



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2191

September 29, 2006

Susan Minar, Administrator
River Hills
322 River Hills Place No
Cambridge, MN 55008

Re: **AMENDED** Results of State Licensing Survey

Dear Ms. Minar:

On September 20, 2006, you were sent a letter with State Licensing deficiencies delineated on a correction order form in relation to a survey that was conducted on August 17 and 18, 2006. **Please disregard the information that was mailed to you.** Subsequent to that mailing, an error was noted in the information that was mailed to you.

The corrected State licensing deficiencies are delineated on the attached **amended** Minnesota Department of Health (MDH) correction order form. The amended information that has been corrected is underscored and the stricken [~~stricken~~] information has been removed.

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 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) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

CMR 3199 06/06



Assisted Living Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Assisted Living home care providers (ALHCP). ALHCP licensees may also use this 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 staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living Home Care services. Completing this Licensing Survey Form in advance may facilitate 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: RIVERHILLS

HFID #: 20709

Date(s) of Survey: August 17 and 18, 2006

Project #: QL20709004

Indicators of Compliance	Outcomes Observed	Comments
1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. <ul style="list-style-type: none"> • MN Rule 4668.0050 • MN Rule 4668.0800 Subp. 3 • MN Rule 4668.0815 • MN Rule 4668.0825 Subp. 2 • MN Rule 4668.0845 	<ul style="list-style-type: none"> • 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. 	Annual Licensing Survey <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
2. The provider promotes the clients' rights. <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from 	Annual Licensing Survey <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Statute §144A.44 • MN Statute §144D.04 	<p>the provider.</p>	<p>Follow-up Survey #____ ____New Correction Order issued ____Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 • MN Statute §144A.46 • MN Statute §144D.07 • MN Statute §626.557 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Provider personnel 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>Annual Licensing Survey <u>X</u> Met ____Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey #____ ____New Correction Order issued ____Education Provided</p>
<p>4. The clients' confidentiality is maintained.</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p>Annual Licensing Survey <u>X</u> Met ____Correction Order(s) issued ____Education Provided</p> <p>Follow-up Survey #____ ____New Correction Order issued ____Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0830 • MN Rule 4668.0835 • MN Rule 4668.0840 • MN Rule 4668.0065 • MN Rule 4668.0070 • MN Statute §144D.065 • MN Statute §144A.45 • MN Statute §144A.461 	<ul style="list-style-type: none"> • 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 that 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. • Personnel records are maintained and retained. • Staff meet infection control guidelines. 	<p>Annual Licensing Survey ____Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey #____ ____New Correction Order issued ____Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0855 • MN Rule 4668.0860 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The provider has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>7. The provider has a current license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0019 • MN Rule 4668.0220 • MN Statute §144A.47 • MN Statute §144D.02 • MN Statute §144D.04 • MN Statute §144D.05 <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>	<ul style="list-style-type: none"> • 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) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Annual Licensing Survey <u>X</u> Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>8. The is in compliance with MDH waivers and variances</p> <ul style="list-style-type: none"> • MN Rule 4668.0016 	<ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances 	<p>Annual Licensing Survey <u>X</u> Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ 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, list the rule or statute number and the findings of deficient practice noted.

1. MN Rule 4668.0835 Subp. 2

AREA OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed the training and passed a competency evaluation for one of one unlicensed employee (C) reviewed. The findings include:

Employee C was hired in July 2002 as an unlicensed direct care staff. Client #2's record indicated that in August 2006 employee C provided services of blood glucose monitoring, nebulizer set up, supervision of insulin administration, blood pressures and application of anti-embolism stockings and topical medications. Employee C's record lacked documentation that she had been trained and passed a competency evaluation for the services provided to client #2. When interviewed August 18, 2006, the administrator confirmed that employee C's file lacked documentation of training and competency evaluations for the procedures performed for client #2.

The administrator said that employee C was employed when the provider was a home care agency, before they became an assisted living provider. Employee C had been "grand fathered" in and it was thought that all her training and competencies had been done.

2. MN Rule 4668.0840 Subp. 3

AREA OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed assisted living home care services successfully completed training or demonstrated competency in the required topics, for one of one unlicensed employee's (C) record reviewed. The findings include:

Employee C was hired in July 2002 as an unlicensed person who performed assisted living home care services. There was no record of training or competency in her records for required topics #1, #2, #3, #4, #5, #6, #7, #8, #10, #11 and #12. When interviewed August 18, 2006, the administrator confirmed employee C had not received the required training.

3. MN Rule 4668.0855 Subp. 6**AREA OF COMPLIANCE: # 6**

~~Based on interviews, the licensee failed to ensure that unlicensed persons administered only insulin injections that were drawn up by the client or licensed nurse for one of three clients' (#2) records reviewed. The findings include:~~

Based on interviews, the licensee failed to ensure that unlicensed persons who administered insulin did not draw up the injection prior to administration for one of three clients' (#2) records reviewed. The findings include:

During an interview August 17, 2006 client #2 indicated that he was "independent" in dialing up his own injections, which included Byetta (non-insulin injection) 10 micrograms subcutaneously twice daily and sliding scale Humulin insulin two times per day. Client #2 indicated he sometimes doesn't see well enough to make sure the dose is correct and "then if I can't do it they (employee) will do it for me (make sure it's turned to the correct dose)." Employee C verified that client #2's vision, level of confusion or sleepiness requires staff assistance at least one time per week to dial the Byetta dose or the insulin dose. The registered nurse indicated that they thought of Byetta as insulin and providing assistance was allowed as needed for both the Byetta and insulin injections.

4. MN Rule 4668.0865 Subp. 2**AREA OF COMPLIANCE: # 6**

Based on observation, record review and interview, the licensee failed to have the registered nurse (RN) conduct an assessment of the client's functional status and need for central medication storage and develop a service plan for the provision of central storage of medications for three of three clients (#1, #2 and #3) who received central storage of medications. The findings include:

Observations of the locked medication storage cupboards in clients' #1, #2, and #3 rooms on August 17 and 18, 2006, and documentation in their records indicated that the clients were receiving central storage of medications. The service plans for clients #1, #2, and #3 stated that no items were centrally stored. When interviewed August 17, 2006, the administrator and RN confirmed the preceding information, however they indicated that since the licensee did not use a medication cart or have a central location of stored medications their understanding was that they did not provide central storage of medication. They did agree that they provided complete control of the medications for all clients, as staff had the key to the storage boxes.

A draft copy of this completed form was left with Susan Minar at an exit conference on August 18, 2006. 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. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the MDH 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).