rights.</p> <p><u>Education:</u> Provided</p>
3.	MN. Rule 4668.0065 Subp. 1 Tuberculosis screening	X	X	<p>Based on record review and interview, the agency failed to assure tuberculosis screening was completed prior to client contact for two of ten employees' (B and J) records reviewed. The findings include:</p> <p>Employee B was hired March 23, 2005 as a resident assistant. According to the orientation checklist, employee B started training with direct client contact on March 24, 2005. Employee B received a Mantoux test March 24, 2005. The results were negative on March 26, 2005.</p> <p>Employee J was hired on April 2005 as a resident assistant. According to the agency's orientation checklist, employee J started training, with direct client contact, on the date of hire. Employee J was administered a Mantoux test in April 2005, three days after hire and client contact, and the results were negative in April 2005 five days after hire and client contact.</p> <p>When interviewed, July 6, 2005, the assistant director verified employees B and J had direct client contact before the agency was assured each employee had a negative reaction to a Mantoux test.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
3.	MN. Rule 4668.0065 Subp. 3 Infection control in-service training	X	X	<p>Based on record review and interview, the agency failed to ensure infection control training was completed for each twelve months of employment for one of one employee (C) record reviewed. The findings include:</p> <p>Employee C was hired by the agency March of 1998 as a direct care staff. There was no evidence of infection control in-service training in the record.</p> <p>When interviewed, July 1, 2005, the owner and assistant director verified employee C did not have the required infection control training.</p> <p><u>Education:</u> Provided</p>
5.	MN. Rule 4668.0810 Subp. 2 Security	X	X	<p>Based on observations and interview, the agency failed to ensure the security of client records. The findings include:</p> <p>During the days of the survey the door to the office area in apartment #3, was observed wide open, numerous times. The office contained client records' for apartments #3 and #4 on open shelving. On June 30th at 10:00 am a client was observed in the office. No staff member was present in the office. The door was also observed open and the room unattended at 9:00 am July 1 and July 6, 2005. When interviewed, were interviewed, July 6, 2005, the owner and program manager and stated it was not the agency policy to lock the door to the office. They indicated the office door was always left open so staff had each access to the client records, telephone and fax machine.</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 agency failed to ensure entries in client records were authenticated with</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the name and title of the person making the entry in seven of seven (#1, #2, #3, #4, #5, #6, #7) client records reviewed. The findings include:</p> <p>Client records #1, #2, #3, #4, #5, #6, and #7 all contained weekly “24 hour daily report” sheets and monthly service plans. The documents contained initials of staff members making the daily entries. There was no master sheet of employee names available to determine which employee made the entry and/or provided the care.</p> <p>Client #1’s record contained nursing notes June 9, April 27, 2005 and October 7, September 19, July 19 and June 29, 2004 that did not contain the title of the employee making the entry.</p> <p>Client #2’s record contained nursing notes March 23, 2005, December 7, December 6 and October 5, 2005 did not contain the title of the employee making the entry. A nursing note dated October 27, 2004 did not contain the name or title of the employee making the entry.</p> <p>Client #7’s record contained entries dated November 24, 2004 and December 23, 2004 that did not contain the title of the employee making an entry.</p> <p>When interviewed, July 6, 2005, assistant director verified the aforementioned entries did not contain</p> <p><u>Education:</u> Provided</p>
7.	MN. Rule 4668.0825 Subp. 4 Performance of routine procedures	X	X	Based on record review and interview, the agency failed to ensure all unlicensed persons were trained prior to performing delegated nursing procedures for five of five clients’ (#1,

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>#5, #6, #7 and #8) records reviewed who received delegated nursing procedures. The findings include:</p> <p>Employee, M, a direct care staff, was interviewed June 30, 2005. She stated she has been employed by the agency approximately for one year. When asked about her training for delegated nursing tasks, employee M stated she was initially instructed by a registered nurse on how to perform a nebulizer treatment. She indicated there currently are three different types of nebulizer medication delivery systems being used by three different clients and she was instructed on the use of each type of nebulizer by another residential assistant, rather than a registered nurse. Clients #1, #7 and #8 received nebulizer treatments. There was no evidence employees had been instructed by a registered nurse on the use of the nebulizer specific to each client. Each client record did not contain a nebulizer procedure to be used for each individual client. The agency was unable to provide documentation that employee competency was demonstrated to a registered nurse before the employee performed the nebulizer treatments.</p> <p>Employee N, a residential assistant was interviewed June 30, 2005. She stated she was hired by the agency in March 2005. When queried, she indicated she had not received training on the different types of nebulizer used in the agency. She stated she learned how to use each nebulizer by “kind of asking around on how to do the nebulizer.”</p> <p>Client #6 had a right ankle open wound area. December of 2004, the physician ordered Duoderm (a bandage system) applied to the ankle, then covered with an elastic bandage, to be changed every</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>48 hours. The agency was unable to provide any documentation employees were trained in the procedure or the actual procedure employees were to use for the dressing change.</p> <p>Client #5 had a suprapubic catheter. The client's record contained the procedure with specific instructions related to the client's catheter care needs. The procedure contained undated employee signatures indicating they were provided in-service on the delegated procedure. However, there was no evidence that ten employees, hired since the beginning of 2005, and providing care for the client, had received training for the client's suprapubic catheter. When interviewed, June 30, 2005, the owner and assistant director stated the agency employed a registered nurse that was responsible for the training, but had failed to fulfill her job responsibilities for staff training. Another registered nurse was hired on February 20, 2005 to train employees.</p> <p><u>Education:</u> Provided</p>
7.	MN. Statute 144A.44 Subdivision 1. (13) Statement of rights	X	X	<p>Based on observations, record review and interview, the agency failed to provided services in accordance with acceptable medical and nursing standards for one of one clients (#1) observed requesting toileting assistance and one of two employees observed administering eye drops and nebulizer treatments. The findings include:</p> <p>Employee (A), a residential assistant was observed providing client cares on June 30, 2005. Employee (A) administered Systane (lubricant) eye drops to client #5 at 4:00 pm. She touched the tip of the multiple eye drop bottle in each eye as she administered</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the eye drop. At 4:22 pm she administered a nebulizer treatment to client #1. She placed the nebulizer mask upside down over the client's nose and chin area. The mist from the nebulizer flowed out of the bottom of the mask through the open cut out nose area on the mask. After the nebulizer had been running for several minutes, another residential assistant walked by the client and stopped and turned the nebulizer mask right side up. At 4:35 pm, employee (A) started a nebulizer treatment on client #8. The nebulizer set-up had a re-breather bag. The re-breather bag would not inflate as the client was inhaling and exhaling. Employee (A) commented the bag would inflate because the previous shift has washed out the bag and it was wet. Employee (A) failed to close the outlet valve on the re-breather bag. The mist from the nebulizer treatment flowed freely out of the open valve. Employee (A)'s personnel file was reviewed. The employee was provided with an oral skills training on eye drops March of 2005. The employee was interviewed on June 30, 2005, and stated she could not recall if a registered nurse had observed her completed the above noted delegated nursing tasks. The employee record indicated the registered nurse completed a skill re-evaluation on the eye drop task on March 30, 2005.</p> <p>Client #1 was observed on June 30, 2005. Employee A, a residential assistant, assisted the client into a chair in the living room at 4:05 p.m. The client requested to go to the bathroom and the RA informed her she needed to wait until the client was administered her nebulizer treatment. The RA set up and administered a Tylenol to the client at 4:10 p.m. The client again informed</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the RA she needed to go to the bathroom. The RA told the client she needed to wait. The client continued to intermittently say, “hey, hey, I need to go”, between 4:10 p.m. and 4:22 p.m. The RA was able to hear the client’s request, since the RA was in the same kitchen/living area where the client was seated. The RA started the client’s nebulizer at 4:22 p.m. The client stated at 4:25 pm, “come on, I have to go”. The RA told the client she had to wait until the nebulizer was finished. Another RA walked by the client at 4:30 and the client stated to her, “I have to go so bad”. The RA replied, “why don’t you sit back and relax?” Employee A removed the client’s nebulizer at 4:33 p.m. and she informed the client she would take her to the bathroom after she gave another client his medication. The RA assisted the client out of her chair at 4:38 p.m. and as the client started to walk, the RA told the client to “slow down, you don’t have to walk so fast.” The client was seated on the toilet at 4:41 p.m. She had been incontinent of urine and started having a bowel movement almost immediately when she was seated on the toilet.</p> <p>The owner and assistant director were interviewed on July 1, 2005. The owner stated the client is always incontinent of urine and should have been toileted at 3:00 p.m. and again at 4:30 p.m. according to the client’s toileting schedule. It was uncertain if the client had been toileted at 3 p.m. The owner stated the client is on a toilet schedule, but the client should be toileted “on demand” for bowel movements. It was noted that neither RA asked the client if she needed to have a bowel movement.</p> <p>Education: 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	X	X	<p>Based on record review and interview, the agency failed to document the quantity of dosage of medications given for two of two clients (#1 and #9) reviewed with a medication dosage range. The findings include:</p> <p>Client #1 had a physician's order for Tylenol 325 mg. one to two tabs four times per day. The client's medication administration record did not note if one or two tablets of Tylenol were being administered.</p> <p>Client #9 has a physician's order for one to two drops of liquid tears in both eyes four times per day. The medication administration record did not indicate if one or two drops were being administered.</p> <p>The owner and assistant director were interviewed on July 6, 2005 and stated they were unaware the actual dosages administered were not being recorded.</p> <p><u>Education:</u> Provided</p>
8.	MN. Rule 4668.0865 Subp. 3 Control of medications	X	X	<p>Based on observations and interview, the agency failed to have a system for the disposition of medications. The findings include:</p> <p>The medication storage area for apartment #4 was observed on July 6, 2005 with, a supervising residential assistant present. The narcotic box contained forty-two tablets of Ritalin 5 mg. for client #10. A physician order dated February of 2005 discontinued the Ritalin. The apartment #4 refrigerator contained a vial of Tubersol that expired on November 2004, a 30 cc vial of Cyanocobalamin which expired in June 2002, and a box of hemorrhoid suppositories expired in July 2004. The supervising residential</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>assistant removed the aforementioned items from the refrigerator. She stated she would have the registered nurse destroy the outdated items. On July 6, 2005 supervising residential assistant stated the medication should have been destroyed because it had been discontinued "so long ago."</p> <p><u>Education:</u> Provided</p>
8.	MN. Rule 4668.0065 Subp. 9 Storage of Schedule II drugs	X	X	<p>Based on observations and interview, the agency failed to provide locked affixed storage for schedule II drugs in one of one storage area observed. The findings include:</p> <p>The storage area for schedule II drugs in apartment #4 was observed on July 6, 2005 with a supervising residential assistant in attendance. The supervising residential assistant was observed removing a locked black metal box from a locked kitchen cabinet. She placed the narcotic box on the counter in the kitchen area. The box contained Ritalin, liquid Morphine and Vicodin. The owner and assistant director were interviewed on July 6, 2005 and indicated they were unaware the box containing the schedule II drugs had to be permanently affixed to the physical plant.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Jane Hausman at an exit conference on July 7, 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)