



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 8109

August 23, 2005

Mr. Steve Ziller, Administrator  
Evergreen Place  
220 Third Street Northwest  
Pine Island, MN 55963

Re: Licensing Follow Up Revisit

Dear Mr. Ziller:

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 and 6, 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: Ed Berryman, President Governing Board  
Kelly Crawford, Minnesota Department of Human Services  
Goodhue, 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:** EVERGREEN PLACE

**DATE OF SURVEY:** 07/05 and 07/06/05

**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:**

**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 November 1, 2, and 4, 2004. The results were delineated during 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 order is as follows:

<b>1. MN Rule 4668.0065 Subp. 3</b>	Corrected
<b>2. MN Rule 4668.0070 Subp. 3</b>	Corrected
<b>3. MN Rule 4668.0800 Subp. 3</b>	Corrected
<b>4. MN Rule 4668.0805 Subp. 1</b>	Corrected
<b>5. MN Rule 4668.0815 Subp. 2</b>	Corrected



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 1010 0000 7683 6954

Date: December 13, 2004

Steve Ziller, Administrator  
Evergreen Place  
220 Third Street Northwest  
Pine Island, MN 55963

Re: Results of State Licensing Survey

Dear Mr. Ziller:

The above agency was surveyed on November 1, 2, 3, and 4, 2004 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: Steve Ziller, 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: EVERGREEN PLACE

HFID # (MDH internal use): 20321

Date(s) of Survey: November 1, 2, 3, and 4, 2004

Project # (MDH internal use): QL20321001

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
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 is 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction 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 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 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:
#1	MN Rule 4668.0800, Subp. 3 Service Plan	X	X	<p>Based on record review and interview, the licensee failed to provide all services required by a client's service plan for one of two clients (#3) reviewed. The findings Include:</p> <p>Client #3's current service agreement, May 15, 2004, indicated the client was to receive "change linen and do laundry one time per week, clean apartment one time per week, shower one time per week", and "assist with medication administration."</p> <p>The July 2004 Medication Administration Record and Health Flow Sheet indicated the laundry was done the 3<sup>rd</sup>, and the 7<sup>th</sup>, twice that month. The documentation also indicated that the client received a shower the 3<sup>rd</sup>, 7<sup>th</sup>, and 21<sup>st</sup> during the month of July. The September 2004 Medication Administration Record and Health Flow Sheet indicated the linens were documented as being changed the 8<sup>th</sup>, and the 22<sup>nd</sup>. There was no documentation the apartment was cleaned in September after the 21<sup>st</sup>. The October 2004 Medication Administration Record and Health Flow Sheet indicated the laundry was documented as being done The 6<sup>th</sup>, 13<sup>th</sup> and 27<sup>th</sup>, three times monthly. The linens were documented as being changed the 6<sup>th</sup>, 13<sup>th</sup>, and 27<sup>th</sup>, three times monthly. The apartment was documented as being cleaned the 27<sup>th</sup>, one time during the month of October. The Medication Administration Record</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>and Health Flow Sheet for October 2004 also indicated the client was self-administering an Albuterol inhaler four times daily. The April 30, 2004 Medication Administration Assessment indicated that client #3 needed cueing to take medications on time. The August 17, 2004, September 21, 2004, and October 5, 2004 nurse's notes indicated that the resident forgot to use her inhalers. On November 2, 2004 the resident service coordinator stated that the client refuses her services at times and that the linens are only changed every other week. She also stated client #3 was self administering her inhalers and the Home Health Aides were not reminding her to use the inhaler.</p> <p><b><u>Education:</u></b> Provided</p>
#1	MN Rule 4668.0815, Subp.2 Reevaluation of Service Plan	X	X	<p>Based on record review and interview, the failed to have a registered nurse review the service plan annually for one of one client (#1) reviewed. The findings Include:</p> <p>Client #1 had a current service agreement dated June 2002. The service plan had not been reviewed since then. When interviewed November 2, 2004, the registered nurse and the resident service coordinator stated they were not aware the service plan needed to be reviewed annually.</p> <p><b><u>Education:</u></b> Provided</p>
# 1	MN Rule 4668.0825,Subp.2 Nursing Assessment and Service Plan		X	<p><b><u>Education:</u></b> Provided</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
#3	MN Rule 4668.0065, Subp. 3 Infection Control Training	X	X	<p>Based on record review and interview, the licensee failed to assure infection control in-service training for one of three employees (#1) reviewed. The findings Include:</p> <p>Employee #1 had infection control training in 2003 from the agency but it did not include the required topics of hand washing techniques; the need and use of gloves, gowns, and masks; and disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades. During an interview on November 2, 2004 the resident service coordinator stated she had not been aware of what was required for home health staff.</p> <p><b><u>Education:</u></b> Provided</p>
#3	MN Rule 4668.0805, Subp. 1 Orientation to home care	X	X	<p>Based on record review and interview, the licensee failed to assure orientation to home care for two of three employees (#2 and #3) reviewed. The findings Include:</p> <p>Employee #2 and #3 began employment within the agency in 1997 as a licensed staff. Employee #3 began employment within the agency in 2002 in a service management capacity. Personnel records for both lacked evidence they had completed orientation to the Home Care Requirements. During an interview November 4, 2004, employee #2 indicated she had worked with previous Registered Nurse for two weeks. She indicated she was not oriented to the requirements in the Rule. During an interview November 4, 2004, employee # 3 indicated she had had not been oriented to home care as in the Rule.</p> <p><b><u>Education:</u></b> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
#3	MN Rule 4668.0700, Subp.3	X	X	<p>Based on record review and interview, the licensee failed to assure orientation to home care for two of three employees (#2 and #3) reviewed. The findings Include:</p> <p>Employee #2 and #3 began employment within the agency in 1997 as a licensed staff. Employee #3 began employment within the agency in 2002 in a service management capacity. Personnel records for both lacked evidence they had completed orientation to the Home Care Requirements. During an interview November 4, 2004, employee #2 indicated she had worked with previous Registered Nurse for two weeks. She indicated she was not oriented to the requirements in the Rule. During an interview November 4, 2004, employee # 3 indicated she had had not been oriented to home care as in the Rule.</p> <p>Based on record review and interview, the licensee failed to have a current job description for one of one licensed staff (#2) reviewed. The findings Include:</p> <p>Employee #2 began work at the agency November 25, 2003. There was no job description for employee #2 in her personnel record. During an interview on November 2, 2004 the resident service coordinator stated they did not have a job description for employee #2's position. She stated they were in the process of developing a job description for this position. The resident service coordinator provided this reviewer a hand written copy of the job description to view. The document did not include the responsibilities of the Registered Nurse.</p> <p><b>Education:</b> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
#7	MN Rule 4668.0700, Subp.3 Job descriptions	X	X	<p>Based on record review and interview, the licensee failed to have a current job description for one of one licensed staff (#2) reviewed. The findings Include:</p> <p>Employee #2 began work at the agency November 25, 2003. There was no job description for employee #2 in her personnel record. During an interview on November 2, 2004 the resident service coordinator stated they did not have a job description for employee #2's position. She stated they were in the process of developing a job description for this position. The resident service coordinator provided this reviewer a hand written copy of the job description to view. The document did not include the responsibilities of the Registered Nurse.</p> <p><b><u>Education:</u></b> Provided</p>
#8	MN Rule 4668.0855, Subp.5 B		X	<b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Pam Staub at an exit conference on November 4, 2004. 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)