



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7584

October 26, 2005

Jannette Luthens, Administrator  
Assumption Court  
615 North First Street  
Cold Spring, MN 56320

Re: Licensing Follow Up Revisit

Dear Ms Luthens:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on October 12, 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: Dave Eichers, President Governing Board  
Gloria Lehnertz, Minnesota Department of Human Services  
Stearns County Social Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** ASSUMPTION COURT

**DATE OF SURVEY:** October 12, 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

**NAMES AND TITLES OF PERSONS INTERVIEWED:**

Judy Markgraf, RN

June Willemsen, LPN

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up X \_\_\_\_\_

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on February 17, 18, 22, 23, 24, and 28, 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:

<b>1. MN. Rule 4668.0800 Subp. 3</b>	<b>Corrected</b>
<b>2. MN. Rule 4668.0815 Subp. 3</b>	<b>Corrected</b>
<b>3. MN. Rule 4668. 0865 Subp.9</b>	<b>Corrected</b>
<b>4. MN. Rule 4668.0870 Subp. 2</b>	<b>Corrected</b>
<b>5. MN. Rule 4668.0870 Subp. 3</b>	<b>Corrected</b>



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 3903

August 3, 2005

Jannette Luthens, Administrator  
Assumption Court  
615 North First Avenue  
Cold Spring, MN 56320

Re: Results of State Licensing Survey

Dear Ms. Luthens:

The above agency was surveyed on February 17, 18, 22, 23, 24, and 28, 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  
Original-Facility

cc:

Dave Eichers, President Governing Board  
Case Mix Review File  
County Social Services  
Sherilyn Moe, Office of Ombudsman  
Kelly Crawford, Minnesota Department of Human Services

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: ASSUMPTION COURT  
 HFID # (MDH internal use): 20324  
 Date(s) of Survey: 02/16/2005  
 Project # (MDH internal use): QL20324001

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 promotes 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>  X  </u> Met  <u>    </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 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.</p>	<p><u>  X  </u> Met  <u>    </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>    </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 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 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 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 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 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 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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>

***Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.***

Survey Results:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0800 Subp. 3 Fulfillment of services	X	X	<p>Based on observation, interviews, and record review, the agency failed to provide all services required by the client service plan in one of three clients' (#2C) records reviewed at site C. The findings include:</p> <p>Client (#2C) was admitted November of 2003. The services specified by the client's current service plan included medication set-up and medication administration two times per day, at 8:45 AM and 6:30 PM. An assessment for need for medication reminders, assistance, administration or central storage was completed July 28, 2004. Her required services were based on the assessment included medication reminders, medication set-up, assistance with self-administration of medications and central storage. The client was interviewed on February 18, 2005 and stated she took her morning medications at noon. Four medication dosage boxes were observed on the kitchen table in the client's apartment. Two medication dosage boxes were full and the other medication doses boxes were empty, except for medications in the Friday AM compartment for February 18, 2005. The client stated those were her pills for the evening and she did not have any pills for the morning, so she took the evening pills and put them into the am slot. The client stated she had not had any pills for her Friday morning medication compartment for a long time, so she just took the ones from the new dosage boxes set up for the coming week. When interviewed</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>later that same morning, the home health aide (HHA) #1C stated she only did medication reminders for the client. Documentation in the client's record by the HHA #1C on January 13, 2005 indicated "tenant's son informed staff that tenant's am pills were not in the medication box. Staff called AC (Assumption Court) nurse and nurse will be here by 9:30 am."</p> <p>Documentation in the client's record by the HHA on January 26, 2005 at 12:05 PM indicated, "Writer left message at the court. Writer said she has no meds (medications) for Friday morning."</p> <p>When interviewed on February 18, 2005 regarding the discrepancy, the registered nurse (RN) stated she would follow through and check with the family and that the client would probably need medication administration.</p> <p><b><u>Education:</u></b> Provided</p>
#1	MN Rule 4668.0815 Subp. 3 Modifications	X	X	<p>Based on record review, and interview, the agency failed to ensure that modifications to the clients' service plans were agreed upon in writing by the client or the client's responsible party, before the modification was initiated for one of three clients' (#2B) records reviewed at site B. The findings include:</p> <p>Client (#2B) had a fee increase in September 2004. There was no evidence in the client's record that the client had acknowledged she was aware of the fee increase. The registered nurse was interviewed on February 28, 2005, and stated she had verbally informed the client of the fee increase but failed to have the client sign the assessment noting the increase in services, which would also indicate the fee increase.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<b><u>Education:</u></b> Provided
#2	MN Rule4668.0030 Subp. 2 Notification of client		X	<b><u>Education:</u></b> Provided
#3	MN Statute §144A.46 Subd. 5(b) Prior criminal convictions		X	<b><u>Education:</u></b> Provided
#7	MN Rule4668.0070 Subp. 2 Personnel records		X	<b><u>Education:</u></b> Provided
#7	MN Rule4668.0070 Subp. 3 Job descriptions		X	<b><u>Education:</u></b> Provided
#8	MN Rule 4668.0855 Subp. 5 Medication Administration		X	<b><u>Education:</u></b> Provided
#8	MN Rule 4668.0865 Subp. 9 Control of medications	X	X	<p>Based on observation, and interview, the agency failed to ensure that schedule II drugs were kept in separately locked compartments, permanently affixed to the physical plant or in a medication cart. The findings include:</p> <p>On February 24, 2005 the resident director/licensed practical nurse (LPN) was asked to open the locked metal cabinet where medications were stored and to explain the storage of schedule II drugs. A schedule II drug, a Duragesic patch, was stored in client (#2A)'s plastic medication container. The container could not be locked. It was not permanently affixed to the physical plant, nor was the cabinet affixed to the physical plant. When interviewed, the LPN stated that her understanding of the requirement "was two locks" and "the door to the room is locked and the metal cabinet is locked."</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p><b><u>Education:</u></b> Provided</p>
#8	<p>MN Rule 4668.0865 Subp. 9 Storage of Schedule II drugs</p>	X	X	<p>Based on observation, and interview, the agency failed to ensure that schedule II drugs were kept in separately locked compartments, permanently affixed to the physical plant or in a medication cart. The findings include:</p> <p>On February 24, 2005 the resident director/licensed practical nurse (LPN) was requested to open the locked metal cabinet where medications were stored and to explain the storage of schedule II drugs. A schedule II drug, a Duragesic patch, was stored in client (#2A)'s plastic medication container. The container could not be locked, nor was it permanently affixed to the physical plant, nor was the cabinet affixed to the physical plant. When interviewed, the LPN stated that her understanding of the requirement "was two locks and the door to the room is locked and the metal cabinet is locked."</p> <p><b><u>Education:</u></b> Provided</p>
#9	<p>MN Rule 4668.0870 Subp. 2 Drugs given to discharged clients</p>	X	X	<p>Based on record review, and interview the agency failed to document to whom the clients' medications were given for one of one clients' (#3A) discharge records reviewed in site A and one of one clients' (#3B) discharge records reviewed in site B. The findings include:</p> <p>Client #3A was discharged from the agency September of 2004. The client had been receiving numerous medications while she was receiving services from the agency. Client #3A's record did not contain any documentation as to the disposition of her medications upon discharge. Client</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>#3B was discharged from the agency June of 2004. Client #3B had been receiving numerous medications while she was receiving services from the agency. Client #3B's record did not contain documentation as to the disposition of her medications upon discharge. The agency's policy titled, "Disposition of Medications," dated November 2001 indicated agency staff were to document in the client's record the person to whom the client's medications were given upon the client's discharge. The registered nurse was interviewed on February 23, 2004, and verified that there was no documentation in client #3A or #3Bs' records concerning the disposition of the client's medications upon discharge</p> <p><b><u>Education:</u></b> Provided</p>
#9	MN Rule 4668.0870 Subp. 3 Disposition of medications	X	X	<p>Based on observation, and interview, the agency failed to ensure that expired and/or discontinued client medications were disposed of. The findings include:</p> <p>On February 17, 2005 the central storage of medications was observed while on tour with the resident director/licensed practical nurse (LPN). The following expired medications were observed in the central storage area: a bottle of hydrogen peroxide with the expiration date of May 2003, a box containing ear drops with the expiration date January 2005, and a bottle of Tramadol (Ultram) 50 mg. (milligrams) with the expiration date of September 9, 2003. The LPN stated all the aforementioned medications had been discontinued. On February 24, 2005 the LPN was asked to open the metal file cabinet where the medications were stored for further observations. The bottle of hydrogen peroxide, eardrops, and the Tramadol</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				were still on the shelf. A small tube of Neo/Poly/Dex 0.1% with an expiration date of October 18, 2004 was also on the shelf. The LPN stated, "They all should have been destroyed."  <b><u>Education:</u></b> Provided
#10	MN Rule 4668.0012 Subp. 17 Display of license		X	<b><u>Education:</u></b> Provided
	CLIA Waiver		X	<b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Janette Luthens, Administrator at an exit conference on February 28, 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)