



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7120

August 27, 2010

Jeff Bradley, Administrator
Kingsley House
206 1st Street Southwest
Austin, MN 55912

Re: Results of State Licensing Survey

Dear Mr. Bradley:

The above agency was surveyed on June 1, 2, and 7, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the correction order 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) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written over a white background.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0938 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>
An equal opportunity employer

CERTIFIED MAIL #: 7009 1410 0000 2303 7120

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program



Patricia Nelson - Supervisor - (651) 201-4309

TO:	Ted Baumgardt	DATE: August 27, 2010
PROVIDER:	KINGSLEY HOUSE	COUNTY: MOWER
ADDRESS:	206 1ST STREET SOUTHWEST AUSTIN, MN 55912	HFID: 20752

On June 1, 2 and 7, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0065 Subp. 3

Based on record review and interview, the licensee failed to ensure annual infection control training was completed for two of three direct care employees (A and B) reviewed. The findings include:

Employee A was hired January 7, 2008, as a registered nurse. There was no evidence of any infection control training in her records.

Employee B was hired June 14, 2007, as unlicensed direct care staff. Employee B's records indicated her last infection control training was on May 25, 2007.

When interviewed June 7, 2010, employee A stated she had not done any yearly infection control training for the unlicensed staff, but indicated she might have some training records from another employment for herself. No further documentation was provided during the survey.

TO COMPLY: For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

- A. hand washing techniques;
- B. the need for and use of protective gloves, gowns, and masks;
- C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
- D. disinfecting reusable equipment; and
- E. disinfecting environmental surfaces.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0805 Subp. 1

Based on record review and interview, the licensee failed to ensure that each employee received orientation to home care requirements before providing home care services to clients for three of three employees' (A, B and C) records reviewed. The findings include:

Employee A was hired January 7, 2008, as a registered nurse (RN). There was no evidence that employee A had received orientation to home care.

Employee B and C were hired June 14, 2007, and March 25, 2010, respectively as unlicensed direct care staff. There was no evidence that the employees had received orientation to home care.

When interviewed June 7, 2010, employee C thought she might have documentation of receiving orientation to home care from another provider, however no further information was received during the survey. When interviewed June 7, 2010, neither employee A nor employee E (program director) knew what orientation to home care services was. Employee A also stated she had not received any training in orientation to home care.

TO COMPLY: An individual applicant for a class F home care provider license and a person who provides direct care, supervision of direct care, or management of services for a licensee must complete an orientation to home care requirements before providing home care services to clients. The orientation may be incorporated into the training of unlicensed personnel required under part [4668.0835](#), subpart 2. The orientation need only be completed once.

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0815 Subp. 2

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed or revised each client's evaluation at least annually or when there was a change in the client's condition that required a change in services for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services January 3, 2002. The client's service plan, dated May 6, 2010, indicated the client was receiving assistance with dressing, grooming, bathing, toileting and exercise. An annual review signed by the program director, dated May 6, 2010, indicated the client was very unsteady on her feet, confused, more forgetful and anxious. A communication log note, dated May 19, 2010, indicated the client had a fall. The last RN evaluation/baseline assessment, dated July 9, 2009, indicated the client was independent with the walker for transferring and walking, and required minor assistance for finances.

When interviewed June 6, 2010, at 3:00 p.m. employee B (unlicensed direct care staff) stated that lately client #1 had been falling more often due to her balance. When interviewed June 7, 2010, employee A (RN) and employee E (program director) did not know that the RN evaluation and the service plan should be revised with a change in client's condition.

TO COMPLY: A registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Rule 4668.0815 Subp. 4

Based on record review and interview, the licensee failed to ensure that service plans were complete for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services, including medication administration and central storage of medication on January 3, 2002. Client #1's service plan, dated May 6, 2010, did not include: medication administration, central storage of medications and identification of the person or persons who were to provide care.

When interviewed June 7, 2010, employee A (RN) indicated she did not realize that medication administration, central storage of medications and the person who was going to provide the services had to be included on the service plan. When interviewed June 7, 2010, employee E (program director) also did not know central storage had to be included on the service plan.

TO COMPLY: The service plan required under subpart 1 must include:

A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;

B. the identification of the persons or categories of persons who are to provide the services;

C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;

D. the fees for each service; and

E. a plan for contingency action that includes:

(1) the action to be taken by the class F home care provider licensee, client, and responsible person if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the class F home care provider licensee whenever staff are providing services;

(3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the class F home care provider licensee to contact a responsible person of the client, if any; and

(5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

TIME PERIOD FOR CORRECTION: Thirty (30) days

5. MN Rule 4668.0825 Subp. 4

Based on record review and interview, the licensee failed to ensure that unlicensed staff were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, that the RN specified in writing specific instructions for performing the procedure and that staff demonstrated to the RN that he/she was competent to perform the procedure for one of two clients' (#2) records reviewed. The findings include:

Client #2 was admitted and began receiving services October 29, 2004. Employee B and C were hired June 14, 2007, and March 25, 2010, respectively as unlicensed direct care staff. The May 2010 medication administration record indicated employee C had performed blood sugar checks for the client. When interviewed June 1, 2010, employee B verified that she had performed the blood sugar checks. There was no documented evidence that employee B and C had received training on how to perform the blood sugar checks or that they had demonstrated competency to the RN on the procedure.

When interviewed June 7, 2010, employee A (RN) and employee E (program director) did not know unlicensed employees needed to be trained and competency tested prior performing delegated nursing procedures such as blood sugar checks.

TO COMPLY: A person who satisfies the requirements of part [4668.0835](#), subpart 2, may perform delegated nursing procedures if:

A. before performing the procedures, the person is instructed by a registered nurse in the proper

methods to perform the procedures with respect to each client;

B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;

C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;

D. the procedures for each client are documented in the client's record; and

E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

TIME PERIOD FOR CORRECTION: Thirty (30) days

6. MN Rule 4668.0835 Subp. 3

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who performed assisted living home care services, received eight hours of in-service training for each twelve months of employment for one of two unlicensed direct care employee (B) records reviewed. The findings include:

Employee B was hired June 14, 2007, as unlicensed direct care staff. The employee training and development record dated February through November 2008 did not identify how many minutes and/or hours of training were provided. The employee training and development record dated January through June 2009 noted the employee had received five hours of training.

When interviewed June 7, 2010, employee A (registered nurse) and employee E (program director) thought the hours might have been listed elsewhere, but did not provide any further documentation of training during the survey.

TO COMPLY: For each unlicensed person who performs assisted living home care services, a class F home care provider licensee must comply with items A to C.

A. For each 12 months of employment, a person who performs assisted living home care services must complete at least eight hours of in-service training in topics relevant to the provision of home care services, including training in infection control required under part [4668.0065](#), subpart 3, obtained from the licensee or another source.

B. If a person has not performed assisted living home care services for a continuous period of 24 consecutive months, the person must demonstrate to a registered nurse competence according to part [4668.0840](#), subpart 4, item C.

C. A licensee must retain documentation of satisfying this part and must provide documentation to a person who completes the in-service training.

TIME PERIOD FOR CORRECTION: Thirty (30) days

7. MN Rule 4668.0840 Subp. 3

Based on record review and interview, the licensee failed to ensure training was completed for one of one unlicensed employee (C) record reviewed. The findings include:

Employee C was hired April 1, 2010, as an unlicensed direct care staff. There was no documentation that employee C completed training in the required topics. When interviewed June 7, 2010, at 2:30 p.m., employee A (registered nurse) indicated she had not done any core training for employee C.

TO COMPLY: A. An unlicensed person performing assisted living home care services must successfully complete training or demonstrate competency in the topics described in subitems (1) to (12). The required topics are:

- (1) an overview of this chapter and Minnesota Statutes, sections 144A.43 to 144A.47;
- (2) recognizing and handling emergencies and using emergency services;
- (3) reporting maltreatment of vulnerable minors or adults under Minnesota Statutes, sections 626.556 and 626.557;
- (4) the home care bill of rights, Minnesota Statutes, section 144A.44;
- (5) handling clients' complaints and reporting complaints to the Office of Health Facility Complaints;
- (6) the services of the ombudsman for older Minnesotans;
- (7) communication skills;
- (8) observing, reporting, and documenting client status and the care or services provided;
- (9) basic infection control;
- (10) maintaining a clean, safe, and healthy environment;
- (11) basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; and
- (12) physical, emotional, and developmental needs of clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property, and the client's family.

B. The core training of unlicensed personnel must be taught by a registered nurse with experience or training in home care, except that item A, subitems (1) to (7), may be taught by another instructor under the direction of the registered nurse.

C. The core training curriculum must meet the requirements of this chapter and Minnesota Statutes, sections 144A.43 to 144A.47.

TIME PERIOD FOR CORRECTION: Thirty (30) days

8. MN Rule 4668.0855 Subp. 3

Based on observation, interview and record review, the licensee failed to ensure that when the registered nurse delegated medication administration to unlicensed staff, that medication administration was conducted in accordance with the definition for medication administration for one of two clients (#3) reviewed. The findings include:

MN Rule 4668.0003 Subp 21a defines medication administration as “performing a task to ensure a client takes a medication, and includes the following tasks, performed in the following order: A. checking the client’s medication record; B. preparing the medication for administration; C. administering the medication to the client; D documenting after administration, or the reason for not administering the medication as ordered; and E. reporting information to a nurse regarding concerns about the medication or the client’s refusal to take the medication.”

Client #3 was admitted and began receiving home care services including medication administration January 2, 2008. During a tour of the facility on June 1, 2010, at approximately 11:30 a.m. employee B (unlicensed staff) showed the surveyor the central storage medication cabinet. Nineteen brown envelopes were observed in two plastic bags. The envelopes noted they were for client #3 to take with her on a one week vacation. A date and a time was noted on the front of each envelope. When interviewed June 1, 2010, employee B (unlicensed direct care staff) stated she had set up the medications for client #3’s one week vacation and had included one extra dose of each pill the client took, “just in case.”

When interviewed June 1, 2010, at approximately 4:00 p.m. employee A (registered nurse) did not know that unlicensed staff could not set up a client’s medications for administration at a later time and date.

TO COMPLY: A registered nurse may delegate medication administration or assistance with self-administration of medication only to a person who satisfies the requirements of part [4668.0835](#), subpart 2, and possesses the knowledge and skills consistent with the complexity of medication administration or assistance with self-administration of medication, only in accordance with Minnesota Statutes, sections [148.171](#) to [148.285](#).

TIME PERIOD FOR CORRECTION: Seven (7) days

9. MN Rule 4668.0860 Subp. 2

Based on record review and interview, the licensee failed to have a current prescriber’s order for one of one client’s record (#1) reviewed. The findings include:

Client #1 was admitted and began receiving medication administration January 3, 2002. The May and June 2010 medication administration record (MAR) indicated client #1 received Aspirin 81 mg. (milligrams) everyday and also noted Nystatin powder p.r.n. The Aspirin and Nystatin were not listed as current medications on the most current prescriber’s orders of March 25, 2010.

When interviewed by phone June 4, 2010, at 6:30 p.m. employee A (registered nurse) indicated she thought the MAR was correct, but would contact the prescriber for clarification of the orders for the Aspirin and Nystatin powder.

TO COMPLY: There must be a written prescriber's order for a drug for which an class F home care provider licensee provides assistance with self-administration of medication or medication administration, including an over-the-counter drug.

TIME PERIOD FOR CORRECTION: Seven (7) days

10. MN Statute §144A.441

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights for Assisted Living Clients for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services January 3, 2002. Client #1 was provided a copy of the Minnesota Home Care Bill of Rights, but the content did not include the current language for assisted living clients in clause 16, which included the right to at least a thirty day advance notice of termination of a service by the provider.

When interviewed June 2, 2010, employee E (program director) did not know there was a more current bill of rights.

TO COMPLY: Assisted living clients, as defined in section [144G.01, subdivision 3](#), shall be provided with the home care bill of rights required by section [144A.44](#), except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section [144A.44, subdivision 1](#), clause (16):

"(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where:

(i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;

(ii) an emergency for the informal caregiver or a significant change in the recipient's condition has

resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or

(iii) the provider has not received payment for services, for which at least ten days' advance notice of the termination of a service shall be provided."

TIME PERIOD FOR CORRECTION: Thirty (30) days

11. MN Statute § 626.557 Subd. 3

Based on record review and interview, the licensee failed to report an incident of suspected abuse or neglect for one of two client's (#1) records reviewed. The findings include:

Client #1 was admitted and began receiving home care services January 3, 2002. An entry signed by employee E (program director) in the facility communication log, dated May 6, 2010, stated "I do not want (client #1's) mattress 'flipped' after she gets out of bed in the AM– this is verging on a VA (vulnerable adult) violation!!" A progress note by employee D (unlicensed staff), dated May 6, 2010, stated the (program director) stated in a meeting with (client #1) we are no longer to force (client #1) to get out of bed. (Client #1) has the right to refuse, please encourage her to get up with prompts.

When interviewed June 1, 2010, employee B (unlicensed staff) stated she had moved client #1's mattress off the box spring at about 8:00 or 8:30 a.m. on May 6, 2010, because she was trying to figure out a way to get client #1 up and prevent her from lying down again. Employee B stated she put the mattress back onto the box spring around 3:30 p.m. on May 6, 2010. Employee B also stated that she did not talk to client #1 about removing the mattress from the box spring, prior to it being removed.

When interviewed June 1, 2010, employee E stated he observed the mattress off the box spring on May 6, 2010 and immediately talked to employee B. Employee E also stated he had held a care conference on May 7, 2010, at which time staff was informed it was client #1's right to lie down on her bed when she wanted to. Employee E also indicated he had not initiated a report to the common entry point related to the suspected incident of abuse or neglect.

TO COMPLY: Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:

(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or

(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section [626.5572, subdivision 21](#), clause (4).

(b) A person not required to report under the provisions of this section may voluntarily report as described above.

(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.

(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.

(e) A mandated reporter who knows or has reason to believe that an error under section [626.5572, subdivision 17](#), paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section [626.5572, subdivision 17](#), paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section [626.5572, subdivision 17](#), paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.

TIME PERIOD FOR CORRECTION: Thirty (30) days

12. MN Statute §626.557 Subd. 14(b)

Based on record review and interview, the licensee failed to develop a vulnerable adult assessment and an individualized abuse prevention plan for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services January 3, 2002. A communication log note, dated May 16, 2010, indicated staff had smelled something burning and discovered that client #1 had "attempted" to iron a shirt. The iron was found in her room on the ground on top of cords. Client #1 had a history of falls with the most recent one documented on May 19, 2010. There was no documentation of a vulnerable adult assessment or plan.

When interviewed June 2, 2010, employee E (program director) indicated a vulnerable adult assessment had not been done and that the previous housing manager had been in charge of doing the vulnerable adult assessments. When interviewed June 8, 2010, employee E did not know if any of the clients had vulnerable adult assessment done.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 3008

December 15, 2006

Del Sand, Administrator
Kingsley House
206 1st Street Southwest
Austin, MN 55912

Re: Licensing Follow Up visit

Dear Mr. Sand:

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 November 16, 2006.

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

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.

Feel free to call our office if you have 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 initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

**Minnesota Department of Health
Division of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: KINGSLEY HOUSE

DATE OF SURVEY: November 16, 2006

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:

Kristina Alvarez-Babastro, PCA

Norma Olson, House Manager

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # 3

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 April 7, 11, and 13, 2005 and subsequent follow up visits made on January 17, 18, and 21, 2006 and August 16, 2006. 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 issued as a result of a visit made on April 7, 11, and 13, 2005 and not corrected on subsequent follow up visits made on January 17, 18, and 21, 2006 and August 16, 2006 is as follows:

7. MN Rule 4668.0845 Subp. 2

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1767

September 1, 2006

Del Sand, Administrator
Kingsley House
206 1st Street Southwest
Austin, MN 55912

Re: Licensing Follow Up visit

Dear Mr. Sand:

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 August 16, 2006.

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

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.

Feel free to call our office if you have 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.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Mower County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail #7005 0390 0006 1222 1767

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOLLOWING A SUBSEQUENT REINSPECTION FOR
ASSISTED LIVING HOME CARE PROVIDERS**

September 1, 2006

Del Sand, Administrator
Kingsley House
206 1st Street Southwest
Austin, MN 55912

RE: QL20752001

Dear Mr. Sand:

On August 16, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a survey completed on April 7, 11, and 13, 2005, with correction orders received by you on November 7, 2005, and found to be uncorrected during an inspection completed on January 17, 18, and 23, 2006.

As a result of correction orders remaining uncorrected on the January 17, 18, and 23, 2006 re-inspection, a penalty assessment in the amount of **\$1300.00** was imposed on February 1, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on August 16, 2006.

7. MN Rule 4668.0845 Subp. 2

\$700.00

Based upon record review and interview, the licensee failed to have a registered nurse (RN) supervise services that require supervision for two of two clients' (#1 and #2) records reviewed. The findings include:

Client # 1 and #2 were admitted January 3, 2002, and October 29, 2004, respectively. Their records did not include evidence of supervisory visits. When interviewed, April 7, 2005, the RN stated she was unaware that supervisory visits were required.

TO COMPLY: After the orientation required under part [4668.0835](#), subpart 5, a registered nurse must supervise, or a licensed practical nurse under the direction of a registered nurse must monitor, unlicensed persons who perform assisted living home care services that require

September 1, 2006

supervision by a registered nurse at the housing with services establishment, to verify that the work is being performed adequately, identify problems, and assess the appropriateness of the care to the client's needs. Supervision or monitoring must be provided no less often than the following schedule:

(1) within 14 days after initiation of assisted living home care services that require supervision by a registered nurse; and

(2) at least every 62 days thereafter, or more frequently if indicated by a nursing assessment and the client's individualized service plan.

B. If the unlicensed person is monitored by a licensed practical nurse, the client must be supervised by a registered nurse at the housing with services establishment at least every other visit and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$700.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: **\$700.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Division of Compliance Monitoring, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

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.

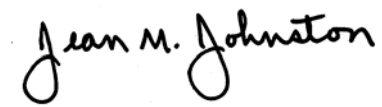
If you have any questions, please feel free to give me a call at 651-201-4301.

Kingsley House
206 1st Street Southwest
Austin, MN 55912

Page 3 of 3

September 1, 2006

Sincerely,

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

Jean Johnston
Program Manager
Case Mix Review Program

cc: Mower County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Mary Henderson, Program Assurance
Jocelyn Olson, Attorney General Office

06/06 FPCCMR 2697

Minnesota Department Of Health
Division Of Compliance Monitoring
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: KINGSLEY HOUSE

DATE OF SURVEY: August 16, 2006

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:

Norma Olson, House Manager

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: #2 _____

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 7, 11, and 13, 2005 and a follow up visit made on January 17, 18, and 23, 2006. 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 issued as a result of a visit made on April 7, 11, and 13, 2005 and not corrected during a January 17, 18, and 23, 2006 follow up visit is as follows:

4. MN Rule 4668.0815 Subp. 1	Corrected	
7. MN Rule 4668.0845 Subp. 2	Not Corrected	\$700.00

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for five of five clients' (#1, #2, #5, #6, and #7) records reviewed. The findings include:

Clients #1, #2, #5, #6, and #7 received delegated nursing services including medication administration and personal cares which required supervisory visits.

Client #1 had supervisory visits February 27 and April 30, 2006. Client #2 had supervisory visits February 27 and June 20, 2006. Client #5 had supervisory visits February 27 and July

6, 2006. Client #6 and Client #7 had supervisory visits February 27 and April 3, 2006 respectively. There were no other supervisory visits documented for clients #1, #2, #5, #6, and #7. When interviewed August 16, 2006, the house manager stated no other visits were completed.

8. MN Rule 4668.0855 Subp.2

Corrected

9. MN Rule 4668.0865 Subp. 2

Corrected

The status of a correction order issued as a result of a January 17, 18, and 23, 2006 follow up visit is as follows:

1. MN Rule 4668.0815 Subp. 4

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9861

February 1, 2006

Paula Novak, Administrator
Kingsley House
206 1st Street Southwest
Austin, MN 55912

Re: Licensing Follow Up Revisit

Dear Ms. Novak:

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 January 17, 18, and 23, 2006.

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: Deb Sand, President Governing Body
Mower County Social Services
Gloria Lehnertz, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Mary Henderson, Program Assurance
Jocelyn Olson, Attorney General Office
CMR File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: KINGSLEY HOUSE

DATE OF SURVEY: January 17, 18, and 23, 2006

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:

Tedd Baumgardt, Program Manager
Norma Olson, Housing Manage
Jessica Schreve, RN
Kristina Alvarez-Babastro, PCA

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1

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 April 7, 11, and 13, 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 4668.0030 Subp. 5	Corrected	
2. MN Rule 4668.0805 Subp. 1	Corrected	
3. MN Rule 4668.0810 Subp. 6	Corrected	
4. MN Rule 4668.0815 Subp. 1	Not Corrected	\$250

Based on record review and interview, the licensee failed to ensure service plans were established by a registered nurse (RN) and failed to ensure that clients' service plans were authenticated by the licensee and the client or client's responsible party for four of

four clients' (#1, #2, #4, and #5) records reviewed. The findings include:

The service plans for clients # 1, #2 and #5 dated January 17, 2006, July 22, 2005, and May 9, 2005, respectively were all established by the housing manager or program director who were not RN's.

Client #1's service plan dated January 17, 2006, lacked authentication by the client or the client's responsible party.

Client #2's service plan dated July 22, 2005, lacked authentication by the licensee.

Client #4 began receiving services July 6, 2005. There was no evidence of a service plan for client #4.

When interviewed, January 17, 2006, the housing manager stated that either the program director or she did service plans for the clients and verified the services plans lacked the proper signatures. When interviewed, January 17, 2006, the registered nurse (RN) stated she was not aware the RN needed be involved in the service plan.

5. MN Rule 4668.0815 Subp. 2	Corrected	
6. MN Rule 4668.0835 Subp. 3	Corrected	
7. MN Rule 4668.0845 Subp. 2	Not Corrected	\$350

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for four of four clients' (#1, #2, #4, and #5) records reviewed. The findings include:

Clients #1, #2, #4, and #5 received services that required supervisory visits including medication administration. No supervisory visits were documented.

When interviewed, January 17, 2006, the RN verified the supervisory visits had not been completed.

8. MN Rule 4668.0855 Subp. 2	Not Corrected	\$350
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Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration for four of four clients' (#1, #2, #4, and #5) records reviewed. The findings include:

Clients #1, #2, and #5's service plans dated January 17, 2006, July 22, 2004, and May 9, 2005, respectively all included weekly medication set-up and medication administration.

Client #4 began receiving services including weekly medication set-up and daily administration of medication July 6, 2005. There was no evidence of a service plan for client #4.

There was no documentation in the records for clients #1, #2, #4 and #5 that the RN conducted a nursing assessment of the client's functional status and need for assistance with medication prior to providing the service. When interviewed, January 17, 2006, the RN verified that the assessments had not been conducted.

9. MN Rule 4668.0865 Subp. 2**Not Corrected****\$350**

Based on 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 four of four clients' (#1, #2, #4, and #5) records reviewed who received central storage of medications. The findings include:

Clients # 1, #2, #4, and #5 began receiving central storage of medications January 3, 2002, October 29, 2004, July 6, 2005, and January 3, 2002, respectively. Clients #1, #2, #4, and #5's records did not include an assessment for central storage of medications. When interviewed, January 17, 2006, the registered nurse stated that the licensee provided central storage of medications for all of their clients and verified that the assessments had not been done and the service plans did not include central storage of medications.

10. MN Rule 4668.0870 Subp. 2**Corrected****11. MN Statute § 626.557 Subd. 14 (b)****Corrected**

- 2) Although a State licensing survey was not due at this time, correction orders were issued.



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: KINGSLEY HOUSE

HFID # (MDH internal use): 20752

Date(s) of Survey: January 17, 18, and 23, 2006

Project # (MDH internal use): QL20752001

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 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 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 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 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 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 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 type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 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) <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.	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 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 4668.0815 Subp. 4 Contents of Service Plan	X	X	<p>Based on record review and interview, the licensee failed to provide a complete service plan for three of four clients' (#1, #2, and #5) records reviewed. The findings include:</p> <p>Clients #1, #2, and #5's service plans all included medication set-up and medication administration, mental health management, and assist with personal cares. The plans did not include the fees or the frequency of supervision for the services.</p> <p>When interviewed, January 17, 2006, the housing manager verified the service plans were incomplete for clients #1, #2, and #5.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Tedd Baumgardt, Program Director at an exit conference on January 23, 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 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 # 7004 2260 0000 9988 0460

October 7, 2005

Paula Novak, Administrator
Kingsley House
206 1st Street Southwest
Austin, MN 55912

Re: Results of State Licensing Survey

Dear Ms. Novak:

The above agency was surveyed on April 7, 11, and 13, 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: Scott Horngren, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Mower County Social Services
Sherily 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: KINGSLEY HOUSE
 HFID # (MDH internal use): 20752
 Date(s) of Survey: April 7, 11, and 13, 2005
 Project # (MDH internal use): QL20752001

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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction 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 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 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 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 Statutes 144D.065; 144A.45, Subd. 5; 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 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 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input checked="" 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)</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:

_____ 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:
#2	MN Rule 4668.0030, Subp. 5 Home Care Bill of Rights: Acknowledgment of receipt	X	X	Based on record review and interview, the licensee failed to have written acknowledgment of receipt of the Minnesota Home Care Bill of Rights for one of two clients' (#2) records reviewed. The findings include: Client # 2 began receiving services October of 2004. Client #2's record contained a form for the receipt of the Minnesota Home Care Bill of Rights which was not signed. When interviewed, April 7, 2005, the program director confirmed there was not a signed acknowledgment of the Minnesota Home Care Bill of Rights for client #2. <u>EDUCATION:</u> Provided
#5	MN Rule 4668.0810 Subp. 6 Content of Client Record	X	X	Based on record review and interview the licensee failed to have a complete record for one of two clients' (#2) records reviewed. The findings include: Client #2's record did not contain date of birth, allergies, if any, or the client's advance directives. When interviewed, April 7, 2005, the program director indicated he did not know why the record was incomplete. <u>EDUCATION:</u> Provided
#3	MN Rule 4668.0805 Subp. 1 Orientation to Home Care Requirements	X	X	Based on record review and interview, the licensee failed to ensure orientation to home care for one of one professional employee (#3) record reviewed. The findings include: The employee #3 began employment February of 2005. Her record did not contain evidence that home care orientation was completed before she provided services to clients. When interviewed, April 7, 2005, the RN confirmed employee

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				<p>#3 did not have home care experience or orientation before providing services to clients.</p> <p><u>EDUCATION:</u> Provided</p>
#1	MN Rule 4668.0815 Subp. 1	X	X	<p>Based upon record review and interview, the licensee failed to have the service plan signed by the client or the client's responsible person for one of two client's (#2) reviewed. The findings include:</p> <p>Client #2's current service plan was dated October 29, 2004. The client or the client's responsible person had not signed the service plan. When interviewed, April 7, 2005, the program director confirmed the service plan had not been signed.</p> <p><u>EDUCATION:</u> Provided</p>
#1	MN Rule 4668.0815 Subp. 2 Service Plan: Reevaluation	X	X	<p>Based upon record review and interview, the licensee failed to reevaluate the client's service plan at least annually for one of two clients (#1) reviewed. The findings include:</p> <p>Client #1 had been admitted January of 2002. The record did not contain any reevaluation of the service plan. It had never been modified. On interview April 7, 2005, the program director verified it had not been done.</p> <p><u>EDUCATION:</u> Provided</p>
#7	MN Rule 4668.0835 Subp. 3 Inservice training and demonstration of competency	X	X	<p>Based on record review and interview, the licensee failed to have written acknowledgment of receipt of the Minnesota Home Care Bill of Rights for one of two clients' (#2) records reviewed. The findings include:</p> <p>Client # 2 began receiving services October of 2004. Client #2's record contained a form for the receipt of the Minnesota Home Care Bill of Rights which was not signed. When interviewed. April 7, 2005, the program director confirmed there was not a signed acknowledgment of the Minnesota Home Care Bill of Rights for client #2.</p> <p><u>EDUCATION:</u> Provided</p>

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#1	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse	X	X	<p>Based upon record review and interview, the licensee failed to have a registered nurse (RN) supervise services that require supervision for two of two clients? (#1 and #2) records reviewed. The findings include:</p> <p>Client # 1 and #2 were admitted January of 2002, and October of 2004, respectively. Their records did not include evidence of supervisory visits. When interviewed, April 7, 2005, the RN stated she was unaware that supervisory visits were required.</p> <p><u>EDUCATION:</u> Provided</p>
#3	MN Rule 4668.0805 Subp. 1 Orientation to home care	X	X	<p>Based on record review and interview, the licensee failed to ensure orientation to home care for one of one professional employee (#3) record reviewed. The findings include:</p> <p>The employee #3 began employment February of 2005. Her record did not contain evidence that home care orientation was completed before she provided services to clients. When interviewed, April 7, 2005, the RN confirmed employee #3 did not have home care experience or orientation before providing services to clients.</p> <p><u>EDUCATION:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 2 Nursing assessment and service plan	X	X	<p>Based upon record review and interview, the licensee failed to have the registered nurse (RN) conduct a nursing assessment of each client's functional status and need for assistance for medication administration for two of two clients (#1 and #2) reviewed. The findings include:</p> <p>Clients #1 and #2 began receiving services January of 2002, and October of 2004, respectively. Their service plans and medication administration records indicated medications had been administered to these clients since admission. The records did not include assessments by an RN of the client's functional status and need for medication administration. When interviewed, April 7,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>2005, the RN was unaware that an assessment of functional status and need for medication administration was required.</p> <p><u>EDUCATION:</u> Provided</p>
#1	<p>MN Rule 4668.0865 Subp. 2 Nursing assessment and service plan</p>	X	X	<p>Based upon record review and interview, the licensee failed to have the registered nurse (RN) conduct a nursing assessment of the client's functional status and need for central storage of medications for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 and #2 began receiving services, including central storage of medications, January of 2002, and October of 2004, respectively. The records did not include evidence of a nursing assessment by the RN of the client's functional status and need for central storage of medications. When interviewed April 7, 2005, the RN stated she was not aware this assessment needed to be done.</p> <p><u>EDUCATION:</u> Provided</p>
#1	<p>MN Rule 4668.0865 Subp. 9 Storage schedule II drugs</p>		X	<p><u>EDUCATION:</u> Provided</p>
#9	<p>MN Rule 4668.0870 Subp. 2 Drugs given to discharged clients</p>	X	X	<p>Based on record review and interview, the licensee failed to document the disposition of medications for one of one discharged client (#3) record reviewed. The findings include:</p> <p>Client #3 and was discharged December of 2004. She had received central storage of medication and medication administration for several medications including glyburide. There was no documentation in the record of the disposition of client #3's medications at the time of her discharge. When interviewed, April 7, 2005, the program director stated he was unaware of "what happened to the medications"</p> <p><u>EDUCATION:</u> Provided</p>

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	MN Statute §626.557 Subd. 14 (b) Abuse prevention plans	X	X	<p>Based on record review and interview, the licensee failed to assess the susceptibility to abuse for one of two clients' (#2) records reviewed. The findings include:</p> <p>Client #2 began receiving services October of 2004. A vulnerability assessment form was in the record but was blank. When interviewed, April 7, 2005, the program director confirmed the vulnerability assessment had not been completed.</p> <p>EDUCATION: Provided</p>

A draft copy of this completed form was left with Tedd Baumgardt, Program Manager at an exit conference on April 13, 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)