



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2030

October 11, 2006

Cheryl Glende, Administrator
Our Circle of Friends / Main C
1150 Third Street Southwest
Faribault, MN 55021

Re: Licensing Follow Up visit

Dear Ms. Glende:

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 September 21, 2006.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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

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

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: OUR CIRCLE OF FRIENDS /MAIN C

DATE OF SURVEY: September 21, 2006

BEDS LICENSED:

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

CENSUS:

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

BEDS CERTIFIED:

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

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

Michelle Aase-Lilly, LPN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: #2 _____

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 July 14, 15, 18 and 20, 2005, and a subsequent follow up visit made on February 21 and 22, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on September 21, 2006, is as follows:

- | | |
|-------------------------------------|------------------|
| 1. MN Rule 4668.0815 Subp. 2 | Corrected |
| 2. MN Rule 4668.0815 Subp. 4 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1385

March 16, 2006

Cheryl Glende, Administrator
Our Circle of Friends/Main C
1150 Third Street SW
Faribault, MN 55021

Re: Licensing Follow Up Revisit

Dear Ms. Glende:

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 February 21 and 22, 2006.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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: Cheryl Glende, President Governing Board
Rice County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Jocelyn Olson, Assistant Attorney General
Mary Henderson, Program Assurance Unit
Case Mix Review File

10/04 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1385

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

March 16, 2006

Cheryl Glende, Administrator
Our Circle of Friends/Main C
1150 Third Street SW
Faribault, MN 55021

RE: QL20400002_1

Dear Ms. Glende:

On February 21 and 22, 2006, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on July 14, 15, 18, and 20, 2005 with correction orders received by you on November 15, 2005.

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

1. MN Rule 4668.0815 Subp. 2 \$250.00

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

Client #1 began receiving board and lodging services from the licensee on October 23, 1993. (An ALHPC license was issued to the licensee on April 2, 2004.) Only the RN and not the client or his designee signed the client's current service plan, dated February 19, 2004. A RN conducted an evaluation/baseline assessment on October 12, 2004, which indicated client #1 needed additional assistance with toileting and transferring. Client #1's service plan was not updated to reflect the required change in service. On July 15 and 20, 2005, the RN verified the preceding findings.

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.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4),

you are assessed in the amount of: \$250.00.

2. MN Rule 4668.0815 Subp. 4

\$50.00

Based on record review and interview, the licensee failed to provide a complete service plan for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:

Client #1's record contained a service plan, dated February 19, 2004, which was signed only by the registered nurse (RN) and not the client or his designee. Client #1 was to receive assistance with medication/treatment administration and monitoring and range of motion exercises. The service plan did not contain the fees for services. However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client.

Client #2's service plan was signed by client #2 on April 19, 2005, by the conservator on April 25, 2005, and by a RN on April 27, 2005. The service plan did not contain the fees for assisted living home care services such as medication administration. However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client.

Client #3 began receiving assisted living home care services including medication administration, on March 22, 2005. The client signed the service plan on March 29, 2005 and the RN signed it on March 31, 2005. The service plan did not contain the fees for services. However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client.

Client #4's service plan was signed by client #4 and employee B, the house manager, on February 20, 2004. Client #4 was to receive assisted living home care services such as, reminders to perform activities of daily living and supervision of self-administration of medications. The daily and monthly charges were "\$0.00." However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client.

During interviews on July 14 and 15, 2005, the nurse indicated the fees are determined by the county and bundled into a package rate.

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

- A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;
- B. the identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;
- D. the fees for each service; and
- E. a plan for contingency action that includes:

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

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

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

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

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

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

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$300.00** This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

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

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

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

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

cc: Cheryl Glende, President Governing Board
Rice County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Jocelyn Olson, Assistant Attorney General
Mary Henderson, Program Assurance Unit
Case Mix Review File

12/04 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: OUR CIRCLE OF FRIENDS /MAIN C

DATES OF SURVEY: February 21 and 22, 2006

BEDS LICENSED:

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

CENSUS:

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

BEDS CERTIFIED:

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

NAMES AND TITLES OF PERSONS INTERVIEWED:

Ann Bonhus, RN
Michelle Aase-Lilly, LPN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X #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 July 14, 15, 18 and 20, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

1. MN Rule 4668.0815 Subp. 2 **Not Corrected** **\$250.00**

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

Client #1's medical record contained an RN evaluation and service plan dated February 15, 2005. When interviewed, February 21, 2006, the RN stated a care conference for client #1 had just been conducted, and the RN evaluation and service plan had not yet been documented. On February 22, 2006, client #1's medical record contained an RN evaluation dated February 21, 2006. There was no evidence the service plan had been reviewed by the RN.

2. MN Rule 4668.0815 Subp. 4**Not Corrected****\$50.00**

Based on record review and interview, the licensee failed to provide complete service plans for two of six clients' (#1 and #5) records reviewed. The findings include:

Client #1's service plan dated February 15, 2005, included medication administration, range of motion/exercises, and transportation to medical appointments. The service plan did not contain the fees for these services. However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client. On February 21, 2006, the RN reported that a care conference had just been conducted with a county employee, and a new service plan, including the fees for services, would be completed and sent to client #1's guardian for approval.

Client #5's service plan was signed by a licensed practical nurse on June 9, 2005. The service plan did not contain fees for assisted living home care services. However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client. The RN verified the preceding findings on February 21 and 22, 2006.

3. MN Rule 4668. 0845 Subp. 2**Corrected**



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8437

November 10, 2005

Cheryl Glende, Administrator
Our Circle of Friends/Main Ct
1150 Third St SW
Faribault, MN 55021

Re: Results of State Licensing Survey

Dear Ms. Glende:

The above agency was surveyed on July 14, 15, 18, and 20, 2005 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Cheryl Glende, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Rice County Social Services
Sherilyn Moe, Office of the Ombudsman
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: OUR CIRCLE OF FRIENDS - MAIN CT.

HFID # (MDH internal use): 20400

Date(s) of Survey: July 14, 15, 18, and 20, 2005

Project # (MDH internal use): QL20400002

| 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. | _____ Met <u> X </u> Correction Order(s) issued _____ Education Provided |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|--|
| <p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p> | <p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgment in the client's clinical record to show that the BOR was received (or why acknowledgment could not be obtained).</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>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p> | <p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p> | <p><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>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 <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|---|---|---|
| <p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p> | <p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p> | <p><input 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 are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p> | <p><input 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 follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <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/Education: |
|-------------------------|---|-------------------------|--------------------|---|
| 1. | MN Rule 4668.0815 Subp. 2 Service plan reevaluation. | X | X | <p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's service plan at least annually for one of four clients' (#1) records reviewed. The findings include:</p> <p>Client #1 began receiving board and lodging services from the licensee October of 1993. (An ALHPC license was issued to the licensee on April 2, 2004.) Only the RN and not the client or his designee signed the client's current service plan, dated February of 2004. A RN conducted an evaluation/baseline assessment October of 2004, which indicated client #1 needed additional assistance with toileting and transferring. Client #1's service plan was not updated to reflect the required change in service. On July 15 and 20, 2005, the RN verified the preceding findings.</p> <p><u>Education:</u> Provided</p> |
| 1. | MN Rule 4668.0815 Subp. 4 Contents of service plan. | X | X | <p>Based on record review and interview, the licensee failed to provide a complete service plan for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:</p> <p>Client #1's record contained a service plan, dated February of 2004, which was signed only by the registered nurse (RN) and not the client or his designee. Client #1 was to receive assistance with medication/treatment administration and monitoring and range of motion</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|------------|-------------------------|--------------------|---|
| | | | | <p>exercises. The service plan did not contain the fees for services. However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client.</p> <p>Client #2's service plan was signed by client #2 April of 2005, by the conservator six days later in April of 2005, and by a RN two days after the conservator signed. The service plan did not contain the fees for assisted living home care services such as medication administration. However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client.</p> <p>Client #3 began receiving assisted living home care services including medication administration, on March of 2005. The client signed the service plan seven days later in March of 2005 and the RN signed it two days after the client signed. The service plan did not contain the fees for services. However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client.</p> <p>Client #4's service plan was signed by client #4 and employee B, the house manager, February of 2004. Client #4 was to receive assisted living home care services such as, reminders to perform activities of daily living and supervision of self-administration of medications. The daily and monthly</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--|-------------------------|--------------------|--|
| | | | | <p>charges were "\$0.00." However, the record contained county reimbursement worksheets, which indicated what the county paid the licensee as a total monthly reimbursement rate that varied from client to client.</p> <p>During interviews on July 14 and 15, 2005, the nurse indicated the fees are determined by the county and bundled into a package rate.</p> <p>Education: Provided</p> |
| 1. | MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse. | X | X | <p>Based on record review and interview, the facility failed to have a registered nurse (RN) supervise unlicensed personnel who performed services that required supervision for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:</p> <p>Client #1, #2, #3 and #4s' records' indicated they received multiple delegated nursing services. The records for clients #1, #2, #3 and #4, did not contain supervisory visits of unlicensed personnel by the registered nurse or monitoring visits by a licensed practical nurse.</p> <p>The licensees "SUPERVISION OF UNLICENSED PERSONNEL" policy states, "The RN will periodically supervise unlicensed personnel. This must be done within 14 days after initiation of home care services and at least every 62 days thereafter, or more frequently if indicated by a clinical assessment and the client's individual service plan." The policy allowed for monitoring by a licensed practical nurse under the supervision of a registered nurse every other visit.</p> <p>During interviews July 15, 2005, the RN and licensed practical nurse</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--------------------|-------------------------|--------------------|---|
| | | | | <p>reported that medication administration competency checks were conducted every 62 days. However, supervisory visits as described under the ALHPC rules, were not conducted or documented in the client records.</p> <p><u>Education:</u> Provided</p> |
| N/A | CLIA Waiver | | X | Informational handout provided. |

A draft copy of this completed form was left with Cheryl Glende, Licensee/Owner, Ann Bonhus, RN, and Michelle Aase, LPN, at an exit conference on July 20, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH web site. General information about ALHCP is also available on the web site:

<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)