



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 7555

June 18, 2010

Sandra Archer, Administrator
Sterling House of Owatonna
334 Cedardale Drive
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Archer:

The above agency was surveyed on April 27, 29, and May 30, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order 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 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.

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written over a light blue horizontal line.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Steele County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

CERTIFIED MAIL #: 7008 1830 0003 8091 7555

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, MN 55164-0900
Home Care and Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	SANDRA ARCHER	DATE: June 18, 2010
PROVIDER:	STERLING HOUSE OF OWATONNA	COUNTY: STEELE
ADDRESS:	334 CEDARDALE DRIVE OWATONNA, MN 55060	HFID: 20332

On April 27, 29 and May 3, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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 may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0815 Subp. 4

Based on observation, record review and interview, the licensee failed to provide a complete service plan for one of one client's (#1) record reviewed. The findings include:

Client #1's service plan, dated July 20, 2009, stated she was to receive assistance with medication administration, medication storage, life enrichment, a carb (carbohydrate) controlled diet and assistance with dressing, grooming, toileting, transfers and ambulation. During an interview on May 3, 2010, client #1 was observed to be using oxygen via a nasal cannula. The service plan did not include the use of oxygen or the fees for any services listed.

In addition, there was no method indicated on the service plan for client #1 to contact a representative of the assisted living home care provider licensee when services were being performed. The client also indicated upon admission July 20, 2009, that she did not want to be resuscitated. The physician signed a do not resuscitate (DNR) order on July 20, 2009. The DNR order was not on the service plan.

When interviewed May 3, 2010, client #1 expressed confusion over why she had to pay for the oxygen now and not when she was at home. When interviewed April 27, 2010, the sales manager indicated she had told staff to attach the fee schedule to the service plans, but it had not been done. Employee A (RN/registered nurse) did not realize that there had to be a documented method for clients to reach a representative of the licensee. Employee A also did not know that the resuscitation status had to be on 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 class F 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 class F 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 class F 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.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0825 Subp. 4

Based on record review and interview, the license failed to competency test two of two unlicensed direct care employees (B and C) who performed delegated nursing tasks. The findings include:

Employee B and C were hired October 19, 2009, and May 26, 2006, respectively as direct care staff who provided the treatments of oxygen and nebulizers for client #1. There was no documentation of demonstrated competency for employee B and C on the use of the oxygen or nebulizers for client #1.

When interviewed May 3, 2010, the sales manager indicated that all employees go through a central office training then come to the facility and train there for three days, but competency testing was not being done on the oxygen or nebulizer administration.

TO COMPLY: A person who satisfies the requirements of part [4668.0835](#), subpart 2, may perform delegated nursing procedures if:

A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;

B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;

C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;

D. the procedures for each client are documented in the client's record; and

E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

3. MN Rule 4668.0845 Subp. 2

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) or a licensed practical nurse (LPN) every other time, supervised unlicensed personnel who performed services that required supervision for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving blood sugar monitoring and assistance with activities of daily living July 20, 2009. Supervisory visits were documented as being done by a LPN on September 1, November 2, 2009, and March 4, 2010. The March 4, 2010, visit was approximately two months late. There were no supervisory visits done by a RN.

When interviewed April 28, 2010, employee A (RN) verified the visits were not performed per the rule requirement and indicated that the next supervisory visit would be done by a RN.

TO COMPLY: A. After the orientation required under part [4668.0835](#), subpart 5, a registered nurse must supervise, or a licensed practical nurse under the direction of a registered nurse must monitor, unlicensed persons who perform assisted living home care services that require supervision by a registered nurse at the housing with services establishment, to verify that the work is being performed adequately, identify problems, and assess the appropriateness of the care to the client's needs. Supervision or monitoring must be provided no less often than the following schedule:

(1) within 14 days after initiation of assisted living home care services that require supervision by a registered nurse; and

(2) at least every 62 days thereafter, or more frequently if indicated by a nursing assessment and the client's individualized service plan.

B. If the unlicensed person is monitored by a licensed practical nurse, the client must be supervised by a registered nurse at the housing with services establishment at least every other visit and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Rule 4668.0860 Subp. 2

Based on record review and interview, the licensee failed to obtain a prescriber's order for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving medication administration July 20, 2009. The April 2010, medication administration record (MAR) indicated client #1 was receiving Cerovite Advanced Formula (vitamin) one tablet everyday and Spironolactone (diuretic) 25 milligrams every day. An emergency room report, dated September 13, 2009, noted the client's current medications, but did not include the Cerovite Advanced Formula or the Spironolactone.

When interviewed April 28, 2010, employee A (registered nurse) indicated the orders were not present for the vitamin or Spironolactone, but she would call and get clarification from the doctor.

TO COMPLY: There must be a written prescriber's order for a drug for which an class F home care provider licensee provides assistance with self-administration of medication or medication administration, including an over-the-counter drug.

TIME PERIOD FOR CORRECTION: Seven (7) days

5. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to provide a nebulizer treatment per facility policy and acceptable nursing standards of care for one of one client's record (#1) reviewed. The findings include:

Client #1 had a physician's order, dated September 13, 2009, for a Pulmicort Nebulizer treatment, one vial twice a day. The facility policy and procedure for nebulizer treatments states "encourage the

resident to take slow deep breaths in and out of their mouth. The mist should 'disappear' with each breath."

Employee C (unlicensed direct care staff) was observed to administer the nebulizer treatment to client #1 on May 3, 2010, at 10:00 a.m. Client #1 was observed throughout the nebulizer treatment (which lasted about 5-8 minutes), leaning forward in the upright chair, breathing slowly in and out with the mouth piece in her mouth. During the procedure employee C removed the nebulizer mouthpiece from the client's mouth three times and held it up to the window to make sure there was liquid medication still in the container. During observation of the nebulizer treatment client #1 did not perform any deep breathing and employee C did not tell the client to deep breathe.

When interviewed May 3, 2010, client #1 stated that she was never told to deep breath during the treatment and was quite concerned about the wasted expense of doing it wrong. When interviewed May 3, 2010, employee A (registered nurse) indicated the facility policy stated the client was to deep breathe during the treatment and the client should have been instructed to take deep breaths.

TO COMPLY: A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Fourteen (14) days

6. MN Statute §144A.441

Based on record review and interview, the licensee failed to provide the correct Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers for one of one client's record (#1) reviewed. The findings include:

Client #1 was admitted and began receiving home care services July 20, 2009. Documentation of receipt of the Minnesota Home Care Bill of Rights was on July 20, 2009, but it did not contain notice of at least 30 days advance notice of the termination of a service by a provider.

When interviewed April 27, 2010, the sales manager indicated she did not know about the bill of rights for assisted living clients and had not given out the January 2007 Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers.

TO COMPLY: Assisted living clients, as defined in section [144G.01, subdivision 3](#), shall be provided with the home care bill of rights required by section [144A.44](#), except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section [144A.44, subdivision 1](#), clause (16):

"(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where:

(i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;

(ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or
(iii) the provider has not received payment for services, for which at least ten days' advance notice of the termination of a service shall be provided."

TIME PERIOD FOR CORRECTION: Thirty (30) days

7. MN Statute §626.557 Subd. 14(b)

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan which included specific measures to minimize the risk of abuse for one of one client's record (#1) reviewed. The findings include:

Client #1 was admitted and began receiving home care services including medication administration July 20, 2009. The vulnerability assessment, dated February 2, 2010, identified the following as vulnerable areas: orientation, environment, ability to follow directions, ambulation, chronic conditions, ability to use the telephone, social support, unable to report abuse and various complaints. There were no specific measures indicated to minimize the risk of abuse.

When interviewed April 28, 2010, employee A (registered nurse) indicated there was not a plan for the identified vulnerable areas, she had been using the form incorrectly and was planning on reassessing everyone in the housing with services.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Steele County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 2520

October 3, 2006

Emily Shelstad, Administrator
Alterra Sterling House Owatonna
334 Cedardale Drive
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Shelstad:

The above agency was surveyed on August 29, 30, and 31, 2006, 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 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.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Steele County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

CMR 3199 6/06



Assisted Living Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Assisted Living home care providers (ALHCP). ALHCP licensees may also use this 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 staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living Home Care services. Completing this Licensing Survey Form in advance may facilitate 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: ALTERRA STERLING HOUSE OWATONNA

HFID #: 20332

Date(s) of Survey: August 29, 30, and 31, 2006

Project #: QL20332003

Indicators of Compliance	Outcomes Observed	Comments
1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. <ul style="list-style-type: none"> • MN Rule 4668.0050 • MN Rule 4668.0800 Subp. 3 • MN Rule 4668.0815 • MN Rule 4668.0825 Subp. 2 • MN Rule 4668.0845 	<ul style="list-style-type: none"> • 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. 	Annual Licensing Survey <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # <u> </u> <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> Education Provided
2. The provider promotes the clients' rights. <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from 	Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Statute §144A.44 • MN Statute §144D.04 	<p>the provider.</p>	<p>Follow-up Survey #____ ____New Correction Order issued ____Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 • MN Statute §144A.46 • MN Statute §144D.07 • MN Statute §626.557 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Provider personnel 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>Annual Licensing Survey ____Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey #____ ____New Correction Order issued ____Education Provided</p>
<p>4. The clients' confidentiality is maintained.</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p>Annual Licensing Survey <u>X</u> Met ____Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey #____ ____New Correction Order issued ____Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0830 • MN Rule 4668.0835 • MN Rule 4668.0840 • MN Rule 4668.0065 • MN Rule 4668.0070 • MN Statute §144D.065 • MN Statute §144A.45 • MN Statute §144A.461 	<ul style="list-style-type: none"> • 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 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. • Personnel records are maintained and retained. • Staff meet infection control guidelines.. 	<p>Annual Licensing Survey <u>X</u> Met ____Correction Order(s) issued ____Education Provided</p> <p>Follow-up Survey #____ ____New Correction Order issued ____Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0855 • MN Rule 4668.0860 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The provider has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Annual Licensing Survey ___Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ___ ___New Correction Order issued ___Education Provided</p>
<p>7. The provider has a current license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0019 • MN Rule 4668.0220 • MN Statute §144A.47 • MN Statute §144D.02 • MN Statute §144D.04 • MN Statute §144D.05 <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>	<ul style="list-style-type: none"> • 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) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Annual Licensing Survey <input checked="" type="checkbox"/> Met ___Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ___ ___New Correction Order issued ___Education Provided</p>
<p>8. The is in compliance with MDH waivers and variances</p> <ul style="list-style-type: none"> • MN Rule 4668.0016 	<ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances 	<p>Annual Licensing Survey <input checked="" type="checkbox"/> Met ___Correction Order(s) issued ___Education Provided</p> <p>Follow-up Survey # ___ ___New Correction Order issued ___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, list the rule or statute number and the findings of deficient practice noted.

1. MN Rule 4668.0815 Subp. 4

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to provide a complete service plan for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1's service plan, dated May of 2006, did not include the fees for each service or the method for the client or responsible person to contact a representative of the assisted living home care provider whenever staff were providing services and the circumstances in which emergency medical services are not to be summoned.

Client #2's current service plan, dated December of 2002, did not include the frequency of supervision for bathing, grooming and blood sugar checks, the fees for the services indicated, or the method for the client or responsible person to contact a representative of the assisted living home care provider whenever staff were providing services and the circumstances in which emergency medical services are not to be summoned.

Client #3's service plan, dated April of 2006, did not include the fees for the services indicated, or the method for the client or responsible person to contact a representative of the assisted living home care provider whenever staff were providing services and the circumstances in which emergency medical services are not to be summoned. When interviewed, August 29, 2006, the registered nurse confirmed client's #1, #2 and #3 service plans were incomplete.

2. MN Rule 4668.0860 Subp. 4

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to have a prescriber's signature for medications for one of three clients' (#1) records reviewed. The findings include:

Client # 1's record contained a personalized physician notepad sheet, with a date handwritten as July of 2006, which indicated to start Lamictal (anticonvulsant medication) 25 milligrams (mg.), one tablet at night for two weeks, then increase to two tablets at night for two weeks, and then increase to three tablets at night. The physician did not sign the order. When interviewed, August 29, 2006, the registered nurse verified the orders were not signed.

3. MN Statute §626.557 Subd. 14(b)**AREA OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for three of three clients' (#1, #2, and #3) records reviewed. The findings include:

Client #1 was admitted May 25, 2006. The client's record did not contain an individualized assessment of the client's susceptibility to abuse or subsequent abuse prevention plan. When interviewed August 29, 2006, the registered nurse (RN) stated that the assessment and plan had not been done.

Client #2 was admitted December 11, 2002. The client's record contained a vulnerability assessment, dated December 11, 2002, which identified that the client was vulnerable due to chronic conditions (Diabetes) and inability to self administer medications. The client's record did not contain a complete abuse prevention plan which included the person's susceptibility to abuse by other individuals, including other vulnerable adults, the person's risk of abusing other vulnerable adults and a statement of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.

Client #3 was admitted April 14, 2006. The client's record contained a vulnerability assessment, which identified vulnerabilities in a safe and clean environment. The client's record did not contain a complete abuse prevention plan which included the person's susceptibility to abuse by other individuals, including other vulnerable adults, the person's risk of abusing other vulnerable adults and a statement of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.

A draft copy of this completed form was left with Rita Gostonczik, Executive Director, at an exit conference on August 31, 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. 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 MDH 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).