



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9106

November 17, 2005

Dana Sexton, Administrator
Alterra Clare Bridge Plymouth
15855 22nd Avenue North
Plymouth, MN 55447

Re: Licensing Follow Up Revisit

Dear Ms. Sexton:

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 21 and 24, 2005.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For 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
Hennepin County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: ALTERRA CLARE BRIDGE PLYMOUTH

DATE OF SURVEY: October 21 and 24, 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:

**Heather Raduenz Residence Director
Jamba Ziamba, RA**

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 April 18, 19, and 21, 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 4668.0810 Subp. 5 | Corrected |
| 2. MN Rule 4668.0815 Subp. 4 | Corrected |
| 3. MN Rule 4668.0845 Subp. 2 | Corrected |
| 4. MN Rule 4668.0855 Subp. 7 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8406

September 7, 2005

Dana Exton, Administrator
Alterra Clare Bridge Plymouth
15855 22nd Avenue North
Plymouth, MN 55447

Re: Results of State Licensing Survey

Dear Ms. Exton:

The above agency was surveyed on April 18, 19, and 21, 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 of Governing Board
Kelly Crawford, Minnesota Department of Human Services
Hennepin County 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: ALTERRA CLARE BRIDGE PLYMOUTH

HFID # (MDH internal use): 20537

Date(s) of Survey: April 18, 19, and 21, 2005

Project # (MDH internal use): QL20537001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff 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 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 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input checked="" type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative 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 provided</p>

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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> 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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> 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) <i>Note:</i> 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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> 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	<p>Based on record review and interview the licensee failed to ensure a registered nurse supervised unlicensed personnel who perform assisted living home care services that require supervision two of three clients records (#2, and #3) reviewed. The findings include:</p> <p>Client #2's service plan dated January 2, 2003, included medication administration by unlicensed personnel. The initial supervisory visit was January 24, 2003 (22 days later). Supervisory visits during 2004 were, April 28 (96 days later), June 28, by a licensed practical nurse (LPN), August 28, by an LPN and November 2, by an LPN (67 days later).</p> <p>Client # 3's service plan dated December 2, 2004 included medication administration by unlicensed personnel. The initial supervisory visit was December 30, 2004 (28 days later). When interviewed April 19, 2005 the registered nurse confirmed 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 ensure service plans were complete for two of three clients (#1 and # 3) reviewed who received central storage of medications. The findings include:</p> <p>Clients #1 and #3 both received central storage of medications. The service plans for clients #1 and #3 both dated December of 2004 did not include central storage of medications. When</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>interviewed April 18, 2005 the registered nurse confirmed the service plans were incomplete.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0865, Subp. 3 Control of medications.		X	<p><u>Education:</u> Provided</p>
5	MN Rule 4668.0810, Subp. 5 Form of entries.	X	X	<p>Based on record review and interview the licensee failed to ensure that all entries in the client record were legible, dated, and authenticated with the name and title of the person making the entry for three of three clients (# 1, # 2, and # 3) reviewed. The findings include:</p> <p>Client #1 had a mini-mental status examination and global deterioration scale that lacked the date, name and the title of the person making the entry. Client # 1's resident log lacked first and last name of client, title of some staff and others were too illegible to read title of staff. Resident Assistant (RA) Orientation Verification for client #1, lacked signatures for each staff providing services according to the daily service sheets.</p> <p>Client's #2 and #3 had mini-mental status examinations and global deterioration scales that lacked dates, names and titles of persons making the entries. Resident Assistant (RA) Orientation Verification for clients # 2, and #3 lacked signatures for each staff providing services according to the daily service sheets. When interviewed April 19, 2005, the registered nurse and residence director confirmed the preceding findings for client's #1, #2, and #3.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
8	MN Rule 4668.0855 Subp. 7 Performance of Routine procedures	X	X	<p>Based on record review and interview the licensee failed to ensure a registered nurse instructed unlicensed staff before delegating the task of assistance with self-administration of medication or the task of medication administration for one of three clients (#2) records reviewed. The findings include:</p> <p>Client #2's Medication Administration Record (MAR) for March and April 2005 listed a nebulizer medication treatment three times daily and every six hours as needed. Employee #3 documented administration of client #2's nebulizer treatment March 5, 6, 18, 19, 20, 24 and April 4, 7, and 8, 2005. Employee # 3's training record lacked documentation of instruction in the task of assistance with self-administration of medication or the task of medication administration. When interviewed April 19, 2005 the registered nurse stated that although she didn't train employee # 3 another RN may have. Employee # 3 was interviewed April 20, 2005. She indicated she was trained January of 2005 at a medication class for which she received a certificate of completion, which she thought, was in her employee file. No training documentation was available for review when requested April 19, 2005. When requested by this reviewer, April 20, 2005, a certificate of medication training provided did not include evidence of nebulizer training.</p> <p><u>Education:</u> Provided</p>
	A Guide to Home Care Services (updated version)		X	<p><u>Education:</u> Provided</p>
	CLIA Waiver		X	<p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
	Minnesota Board of Nursing Education Module		X	<u>Education:</u> Provided
	Provider Web sites		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Heather Raduenz, Residence Director at an exit conference on April 21, 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)