



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6796

October 15, 2010

Jennifer Volenat, Administrator
The Kenwood Retirement Com
825 Summit Avenue
Minneapolis, MN 55403

Re: Licensing Follow Up visit

Dear Ms. Volenat:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Home Care & Assisted Living Program, on October 6, 2010.

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
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, appearing to read "Patricia Nelson", is written over a horizontal line.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosure(s)

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

01/07 CMR1000

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>
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**Minnesota Department of Health
Division of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: THE KENWOOD RETIREMENT COM

DATE OF SURVEY: October 6, 2010

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER: CLASS F

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

Jennifer Volenant, Housing Director
Jennifer Raunch, RN Pathways consultant
Megan Jones, LPN
Isha Ali, HHA
Scott, Krohn, HHA

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 12, 13, 14 & 15, 2010. 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 visit made on April 12, 13, 14 & 15, 2010, is as follows:

- | | |
|-------------------------------------|------------------|
| 1. MN Rule 4668.0805 Subp. 1 | Corrected |
| 2. MN Rule 4668.0815 Subp. 2 | Corrected |
| 3. MN Rule 4668.0815 Subp. 3 | Corrected |
| 4. MN Rule 4668.0825 Subp. 4 | Corrected |

- | | |
|--|------------------|
| 5. MN Rule 4668.0840 Subp. 3 | Corrected |
| 6. MN Rule 4668.0855 Subp. 7 | Corrected |
| 7. MN Statute §144A.44 Subd. 1(2) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7366

May 14, 2010

Jennifer Volenat, Administrator
The Kenwood Retirement Com
825 Summit Avenue
Minneapolis, MN 55403

Re: Results of State Licensing Survey

Dear Ms. Volenat:

The above agency was surveyed on April 12, 13, 14, and 15, 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 white background.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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CERTIFIED MAIL #: 7009 1410 0000 2303 7373

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64938, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: JENNIFER VOLENANT DATE: May 14, 2010
PROVIDER: THE KENWOOD RETIREMENT COM COUNTY: HENNEPIN
ADDRESS: 825 SUMMIT AVENUE HFID: 20341
MINNEAPOLIS, MN 55403

On April 12, 13, 14 and 15, 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 4668.0805 Subp. 1

Based on interview and record review, the licensee failed to ensure that each employee received orientation to the home care requirements before providing home care services to clients for three of three employees (A, C and D) records reviewed. The findings include:

Employee A, C and D were hired to provide direct care to clients in January of 2010, February 19, 2008 and October 6, 2008, respectively. Employees A's, C's and D's records did not contain evidence of orientation to the home care requirements.

When interviewed April 13, 2010, employee A, a registered nurse confirmed there was no evidence that employees C and D had received orientation to the home care requirements, and that she had not received orientation to the home care requirements upon hire in 2010. Employee A stated that

employees that had been hired since she began providing the training in January of 2010 had not received orientation to the home care requirements either, because she was not aware of this requirement.

TO COMPLY: An individual applicant for a class F home care provider license and a person who provides direct care, supervision of direct care, or management of services for a licensee must complete an orientation to home care requirements before providing home care services to clients. The orientation may be incorporated into the training of unlicensed personnel required under part [4668.0835](#), subpart 2. The orientation need only be completed once.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0815 Subp. 2

Based on interview and record review, the licensee failed to ensure that a registered nurse (RN) reviewed and/or revised each client's service plan at least annually for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee November 15, 2008, which included medication set-ups and medication administration. The client's record contained a service plan which was undated. Employee A, registered nurse confirmed the service plan was the one that was developed when the client started services in November of 2008. The service plan indicated the client's resuscitation status was DNR/DNI (do not resuscitate/do not intubate), although two other documents in the client's record, a physician's transfer form, dated October 15, 2009, and a resuscitation guideline form signed by the client, dated March 28, 2010, indicated the client was a Full Code. The client's service plan had not been reviewed and/or revised by the RN since the client started receiving services in 2008.

Client #2 began receiving services from the licensee July 2, 2002, which included assistance with activities of daily living, medication set-ups and medication administration. The client's service plan had not been reviewed and/or revised by the RN since February 1, 2008.

When interviewed February 13, 2010, employee A, RN confirmed client #1's and #2's service plans had not been reviewed/revised at least annually. Employee A stated she recently realized the clients' service plans were not being reviewed and/or revised on an annual basis, but she had not had time to correct the problem yet.

TO COMPLY: A registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0815 Subp. 3

Based on observation, interview and record review, the licensee failed to ensure modifications to the client's service plan were made in writing and agreed to by the client or the client's responsible person for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services from the licensee November 15, 2008. Documentation in the client's record indicated on January 22, 2010, the client's physician increased the frequency of blood glucose monitoring from three times a day to four times a day. There was no modification to the client's service plan that was developed in November of 2008, to reflect the increase in blood glucose monitoring.

When interviewed April 13, 2010, employee A, registered nurse confirmed client #1's service plan had not been modified when the frequency of blood glucose monitoring was increased. Employee A stated that with the increase in frequency of blood glucose monitoring, there was also an additional charge to the client for this service.

Client #2 began receiving services from the licensee on July 2, 2002. Documentation in the client's record indicated in February of 2010, the client developed open areas and excoriation on her lower extremities. The agency staff began applying an ointment to the areas and covering the area with ace wraps twice a day. Observations on April 14, 2010, at 8:00 a.m., revealed staff continued to apply ointments and creams to the client's legs, and covered her legs with stockinettes. There was no modification to the client's service plan, dated February 1, 2008, which included this additional service.

When interviewed April 13, 2010, employee A confirmed client #2's service plan had not been modified to include the skin treatment that was being done twice a day.

TO COMPLY: A modification of the service plan must be in writing and agreed to by the client or the client's responsible person before the modification is initiated. A modification must be authenticated by the client or the client's responsible person and must be entered into the client's record no later than two weeks after the modification is initiated.

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Rule 4668.0825 Subp. 4

Based on observation, interview and record review, the licensee failed to ensure that unlicensed staff were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, that the RN specified in writing specific instructions for performing the procedure and demonstrated to the RN that he/she was competent to perform the procedure for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 with diagnoses of Diabetes and early Alzheimer's disease began receiving services November 15, 2008, which included assistance with checking her blood glucose four times a day and assistance with self-administration of insulin. Employee D was observed on April 13, 2010 to assist client #1 with checking her blood glucose and self-administration of sliding scale insulin. Employee D was observed to set out the client's blood glucose monitoring supplies and insulin for the client to test her blood glucose and self-administer her insulin, with the unlicensed staff observing her. Employee D did not set out or instruct the client to use alcohol swabs to prepare her skin before pricking her finger and before injecting her insulin. The agency's procedure for blood glucose testing identified alcohol swabs when gathering supplies, but the procedure did not include instructing the client to swab her finger with the alcohol swab before pricking it. The agency's procedure for observing the client to self-administer her insulin did not include prepping the skin with a alcohol swab before injecting the insulin. There was no evidence in employee D's record that she had demonstrated to the registered nurse (RN) her ability to competently follow the blood glucose testing procedure or the self-administration of insulin injection procedure.

When interviewed April 13, 2010, employee D stated she could not recall if she demonstrated to the RN her ability to follow the blood glucose testing procedure or the insulin injection procedure. When questioned as to whether or not she was to instruct the client to use an alcohol swab to prepare the skin prior to the client testing her blood glucose and injecting her insulin, employee D stated the client did not have any alcohol swabs available and that sometimes when there were swabs available, the client would refuse to use one.

When interviewed April 13, 2010, employee A, RN confirmed that there was no evidence that employee D was trained and had demonstrated competency to the RN her ability to competently perform the blood glucose testing and assistance with self-administration of insulin. Employee A stated the use of alcohol swabs should be part of the procedure for injecting insulin and that the unlicensed staff should be setting alcohol swabs out and instructing the client to use them when checking her blood glucose and injecting her insulin.

Client #2 with diagnoses of dementia and a history of cellulitis in her lower extremities with reoccurring open areas and excoriations began receiving services July 2, 2002, which included assistance with her activities of daily living, medication administration, and applying creams and lotions to her skin condition. There were no specific written instructions by the RN on which creams/ointments were to be applied to what areas, and the sequence the creams and ointments were to be applied. The only guidance for the unlicensed staff to follow regarding the skin treatment was in the medication administration record (MAR). The April 2010 MAR read, "TMC 0.1% cream apply topically to rash on bilateral UE/LE (upper extremity/lower extremity) twice daily PRN (pro re nata or as needed). Avoid face, groin, and underarms. Bactroban 2% cream Apply thin film of cream to affected area three times day as needed-legs. Fluocinonide 0.05% ointment-apply topically twice a day to affected areas on lower legs. Wrap both legs with stockinettes every morning and take off at bedtime." On April 14, 2010, employee E, unlicensed staff, was observed to apply creams and ointments to client #2's lower extremities. Employee E was observed to first apply the TMC cream which was listed on the April MAR as a PRN order to both lower extremities. Employee E was observed to cover both lower extremities with the TMC cream. Employee E was then observed to apply the Bactroban cream to an open area on the client's right knee and left outer shin area. Employee E did not apply the Fluocinonide ointment. Employee E then placed stockinettes on the client's lower extremities.

There was no evidence in employee E's record that she demonstrated to the registered nurse (RN) her ability to competently perform the skin treatment for client #2.

When interviewed April 14, 2010, employee E stated she was not sure about the correct sequence the creams and ointments were to be applied and to what areas and when she should apply the creams and ointments. Employee E stated client #2's skin treatment was unclear to her, and the information on the MAR was not specific. Employee E stated she did not apply the Fluocinonide ointment because she was unsure if the client needed it anymore. When questioned regarding her training and demonstration of competency to the RN her ability to perform the procedure, she stated she did not have any.

When interviewed April 14, 2010, the RN confirmed there were no specific written instructions for the unlicensed staff to follow on how to perform client #2's skin treatments. The RN stated the information on the MAR that listed the creams and ointments were unclear to her and that she would get clarification from the physician on the client's skin treatment. The RN confirmed employee E had not been trained in client #2's skin treatment or demonstrated competency to the RN her ability to perform the procedure.

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

5. MN Rule 4668.0840 Subp. 3

Based on interview and record review, the licensee failed to ensure that unlicensed persons who performed assisted living home care services successfully completed training or demonstrated competency in the required topics for two of two unlicensed employees' (C and D) records reviewed. The findings include:

Employees C and D were hired to provide direct care to clients February 19, 2008, and October 6, 2008, respectively. There were no training and/or competency records for employees C and D that included the required topics; an overview of the rules and statues related to home care, reporting maltreatment of vulnerable minors or adults, the home care bill of rights, handling clients' complaints and reporting complaints to the Office of Health Facility Complaints, the services of the ombudsman for older Minnesotans, communication skills, observing, reporting, and documenting client status and the care or services provided, basic infection control, maintaining a clean, safe, and healthy environment and basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional.

When interviewed April 13, 2010, employee A, registered nurse confirmed employee C's and D's training and competencies did not include the required topics. Employee A stated she was not aware of this requirement and had not provided this training and/or competency for any of the employees that she had hired since January of 2010.

TO COMPLY: A. An unlicensed person performing assisted living home care services must successfully complete training or demonstrate competency in the topics described in subitems (1) to (12). The required topics are:

- (1) an overview of this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#);

- (2) recognizing and handling emergencies and using emergency services;
- (3) reporting maltreatment of vulnerable minors or adults under Minnesota Statutes, sections [626.556](#) and [626.557](#);
- (4) the home care bill of rights, Minnesota Statutes, section [144A.44](#);
- (5) handling clients' complaints and reporting complaints to the Office of Health Facility Complaints;
- (6) the services of the ombudsman for older Minnesotans;
- (7) communication skills;
- (8) observing, reporting, and documenting client status and the care or services provided;
- (9) basic infection control;
- (10) maintaining a clean, safe, and healthy environment;
- (11) basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; and
- (12) physical, emotional, and developmental needs of clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property, and the client's family.

B. The core training of unlicensed personnel must be taught by a registered nurse with experience or training in home care, except that item A, subitems (1) to (7), may be taught by another instructor under the direction of the registered nurse.

C. The core training curriculum must meet the requirements of this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#).

TIME PERIOD FOR CORRECTION: Thirty (30) days

6. MN Rule 4668.0855 Subp. 7

Based on interview and record review, the licensee failed to ensure that the registered nurse (RN) specified in writing specific instructions for administering medications that were ordered on a PRN (pro re nata) basis for one of two clients' (#2) records reviewed. The findings include:

Client #2 began receiving services July 2, 2002, which included weekly medication set-ups by a nurse and medication administration by unlicensed staff. Client #2 had prescriber's orders which read, acetaminophen 325 milligrams, give 1-2 tablets by mouth every four hours as needed for pain and Hydrocodone-APAP 5-500 tablets, give 1-2 tablets orally every four hours as needed for pain. There were no written instructions by the RN for the unlicensed staff to follow to determine when to give the

acetaminophen versus the Hydrocodone (a stronger narcotic pain medication) and under what circumstances the staff should administer one tablet versus two tablets.

When interviewed April 13, 2010, employee D, an unlicensed staff, stated client #2 had some memory and cognitive deficits, but she would ask the client if the pain was severe or not, and if severe she would give the stronger pain medication.

When interviewed April 13, 2010, employee A, RN confirmed there were no specific instructions or guidance for the unlicensed staff to follow to determine when to give the regular pain medication versus the stronger narcotic pain medication and whether to give one or two tablets. Employee A confirmed that client #2 had cognitive deficits and was not able to make that determination herself.

TO COMPLY: A person who satisfies the training requirements of subpart 4 may perform assistance with self-administration of medication or medication administration 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 records; 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

7. MN Statute §144A.44 Subd. 1(2)

Based on observation, interview and record review, the licensee failed to provide services according to acceptable medical and nursing standards for two of two clients (#1 and #2) reviewed. The findings include:

Client #1 with diagnoses of Diabetes and early Alzheimer's disease began receiving services November 15, 2008, which included assistance with checking her blood glucose four times a day and assistance with self-administration of insulin. The client had prescriber's orders to receive Humalog mix 75-25 insulin, 44 units subcutaneous, twice a day at 8:00 a.m. and 5:00 p.m., and to test her blood glucose at 8:00 a.m., 11:45 a.m., 5:00 p.m. and 8:00 p.m., with a sliding scale insulin coverage depending on the blood glucose result at 8:00 a.m. 11:45 a.m., and 5:00 p.m. A review of the client's blood glucose results for March and April 2010 lacked blood glucose test results for the 11:45 a.m. test time on April 7, March 31, March 24, and March 17, 2010. When interviewed April 13, 2010, employee A, registered nurse stated that April and March 2010 dates were Wednesdays, and the client was out of the building at a day program on most Wednesdays. When questioned if the client's blood glucose monitoring supplies and sliding scale insulin coverage doses were sent with the client to the day

program, the RN stated they were not, and that the client was not tested on those Wednesdays at 11:45 a.m. Documentation on the client's March 2010 medication administration record (MAR) indicated that on March 31, 2010 at 8:00 p.m., the client's blood glucose result was 302 and she required 4 units of insulin coverage. March 31, 2010 was a day that she did not have her 11:45 a.m. blood glucose tested, with insulin coverage if needed. When questioned if the client's physician was aware the client's blood glucose and sliding scale insulin coverage were not implemented as ordered on the Wednesdays the client went to the day program, employee A stated to her knowledge the physician was not aware of this. When interviewed April 14, 2010, employee A stated she found out that the day program client #1 went to had the capability of checking the client's blood glucose and administering the sliding scale insulin if needed.

On April 13, 2010, at 11:45 a.m., employee D, an unlicensed staff was observed to assist client #1 with checking her blood glucose and assist with self-administration of sliding scale insulin. Employee D was observed to set out the client's blood glucose monitoring supplies and insulin for the client to test her blood glucose. Employee D did not set out or instruct the client to use alcohol swabs to prepare her skin before pricking her finger with a lancet. Client #1 was observed to prick her finger once with a lancet. The client was not able to get enough blood to come out at the site she pricked, so using the same lancet, the client was observed to prick her finger again in a different spot. The client's blood glucose tested 308. Based on the client's sliding scale of insulin, the client was to receive 4 units of Humalog insulin. Employee D was observed to retrieve the correct prefilled insulin syringe with 4 units in it for client #1 to self-inject. Employee D did not give or instruct the client to use an alcohol swab to prepare the skin on her abdomen prior to self-injecting the insulin. When interviewed April 13, 2010, employee D stated the client did not have any alcohol swabs available to use, and stated that sometimes the client would refuse to use one. When interviewed April 13, 2010, about the use of an alcohol swab before testing her blood glucose or injecting her insulin, client #1 stated that she did not have any and that she thought it was "odd" that they don't give her any (alcohol swab) to use. When interviewed April 13, 2010, employee A, registered nurse stated the alcohol swabs should have been used prior to the client testing her blood glucose, and prior to self-injecting her insulin.

Client #1 had a prescriber's order to discontinue her Cholestyramine Powder (a medication to assist in lowering blood cholesterol levels) on February 8, 2010. A review of the client's February 2010 MAR indicated the client received the medication on February 12, 2010, at 8:00 a.m., February 14, 2010, at 8:00 p.m., February 19 and 20, 2010, at 8:00 a.m. and February 28, 2010, at 8:00 p.m. The client's March 2010 MAR indicated the client received the medication March 5, 2010, at 8:00 a.m., March 13, 2010, at 8:00 a.m., March 14, 2010, at 8:00 a.m. and 8:00 p.m., and March 27, 2010, at 8:00 p.m. The client's April 2010 MAR indicated the client was offered the medication twice a day, but refused it. When interviewed March 12, 2010, employee A/registered nurse stated the Cholestyramine Powder should have been discontinued from the MAR on February 8, 2010, and that it was a mistake that it continued to be on the subsequent months MARs and offered to the client.

Client #2 with diagnoses of dementia and a history of cellulitis in her lower extremities with reoccurring open areas and excoriations on her extremities began receiving services July 2, 2002, which included assistance with her activities of daily living, medication administration, and applying creams and lotions to her skin condition. Client #2 had prescriber's orders dated February 25, 2010, that read "TMC 0.1% cream apply topically to rash on bilateral UE/LE (upper extremity/lower extremity) twice daily. Bactroban 2% cream apply topically to affected area three times day PRN (pro re nata or as needed) and Fluocinonide 0.05% ointment-apply topically twice a day to affected areas on legs. Apply non-stick pads and cover with stockinette." Employee E, unlicensed staff was observed on

April 14, 2010, at 8:00 a.m. to conduct client #2's skin treatment. Employee E first applied the TMC cream covering both of the client's lower extremities. Employee E was observed to take her gloved fingers and dip them in the TMC cream container several times after applying the cream to the client's lower extremities. Employee E was then observed to apply the Bactroban cream to open areas on the client's right knee and left outer shin area. Employee E did not apply the Fluocinonide ointment as ordered. Employee E was observed to cover both legs with stockinettes. Employee E did not use non-stick pads to cover the open areas as ordered. When interviewed April 14, 2010, regarding the order the creams and ointments were to be applied and to what areas and when she should apply the creams and ointments, employee E stated she was not sure. Employee E stated the order to apply the creams and ointments and which creams and ointments to use were unclear to her. Employee E stated she did not apply the Fluocinonide ointment because she was unsure if the client needed it anymore. When interviewed April 14, 2010, the RN confirmed the client's skin treatment was confusing and unclear, and that she would get clarification from the physician regarding the client's skin treatment. Employee A acknowledged staff should not be using their gloved fingers to dip in to the TMC container, but should be using a applicator to retrieve the cream from the container for infection control reasons. The agency's topical skin medication procedure indicated "Apply medication using aseptic technique never return to med container with used applicator."

Client #2's MAR for April of 2010 read, "Ketoconazole 2% cream apply topically to red area under abdomen daily." Documentation on the client's April 2010 MAR indicated the cream was applied eight of the eleven days thus far. The client's record indicated the Ketoconazole cream was discontinued by the prescriber on January 27, 2010. When interviewed March 13, 2010, employee A, registered nurse confirmed the client's Ketoconazole cream was discontinued by the prescriber January 27, 2010, and was unsure how the treatment was started again in April of 2010 without a prescriber's order.

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

cc: Goodhue 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 # 7004 1160 0004 8714 4573

April 22, 2005

Jared Schei, Administrator
The Kenwood Retirement Center
825 Summit Avenue
Minneapolis, MN 55403

Re: Licensing Follow Up Revisit

Dear Mr. Jared:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on February 24, 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 Assisted Living 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: Jared Schei, President Governing Board
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: THE KENWOOD RETIREMENT COM

DATE OF SURVEY: 02/24/05

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

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

Jenny Volkenant, Assistant Living Manager

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 [Click **here** and type DATE]. 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 4668.0065 Subp. 1	Corrected
2. MN Rule 4668.0815 Subp. 4	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 1320

January 14, 2005

Jared Schei, Administrator
The Kenwood Retirement Community
825 Summit Avenue
Minneapolis, MN 55403

Re: Results of State Licensing Survey

Dear Mr. Schei:

The above agency was surveyed on November 4, 5, and 9, 2004 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Case Mix Review File
Jared Schei, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Hennepin County Social Services
Sherilyn Moe, Office of the Ombudsman

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: THE KENWOOD RETIREMENT COM
 HFID # (MDH internal use): 20341
 Date(s) of Survey: November 4, 5, and 9, 2004
 Project # (MDH internal use): QL20341001

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 <u> </u> Order(s) issued <u> </u> Education <u> </u> 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> </u> Met <u> X </u> Correction <u> </u> Order(s) issued <u> X </u> Education <u> </u> 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 <u> </u> Order(s) issued <u> </u> Education <u> </u> 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 <u> </u> Order(s) issued <u> </u> Education <u> </u> 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 <u> </u> Order(s) issued <u> </u> Education <u> </u> 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 checked="" 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 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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:
#1	MN Rule 4668.0815 Subp.4 Service Plans	X	X	<p>Based on record review and interview the licensee failed to provide complete service plans for two of two current clients (#2, and #3) reviewed. The findings include:</p> <p>Client #2 began receiving services June 2001. The service plan did not include frequency of services or fees for providing nursing services identified. Client #3 began receiving services June 2001. The service plan did not include the fees for providing nursing services identified. When interviewed November 4, 2004 the assisted living manager confirmed these areas were missing and stated she would began updating the service plans.</p> <p>Education: Education provided</p>
#3	MN Rule 4668. 0065 Subp.1 Tuberculosis Screening	X	X	<p>Based on interview and record review the licensee failed to assure tuberculosis screening for two of two unlicensed staff (#2 and #3) reviewed. The findings include:</p> <p>Employee #2 was hired June 2002 to provide direct care. Her file contained a copy of a negative chest x-ray result dated January 2002. There was no information indicating when employee #2 had a prior positive result from a Mantoux test. There was no evidence of a chest x-ray within three months prior to employment or any x-rays after employment.</p> <p>Employee #3 was hired July 2004 to provide direct care. Her file contained a copy of a Mantoux test dated July</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				2004. The July 2004 staff assignment sheet indicated employee #3 provided direct care prior to Mantoux testing. When interviewed November 5, 2004 the registered nurse verified no other testing had been done. Education: Education provided
	CLIA Waivers		X	Education: Education provided.

A draft copy of this completed form was left with Jared Schel, Executive Director, Jenny Volkenant, Assisted Living Manager and Sandy Maynard, Registered Nurse at an exit conference on November 9, 2004. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

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

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

(Form Revision 7/04)