



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2257 4308

April 1, 2010

Jennifer Frazer-John, Administrator  
The Homestead at Coon Rapids  
11372 Robinson Drive Northwest  
Coon Rapids, MN 55433

Re: Results of State Licensing Survey

Dear Ms. Bendel:

The above agency was surveyed on March 18, 19 and 2, 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, 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 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) 201-5273.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written in a cursive style.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Anoka 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

<http://www.health.state.mn.us>  
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CERTIFIED MAIL #: 7008 2810 0001 2257 4308

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



Patricia Nelson, Supervisor - (651) 201-4309

TO:	JENNIFER FRAZER-JOHN	DATE: April 5, 2010
PROVIDER:	THE HOMESTEAD AT COON RAPIDS	COUNTY: ANOKA
ADDRESS:	11372 ROBINSON DRIVE NORTHWEST COON RAPIDS, MN 55433	HFID: 20532

On March 18, 19 and 22, 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.

**No Violations Noted**

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



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Certified Mail # 7004 1160 0004 8714 2944

March 18, 2005

Connie Anderson, Administrator  
The Homestead at Coon Rapids  
11372 Robinson Drive NW  
Coon Rapids, MN 55433

Re: Licensing Follow Up Revisit

Dear Ms. Anderson:

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 (Date).

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: Charles Gould, 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 HOMESTEAD AT COON RAPIDS

**DATE OF SURVEY:** January 12, 2005

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF: \_\_\_\_\_ SNF : \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER: ALHCP

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

Jennifer Frazer-John, Residence Director      Connie Anderson RN, Director of Health Care Services

**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 June 07, 08, 09, 10, 15, and 16, 2004. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- |   |                  |
|---|------------------|
| <b>1. MN Rule 4668.0065, Subp. 3</b>      | <b>Corrected</b> |
| <b>2. MN Rule 4668.0800, Subp. 3</b>      | <b>Corrected</b> |
| <b>3. MN Rule 4668.0810, Subp. 7</b>      | <b>Corrected</b> |
| <b>4. MN Rule 4668.0815, Subp. 1</b>      | <b>Corrected</b> |
| <b>5. MN Rule 4668.0825, Subp. 3</b>      | <b>Corrected</b> |
| <b>6. MN Rule 4668.0835, Subp. 3 (A.)</b> | <b>Corrected</b> |

2)      The exit conference was not tape recorded.



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Certified Mail #7003 2260 0000 9986 7362

August 5, 2004

Jennifer Frazier-John, Administrator  
The Homestead at Coon Rapids  
11372 Robinson Drive Northwest  
Coon Rapids, MN 55433

Re: Results of State Licensing Survey

Dear Ms. Frazier-John:

The above agency was surveyed on June 7, 8, 9, 10, 15, and 16, 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: Charles Gould, President Governing Board  
Case Mix Review 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: The Homestead At Coon Rapids

HFID # (MDH internal use): 20532

Date(s) of Survey: June 07, 08, 09, 10, 15, and 16, 2004

Project # (MDH internal use): QL20532005

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, Subp. 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 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 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 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><u>    </u> Met  <u>  X  </u> Correction  <u>    </u> Order(s) issued  <u>  X  </u> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </u> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><u>    </u> Met  <u>  X  </u> Correction  <u>    </u> Order(s) issued  <u>  X  </u> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </u> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statute 144D.065; 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800, Subp. 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 Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff 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 Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012, Subd.17)</p> <p><u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

***Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to***  
 CMR 3199 6/04



*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: #1	Regulation: MN Rule 4668.0800, Subp. 3 Fulfillment of services	<input checked="" type="checkbox"/> Correction Order Issued <input type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #1  Education: #1	Based on record review, three of three clients (#1, # 2, and #3) had service plans in place but record did not provide evidence that documented services on service plans were received by clients. Although the licensee had a form in place, documentation of nursing services received was not provided for clients #1, # 2, and #3.  Rule was reviewed and education was provided.	
Indicator of Compliance: # 1	Regulation: MN Rule 4668.0815, Subp. 1 Service plan	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #1  Education: #1	Based on record review, the licensee failed to have an individualized evaluation and service plan reviewed, initiated and signed for three of four clients (#2, #3, & 4). Documentation reflected that client #2 began receiving services November 1, 2003, the initial service plan was done November 25, 2003; client #3 began receiving services July 11, 2003, the initial service plan was signed April 24. 2004; client #4 began receiving services September 3, 2003, no service plan had been done since admission.  Education was provided regarding the service plan requirements to the resident director during review of client records. The information was repeated during the exit conference.	

Indicator of Compliance: # <u>3</u>	Regulation: MN Rule 4668. 0065, Subp. 3 Infection control	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #3  Education: #3	Based on record review and staff interview the licensee failed to provide infection control in-service training for six of seven employees (#1, #2, #3, #5, #6, and #7). Documentation of infection control in-service training within specified rule guidelines was not provided. During an interview June 6, 2004, the registered nurse (RN) verified this; she stated, “No, we’re not doing it.”  Education was provided to the nursing director regarding infection control in-service as outlined in the rule. The information was repeated to the resident director during the exit conference.	
Indicator of Compliance: # <u>5</u>	Regulation: MN Rule 4668.0810, Subp. 7 Confidentiality	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #5  Education: #5	Based on record review the licensee failed to obtain permission from two of four current clients (# 2, and #4) reviewed to release information. The records for clients # 2, and #4 lacked documentation that consent to release information had been obtained. Client #4 had information from her record released to a third party without consent. During an interview June 15, 2004 the agency director confirmed that they were to obtain consent for release of information.  Education provided on need for consent to release information. Also for insuring limitations on consent are followed.	

Indicator of Compliance: #7 # <u>7</u>	Regulation: MN Rule 4668.0835, Subp. 3 In-service Training	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #7           Education: #7	Based on record review and staff interview, the licensee failed to ensure that three of three unlicensed staff (#5, #6 and #7) employed by the facility for one year or longer, had completed at least 8 hours of in-service training per year. Review of the training records for employees (#5, #6 and #7) indicated that no yearly training had been provided. During an interview June 7, 2004, the residence director confirmed that yearly training for personnel was not done. During an interview June 07, 2004 the licensed practical nurse (LPN) stated she was told by the facilities human services department "it was okay to teach all yearly in-services." She also stated "they're not being done." In an interview June 07, 2004, the registered nurse (RN) stated what training had been done by the licensed practical nurse (LPN) and that she (RN) was unaware of the Minnesota Rules which determine delegation. She also confirmed that unlicensed staff had not been checked for competency in all the tasks they perform.  Rule reviewed with the RN and LPN. Discussed training content and delegation of training. Administrator also informed.	
Indicator of Compliance: #7	Regulation: MN Rule 4668.0825,Subp.3 Delegated Nursing	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #7           Education: #7	Based on interview and record review the licensee failed to have four of four (#4, #5, #6, & #7) unlicensed personnel receive required training before performing delegated nursing services. Review of the training records for employees #4, #5, #6, and #7 indicated that they have not met the training or competency testing required. In an interview June 07, 2004, the registered nurse (RN) stated she was unsure of what if any training had been done. She also stated that what training had been done, was done by the licensed practical nurse (LPN). She said she was unaware of the Minnesota Rules, which determine what she can and cannot delegate.  Education was provided to the nursing director regarding the training requirements for unlicensed personnel as outlined in the rule. The information was repeated to the resident director during the exit conference.	

(Add boxes, if needed)

A copy of this completed form was left with Jennifer Frazer-John, Residence Director at an exit conference on June 16, 2004. Any correction orders issued as a result of the on-site visit 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).