



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 4917

August 23, 2005

Betty Sorenson, Administrator  
Island View Manor Inc  
700 North Highway #71 PO 535  
Willmar, MN 56201

Re: Licensing Follow Up Revisit

Dear Ms. Sorenson:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on July 1, 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: Betty Sorenson, President Governing Board  
Kelly Crawford, Minnesota Department of Human Services  
Kandiyohi, 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:** ISLAND VIEW MANOR INC

**DATE OF SURVEY:** 07/01/2005

**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:** Marcy Sweep, Manager; Connie Feig, RN;  
Laural Rieckman, owner; Mrs. James Busse, wife of Gdn. of client.

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

**ITEMS NOTED AND DISCUSSED**

1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on December 7, 8, and 13, 2004. 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 4668.0030 Subp. 2</b>       | <b>Corrected</b> |
| <b>2. MN Rule 4668.0065 Subp. 1</b>       | <b>Corrected</b> |
| <b>3. MN Rule 4668.0805 Subp. 4</b>       | <b>Corrected</b> |
| <b>4. MN Statute 144A.44 Subd. 1 (21)</b> | <b>Corrected</b> |



*Protecting, Maintaining and Improving the Health of Minnesotans*  
**AMMENDED LETTER**

**CERTIFIED MAIL #: 7003 2260 0000 9988 0200**

March 8, 2005

Betty Sorenson, Administrator  
Island View Manor Inc.  
700 North Highway #71, PO Box # 535  
Willmar, MN 56201

Re: Amended Licensing Order Issued march 8, 2005

Dear Ms. Sorenson:

Thank-you for bringing to our attention the issues in relation to the state licensing order that was issued on January 14, 2005 in relation to your survey of December 7, 8, and 13, 2004. The results of the two issues raised in your January 29, 2005 letter are as follows:

1. At the time of the survey, a correction order was issued citing **MN Statute 144A.44 Subd. 1(21)**. The additional information you submitted on January 21, 2005 was reviewed. Additional information was received from Laurel Rieckman and Julie Cummins on March 1, 2005. The additional information received indicated that the client cited in this Licensing Order continues to have a court appointed guardian. This correction order will stand as issued.
2. At the time of the survey, a correction order was issued citing **MN Rule 4668.0835 Subp. 3**. Based on a review of additional information received, this correction order is rescinded.

The corrected order, with corrected information in bold and deleted information struck-out, is enclosed. Please sign the correction order form, make a copy for your file and return the entire original form to this office when all orders are corrected.

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: Case Mix Review File  
Betty Sorenson, President Governing Board  
Kelly Crawford, Minnesota Department of Human Services  
Kandiyohi County Social Services  
Sherilyn Moe, Office of the Ombudsman

CMR Amended order 3/05



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**  
**AMENDED MARCH 8, 2005**

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: ISLAND VIEW MANOR INC

HFID # (MDH internal use): 20333

Date(s) of Survey: December 7, 8, and 13, 2004

Project # (MDH internal use): QL20333001

Indicators of Compliance	Outcomes Observed	Comments
<p>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)</p>	<p>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 understand what care will be provided and what it costs.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>

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><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> 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 are informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> 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 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.</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 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 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 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)</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 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:
2	MN Rule 4668.0300 Subp. 2 Home Care Bill of Rights	X	X	<p>Based on record review and interview the licensee failed to inform the clients of the change in the Rill of Rights of October 1, 2001 in 2 of 3 active client's records. The findings include: The records of clients #2 and #4 contained copies of the MN Home Care Bill of Rights which did not include the most recent additions to MN Statute 144A.44, subd. 1 (16). Client #2 had acknowledged receipt of the MN Home Care Bill of Rights on June 8, 2001 and client #4 acknowledged receipt on June 11, 2001. During an interview on December 8, 2004, the owner stated she was unaware of the changes of the MN Home Care Bill of Rights on October 1, 2001 and that the records of the clients contained the last copy of the MN Home Care Bill of Rights that they had received.</p> <p><b><u>Education:</u></b> Provided.</p>
2	MN Statute 144A.44 Subd. 1, (21) Guardianship	X	X	<p>Based on record review and interview the licensee failed to have the guardian of client #4 acknowledge receipt of the client's Service Plan or MN Home Care Bill of Rights. The findings include: The record of client #4, who was deemed incompetent by the court, included documentation of a court ordered guardianship on May 18, 1965. On June 11, 2001, Client #4 signed receipt of her MN Home Care Bill of Rights and on August 27, 2004, signed her Service Plan. On December 8, 2004, the guardian stated that he does receive notices of changes in client's fees from the county and he could not remember if he had received a copy of</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the Home Care Bill of Rights. On December 8, 2004, the licensee stated she was unaware that the Guardian should sign the legal papers for the client.</p> <p><b><u>Education:</u></b> Provided.</p>
3	MN Rule 4668.0065 Subp. 1 TB Screening	X	X	<p>Based on record review and interview the licensee failed to provide documentation of tuberculosis screening of 1 of 3 employees (#2) reviewed. The findings include: Employee #2's personnel record contained a note that stated "BCG vaccine 1962-positive Mantoux. Chest x-rays negative, no symptoms." On interview on December 9, 2004, employee #4 stated she had received a Mantoux after receiving the BCG in 1962 and had a very severe reaction. She stated she had had several negative chest x-rays after receiving the BCG, however, she had not had any within the previous 12 months of her employment.</p> <p><b><u>Education:</u></b> Provided.</p>
3	MN Rule 4668.0805 Subp. 4 Verification of Home Care Orientation	X	X	<p>Based on record review and interview the licensee failed to have verification and documentation of orientation to Home Care of 1 of 3 (#2) employees reviewed. The findings include: Employee #2 's personnel file did not have documentation of employee receiving orientation to Home Care before providing Home Care services. On interview on December 7, 2004, employee #2 stated that she had received this training, but did not have documentation of verification in her record.</p> <p><b><u>Education:</u></b> Provided.</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
7	MN Rule 4668.0835 Subp. 3 In-service Training  <u>3/8/05</u> <b><u>Based on additional information submitted by the provider, the following correction order is rescinded :</u></b>	X	X	<del>Based on record review and interview the licensee failed to have eight hours of in-service training for each 12 months of employment in 1 of 3 (#1) employees reviewed. The findings include: Employee #1 has been employed with the licensee since 11/21/00. Since 12/20/03, employee #1 has completed five hours of in-service training, which included training in infection control. On December 8, 2004, the licensee's registered nurse stated that the hours that were recorded were all the hours that this employee had obtained since December of 2003.</del>  <b><u>Education:</u></b> Provided.
1	MN Rule 4668.0845 Subp. 2 Supervision of Unlicensed Personnel.		X	<b><u>Education:</u></b> Provided
7	MN Rule 4668.0070 Subp. 2 Personnel Records		X	<b><u>Education:</u></b> Provided.
8	MN Rule 4668.0855 Subp. 9 Medication Records		X	<b><u>Education:</u></b> Provided.
8	MN Rule 4668.0860 Subp. 8 Implementation of Orders.		X	<b><u>Education:</u></b> Provided.

A draft copy of this completed form was left with Laural Rieckman and Connie Feig at an exit conference on December 10, 2004. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)  
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).