MINNESOTA
MDH
DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1750

September 7, 2006

Gunar Christensen, Administrator
Alterra Clare Bridge Cottage
315 East Thompson Avenue
West St. Paul, MN 55118

Re: Licensing Follow Up visit

Dear Mr. Christensen:

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 August 14, 2006.

The documents checked below are enclosed.

__X__ 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,

Jean M. Johnston

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: ALTERRA CLARE BRIDGE COTTAGE

DATE OF SURVEY: August 14, 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:
David Jones, Executive Director
Joni Oberg, Assistant Executive Director
Sandy Oestreich, Registered Nurse
Marilyn Balmaceda, Resident Assistant

SUBJECT: Licensing Survey _____ Licensing Order Follow Up # 3 _____

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 March 7, 8, 9 and 10, 2005 and follow up visits on October 10 and 11, 2005 and April 17, 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 is as follows:

1. MN Rule 4668.0065 Subp. 1 **Corrected**

3. MN Rule 4668.0805 Subp. 1 **Corrected**

6. MN Rule 4668.0845 Subp. 2 **Corrected**

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1545

May 17, 2006

Gunar Christensen, Administrator
Alterra Clare Bridge Cottage
315 East Thompson Avenue
West St. Paul, MN 55118

Re: Licensing Follow Up visit

Dear Mr. Christensen:

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 April 17, 2006.

The documents checked below are enclosed.

__X__ 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.

__X__ 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,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Ron Drude, Minnesota Department of Human Services
Dakota County Social Services
Sherilyn Moe, Office of the Ombudsman
Mary Henderson, Program Assurance
Jocelyn Olson, Attorney General Office
CMR File

10/04 FPC1000CMR

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1545

NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS FOLLOWING A SUBSEQUENT REINSPECTION FOR ASSISTED LIVING HOME CARE PROVIDERS

May 17, 2006

Gunar Christensen, Administrator
Alterra Clare Bridge Cottage
315 East Thompson Avenue
West St. Paul, MN 55118

RE: QL20511001

Dear Mr. Christensen:

On April 17, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a survey completed on March 7, 8, 9, and 10, 2005, received by you on August 18, 2005, and found to be uncorrected during an inspection completed on October 10 and 11, 2005.

As a result of correction orders remaining uncorrected on the October 10 and 11, 2005, re-inspection, a penalty assessment in the amount of **$1150.00** was imposed on November 7, 2005.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on April 17, 2006.

1. MN Rule 4668.0065 Subp. 1 **$1000.00**

Based on record review and interview, the agency failed to ensure tuberculin testing was completed for new employees prior to providing direct client contact for one of three unlicensed staff (#3) files reviewed. The findings include:

Employee #3 was hired, October 27, 2000, with a history of a prior positive Mantoux testing result, (specific date was not documented). Employee #3's record had a chest x- ray result dated November 2, 2000, six days after being hired. When interviewed on March 7, 2005, the registered nurse confirmed that there was no additional evidence to support that the chest x-ray was received prior to employee #3 providing direct client contact. The RN stated that the facility usually did not allow staff to work before submitting proper tuberculosis screening

documentation.

TO COMPLY: No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:

A. the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or

B. if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:

(1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or

(2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy; or

C. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy.

In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: $1000.00

3. MN Rule 4668.0805 Subp. 1 **$600.00**

Based on record review and interview, the licensee failed to assure orientation to the home care requirements prior to providing direct care to clients for one of two licensed staff (#5) files reviewed. The findings include:

Employee #5 was hired on August 6, 2003. There was no documentation available in the facility to establish that employee #5 received orientation to home care requirements. When interviewed, March 9, 2005, the Director of Pro Temp. stated that she checked employee #5's training records and there was no further information or documentation.

TO COMPLY: An assisted living home care provider licensee must retain evidence that each person has completed the orientation training required under this part.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: $600.00

6. MN Rule 4668.0845 Subp. 2 **$700.00**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed assisted living services for two of three clients (#1 and #2) records reviewed that received services that required supervision. The findings include:

Clients #1and #2 received medication administration by unlicensed staff on a daily basis.

Clients #1 and #2 had one hundred and ten days between RN supervisory visits of June 24, 2004 and October 12, 2004.

When interviewed, March 7, 2005 and March 8, 2005, the RN and the Regional Director both confirmed Supervisory visits were one hundred and ten days apart. They indicated that there were some changes in staffing in the facility that occurred during this time period.

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

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

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

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

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: $700.00

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: **$2300.00.** 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 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, Division of Compliance Monitoring, 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 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.

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.

If you have any questions, please feel free to give me a call at 651-201-4307.

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

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

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

INFORMATIONAL MEMORANDUM

PROVIDER: ALTERRA CLARE BRIDGE COTTAGE

DATE OF SURVEY: April 17, 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:
Kathy Keena, Interim Resident Director
Bonita Kuhlman, Licensed Practical Nurse/Resident Care Coordinator
Laura Esquivel Scott, Resident Assistant

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 March 7, 8, 9 and 10, 2005, and a follow up visit on October 10 and 11, 2005. The results of the surveys were delineated during the exit conferences. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conferences. The status of the Correction orders is as follows:

   1. MN Rule 4668.0065 Subp. 1 Not Corrected $1000. 00

   Based on record review and interview, the licensee failed to ensure tuberculosis screening was completed prior to employees providing direct care for two of four new employees' (J and M) records reviewed. The findings include:

   Employees J and M began providing direct care as resident assistants on January 10, 2006, and January 26, 2006, respectively. Their tuberculin screening tests were completed on January 25, 2006, and March 30, 2006, respectively.

   When interviewed, April 17, 2006, the interim resident director verified that employees J and M had begun providing direct care prior to the completion of tuberculin screening.

3. MN Rule 4668.0805 Subp. 1 Not Corrected $600.00

Based on record review and interview the licensee failed to assure that orientation to home care requirements was completed prior to providing direct care to clients for four of four new employees' (J, K, L and M) records reviewed. The findings include:

Employee J was hired as a resident assistant and began providing direct care on January 10, 2006. There was no documented evidence of orientation to home care training requirements for employee J.

Employee K was hired as a resident assistant and began providing direct care on November 29, 2005. Her record contained a certificate validating completion of orientation to home care on February 14, 2006.

Employee L was hired as a resident assistant and began providing direct care on November 21, 2005. Employee L's certificate of completion for the homecare overview was dated December 6, 2005.

Employee M was hired as a resident assistant and began providing direct care on January 26, 2006. The staff training log had evidence that employee M's homecare training was completed on March 7, 2006.

When interviewed, April 17, 2006, the interim resident director confirmed that employees J, K, L and M had provided direct care prior to completing orientation to home care.

6. MN Rule 4668.0845 Subp. 2 Not Corrected $700.00

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed assisted living services for one of five clients (#2) records reviewed. The findings include:

Client #2 began receiving services including daily medication administration on December 12, 2002. There was documentation of a monitoring visit dated February 17, 2006, and signed by the licensed practical nurse (LPN) that included observation of the set-up and administration of medication by unlicensed staff. The next supervisory visit for client #2 was dated April 17, 2006, when client #2 was observed by the LPN during the breakfast meal to ensure that unlicensed staff wore gloves while serving food. There was no evidence of any supervisory visits by a registered nurse between January 9, 2006, and April 17, 2006.

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7645

November 7, 2005

Gunar Christensen, Administrator
Alterra Clare Bridge Cottage
315 East Thompson Avenue
West St. Paul, MN 55118

Re: Licensing Follow Up Revisit

Dear Mr. Christensen:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on October 10 and 11, 2005.

The documents checked below are enclosed.

__X__ 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.

__X__ 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: Mark Ohlendorf, President Governing Board
Gloria Lehnertz, Minnesota Department of Human Services
Dakota County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Jocelyn Olson, Assistant Attorney General
Mary Henderson, Program Assurance Unit
Case Mix Review File

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 4460 0004 8711 7645

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

November 7, 2005

Gunnar Christensen, Administrator
Alterra Clare Bridge Cottage
315 East Thompson Avenue
West St. Paul, MN 55118

RE: QL20511001.1

Dear Mr. Christensen:

On October 10 and 11, 2005 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 March 7, 8, 9, and 10, 2005 with correction orders received by you on August 18, 2005.

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

1. MN Rule 4668.0065 Subp. 1 **$500.00**

Based on record review and interview, the agency failed to ensure tuberculin testing was completed for new employees prior to providing direct client contact for one of three unlicensed staff (#3) files reviewed. The findings include:

Employee #3 was hired, October 27 2000, with a history of a prior positive Mantoux testing result, (specific date was not documented). Employee #3's record had a chest x- ray result dated November 2, 2000, six days after being hired. When interviewed on March 7, 2005, the registered nurse confirmed that there was no additional evidence to support that the chest x-ray was received prior to employee #3 providing direct client contact. The RN stated that the facility usually did not allow staff to work before submitting proper tuberculosis screening documentation.

TO COMPLY: No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:

A. the person must provide documentation of having received a negative reaction to a

Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or

B. if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:

(1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or

(2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy; or

D. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy.

In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: $500.00.

3. MN Rule 4668.0805 Subp. 1 **$300.00**

Based on record review and interview, the licensee failed to assure orientation to the home care requirements prior to providing direct care to clients for one of two licensed staff (#5) files reviewed. The findings include:

Employee #5 was hired on August 6, 2003. There was no documentation available in the facility to establish that employee #5 received orientation to home care requirements. When interviewed, March 9, 2005, the Director of Pro Temp. stated that she checked employee #5's training records and there was no further information or documentation.

TO COMPLY: An assisted living home care provider licensee must retain evidence that each person has completed the orientation training required under this part.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: $300.00.

6. MN Rule 4668.0845 Subp. 2 **$350.00**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed assisted living services for two of three clients (#1 and #2) records reviewed that received services that required supervision. The findings include:

Clients #1and #2 received medication administration by unlicensed staff on a daily basis. Clients #1 and #2 had one hundred and ten days between RN supervisory visits of June 24, 2004 and October 12, 2004.

When interviewed, March 7, 2005 and March 8, 2005, the RN and the Regional Director both confirmed Supervisory visits were one hundred and ten days apart. They indicated that there were some changes in staffing in the facility that occurred during this time period.

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

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

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

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

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: $350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: $1150.00. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health,** and sent to this Department 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: Mark Ohlendorf, President Governing Board
Gloria Lehnertz, Minnesota Department of Human Services
Dakota County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Jocelyn Olson, Assistant Attorney General
Mary Henderson, Program Assurance Unit
Case Mix Review File

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

INFORMATIONAL MEMORANDUM

PROVIDER: ALTERRA CLARE BRIDGE COTTAGE

DATE OF SURVEY: October 10 & 11, 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:
Kathy Keena, Interim Resident Director
Bonita Kuhlman, Licensed Practical Nurse, Resident Care Coordinator

SUBJECT: Licensing Survey _____ Licensing Order Follow Up ____X____

ITEMS NOTED AND DISCUSSED:

1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on March 7, 8, 9 and 10, 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 4668.0065 Subp. 1 Not Corrected $500.00

Based on record review and interview the licensee failed to assure tuberculosis screening was completed prior to employees providing direct client care for two of four employees' (G and I) records reviewed. Employee G was hired June 27, 2005, and the tuberculin test was administered on July 18, 2005, and read on July 20, 2005. Employee I was hired June 28, 2005, and a tuberculin test was administered June 28, 2005.

There was no documented evidence to assure that the tuberculin test was administered prior to direct client contact for either of these employees.

2. MN Rule 4668.0065 Subp. 3 Corrected

3. MN Rule 4668.0805 Subp. 1 Not Corrected $300.00

Based on record review and interview the licensee failed to assure that orientation to home care requirements was completed prior to providing direct care to clients for three of four new employees (G, H, and I) records reviewed. The findings include:

Employee G was hired June 27, 2005, and received orientation to home care requirements July 19, 2005. Employee H was hired January 24, 2005, and received orientation to home care requirements on January 31, 2005. Employee I was hired June 28, 2005, and on September 16, 2005, received training per a program called "Minnesota Mini", there was no evidence available for review to assure that home care orientation was a part of this program.

4. MN Rule 4668.0835 Subp. 3 **Corrected**

5. MN Rule 4668.0835 Subp. 4 **Corrected**

6. MN Rule 4668.0845 Subp. 2 **Not Corrected** **$350.00**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed assisted living services for three of three clients (#2, #4 and #5) records reviewed. The findings include:

Clients #2, #4 and #5 received medication administration by unlicensed staff on a daily basis.

Client #2 began receiving services on December 12, 2002. There was one supervisory visit documented in the record dated February 14, 2005 – greater than 62 days later; and none from that point forward.

Client #4 began receiving services October 31, 2000. The documented supervisory visits in the record were April 19, 2005; July 11, 2005 – greater than 62 days later; and September 9, 2005.

Client #5 began receiving services on June 14, 2004. The documented supervisory visits were April 19, 2005 – ten months later; July 5, 2005 - greater than 62 days later; and September 2, 2005.

7. MN Statute 144A.46 Subd. 5 (b) **Corrected**

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4023

August 16, 2005

Gunar Christensen, Administrator
Alterra Clare Bridge Cottage
315 East Thompson Avenue
West St. Paul, MN 55118

Re: Results of State Licensing Survey

Dear Mr.Christensen:

The above agency was surveyed on March 7, 8, 9, and 10, 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: Mark Ohlendorf, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Dakota County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

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: ALTERRA CLARE BRIDGE COTTAGE

HFID # (MDH internal use): 20511

Date(s) of Survey: March 7, 8, 9, and 10, 2005

Project # (MDH internal use): QL20511001

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 _X_ Correction Order(s) issued _X_ Education provided

Indicators of Compliance	Outcomes Observed	Comments
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)	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).	_X_ Met ___ Correction Order(s) issued ___ Education provided
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)	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.	___ Met _X_ Correction Order(s) issued _X_ Education provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	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.	_X_ Met ___ Correction Order(s) issued ___ Education provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	**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.	_X_ Met ___ Correction Order(s) issued ___ Education provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	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.	_X_ Met ___ Correction Order(s) issued ___ Education provided

Indicators of Compliance	Outcomes Observed	Comments
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)	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.	___ Met _X_ Correction Order(s) issued _X_ Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	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.	_X_ Met ___ Correction Order(s) issued ___ Education provided ___ N/A
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)	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.	_X_ Met ___ Correction Order(s) issued ___ Education provided ___ N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) Note: 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.	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).	_X_ Met ___ Correction Order(s) issued ___ Education provided

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 4668.0845 Subp. 2 Services that require Supervision by a Registered Nurse	X	X	Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed assisted living services for two of three clients (#1 and #2) records reviewed that received services that required supervision. The findings include: Clients #1and #2 received medication administration by unlicensed staff on a daily basis. Clients #1 and #2 had one hundred and ten days between RN supervisory visits of June 24, 2004 and October 12, 2004. When interviewed, March 7, 2005 and March 8, 2005, the RN and the Regional Director both confirmed Supervisory visits were one hundred and ten days apart. They indicated that there were some changes in staffing in the facility that occurred during this time period. **Education:** Provided
#3	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	X	X	Based on record review and interview, the agency failed to ensure tuberculin testing was completed for new employees prior to providing direct client contact for one of three unlicensed staff (#3) files reviewed. The findings include: Employee #3 was hired, October 27 2000, with a history of a prior positive Mantoux testing result, (specific date was not documented). Employee #3's

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				record had a chest x- ray result dated November 2, 2000, six days after being hired. When interviewed on March 7, 2005, the registered nurse confirmed that there was no additional evidence to support that the chest x-ray was received prior to employee #3 providing direct client contact. The RN stated that the facility usually did not allow staff to work before submitting proper tuberculosis screening documentation. **Education:** Provided
#3	MN Rule 4668.0065 Subp. 3 Infection control in-service training	X	X	Based on record review and interview, the licensee failed to ensure employees received infection control in-service training every twelve months for two of three unlicensed staff (#1 and #3) and one of two licensed staff (#5) personnel files reviewed. The findings include: Employee #1 was hired, September 20, 2001. Employee #3 was hired October 27, 2000. There was no evidence of infection control training from 2003 through 2004 in their files. Employee #5 had no training records available in the facility. Employee #5 stated she recently spent January 10, 2005 through January 14, 2005 at the licensees' corporate office in Milwaukee, Wisconsin reviewing in-service training on infection control and other health related topics. When interviewed, March 9, 2005, the registered nurse confirmed that employees #1, #3, and #5 had not had annual infection control education and stated she would review and revise the agency procedure to assure infection control training would be provided to all employees on a regular basis. When interviewed on March 9, 2005, the resident director Pro Temp stated

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				that she had checked the in-house records, and called the corporate office and they had no training records for employee #5. She stated that she had provided all the documentation for employee #5 that was available. **Education:** Provided
#3	MN Rule 4668.0805 Subp. 1 Verification and Documentation	X	X	Based on record review and interview, the licensee failed to assure orientation to the home care requirements prior to providing direct care to clients for one of two licensed staff (#5) files reviewed. The findings include: Employee #5 was hired on August 6, 2003. There was no documentation available in the facility to establish that employee #5 received orientation to home care requirements. When interviewed, March 9, 2005, the Director of Pro Temp. stated that she checked employee #5's training records and there was no further information or documentation. **TO COMPLY:** An assisted living home care provider licensee must retain evidence that each person has completed the orientation training required under this part. **Education:** Provided
#3	MN Statute 144A.46 Subd. 5 (b) Background Checks	X	X	Based on record review and interview, the licensee failed to ensure that background checks were conducted for one of three unlicensed staff (#2), and one of two licensed staff (#5) personnel files reviewed. The findings include: Employee #2 was hired on June 1, 2004. Employee #2's personnel file lacked evidence that a background check had been conducted. Employee #5 was hired on August 6,

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				2003. Employee #5's personnel file lacked evidence that a background check had been conducted. When interviewed on March 8, 2005, the registered nurse (RN) confirmed the lack of a background check for employee #2 and submitted a criminal background study on this date. When interviewed on march 9, 2005, the Resident Director pro. Temp, confirmed the lack of evidence that employee #5 had a background check conducted. **Education:** Provided
#7	MN Rule 4668.0835 Subp. 3 Inservice Training	X	X	Based on record review and interview, the licensee failed to provide eight hours of inservice training for every twelve months of employment for one of three unlicensed staff (#3) file reviewed. The findings include: Employee #3 was hired October 27, 2000 as a resident assistant. Employee #3s' record had seven hours of in-service training recorded for the year 2003 through 2004. When interviewed, March 9, 2005, the registered nurse confirmed that employee #3 had not had twelve hours of in-service training in the previous year. **Education:** Provided
#7	MN Rule 4668.0835 Subp. 4 Documentation of Training	X	X	Based on record review and interview, the licensee failed to provide documentation to validate inservice training for one of three unlicensed staff (#1) personnel files reviewed. The findings include: Employee (#1) was hired September 20, 2001,and had one hour of inservice training documented in her personnel file for a period of twelve months for

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				the year 2003 thru 2004. When interviewed on March 9, 2005, the registered nurse (RN) stated that employee #1 had attended most of the inservice training offered at the facility but that her attendance at the training sessions was not documented. **Education:** Provided
	CLIA Waivers		X	**Education:** Provided

A draft copy of this completed form was left with Andrea Schroetke, Resident Director Pro Temp. and Carla LaFlavor, Registered Nurse at an exit conference on March 10, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

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

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

(Form Revision 7/04)