



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 2957

December 7, 2006

Brian Fredrickson, Administrator
Brian's Elder Care
1201 Southview Lane
Albert Lea, MN 56007

Re: Licensing Follow Up visit

Dear Mr. Fredrickson:

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 November 9, 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

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Freeborn County Social Services
Ron Drude, Minnesota Department of Human Services

06/06 FPC1000CMR

**Minnesota Department of Health
Division of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: BRIANS ELDER CARE

DATE OF SURVEY: November 9, 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

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Brian Fredrickson, Owner

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: #3 _____

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 April 8, 11, 12, 13, 14 and 18, 2005, and subsequent follow up visits made on December 20 and 21, 2005, and August 2, 3, and 4, 2006. 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 issued as a result of a survey on April 8, 11, 12, 13, 14 and 18, 2005 and not corrected during follow up visits made on December 20 and 21, 2005 and August 2, 3, and 4, 2006 is as follows:

6. MN Rule 4668.0810 Subp. 5 **Corrected**

9. MN Rule 4668.0815 Subp. 4 **Corrected**

The status of the correction order issued as a result of a visit made on August 2, 3, and 4, 2006, is as follows:

1. MN Rule 4668.0815 Subp. 1 **Corrected**



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2016

August 25, 2006

Brian Willaby, Administrator
Brians Elder Care
1201 Southview Lane
Albert Lea, MN 56007

Re: Licensing Follow Up visit

Dear Mr. Willaby:

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 August 2, 3, and 4, 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

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Freeborn County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2016

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOLLOWING A SUBSEQUENT REINSPECTION FOR
ASSISTED LIVING HOME CARE PROVIDERS**

August 25, 2006

Brian Willaby, Administrator
Brians Elder Care
1201 Southview Lane
Albert Lea, MN 56007

RE QL 20323001:

Dear Mr. Willaby:

On August 2, 3, and 4, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a survey completed on April 8, 11, 12, 13, 14, and 18, 2005, with correction orders received by you on November 5, 2005, and found to be uncorrected during an inspection completed on December 20 and 21, 2005.

As a result of correction orders remaining uncorrected on the December 20 and 21, 2005 re-inspection, a penalty assessment in the amount of **\$750.00** was imposed on March 2, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on August 2, 3, and 4, 2006.

6. MN Rule 4668.0810 Subp. 5

\$100.00

Based on record review and interview the facility failed to have complete client record entries for three of four current client (#2A, #1B, #2B) records reviewed. The findings include:

Client #2A's chart contained the following forms that had not been signed or dated: Assessment for Need for Medication Reminders, Assistance, Administration or Central Storage, Release of Information, Home Care Complaint, and Acknowledgements.

Client #1Bs' record contained three documented medication administration records that were not dated.

Client #2Bs' record had the following forms not signed or dated: Home Care Complaint (two forms), Plan of Care, Service Plan, RN (registered nurse) Evaluation /Baseline Assessment, and

August 25, 2006

a Plan of Care without the client's name or date on it. When interviewed, April 13, 2005, the owner confirmed the forms were undated and stated, "we have no way of knowing when these were for."

TO COMPLY: Except as required by subpart 6, items F and G, documentation of an assisted living home care service must be created and signed by the staff person providing the service no later than the end of the work period. The documentation must be entered into the client record no later than two weeks after the end of the day service was provided. All entries in the client record must be:

A. legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry; or

B. recorded in an electronic media in a manner that ensures the confidentiality and security of the electronic information, according to current standards of practice in health information management, and that allows for a printed copy to be created.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$100.00.

9. MN Rule 4668.0815. Subp. 4.

\$100.00

Based on record review and interview the facility failed to have complete service plans for two of four current clients (#2A, #2B) records reviewed. The findings include:

Client #2A's current service plan dated November 4, 2002 did not include the schedule or frequency of session of supervision.

Client #2B's current service plan was undated, did not include identification of the persons or categories that provided the services, schedule or frequency of session of supervision, fees for services, a complete contingency plan (area left blank), or circumstances in which emergency services are not to be summoned, if any. During an interview, April 11, 2005, the owner stated, "I don't want everyone else knowing what they pay, the county does the assessments and then I give it to them" (client) "or the responsible party, I don't keep a copy here, I have a contract that lists the price for the basic room and board." When interviewed, April 12, 2005, the registered nurse stated, "I didn't know I was responsible for the service plan."

TO COMPLY: The service plan required under subpart 1 must include:

A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;

B. the identification of the persons or categories of persons who are to provide the services;

C. the schedule or frequency of sessions of supervision or monitoring required by law,

August 25, 2006

rule, or the client's condition for the services or the persons providing those services, if any;

D. the fees for each service; and

E. a plan for contingency action that includes:

(1) the action to be taken by the assisted living home care provider licensee, client, and responsible person if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the assisted living home care provider licensee whenever staff are providing services;

(3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the assisted living home care provider licensee to contact a responsible person of the client, if any; and

(5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$100.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$200.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Division of Compliance Monitoring, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

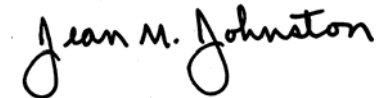
Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

August 25, 2006

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your Facility's Governing Body.

If you have any questions, please feel free to give me a call at 651-201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large initial "J" and "M".

Jean Johnston
Program Manager
Case Mix Review Program

cc: Freeborn County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: BRIANS ELDER CARE

DATE OF SURVEY: August 2, 3, and 4, 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

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Brian Fredrickson, Owner/Care Coordinator
Barb Rehtzigel, Care Coordinator

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #2

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 April 8, 11, 12, 13, 14 and 18, 2005 and a follow up visit made on December 20 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 issued as a result of a survey on April 8, 11, 12, 13, 14 and 18, 2005 and not corrected during a follow up visit December 20 and 21, 2005 is as follows:

3. MN Rule 4668.0065 Subp. 3	Corrected	
6. MN Rule 4668.0810 Subp. 5	Not Corrected	\$100.00

Based on record review and interview, the licensee failed to have all entries in the client record signed and dated for two of six client (#A8, #A6) records reviewed. The findings include:

Client #A8 began receiving services April 18, 2004. Unsigned entries were noted in the "remarks-treatment" notes dated May 28, 2006 and June 21, 2006.

Client #A6 began receiving services May 1, 2006. Unsigned entries were noted in the “remarks-treatment” notes dated May 1, 2, 2006 and June 5, 2006. When interviewed August 3, 2006, the owner acknowledged the entries were not signed.

9. MN Rule 4668.0815 Subp. 4 Not Corrected \$100.00

Based on record review and interview, the licensee failed to provide a complete service plan for two of five client (#A7 and #A8) records reviewed. The findings include:

Client #A7’s service plan, dated May 2, 2006 did not contain a schedule of supervision for insulin administration and blood sugar checks. Client #A8’s service plan, dated May 5, 2006 did not contain a schedule of supervision for insulin administration. When interviewed, August 3, 2006, the owner acknowledged that the supervision schedule was missing

13. MN Rule 4668.0865 Subp. 2 Corrected

- 2) Although a State licensing survey was not due at this time, correction orders were issued.



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: BRIANS ELDER CARE
 HFID # (MDH internal use): 20323
 Date(s) of Survey: August 2, 3, and 4, 2006
 Project # (MDH internal use): QL20323001

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 Follow up #2

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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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 type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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 type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 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)</p> <p><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 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. 1 Service Plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that a service plan was developed no later than two weeks after initiation of home care services for one of six client (#A6) records reviewed. The findings include:</p> <p>Client #A6, began receiving services May of 2006. Services included bathing, laundry, housekeeping, meals and snacks, weights, vital signs, central storage of medications, medication set up, medication administration, activities of daily living assistance, and blood sugar checks. Client #A6's record did not contain a service plan, nor could the owner find one. When interviewed August 2, 2006, the owner indicated a service plan had been established for the client.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Brian Fredrickson at an exit conference on August 4, 2006. 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) 201-4301. 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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9724

March 2, 2006

Brian Fredrickson, Administrator
Brian's Elder Care
1201 Southview Lane
Albert Lea, MN 56007

Re: Licensing Follow Up Revisit

Dear Mr. Fredrickson:

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 December 20 and 21, 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: Brian Fredrickson, President Governing Body
Ron Drude, Minnesota Department of Human Services
Freeborn County Social Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Assistant Attorney General
Mary Henderson, L&C Program Assurance
CMR File

10/04 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9724

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR ASSISTED LIVING HOME CARE PROVIDERS**

March 2, 2006

Brian Fredrickson, Administrator
Brian's Elder Care
1201 Southview Lane
Albert Lea, MN 56007

RE: QL20323001

Dear Mr. Fredrickson:

On December 20 and 21, 2005, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on April 18, 2005, with correction orders received by you on November 5, 2005.

The following correction orders were not corrected in the time period allowed for correction:

3. MN Rule 4668.0065 Subp. 3 \$300.00

Based on record review and interview the facility failed to ensure infection control training for one of three site B employee (#3B) records reviewed. The findings include:

Employee #3B was hired, July 18, 2003. There was no evidence of infection control training in the record. When interviewed, April 12, 2005, employee #3B indicated she was unaware of the need to have infection control training.

TO COMPLY: For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

- A. hand washing techniques;
- B. the need for and use of protective gloves, gowns, and masks;
- C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;

- D. disinfecting reusable equipment; and
- E. disinfecting environmental surfaces.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$300.00.

6. MN Rule 4668.0810 Subp. 5

\$50.00

Based on record review and interview the facility failed to have complete client record entries for three of four current client (#2A, #1B, #2B) records reviewed. The findings include:

Client #2A's chart contained the following forms that had not been signed or dated: Assessment for Need for Medication Reminders, Assistance, Administration or Central Storage, Release of Information, Home Care Complaint, and Acknowledgements.

Client #1Bs' record contained three documented medication administration records that were not dated.

Client #2Bs' record had the following forms not signed or dated: Home Care Complaint (two forms), Plan of Care, Service Plan, RN (registered nurse) Evaluation /Baseline Assessment, and a Plan of Care without the client's name or date on it. When interviewed, April 13, 2005, the owner confirmed the forms were undated and stated, "we have no way of knowing when these were for."

TO COMPLY: Except as required by subpart 6, items F and G, documentation of an assisted living home care service must be created and signed by the staff person providing the service no later than the end of the work period. The documentation must be entered into the client record no later than two weeks after the end of the day service was provided. All entries in the client record must be:

- A. legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry; or
- B. recorded in an electronic media in a manner that ensures the confidentiality and security of the electronic information, according to current standards of practice in health information management, and that allows for a printed copy to be created.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

9. MN Rule 4668.0815 Subp. 4

\$50.00

Based on record review and interview the facility failed to have complete service plans for two of four current clients (#2A, #2B) records reviewed. The findings include:

Client #2A's current service plan dated November 4, 2002 did not include the schedule or frequency of session of supervision.

Client #2B's current service plan was undated, did not include identification of the persons or categories that provided the services, schedule or frequency of session of supervision, fees for

services, a complete contingency plan (area left blank), or circumstances in which emergency services are not to be summoned, if any. During an interview, April 11, 2005, the owner stated, "I don't want everyone else knowing what they pay, the county does the assessments and then I give it to them" (client) "or the responsible party, I don't keep a copy here, I have a contract that lists the price for the basic room and board." When interviewed, April 12, 2005, the registered nurse stated, "I didn't know I was responsible for the service plan."

TO COMPLY: The service plan required under subpart 1 must include:

- A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;
- B. the identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;
- D. the fees for each service; and
- E. a plan for contingency action that includes:
 - (1) the action to be taken by the assisted living home care provider licensee, client, and responsible person if scheduled services cannot be provided;
 - (2) the method for a client or responsible person to contact a representative of the assisted living home care provider licensee whenever staff are providing services;
 - (3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;
 - (4) the method for the assisted living home care provider licensee to contact a responsible person of the client, if any; and
 - (5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

13. MN Rule 4668.0865 Subp. 2

\$350.00

Based on observation, record review, and interview the facility failed to have the registered nurse (RN) assess a client's functional status, need for central medication storage and develop a service plan for that need for four of four current client (#1A, #2A, #1B, #2B) records reviewed.

The findings include:

During an interview, April 8, 2005, a RN stated that all clients received central storage of medications.

Client #1A's service plan did not include central storage of medication. The facility assessment tool for central storage of medications was not completed.

Client #2A's service plan did not include central storage of medication. The facility assessment tool for central storage was not dated and stated the client needed assistance with everything except reporting symptoms and pouring medications.

Client #1B and Client #2B's service plans did not include central storage of medication.

TO COMPLY: For a client for whom medications will be centrally stored, a registered nurse must conduct a nursing assessment of a client's functional status and need for central medication storage, and develop a service plan for the provision of that service according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part [4668.0845](#). The service plan for central storage of medication must be maintained as part of the service plan required under part [4668.0815](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$750.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the Minnesota Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

Cc: Brian Fredrickson, President Governing Body
Ron Drude, Minnesota Department of Human Services
Freeborn County Social Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Assistant Attorney General
Mary Henderson, L&C Program Assurance
CMR File

12/04 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: BRIANS ELDER CARE

DATE OF SURVEY: December 20 and 21, 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:

Brian Fredrickson, Owner
Brad Willaby, Health Care Attendant
Charles Johnson, RN
Vicki Pectorious, RN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1

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 April 8, 11, 12, 13, 14, and 18, 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. 5 | Corrected | |
| 2. MN Rule 4668.0065 Subp. 1 | Corrected | |
| 3. MN Rule 4668.0065 Subp. 3 | Not corrected | \$300.00 |

Based on record review and interview, the licensee failed to ensure infection control in-service training for one of three employees' (BC) records reviewed who had direct contact with clients. The findings include:

The registered nurse (RN) was hired July 23, 2003. Her record did not include documentation of any infection control training. When interviewed, December 21, 2005, the RN indicated she had

done an influenza continuing education unit (CEU). When reviewed, the influenza CEU material included hand hygiene and wearing a mask, but lacked the other required elements.

- | | | |
|-------------------------------------|----------------------|----------------|
| 4. MN Rule 4668.0070 Subp. 3 | Corrected | |
| 5. MN Rule 4668.0805 Subp. 1 | Corrected | |
| 6. MN Rule 4668.0810 Subp. 5 | Not corrected | \$50.00 |

Based on record review and interview, the agency failed to ensure all entries in the client record were signed and dated for five of eight clients' (A2, B1, B2, A4, and A5) records reviewed. The findings include:

Client A2 began receiving services November 4, 2002. The client's assessment for medication reminders, assistance, administration or central storage was not signed or dated.

Client B1 began receiving services October 29, 2004. Nurse's notes on June 9, 2005, had only the initials and not a full signature of the registered nurse who wrote the entry.

Client B2 began receiving services April 18, 2004. The client's service plan indicated that the fees were "per contract". The contract with fees was in the client's record but was neither signed nor dated.

Client A4 began receiving services September 12, 2005. The client's evaluation form was partially filled out but was unsigned.

Client A5 began receiving services June 1, 2005. The client's evaluation form was partially filled out but not signed.

When interviewed December 21, 2005, the registered nurse indicated he had not done the unsigned evaluations.

- | | | |
|-------------------------------------|----------------------|----------------|
| 7. MN Rule 4668.0815 Subp. 1 | Corrected | |
| 8. MN Rule 4668.0815 Subp. 2 | Corrected | |
| 9. MN Rule 4668.0815 Subp. 4 | Not corrected | \$50.00 |

Based on record review and interview, the licensee failed to ensure complete service plans for four of eight clients' (A1, A2, A4, and B4) records reviewed. The findings include:

Client A1's service plan, dated April 16, 2005, did not include the client's do not resuscitate request.

Client A2's service plan, dated April 16, 2005, did not include the supervision schedule for any services provided.

Client A4's September 12, 2005, service plan did not include the client's living will directions from August 1991.

Client B4's service plan, dated June 1, 2005, did not include a supervision schedule for vital signs and weight. The fees for each service on the service plan referred to the "contract price". The contract was dated March 22, 2003. A change was made on the contract "April 1 to \$1400 per month" which was initialed but not dated as to the year. When interviewed December 21, 2005, employee BB indicated he did not know what year the change was made.

10. MN Rule 4668.0835 Subp. 3	Corrected	
11. MN Rule 4668.0860 Subp. 7	Corrected	
12. MN Rule 4668.0860 Subp. 8	Corrected	
13. MN Rule 4668.0865 Subp. 2	Not corrected	\$350.00

Based on observation, record review and interview, the facility failed to have the registered nurse (RN) develop a service plan which included the need for central storage of medications for clients who had central storage of medication for eight of eight clients' (A1, A2, A4, A5, B1, B2, B4, and B5) records reviewed. The findings include:

Clients A1, A2, A4, A5, B1, B2, B4, and B5 all received central storage of medications but their service plans dated April 16, 2005, April 16, 2005, September 12, 2005, June 1, 2005, May 9, 2005, May 23, 2005, December 5, 2005, and May 23, 2005, respectively did not include central storage of medications. When interviewed December 21, 2005, the RN indicated they had not understood the initial order. When interviewed per phone on January 3, 2006, the owner indicated they had not understood central storage of medications needed to be on the service plans.

14. MN Rule 4668.0865 Subp. 8	Corrected
15. MN Statute §144A.46 Subd. 5	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8715 0321

November 2, 2005

Brian Fredrickson, Administrator
Brians Elder Care
1201 Southview Lane
Albert Lea, MN 56007

Re: Results of State Licensing Survey

Dear Mr. Fredrickson:

The above agency was surveyed on April 8, 11, 12, 13, 14, and 18, 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: Brian Fredrickson, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Freeborn 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: BRIANS ELDER CARE

HFID # (MDH internal use): 20323

Date(s) of Survey: April 8, 11, 12, 13, 14, and 18, 2005

Project # (MDH internal use): QL20323001

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> X </u> Met <u> </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 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 4668.0815 Subp. 1 Service plan	X	X	<p>Based on record review and interview the facility failed to provide complete service plans for three of four current client (#1A, #1B, #2B) records reviewed. The findings include:</p> <p>Client #1As' service plan was signed by the facility registered nurse on April of 2004. The client did not sign it until July 5, 2004. Client #1A was the only responsible party established on the service plan.</p> <p>Client #1B was admitted on October of 2004. The "Service Plan" in the client's file lacked the clients' name, description of services, frequency, staff names, supervision schedule, fees or any signature of the client or facility representative.</p> <p>Client #2B was admitted on April of 2004. The "Service Plan" in the client's file lacked a signature by the client, responsible party, or the facility representative.</p> <p>When interviewed, April 12, 2005, the registered nurse stated, "I didn't know I was responsible for the service plan," and added "nobody told me I had to do the service plan."</p> <p>Education: provided</p>
#1	MN Rule 4668.0815 Subp. 2 Revise a service plan	X	X	<p>Based on record review and interview the facility failed to have the registered nurse review and revise the service plan at least annually or more frequently when there was a change in the client's condition for four of four current client (#1A, #2A and #2B) records reviewed. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #1As' current service plan dated April of 2004 indicated the client received numerous services including activities of daily living (ADL), "per care plan." The care plan indicated the client received partial assistance with a weekly bath, set-up of oral hygiene-no frequency specified; assistance with dressing transfer and toileting indicated as staff were to check the incontinent pad. The client was observed throughout the survey days to be wheelchair dependent and to receive total care in ADL's except eating. The service plan /care plan did not establish it had been reviewed or revised by the Registered Nurse since April of 2004. During an interview, April 8, 2005, the registered nurse confirmed the service/care plan did not accurately reflect care due to changes in the client's condition. She stated, "She really gets more help than that."</p> <p>Client #2A's current service plan was dated November of 2002. There was no evidence the service</p> <p>Education: provided</p>
#1	MN Rule4668.0815 Subp. 4 Contents of a service plan	X	X	<p>Based on record review and interview the facility failed to have complete service plans for two of four current clients (#2A, #2B) records reviewed. The findings include:</p> <p>Client #2A's current service plan dated November of 2002 did not include the schedule or frequency of session of supervision.</p> <p>Client #2B's current service plan was undated, did not include identification of the persons or categories that provided the services, schedule or frequency of session of supervision, fees for services, a complete contingency plan (area left blank), or circumstances in which emergency</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>services are not to be summoned, if any. During an interview, April 11, 2005, the owner stated, I don't want everyone else knowing what they pay, the county does the assessments and then I give it to them" (client) "or the responsible party, I don't keep a copy here, I have a contract that lists the price for the basic room and board." When interviewed, April 12, 2005, the registered nurse confirmed the above.</p> <p>Education: provided</p>
#1	<p>MN Rule 4668.0865 Subp. 2 Nursing assessment for central storage/service plan</p>	X	X	<p>Based on observation, record review, and interview the facility failed to have the registered nurse (RN) assess a client's functional status, need for central medication storage and develop a service plan for that need for four of four current client (#1A, #2A, #1B, #2B) records reviewed. The findings include:</p> <p>During an interview, April 8, 2005, a RN stated that all clients received central storage of medications.</p> <p>Client #1A's service plan did not include central storage of medication. The facility assessment tool for central storage of medications was not completed.</p> <p>Client #2A's service plan did not include central storage of medication. The facility assessment tool for central storage was not dated and stated the client needed assistance with everything except reporting symptoms and pouring medications.</p> <p>Client #1B and Client #2B's service plans did not include central storage of medication.</p> <p>Education: provided.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#2	MN Rule 4668.0030 Subp. 5 Written acknowledgement for Bill of Rights	X	X	<p>Based on record review and interview the facility failed to obtain written acknowledgement of receipt of the Minnesota Home Care Bill of Rights for two of two current site B clients' (#1B, #2B) records reviewed. The findings include:</p> <p>Client #1B's chart had a partial copy of the Minnesota Home Care Bill of Rights containing statements 1-10. There was no written acknowledgement of receipt of the Minnesota Home Care Bill of Rights in the record.</p> <p>Client #2B did not have documentation of receipt of the Minnesota Home Care Bill of Rights in her file. Upon interview, Client #2B did not know if she received it. When interviewed, April 11, 2005, the owner stated that he knew the client had signed one, but didn't know where it could be.</p> <p>Education: provided</p>
#3	MN Statute§144A.46 Subd. 5 Background checks	X	X	<p>Based on record review and interview the facility failed to perform a background check prior to client contact for two of six site B employees (#2B, #3B) records reviewed. The findings include:</p> <p>Employee #2B was hired on January of 2000. The background check was done April of 2001. Employee #3B was hired July of 2003. The background check was done July of 2004. When interviewed, April 13, 2005, the owner indicated they had difficulties with not getting some background checks back or having some sent to another facility.</p> <p>Education: provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#3	MN Rule 4668.0065 Subp.1 Mantoux	X	X	<p>Based on record review and interview the facility failed to ensure routine tuberculosis screening for two of six direct care employees' (#2A, #3B) records reviewed. The findings include:</p> <p>Employee #2A was hired as a direct care employee March of 2004. There was no evidence of tuberculosis screening until documentation of a negative Mantoux April of 2005. Employee #3B was hired as a direct care employee July of 2003 and provided documentation of a negative Mantoux test that had been done within the twelve months prior to employment. There was no subsequent tuberculosis screening evident. When interviewed, April 13, 2005, the registered nurse indicated the licensee was to track Mantoux tests not the nurse.</p> <p>Education: provided</p>
#3	MNRule 4668.0065 Subp. 3 Infection control training	X	X	<p>Based on record review and interview the facility failed to ensure infection control training for one of three site B employee (#3B) records reviewed. The findings include:</p> <p>Employee #3B was hired, July of 2003. There was no evidence of infection control training in the record. When interviewed, April 12, 2005, employee #3B indicated she was unaware of the need to have infection control training.</p> <p>Education: provided</p>
#5	MN Rule 4668.0810 Subp. 5 Form of entries	X	X	<p>Based on record review and interview the facility failed to have complete client record entries for three of four current client (#2A, #1B, #2B) records reviewed. The findings include:</p> <p>Client #2A's chart contained the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>following forms that had not been signed or dated: Assessment for Need for Medication Reminders, Assistance, Administration or Central Storage, Release of Information, Home Care Complaint, and Acknowledgements. Client #1Bs' record contained three documented medication administration records that were not dated. Client #2Bs' record had the following forms not signed or dated: Home Care Complaint (two forms), Plan of Care, Service Plan, RN (registered nurse) Evaluation /Baseline Assessment, and a Plan of Care without the client's name or date on it. When interviewed, April 13, 2005, the owner confirmed the forms were undated and stated, "we have no way of knowing when these were for."</p> <p>Education: provided</p>
#7	MN Rule 4668.0070 Subp. 3 Job descriptions	X	X	<p>Based on record review and interview the facilities failed to provide job descriptions for two of two professional staff (2A, 3B) whose records were reviewed. The findings include:</p> <p>Employee 2A and 3B began employment for the licensee as the same titled licensed professional staff March of 2004 and July of 2003 respectively. Neither employee 2A nor 3B had a job description in their record. There was no job description for their position available in the facility. When interviewed, April 13, 2005, both employees' 2A and 3B confirmed they had never received a job description.</p> <p>Education: provided</p>
#7	MN Rule 4668.0835 Subp.3 In-service training	X	X	<p>Based on record review and interview the facility failed to ensure completion of annual in-service training for three of four (#3A, #1B, #2B) unlicensed</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>employees. The findings include:</p> <p>Employee #1B had been employed as an unlicensed direct care staff since 2001. Employee #1Bs' record indicated completion of five hours and thirty minutes of in-service training in 2004. When interviewed, April 14, 2005, the owner confirmed to training was lacking.</p> <p>Education: provided</p>
7	MN Rule 4668.0805 Subp. 1 Orientation to home care	X	X	<p>Based on record review and interview the facility failed to ensure orientation to home care was completed as required before providing home care services and supervision of direct cares for two of two (#2A, #3B) professional employee records reviewed. The findings include:</p> <p>Employees' 2A and 3B began employment for the as the same titled licensed professional position in March of 2004 and July of 2003 respectively. Neither employee 2A nor 3B had evidence of orientation to home care in their record. When interviewed, April 13, 2005, Employee #2A stated regarding orientation to home care there was "never anything like that. One day they just showed me around, how to check the meds, chart, care plans, that kind of thing." Employee #3B stated, "there was nothing in writing, just verbal from the previous nurse, you do this, you do that." When interviewed, April 13, 2005, the owner of the assisted living indicated that because they had worked at a different facility he thought that was enough.</p> <p>Education: Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0860 Subp. 7 RN notification of fax	X	X	<p>Based on record review and interview the facility failed to adequately address facsimile orders for four of four current clients (#1A, #2A, #1B, and #2 B) records reviewed with facsimile orders. The findings include:</p> <p>On April 1, 2004 at 4:14 pm, a facsimile order was received regarding client #1A. As of April 11, 2005, there was no indication the facsimile order had been communicated to the RN. within one hour of receipt.</p> <p>On March 27, 2005 at 21:53 a facsimile order was received regarding client #1B. The order was not signed as noted by the R.N. until March 31, 2005. There was no indication the facsimile order had been communicated to the RN within one hour of receipt.</p> <p>On April 23, 2004 at 06:34 pm, a facsimile order was received regarding client #2B. The order was signed as noted by the RN on May 15, 2004. There was no indication the facsimile order had been communicated to the RN within one hour of receipt. On March 28, 2005, at 01:21 pm a facsimile order was received regarding client #2B. The R.N. signed it but did not note a date or time.</p> <p>Client #2B had a facsimile order and a clarification of that previous order dated April 23, 2004. Neither order had ever been signed by the physician. During an interview, April 13, 2005, the registered nurse confirmed the orders were not signed. When interviewed, April 8, 2005, about being informed when faxed orders are communicated, the RN stated, “most of them lay on the desk till I come in. I work 2 ½ to 5 hours per week.”</p> <p>Education: provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0860 Subp. 8 Implementation of orders	X	X	<p>Based on record review and interview the facility failed to implement an order for one of four (#2A) clients reviewed. The findings include:</p> <p>After a clinic visit November of 2004, client #2A, returned with a physician order for Claritin 10 mg every morning. The medication profile, a medication administration record, did not list this order. An order dated January 5, 2004 for Claritin 10 mg one twice daily, as needed for two weeks was the only implemented order for Claritin. On April 8, 2005, the registered nurse confirmed the order had not been implemented.</p> <p>Education: provided</p>
8	MN Rule 4668.0865 Subp. 8 Storage of drugs	X	X	<p>Based on observation, record review, and interview the facility failed to have all centrally stored medications in locked compartments under proper temperature controls for one of two current site B clients (#2B) records reviewed. The findings include:</p> <p>Client #2B received two types of insulin since shortly after admission April of 2004. When observed April 12, 2005 the site B downstairs medication closet contained client #2B's plastic medication crate. It was on an open shelf and contained two bottles of one type of insulin and one bottle of another type of insulin. The manufacturers directions for both insulin types indicate to store them refrigerated. Upon observation, the same day, of the site B medication storage refrigerator upstairs, one more bottle of both types of insulin and drawn up insulin was stored unlocked in the door of the refrigerator. Clients' use this refrigerator. During an interview, April 12, 2005, the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>registered nurse (RN) agreed that the vials should have been stored under refrigeration and indicated she did not know that medications were to be kept locked. The RN stated, “one of our residents kind of does it on his own, he gets stuff out of the refrigerator.” On April 13, 2005, a RN told this reviewer he had just installed a refrigerator in the downstairs medication closet. On April 14, 2005, the reviewer again found one bottle of one type insulin and one bottle of the other type insulin in Client #2B’s plastic medication crate sitting on a shelf in the medication closet, not refrigerated.</p> <p>Education: provided.</p>
	CLIA, CMR website, schedule 2 drugs, Provider Resources		X	Education: provided

A draft copy of this completed form was left with Brian Fredrickson -Owner at an exit conference on April 18, 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)