



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7539

October 25, 2005

Robert Wikan, Administrator
Mother of Mercy Campus of Care
230 Church Avenue PO BOX 676
Albany, MN 56307

Re: Licensing Follow Up Revisit

Dear Mr. Wikan:

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 October 11, 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: John Rose, 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 OF MERCY CAMPUS OF CAR

DATE OF SURVEY: 10/11/2005

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:

Cheryl Sauerer Assisted Living Director; Mary Waltzing LSW; and Sally Kellen LPN

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 22, 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 4668.0810 Subp. 5 | Corrected |
| 3. MN Rule 4668.0815 Subp. 4 | Corrected |
| 4. MN Rule 4668.0825 Subp. 4 | Corrected |
| 5. MN Rule 4668.0855 Subp. 4 | Corrected |
| 6. MN Rule 4668.0855 Subp. 5 | Corrected |
| 7. MN Rule 4668.0855 Subp. 9 | Corrected |

8. MN Rule 4668.0860 Subp. 7 Corrected

9. MN Rule 4668.0870 Subp. 2 Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4252

September 1, 2005

Robert Wikan, Administrator
Mother of Mercy Campus of Care
230 Church Avenue PO BOX 676
Albany, MN 56307

Re: Results of State Licensing Survey

Dear Mr. Wilkan:

The above agency was surveyed on March 22, 23, 24, 25, 28, 29, 30 and 31, 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: John Rose, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Stearns County Social Services
Sherilyn 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: MOTHER OF MERCY CAMPUS OF CARE
 HFID # (MDH internal use): 20265
 Date(s) of Survey: March 22, 23, 24, 25, 28, 29, 30, and 31, 2005
 Project # (MDH internal use): QL20265001

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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction 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 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction 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 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 checked="" 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 4668.0815 Subp. 4 Contents of Service Plan	X	X	<p>Based on record review and interview the licensee failed to provide complete contingency plans for four of six clients (#1, #2, #3, and #4) records reviewed. The findings include:</p> <p>Client's #1, #2, #3, and #4 had service plans that did not include information on the method for a client or responsible person to contact a representative of the assisted living home care provider licensee whenever staff were providing services or the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition.</p> <p>When interviewed March 28, 2005 the assisted living director verified the contingency plans were not up to date.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0845 Subp. 2 Services that require supervision		X	<p><u>Education:</u> Provided</p>
#5	MN Rule 4668.0810 Subp. 5 Form of entries	X	X	<p>Based on record review the licensee failed to ensure all entries in the client records were legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry for three of six client records (#1, #2, and #4) reviewed. The findings include:</p> <p>Client #1's activity assessment, seven pages of training for delegated nursing</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>services, the service plan, and functional assessment for activities of daily living lacked documentation of dates, signatures, or both.</p> <p>Client #2's personal information form and social background form were not signed or dated.</p> <p>Client #4 had changes to the service agreement on the form used by the county dated February of 2005. The client or the client's responsible person did not sign the changes in the fees. Also the county case manager, client or RN did not sign this form.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0820 Subp. 2 Compliance with the Nurse Practice Act		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 licensee failed to have current job descriptions for three of three unlicensed employee records (#3, #4, and #5) reviewed. The findings include:</p> <p>The Assisted Living Director's (#4) personnel record did not have a current job description for the position of Assisted Living Director. When interviewed March 30, 2005 the Assisted Living Director confirmed there was not a job description for that position.</p> <p>Employees (#3 and #5) worked as direct caregivers. Their records did not have current job descriptions that included the qualifications for the position. When interviewed March 30, 2005 the Assisted Living Director confirmed the qualifications for the position were not included.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education:</u> Provided
#7	MN Rule 4668.0825 Subp. 4 Performance of routine procedures	X	X	<p>Based on record review and interview the licensee failed to ensure that the registered nurse specified in writing the instructions for performing procedures for each client and that personnel demonstrated competency in procedures for one of five current client records (#5) reviewed. The findings include:</p> <p>Client #5 had blood sugar testing, transfers, weight, and temperature checks provided by unlicensed personnel. Employee #3 unlicensed personnel initialed providing those services. There was no evidence that she received training for these procedures.</p> <p>When interviewed March 29, 2005 the Assisted Living Director verified that there was no evidence of training for employee #3's assistance with the previously named tasks. She stated all staff training was to be documented in the personnel files.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0840 Subp. 4 Competency evaluation		X	<u>Education:</u> Provided
#8	MN Rule 4668.0855 Subp.4 Training for assistance with medication			<p>Based on record review and interview the licensee failed to ensure that the registered nurse instructed unlicensed staff that provided assistance with medication administration or administered medications the instructions for performing procedures for one of one client record reviewed (#5) who used an insulin pen. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #5 had medication assistance with her use of insulin documented as provided by multiple unlicensed personnel. There was a form for staff to sign as being trained in this task. There were no signatures on the form. When interviewed March 29, 2005 the Assisted Living Director verified that there was no evidence of training for client #5's insulin.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp.5 Administration of medications	X	X	<p>Based on record review and interview the licensee failed to have the registered nurse (RN) notified within 24 hours after client received pro re nata (PRN) medications or within a time period specified by the RN for two of two client records (#1 and #2) who received PRN medications reviewed. The findings include:</p> <p>Client #1's medication administration record (MAR) indicated eye medication had been administered PRN (as needed) January 6, 2005 and February 7, 2005. Client #2's medication administration record (MAR) indicated Tylenol was administered PRN four times in January 2005. A narcotic pain reliever was administered PRN once each in January 2005 and February 2005. The records lacked evidence the RN was notified when clients #1 and #2 were given PRN medications. When interviewed March 23, 2005, the RN confirmed she had not been notified within 24 hours of administration of the PRN use. She stated they did not have a policy or procedure for notification of the RN when prn medications were given.</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	X	X	<p>Based on record review and interview the licensee failed to ensure medication administration records were complete for five of five current clients (#1, #2, #4, #5, and #6) records reviewed. The findings include:</p> <p>Clients #1, #2, #4, #5, and #6 all received assistance with medication administration or medication administration. Staff initialed the medication administration records (MAR) when assisting or administering medications to these clients. The signature legend in the records of clients #1, #2, #4, #5, and #6 did not have a current, up to date list of the signatures, titles and initials of all staff administering medications.</p> <p>Client #1 and client #4's MARs did not have the month or the year on the currently used form. The current undated MAR for client#1 had eye drops initialed as administered by VL on the eighth. There was no signature or title in the record to identify VL. Client #4's MAR did not have the month or year on three sheets with medications initialed as administered. One sheet had the initials MS and lacked a signature or title to identify these initials.</p> <p>The RN, LPN, and assisted living director were interviewed March 23, 2005 and stated they had a new form with signatures and titles but it was in the care plan book. When reviewed, the new form was also incomplete and was noted to lack the title for one signature and the initials for another.</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 Subp. 7 Electronically transmitted orders	X	X	<p>Based on record review and interview the licensee failed to ensure that an order received by telephone, facsimile, or other electronic means was communicated to the supervising registered nurse (RN) within one hour of receipt for two of six client records (#1 and #4) reviewed. The findings include:</p> <p>Client #1's record contained orders by facsimile dated January 7, 2005 and February 7, 2005. The record lacked evidence the RN was notified of these orders. Client #4's record, indicated several facsimile order changes in February of 2005 with no evidence the RN was notified. A note on the cover of the binder for the care plans and information on medication administration states to notify the RN on the same day of an order change or new order. When interviewed March 24, 2005 the LPN verified she did not notify the RN.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 4 Over-the-counter drugs		X	<p><u>Education:</u> Provided</p>
#9	MN Rule 4668.0870 Subp. 2 Disposition of medication upon discharge	X	X	<p>Based on record review the licensee failed to ensure that medications were properly disposed of or given to the client or client's responsible person for one of one discharged client records (#3) reviewed. The findings include:</p> <p>Client #3 was discharged March of 2005. There was no documentation for the disposition of client #3's medications or to whom they were given. When interviewed March 29, 2005 the Assisted Living Director verified that there was no evidence of the disposition of medications upon</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				discharge for client #3. <u>Education:</u> Provided
#10	MN Rule 4668.0012 Subp. 17 Display of license		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Cheryl Sauerer Assisted Living Director at an exit conference on March 31, 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)