



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8390

August 23, 2005

Robert Hopman, Administrator
Centennial House Apple Valley
14615 Pennock Avenue
Apple Valley, MN 55124

Re: Licensing Follow Up Revisit

Dear Mr. Hopman:

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 July 5, 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: James Pederson, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Dakota, 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: CENTENNIAL HOUSE

DATE OF SURVEY: 07/05/2005

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:

Janis Rivers, Administrator

Teri Kuck, RN

Brittney Ludwig Resident Assistant

Patricia Dow Resident Assistant

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 issued as a result of a visit made on January 18,19, and 21, 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. 4 | Corrected |
| 2. MN Rule 4668.0810 Subp. 6 | Corrected |
| 3. MN Rule 4668.0815 Subp. 4 | Corrected |
| 4. MN Rule 4668.0855 Subp. 2 | Corrected |
| 5. MN Rule 4668.0855 Subp. 4 | Corrected |
| 6. MN Statute 144A.46 Subd. 5 (b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 2975

March 15, 2005

Robert Hopman, Administrator
Centennial House
14615 Pennock Avenue
Apple Valley, MN 55124

Re: Results of State Licensing Survey

Dear Mr. Hopman:

The above agency was surveyed on January 18, 19, and 21, 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: Robert Hopman, 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: CENTENNIAL HOUSE
 HFID # (MDH internal use): 20316
 Date(s) of Survey: January 18, 19, and 21, 2005
 Project # (MDH internal use): QL20316001

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><u> </u> Met <u> X </u> Correction Order(s) issued <u> X </u> 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><u> </u> Met <u> X </u> Correction Order(s) issued <u> X </u> 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><u> X </u> Met <u> </u> Correction Order(s) issued <u> </u> 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><u> </u> Met <u> X </u> Correction Order(s) issued <u> X </u> 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><u> X </u> Met <u> </u> Correction Order(s) issued <u> </u> 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 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.</p>	<p><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</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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 4668.0815 Subp. 4 Contents of Service Plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that the client's service plans identified the person(s) providing supervision or monitoring of assistance with self-administration of medication or medication administration, and the action to be taken if essential services could not be provided, for four of four clients' (#1, #2, #3, and #4) reviewed. The findings include: Clients' #1, #2, #4, and #3 had service plans dated April 13, 2004, May 6, 2004, July 9, 2004, and November 19, 2004 respectively. Clients' #1, #2, #4, and #3s' service plans indicated each client received assistance with medication administration. Clients' #1, #2, #4, and #3s' service plans did not identify the person(s) providing the supervision or monitoring of these delegated nursing tasks. In addition the service plans did not include the action to be taken if essential services could not be provided. When interviewed, January 18, 2005, the registered nurse confirmed the service plans lacked the above-mentioned information.</p> <p>Education: Provided</p>
2	MN Rule 4668.0030 Subp.4 Content of Home Care Bill of Rights	X	X	<p>Based on record review and staff interview, the licensee failed ensure that clients were given complete information on the Home Care Bill of Rights, and failed to include the telephone number, mailing address, and the current street address of the Office of Health Facility Complaints for four of four clients' (#1, #2, #3, and #4)</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>reviewed. The findings include: Client #1, #2, #3, and #4 had been given copies of the original Bill of Rights that did not contain information added February 1, 2002 or the telephone number, mailing address, and the current street address of the Office of Health Facility Complaints. On January 19, 2005 the administrator confirmed the facility did not have a copy of the most current Minnesota Home Care Bill of Rights, and that the original Bill of Rights they had did not included the Office of Health Facility Complaints information on it. The administrator stated she was not aware that the required Office of Health Facility Complaints information was no longer on the form they were using.</p> <p>Education: Provided</p>
3	MN Statute 144A.46 Subd.5 Prior Criminal Convictions	X	X	<p>Based on record review and interview, the licensee failed to conduct criminal background studies for two of three employees (#1 and #3) who were currently working at the facility. The findings include:</p> <p>Employee #1 was employed by the facility on July 19, 2001, and terminated her employment as of April 12, 2002. Employee #1 was rehired by the facility on September 26, 2002. There was no evidence in her personnel file that a criminal background study had been submitted upon her rehire to the facility on September 26, 2002.</p> <p>Employee #3 was employed by the facility from December 2003 until September 6, 2004. Employee #3 was rehired by the facility on October 4, 2004. There was no evidence in her personnel file that a criminal background study had been submitted upon her rehire to the facility on October 4, 2004.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed, January 19, 2005, the administrator confirmed that background studies had not been submitted for employees #1 and #3 after they were rehired. The administrator stated she was not aware that she needed to do this.</p> <p>Education: Provided</p>
5	MN Rule 4668. 0810 Subp.6 Content of Client Record	X	X	<p>Based on record review and staff interview, the licensee failed to update one of four client's (#1) records regarding allergies. The findings include: Client #1s' log notes May 16, 2004 indicated that client #1 had an allergic reaction to the medication Septra. The client's record was not updated to include the client's allergy to Septra. On January 18, 2005 the registered nurse confirmed she was aware of the client's allergic reaction and thought that the record had been updated.</p> <p>Education: Provided</p>
8	MN Rule 4668.0855 Subp. 2 Nursing Assessment and Service Plan	X	X	<p>Based on record review and staff interview, the licensee failed to conduct a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration for four of four clients (#1, #2, #3, and #4) reviewed who were receiving self-administration of medication or medication administration. The findings include: Client #1's service plan dated April 13, 2004 indicated the client received daily assistance with medication administration. Client #2's service plan dated May 6, 2004 indicated the client received assistance with medication administration up to four times per day.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #3's service plan dated November 19, 2004 indicated the client received assistance with medication administration.</p> <p>Client #4's service plan dated July 9, 2004 indicated the client received daily assistance with medication administration ("medi-reminders and eye drop administration").</p> <p>There was no nursing assessment by the registered nurse (RN) in client #1, #2, #3, and #4's record of the client's functional status as it relates to their need for assistance with self-administration of medication or medication administration. When interviewed, January 18, 2005, the RN confirmed there was no assessment of the client's functional status as it relates to their need for assistance with self-administration of medication or medication administration.</p> <p>Education: Provided</p>
8	MN Rule 4668.0855 Subp 4 Training for assistance with self- administration of medication or medication administration			<p>Based on record review and interview, the licensee failed to have a registered nurse (RN) instruct unlicensed personnel on procedures to follow when assisting a client with self-administration of insulin prior to delegating this task, for one of one client (#2) who received assistance with self administration of insulin. The findings include:</p> <p>Client #2's service plan dated May 6, 2004 indicated that unlicensed staff provided the client with assistance with self-administration of insulin by bringing insulin syringes to the client twice daily. During a home visit January 19, 2005 Client #2 stated staff bring her insulin syringes twice daily. The personnel file of employee #2, an unlicensed personnel, had training records titled "Insulin Injections" that indicated "Not Applicable." There was</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				no evidence of any training for assistance with self-administration of insulin or other injectable medications. When interviewed, January 18, 2005, the registered nurse confirmed that there was no training of the unlicensed staff in regard to assistance with self-administration of insulin. Education: Provided
	CLIA Certificate		X	Information on CLIA Waivers provided
	Registered Nurse Responsibilities and Delegation		X	Minnesota Board of Nursing Education Module
	Resources		X	Provider Resources: MDH Web sites

A draft copy of this completed form was left with Janis Rivers, Administrator at an exit Conference on January 21, 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)