



*Protecting Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 2260 0000 9988 0354

August 18, 2005

Connie Runke, Administrator  
Prairie Senior Cottages  
1310 Bradford Street  
Hutchinson, MN 55350

Re: Licensing Follow Up Revisit

Dear Ms. Runke:

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 March 7, 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: Michael Demmer, President Governing Board  
Kelly Crawford, Minnesota Department of Human Services  
McLeod County Social Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Jocelyn Olson, Assistant Attorney General  
Mary Henderson, Program Assurance Unit  
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:** PRAIRIE SEN COTTGS HUTCHINSON

**DATE OF SURVEY:** March 7, 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:**

Connie Runke Director

**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 November 29 and 30, 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:

**1. MN Rule 4668.0810 Subp. 6**

**Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail #7003 2260 0000 9988 0651

December 28, 2004

Connie Runke, Administrator  
Prairie Senior Cottages  
1310 Bradford Street  
Hutchinson, MN 55350

Re: Licensing Follow Up Revisit

Dear Ms. Runke:

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  
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: Michael Demmer, President Governing Board  
Case Mix Review File  
Minnesota Department of Human Services  
McCleod County Social Services  
Office of Ombudsman  
Jocelyn F. Olson, Assistant Attorney General

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** PRAIRIE SEN COTTGS HUTCHINSON

**DATE OF SURVEY:** 11/29 and 11/30, 2004

**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:** Connie Runke, Director;  
Courtne Braatz, Caregiver; Marcella Fiecke, client's wife.

**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 July 6, 7, 8, 9, and 13, 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:
  1. **MN Rule 4668.0815, Subp. 3** Corrected
  2. **MN Rule 4668.0855, Subp. 7** Corrected
  3. **MN Rule 4668.0860, Subp. 9** Corrected
- 2) Although a State licensing survey was not due at this time, correction orders were issued.
- 3) The exit conference was not tape recorded.



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: PRAIRIE SEN COTTGS HUTCHINSON

HFID # (MDH internal use): 20745

Date(s) of Survey: November 29 and 30, 2004

Project # (MDH internal use): QL20745001

**First Follow up Survey November 29, and 30, 2004, to determine the status of state licensing orders issued as a result of a visit made on July 6, 7, 8, 9, and 13, 2004. New Violations were noted during the follow up survey and are listed at the end of the survey form.**

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

\_\_\_\_\_ 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:
8	MN Rule 4668.0810 Subp. 6 Accurate Client Record.	X	X	<p>Based on record review, and interview the licensee failed to have accurate and up to date client records for two of five clients (# 2 and #5) reviewed. The findings include:</p> <p>Client #2 had annual renewal of her medications on July 20, 2004. At that time she was receiving Lanoxin 0.125 mg., ½ tablet daily. On July 23, 2004, the physician discontinued the prior order and changed the Lanoxin order to 0.125 mg., ½ tablet every other day. During September of 2004, the facility sent the physician medication lists of all the clients for annual renewal, including client #2. Included on client #2's list was the discontinued order for Lanoxin 0.125 mg., ½ tablet daily, which the physician signed as an order on October 7, 2004. There was no clarification with the physician if he wanted the client to return to her previous dosage of Lanoxin or if she was to continue with the dosage that he had ordered on July 23, 2004. When interviewed November 29, 2004, the licensee's director and Licensed Practical Nurse, stated that the list of medications sent to the physician in September for renewal did not have the correct directions for Lanoxin that the client was receiving at the time of the renewal. The Medication Administration Record for October 2004, indicated that client #2 received Lanoxin 0.125 mg., ½ tablet every other day for the entire month.</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>On October 4, 2004, Client #5 had a written physician order to discontinue her Coumadin. The Coumadin had been 3mg., one tablet every other day alternating with 2 mg. (oral). On October 7, 2004 Client #5 had an annual renewal of medication orders sent to the physician and signed. The renewal orders relisted the order for Coumadin 3mg., one tablet every other day alternating with 2 mg. (oral). When the annual renewal of orders was returned to the facility the Coumadin remained on the orders. There was no evidence in the record that the agency clarified with the physician if he wanted the client to return to her previous discontinuation of Coumadin or if she was to continue with the dosage that had been signed on the annual renewal orders October 7, 2004. On October 27, 2004 the agency received a new physician order to resume the Coumadin at 2 mg., orally, once daily. The October 2004 medication administration record indicated that client #5 had received Coumadin 2mg. October 1 and 3 and Coumadin 3 mg. October 2, 2004. Client #5 then received Coumadin 2 mg. October 27 through 31,2004. When interviewed November 29, 2004 the licensee's director/Licensed Practical Nurse confirmed that they had not verified with the physician if he wanted to resume the Coumadin as was previously ordered or to continue with the discontinuing order for October 4, to 27,2004. On November 29, 2004 the licensee's director/LPN crossed out the Coumadin order listed on the October 7, 2004 renewal orders and wrote, "10/4/04-order change, DC'd" (discontinued) and signed it with the date of November 29, 2004.</p> <p><b>Education:</b> Provided.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
8	MN Rule 4668.0860 Subp. 2 Physician orders.		X	<b>Education:</b> Provided.

A draft copy of this completed form was left with Connie Runke at an exit conference on November 30, 2004. 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)



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 0170

August 27, 2004

Connie Runke, Administrator  
Prairie Senior Cottages Hutchinson  
1310 Bradford Street  
Hutchinson, MN 55350

Re: Results of State Licensing Survey

Dear Ms. Runke:

The above agency was surveyed on July 7, 8, 9, and 13, 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: Micheal Demmer, 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: PRAIRIE SEN COTTGS HUTCHINSON  
 HFID # (MDH internal use): 20745  
 Date(s) of Survey: July 6, 7, 8, 9, and 13, 2004  
 Project # (MDH internal use): QL20745001

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

\_\_\_\_\_ 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: 4668.0815, Subp. 3	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement of Deficient Practice: #1  Education: #1	Based on interview and client record review the licensee failed to have modification changes to the service plan in writing and agreed to by the client or the client's responsible person before the modification was initiated, for five of six active clients (#1, #2, #4, #5, #6) reviewed. Education was provided to the Director on the need for the service plan to include the fees for services and then modified when rate changes occur. The modification must be in writing and authenticated by the client or the client's responsible person and entered into the client's record. During the survey the Director adapted a form to utilize with rate changes and modifications to the service plans. The registered nurse and the Director were educated on this need. During the survey the Director added a documentation sheet to the service plans indicating an area for the registered nurse to document review of the service plan.	
Indicator of Compliance: #1	Regulation: 4668.0815,Subp.4	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Education: #1	The service plans for all of the clients reviewed lacked central storage of medications as a service provided to them, although all of them were receiving the service. This service was part of the "package" cost of the housing with services contract. The service plans also lacked the fees for services as these fees were also included in the "package" fees in the housing with services contract. Education was provided to the Director on the need for these fees to be included in the service plan for the ALHCP, as well as all of the services the client is receiving. The Director had added "central storage of medications" to the service plan computer program during the survey. The service plan of client #1 from 2004 did have the fees included on the plan.	

Indicator of Compliance: #1	Regulation: 4668.0845, Subp. 2	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Education: #1	<p>The service plans for all of the clients reviewed indicated that the registered nurse would provide supervision of the caregivers performing the delegated duties during the first 14 days of residency and at least every six months. Although, the registered nurse was documenting supervision of the unlicensed staff during the first 14 days of residency and at least every 62 days thereafter. Education was provided to the registered nurse and the Director that the supervision needed to be within the first 14 days and at least every 62 days thereafter, or more frequently, if indicated and documented in the service plan as such. During the survey the Director changed the master computer program to reflect the change to every 62 days, as indicated in the rule.</p>	
Indicator of Compliance: #3	Regulation: 4668.0805, Subp. 1	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Education: #3	<p>Based on interview and record review the licensee failed to provide orientation to home care requirements for one of two licensed staff reviewed (#1) before the staff provided supervision of direct care or management of services. On the orientation record for staff #1, under "Home care and Hospice Services", the director denoted the staffs' professional "License". On July 9, 2004 at 1PM staff #1 stated that she had not completed this training. During survey she completed the training and the post-test, which was filed in her personnel record. The Director and staff #1 were educated on the need for this orientation training for all staff who provide direct care, supervision of direct care, or management of services before providing home care services to clients.</p>	
Indicator of Compliance: #8	Regulation: 4668.0860, Subp. 9	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #8  Education: #8	<p>Based on interview and record review the licensee failed to have the medication orders renewed for one of six clients reviewed. Client #2 was admitted in 2001, when her medications were initially ordered. She did not have renewal of her medications until May 2003. Her medications had not been renewed since then. On July 8, 2004, the Director stated that client #2 is very difficult to transport, so consequently, they had not been taking her out for an annual physical and medication renewal. She confirmed that the medication orders had not been renewed.</p> <p>This reviewer provided education on the need for at least annual renewal of medications, and more often as needed, that the assisted living home care provider licensee provides assistance with self-administration of medication or medication administration. During the survey the Director notified the physician of the need for medication renewal and the physician requested that the resident be seen in the clinic, which was set-up by the Director.</p>	



Indicator of Compliance: #8	Regulation: 4668.0855, Subp. 2	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Education: #8	Based on interview and record review the registered nurse failed to conduct a nursing assessment of each client's need for assistance with self-administration of medication or medication administration. The registered nurse stated on July 6, 2004, that as all of the clients that the licensee provided services for had a diagnosis of dementia, and were in advanced stages, they were unable to safely administer their own medications. Therefore, the standard fee for services included medication administration and central storage of medications. Education was provided to the registered nurse and the director for the need of the assessment and development of the service plan for the provision of the services according to the client's needs and preferences.	
Indicator of Compliance: #8	Regulation: 4668.0855, Subp. 7	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #8  Education: #8	Based on interview and record review the licensee failed to have the registered nurse (RN) specify in writing specific instructions for performing the procedures for each client with self-administration of medications or medication administration for three of five active clients (#4, #5, #6) reviewed.  Education was provided regarding the need for the registered nurse to specify in writing specific instructions for performing the procedures for each client.	

A copy of this completed form was left with Connie Runke at an exit conference on July 13, 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).