



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8123

August 24, 2005

Brenda Eggerth, Administrator
Sterling Park Commons
35 1st Avenue North
Waite Park, MN 56387

Re: Licensing Follow Up Revisit

Dear Ms. Eggerth:

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 July 8 and 11, 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: Samuel Kaplan, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Stearns, 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: STERLING PARK COMMONS

DATE OF SURVEY: July 8 and 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:

Janelle Gaul, LPN, Jeanette Schroden, RN manager, Brenda Eggert, Housing manager, and Rosemary Brandt RN consultant

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 January 3, 4, 5, 12, and 14, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- | | |
|-------------------------------------|------------------|
| 1. MN Rule 4668.0815 Subp. 2 | Corrected |
| 2. MN Rule 4668.0825 Subp. 4 | Corrected |
| 3. MN Rule 4668.0855 Subp. 2 | Corrected |
| 4. MN Rule 4668.0860 Subp. 7 | Corrected |
| 5. MN Rule 4668.0865 Subp. 2 | Corrected |
| 6. MN Rule 4668.0865 Subp. 3 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # ~~7004 1160 0004 8714 2883~~

Certified Mail # 7004 1160 0004 8714 2845

March 25, 2005

~~Carl Brunn, Administrator~~
Carla Brunn, Administrator
Sterling Park Commons
651 1st Ave North
Waite Park, MN 56378

Re: Results of State Licensing Survey

Dear ~~Mr. Brunn~~:

Dear Ms. Brunn:

The above agency was surveyed on January 3, 4, 5, 12, and 14, 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: Samuel Kaplan, 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: STERLING PARK COMMONS
 HFID # (MDH internal use): 20596
 Date(s) of Survey: January 3, 4, 5, 12, and 14, 2005
 Project # (MDH internal use): QL20596001

| 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 promotes 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 observes 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 checked="" 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 are informed when changes occur.</p> | <p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|---|--|--|
| <p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p> | <p>Staff has 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 Subpart 3, 4668.0855, 4668.0860)</p> | <p>The agency has a system for the control of medications. Staff is 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 follows 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 Subp.17) <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 checked="" 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:

_____ 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 4668.0865 Subp.2 Nursing assessment and service plan | X | X | <p>Based on observation, record review, and interview, the licensee failed to ensure that the registered nurse (RN) conducted a nursing assessment of a client's functional status and need for central medication storage, and developed a service plan for the provision of the service for three of three clients' (#4, #5, and #6) records reviewed. The findings include:</p> <p>When interviewed January 3, 2005 the RN stated they did not provide central storage of medications because each client's medications are locked in a drawer in the kitchen in their apartments. When questioned by the reviewer if that included the client's schedule II medications, the RN stated the clients Schedule II medications were kept in a locked box in a double locked file cabinet that was bolted to the floor in the nurse's office.</p> <p>On January 12, 2005, at the request of the reviewer, the licensed practical nurse opened the file cabinet and the locked box that contained the client's schedule II medications. The reviewer observed Schedule II medications for clients #4, #5, and #6 centrally stored in the nurse's office. Clients #4, #5, and #6 records did not include a nursing assessment by the RN of the clients need for central medication storage, nor did their service plans include central storage of medications.</p> <p><u>Education:</u> Provided</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|---|-------------------------|--------------------|---|
| #3 | MN Rule 4668.0065 Subp.1 Tuberculosis screening | | X | <u>Education:</u> Provided |
| #6 | MN Rule 4668.0815 Subp. 2 Reevaluation | X | X | <p>Based on record review and interview, the licensee failed to ensure that the client's service plan was revised when there was a change in condition, that required a change in services for one of one client (#1) reviewed. The findings include:</p> <p>Client # 1's service plan dated October 4, 2004 included assistance with dressing, grooming, medication assistance up to four times per day, escort services, and a shower up to three time per week. The client received dialysis three times per week. On November 29, 2004 the client returned from dialysis with an order for "Foot soaks to the left foot one time per day and apply bacitracin." On December 2, 2004 an additional order was received from dialysis, which indicated to increase the foot soaks to two times per day. Documentation in the client's progress notes indicated, "Foot soaks increased to two times per day. Call placed to County and will bill County". A notation in the record by the registered nurse dated December 10, 2004 stated, " Order to d/c (discontinue), toe healed, no signs of redness or drainage".</p> <p>When interviewed January 5, 2005 the RN confirmed that she had not revised the client's service plan to include the foot soaks, because it was a short-term treatment.</p> <p><u>Education:</u> Provided</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--|-------------------------|--------------------|--|
| #6 | MN Rule 4668.0815 Subp.4 Contents of service plan | | X | <u>Education:</u> Provided |
| #7 | MN Rule 4668.0070 Subp.2 Personnel records | | X | <u>Education:</u> Provided |
| #7 | MN Rule 4668.0825 Subp.4 Performance of routine procedures | X | X | <p>Based on record review and interview, the licensee failed to have a registered nurse (RN) specified in writing specific instructions for performing procedures delegated to unlicensed personnel to perform for one of one client (#1) reviewed. The findings include:</p> <p>Client #1's record had a progress note dated September 13, 2004 signed by the trained medication aide (TMA) that indicated, "shunt site in right arm for dialysis was bleeding pretty good this evening, writer put pressure on it and then bandaged it up." The client's record lacked evidence of written instructions to perform this procedure. Client #1 returned from dialysis on November 29, 2004 with an order to soak her left foot and apply bacitracin one time per day. Client #1's record indicates soaks were done. The client's record lacked evidence of written instructions by the RN on how to perform the procedure.</p> <p>When interviewed January 5, 2005, the RN stated that someone always checks the client after dialysis and would report if there was a problem with bleeding. The RN also stated "I do not have any written instructions specifically for this procedure." On January 13, 2005 the RN confirmed that she did not have any written procedures or specific instructions regarding the foot soaks for client #1.</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.2 Nursing assessment and service plan | X | X | <p>Based on record review and interview, the licensee failed ensure that a Registered Nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with self-administration of medication or medication administration for one of one client (#2) reviewed. The findings include:</p> <p>Client #2's service plan was modified on November 23, 2004 to change services from medication set-up to medication administration and was signed by both the client and the RN. A nursing assessment dated October 25, 2004 indicated the client was independent and able to take her own medications. There was no RN assessment of the client's need for medication administration. When interviewed January 5, 2005 the RN stated that she did not think to do another assessment.</p> <p><u>Education:</u> Provided</p> |
| #8 | MN Rule 4668.0855 Subp.9 Medication records | | X | <p><u>Education:</u> Provided</p> |
| #8 | MN Rule 4668.0860 Subp.7 Electronically transmitted orders | X | X | <p>Based on client records, notes in the communication book, and interview, the licensee failed to assure the registered nurse (RN) was notified within one hour of receipt of a new order. The findings include:</p> <p>Client #2's record had a progress note dated January 4, 2005 that stated, "Received a new order from Dr. today, change Baclofen to 5 mg. p.o. q am instead of 10 mg. New change was started this am." There was no evidence in the client's record that the RN had</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--|-------------------------|--------------------|---|
| | | | | <p>been notified within one hour of receiving the order. In addition, the communication book contained numerous entries for new orders for several of the clients in the past three months that the RN had not been notified of within one hour of receiving the order. When interviewed January 5, 2005 the RN confirmed that she was not notified within an hour of a new order being received and acknowledged that there was not a procedure in place for being notified within the hour when a new order is received. The agency policy was reviewed and states to notify the RN, but does not specify a time period to notify the RN when a new order is received.</p> <p><u>Education:</u> Provided</p> |
| #8 | MN Rule 4668.0865 Subp. 3 Control of Medications | X | X | <p>Based on observation, interview and record review, the licensee failed to establish and maintain a system that addressed the control of medications for clients receiving central storage of medications. The findings include:</p> <p>When interviewed January 3, 2005, the registered nurse (RN) stated they did not provide central storage of medications, however, observations on January 12, 2005 revealed three clients' schedule II medications were centrally stored in a locked storage box in a locked file cabinet in the nursing office. On January 14, 2005 the RN stated they did not have a system that addressed the control of medications that were centrally stored.</p> <p><u>Education:</u> Provided</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--|-------------------------|--------------------|---|
| #10 | MN Rule 4668.0012 Subp.17 Display of license | | X | Education: Provided |

A draft copy of this completed form was left with Brenda Eggerth at an exit conference on January 14, 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)