



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail 7003 0500 0005 2052 6845

July 27, 2004

Diane M. Sing, Administrator  
Diane Marie's Place  
1205 16<sup>th</sup> Street Southwest  
Willmar, MN 56201

Re: Results of State Licensing Survey

Dear Ms. Sing:

The above agency was surveyed on June 7, 8, 9 and 11, 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: Diane. M. Sing, 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: Diane Marie's Place

HFID # (MDH internal use): 20544

Date(s) of Survey: June 07, 08, 09, and 11, 2004.

Project # (MDH internal use): QL20544005

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><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 checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input 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
<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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 checked="" 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 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:**

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

<p>Indicator of Compliance: # <u>1</u></p>	<p>Regulation: MN Rule 4668.0815, Subp. 4 Service plan</p>	<p><u>X</u> Correction Order Issued <u>X</u> Education provided</p>
<p>Statement(s) of Deficient Practice: #1</p> <p>Education: #1</p>	<p>Based on staff interview and record review the licensee failed to include the fees for each service provided on the client service plans, for two of two (#1&amp;2) clients reviewed. The service plans contained no fees for services. The owner was interviewed on June 7, 2004, and verified that the service plans did not include the fees for service.</p> <p>Education was provided regarding the need to include fees for services on the service plan.</p>	
<p>Indicator of Compliance: # <u>8</u></p>	<p>MN Rule 4668.0860, Subp. 2 Medication administration</p>	<p><u>X</u> Correction Order Issued <u>X</u> Education provided</p>
<p>Statement(s) of Deficient Practice: #8</p> <p>Education: #8</p>	<p>Based on staff interview and review of client records it was determined that one of two (#1) clients reviewed in the sample were receiving medications without a written prescriber's order. The medication administration record (MAR) indicated that client #1 had been receiving a medication daily since March 11, 2004. The record indicated the first written order for the medication was on May 4, 2004, when the client had an office visit with the physician and he signed medication orders. An interview June 9, 2004, with the registered nurse (RN), confirmed the record lacked a written order for medication from March 11, 2004 to May 4, 2004.</p> <p>Education was provided on the need for a written prescriber's order for a drug for which the licensee is assisting with self-administration.</p>	

Indicator of Compliance: # <u>8</u>	MN Rule 4668.0860, Subp. 5 Medication administration	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #8  Education: #8	<p>Based on record review and interview the facility failed to have an order for medication that contained the dosage indication, and directions for use for one of two (#2) clients in the sample.</p> <p>The medication administration record (MAR) for client # 2, indicated the client had a medication applied topically (to the skin) between April 29, 2004 and June 7, 2004. The medication was labeled with the date dispensed, the prescription number, name of the medication, the physician’s name, and the directions, which stated, “use as directed”. No other directions were present on the MAR or in the client record. The May, 2004 MAR, indicated the medication name, and to wash with soapy water first. Times for use were recorded as being applied daily every morning and evening. In an interview June 8, 2004, the direct care staff stated that on May 30, 2004, the registered nurse (RN) changed the times to PRN and added to the MAR, “to apply after the bath”. The June 2004 MAR, indicated “use as directed”. During an interview June 8, 2004, the direct care staff stated it was applied after the bath. The June 2004 MAR, indicated, “to apply after the bath”. June 2, 2004, recorded the medication as being applied in the evening, not applied June 3 and 4, 2004, and applied twice per day on June 5 and 6 and once on June 8, 2004. After the discrepancies were identified by this surveyor, June 8, 2004, the client was taken to the physician and staff returned with a telephone order slip back dated to April 29, 2004 as the order date and May 1, 2004 as the signature date for the physician with this statement on the slip, “use as directed”.</p> <p>Education was provided on the need for the registered nurse to inform unlicensed staff of the specified time period for them to report pro re nata medications to the her.</p>	
Indicator of Compliance: # <u>8</u>	MN Rule 4668.0870, Subp. 2 Disposition of medication	<input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #9  Education: #9	<p>Based on interview and record review, the licensee’s staff failed to document in the client’s record where and to whom all of the client’s medications were disposed of after the discharge of the client from the housing with services establishment.</p> <p>Education was provided on the need to document in the client’s record, not in a notebook that is not a permanent record, the disposition of the client’s medications at the time of discharge from the establishment.</p>	

A copy of this completed form was left with Diane Sing at an exit conference on (date) June 11, 2004. Any correction orders issued as a result 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).