MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2257 4162

March 23, 2010

Benjamin Glubca, Administrator
Intrepid USA Healthcare Servs
5353 Wayzata Blvd Suite 300
St. Louis Park, MN 55416

Re: Results of State Licensing Survey

Dear Mr. Glubca:

The above agency was surveyed on January 26, 27, 28, and February 1, 2, 3, and 4, 2010, 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-5273.

Sincerely,

Patricia Nelson

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Class F Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class F home care providers (Class F). Class F licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class F Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: INTREPID USA HEALTHCARE SERVS

HFID #: 20786

Date(s) of Survey: January 26, 27, 28 and February 1, 2, 3 and 4, 2010

Project #: QL20786007

Indicators of Compliance	Outcomes Observed	Comments
1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. **Focus Survey** • MN Rule 4668.0815 **Expanded Survey** • MN Rule 4668.0050 • MN Rule 4668.0800 Subp. 3 • MN Rule 4668.0825 Subp. 2 • MN Rule 4668.0845	• 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 understand what care will be provided and what it costs.	**Focus Survey** _X_ Met ____ Correction Order(s) issued ____ Education Provided **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided

Indicators of Compliance	Outcomes Observed	Comments
2. The provider promotes the clients' rights. **Focus Survey** • MN Rule 4668.0030 • MN Statute §144A.44 **Expanded Survey** • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870	• Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency.	**Focus Survey** ____Met _X_Correction Order(s) issued X Education Provided **Expanded Survey** _X_Survey not Expanded ____Met ____Correction Order(s) issued ____Education Provided **Follow-up Survey** #___ ____New Correction Order issued ____Education Provided
3. The health, safety, and well being of clients are protected and promoted. **Focus Survey** • MN Statute §144A.46 • MN Statute §626.557 **Expanded Survey** • MN Rule 4668.0035 • MN Rule 4668.0805	• Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required.	**Focus Survey** _X_Met ____Correction Order(s) issued ____Education Provided **Expanded Survey** _X_Survey not Expanded ____Met ____Correction Order(s) issued ____Education Provided **Follow-up Survey** #___ ____New Correction Order issued ____Education Provided

Indicators of Compliance	Outcomes Observed	Comments
4. The clients' confidentiality is maintained. **Expanded Survey** • MN Rule 4668.0810	• Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure.	*This area does not apply to a Focus Survey* **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided
5. The provider employs (or contracts with) qualified staff. **Focus Survey** • MN Rule 4668.0065 • MN Rule 4668.0835 **Expanded Survey** • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0840 • MN Rule 4668.0070 • MN Statute §144D.065	• Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. • Nurse licenses are current. • The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. • The process of delegation and supervision is clear to all staff and reflected in their job descriptions. • Personnel records are maintained and retained. • Staff meet infection control guidelines.	**Focus Survey** ____ Met _X_ Correction Order(s) issued _X_ Education Provided **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided

Indicators of Compliance	Outcomes Observed	Comments
6. Changes in a client's condition are recognized and acted upon. Medications are stored and administered safely. **Focus Survey** • MN Rule 4668.0855 • MN Rule 4668.0860 **Expanded Survey** • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870	• A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.	**Focus Survey** ____Met _X_Correction Order(s) issued X Education Provided **Expanded Survey** _X_Survey not Expanded ____Met ____Correction Order(s) issued ____Education Provided **Follow-up Survey** #___ ____New Correction Order issued ____Education Provided
7. The provider has a current license. **Focus Survey** • MN Rule 4668.0019 **Expanded Survey** • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 Note: 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 CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency.	**Focus Survey** _X_Met ____Correction Order(s) issued ____Education Provided **Expanded Survey** _X_Survey not Expanded ____Met ____Correction Order(s) issued ____Education Provided **Follow-up Survey** #___ ____New Correction Order issued ____Education Provided

Indicators of Compliance	Outcomes Observed	Comments
8. The provider is in compliance with MDH waivers and variances **Expanded Survey** • MN Rule 4668.0016	• Licensee provides services within the scope of applicable MDH waivers and variances	*This area does not apply to a Focus Survey.* **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided

<u>Please note</u>: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

<u>SURVEY RESULTS:</u> ___ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0065 Subp. 3

<u>INDICATOR OF COMPLIANCE</u>: # 5

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was provided for two of eight employees (BB and CA) reviewed. The findings include:

Employees BB and CA were hired to provide direct contact to clients on September 19, 2005 and January 2, 2008, respectively. Employee BB's record indicated her last infection control training was in May of 2008. Employee CA's record indicated her last infection control training was held January 2, 2008. There was no evidence of infection control training for employees BB and CA in 2009.

When interviewed February 2, 2010, the registered nurse educator confirmed the lack of annual infection control training for employees BB and CA.

2. MN Rule 4668.0825 Subp. 4

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to retain documentation of demonstration of competency for the delegated nursing task of blood sugar monitoring for three of four unlicensed employees' (AC, AD and CB) records reviewed. The findings include:

Client A1's record indicated that employee AC performed the client's Accu-Cheks (blood sugar monitoring) on December 14, 15 and 21, 2009. Client C1's record indicated that employee CB performed the client's Accu-Cheks on January 17 and 18, 2010. Employee AD was observed by the surveyor on January 28, 2010, to perform client A2's Accu-Chek.

There was no documentation that employees AC, AD and CB had demonstrated competency to a registered nurse (RN) their ability to perform an Accu-Chek.

Employees AC, AD and CB were interviewed January 27, 28 and February 1, 2010, respectively. The employees stated they had demonstrated their ability to competently perform the Accu-Chek to a RN before they were allowed to perform the Accu-Chek on a client.

When interviewed February 2, 2010, the RN educator confirmed employees AC, AD and CB had been trained and demonstrated competency on how to perform an Accu-Chek. The RN educator confirmed she was unable to provide documentation of this training/competency.

3. MN Rule 4668.0835 Subp. 3

INDICATOR OF COMPLIANCE: # 5

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

When interviewed, February 2, 2010, the registered nurse (RN) educator confirmed that in-service training hours for unlicensed employees were tracked by calendar year.

Employees AC and BB were hired July 5, 2006, and September 19, 2005, respectively, to perform assisted living home care services. Employee AC's record indicated she had 4.5 hours of in-service training in 2009 and employee BB's records indicated she had 1.5 hours of in-service training in 2009.

When interviewed February 2, 2010, the RN educator confirmed the lack of in-service training hours for employees AC and BB. The RN educator stated the unlicensed employees were to complete twelve hours of in-service training a year, and the afore-mentioned training hours were the only hours she received for employees AC and BB.

4. MN Rule 4668.0855 Subp. 7

INDICATOR OF COMPLIANCE: # 6

Based on observation interview and record review, the licensee failed to ensure that the registered nurse (RN) specified in writing specific instructions for administering medications that were ordered on a PRN (pro re nata) basis for three of four clients' (A1, A2 and C1) records reviewed. The findings include:

Client A1 began receiving services August 18, 2009, which included weekly medication set-ups by a nurse and medication administration by unlicensed employees. Client A1 had a prescriber's order that read, acetaminophen 325 milligrams 1-2 tabs every 4 hours PRN pain. Documentation on the client's October 2009 medication administration record (MAR) indicated that she received acetaminophen PRN five times. The client's acetaminophen was set-up in a separate medi-set container by the licensed nurse. When interviewed January 28, 2010, employee AB stated she set-up four to six tablets of acetaminophen in the client's medi-set strip each day for the unlicensed employees to administer if needed. There were no written instructions for the unlicensed staff to follow to decide whether to administer one or two tablets of acetaminophen.

When interviewed January 28, 2010, employee AF stated she would administer only one tablet of acetaminophen to client A1, even if the client complained of severe pain. Employee AF stated an hour after administration she would administer another acetaminophen if the client was still complaining of pain. When interviewed January 28, 2010, employee AB confirmed there were no written instructions or guidance for the unlicensed employees to follow to determine if one or two tablets of acetaminophen should be administered.

Client A2 began receiving services December 31, 2008, which included weekly medication set-ups by a nurse and medication administration by unlicensed employees. Client A2 had a prescriber's order that read, Tylenol 325 milligrams 1-2 tablets orally three times a day as needed. There were no written instructions for the unlicensed staff to follow to decide whether to administer one or two tablets of the Tylenol, nor were their instructions as to the spacing/frequency of the dosing of the Tylenol other than three times a day.

When interviewed January 28, 2010, employee AD stated she would administer two tablets of the Tylenol versus the one tablet, unless the client was having "severe" pain. When interviewed January 28, 2010, employee AA confirmed there were no written instructions or guidance for the unlicensed employees to follow to determine if one or two tablets of Tylenol should be administered. Employee AA stated that it was left up to the unlicensed staff to decide.

Client C1 began receiving services July 16 1007, which included weekly medication set-ups by a nurse and medication administration by unlicensed employees. Client C1 had a prescriber's order that read, Senna 1-2 tablets orally twice a day for constipation. Observations on February 1, 2010, revealed that 4 Senna tablets were set-up in the client's medi-set container for each day for the unlicensed employees to administer as needed. The client's January 2010 MAR revealed that on January 2, 2010, Senna was administered, but did not indicate how many tablets. On January 3, 2010, two tablets of Senna were documented as administered. There were no specific written instructions for the unlicensed staff to follow to decide whether to administer one or two tablets of the Senna. Client C1 also had a prescriber's

order for Nitrostat 0.4 milligrams sublingual every 5 minutes PRN chest pain. There were no specific instructions for the unlicensed staff to follow to determine how many times to administer the Nitrostat.

When interviewed February 1, 2010, employees CA and CC confirmed there were no written instructions or guidance for the unlicensed employees to follow to determine if one or two tablets of Senna should be administered and how many times the client's Nitrostat should be administered every 5 minutes before taking other action.

5. MN Rule 4668.0855 Subp. 9

INDICATOR OF COMPLIANCE: # 6

Based on observations, interview and record review, the licensee failed to ensure medications were administered as prescribed and failed to ensure medication records were complete for one of four client's (C1) records reviewed. The findings include:

Client C1 began receiving services July 16, 2007, which included weekly medication set-ups by a licensed nurse and medication administration up to four times a day by unlicensed staff. Client C1 had a prescriber's order for Hydralazine 25 milligrams orally three times a day. The Hydralazine was not to be administered if the client's systolic blood pressure was less than 110. The client had a separate weekly medi-set container that was set-up weekly with the client's Hydralazine doses through 8:00 a.m. Monday, February 1, 2010. Observations of the medi-set container on February 1, 2010, at 10:00 a.m. revealed one Hydralazine pill was left in the medi-set container and not administered in the Wednesday, January 27, 2010, bedtime slot, one Hydralazine pill was left in the medi-set container and not administered in the Friday, January 29, 2010, noon slot and one Hydralazine pill was left in the medi-set container and not administered in the Saturday, January 30, 2010, noon slot. The client's January 2010 MAR was reviewed and revealed a blank box for the January 27, 2010, bedtime Hydralazine dose and the client's blood pressure was recorded as 142/66 for that time. The January 29, 2010, Hydralazine dose was documented as administered and the client's blood pressure was not recorded. The January 30, 2010, Hydralazine dose was documented as administered and the client's blood pressure was recorded as 114/60.

When interviewed February 1, 2010, employees CA and CC confirmed client C1's Hydralazine was not administered as ordered January 27, 29 and 30, 2010, and stated that medication error reports would be filled out.

Client C1 had a separate medi-set container for her regularly scheduled medications that were set-up on a weekly basis. When interviewed February 1, 2010, employee CC stated that she needed to refill the client's medi-set container for the week of February 1-7, 2010, after the 8:00 a.m. dose. Observations of the medi-set container prior to employee CC setting up the following weeks medications revealed three pills in the noon slot for Saturday January 30, 2010, that were identified as two Tylenol Arthritis, and one Neurontin 100 milligrams. The client's January 2010 MAR revealed that the Neurontin was documented as administered at noon on January 30, 2010, and the area to document the Tylenol Arthritis was left blank.

When interviewed February 1, 2010, employees CA and CC confirmed the client's noon medications for January 30, 2010, were not administered as ordered. Employee CA stated she would complete a medication error report and counsel the employee involved.

Client C1 had a prescriber's order for Vicodin 3/325 two tablets orally twice a day PRN (pro re nata) as necessary for pain. The client had an additional weekly medi-set container which contained her Vicodin. When interviewed February 1, 2010, employee CC stated she set up four tablets of Vicodin in each slot for the seven day period. Observations of the client's medi-set container for the Vicodin prior to employee CC refilling the medi-set revealed four Vicodin tablets were administered January 27, 2010, and one Vicodin tablet was administered January 28, 2010. The client's January 2010 MAR for January 27, 2010, indicated that two Vicodin were administered at 8:30 a.m. The two other Vicodin for January 27, 2010, were not documented as administered. There was no indication that any Vicodin was administered to the client on January 28, 2010, although one Vicodin was missing from the medi-set container for that day.

When interviewed February 1, 2010, employees CA and CC confirmed two Vicodin were unaccounted for on January 27, 2010 and one Vicodin was unaccounted for on January 28, 2010. When interviewed February 2, 2010, employee CA stated she was able to reconcile with an employee that the employee administered two Vicodin on January 27, 2010, and did not document the administration. Employee CA was unable to reconcile the one Vicodin that was unaccounted for on January 28, 2010.

6. MN Rule 4668.0865 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on observation, interview and record review, the licensee failed to ensure that the system developed to administer medications was followed for one of four clients (A1) observed receiving medications. The findings include:

Client A1 began receiving services August 18, 2009, which included weekly medication set-ups by a nurse and medication administration by unlicensed employees. On January 27, 2010, at 1:00 p.m., employee AC was observed to come in to client A1's apartment and state to the client she had her 2:00 p.m. medication. Employee AC was observed to have in her hand a medication cup with one orange pill in it. The surveyor questioned employee AC what the medication was, and employee AC responded that she did not know, because the medication administration record (MAR) was not in the client's medication storage box when she went to get the client's 2:00 p.m. medication. Employee AC was observed to administer the medication to the client.

The provider's procedure to administer medications indicated the first step in medication administration after washing hands, was to count the number of medications listed on the MAR that were to be given at that time. The second step listed was to select the correct medication time slot in the medi-set container and count the number of medications to be given. The third step was to reconcile that the amount of medications counted on the MAR and the number of medications in the medi-set container were equal. Employee AC did not follow this procedure, as she did not have the client's MAR when she administered the client's 2:00 p.m. medication.

When interviewed January 28, 2010, employee AB stated that employee AC should have come to the nursing office and asked where client A1's MAR was before administering the medication.

7. MN Statute §144A.44 Subd. 1(2)

INDICATOR OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to ensure that care and services were provided in accordance with accepted medical and nursing standards for two of four clients' (A1 and C1) records reviewed. The findings include:

Client C1 began receiving services July 16, 2007. The client's record indicated she had recent hospitalizations due to uncontrolled blood sugars from her diabetes and/or congestive heart failure in September and October of 2009 and most recently returned from a hospitalization January 27, 2010. The client's January 2010 medication administration record (MAR) indicated the client received insulin three times a day and blood sugar monitoring three times a day which was increased to four times a day on January 28, 2010. Prescriber's orders dated January 2, 2010 indicated the client's insulin was increased and the prescriber requested to be notified if the client's blood sugar was under 100 or over 250. Documentation on the client's January 2010 MAR indicated the client's blood sugar was checked by an unlicensed employee on January 5, 2010 at 4:30 p.m. with a reading of 314 and January 7, 2010 at 4:30 p.m. with a reading of 371. The client's January 2010 MAR indicated in the area where the staff recorded the blood sugar, "Call if BS (blood sugar) less than 100 or greater than 250." There was no evidence in the record that the nurse was notified of the blood sugar readings over 250 on January 5 or 7, 2010, nor was there evidence that the client's prescriber was notified of the elevated blood sugar readings as ordered. On January 12, 2010, the prescriber changed the order to be notified if the client's blood sugar was above 300 instead of 250. Documentation on the client's January 2010 MAR for January 28, 2010 indicated the client's blood sugar was 361. There was no evidence in the client's record that the nurse was notified of the blood sugar reading of 361, nor was there evidence that the client's prescriber was notified of the elevated blood sugar reading as ordered.

When interviewed February 1, 2010, employee CA confirmed the elevated blood sugar readings on January 5, 7 and 28, 2010 were not reported to the registered nurse. Employee CA stated she was the nurse on-call the evenings in question and stated she did not receive notification from the unlicensed staff of the elevated readings. Employee CA also confirmed that the client's prescriber had not been notified of the elevated blood sugar readings as requested.

Client A1 began receiving services August 18, 2009. The client received an oral hypoglycemic medication twice a day, and staff checked the client's blood sugar three times a day. Nursing progress notes dated December 22, 2009, indicated the client was sent to Urgent Care due to a fever, and was prescribed an antibiotic for a urinary tract infection. Nursing progress notes dated December 28, 2009 indicated the client continued to not feel, not wanting to eat, continued to have a fever and developed diarrhea. The client was sent to the emergency room on December 28, 2009, and returned that evening. The client's "TID (three times a day) Blood Glucose Monitoring" sheet indicated that on December 29, 2009, the client's morning blood sugar was 46 and the clients evening blood sugar was 53. There was no evidence in the record that a nurse was notified of these low blood sugar readings.

The agency's "Red Alert" policy for unlicensed staff indicated if blood sugars were above 350 or below 70, the nurse or on-call nurse was to be notified.

When interviewed January 28, 2010, employee AB stated she was not notified of the client's low blood sugar readings on December 29, 2009, or she would have documented in the nursing progress notes that she was notified with any follow-up she may have directed the unlicensed staff to do. Employee AB stated she should have been notified.

A draft copy of this completed form was left with Kathleen Anderson, RN ALS-GV Administration, at an exit conference on February 4, 2010. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html

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).

MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 4678

January 19, 2007

Bruny Fullerton, Administrator
Intrepid USA Healthcare Services
8421 Wayzata Boulevard Suite 140
Golden Valley, MN 55426

Re: Licensing Follow Up visit

Dear Ms. Fullerton:

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 December 18, 2006.

The documents checked below are enclosed.

__X__ 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,

Jean M. Johnston

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

01/07 CMR1000

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

INFORMATIONAL MEMORANDUM

PROVIDER: INTREPID USA HEALTHCARE SERVS

DATE OF SURVEY: December 18, 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:
Shawn Delaney, Program Director

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

ITEMS NOTED AND DISCUSSED:

1) An unannounced visit was made to follow-up on the status of a state licensing order issued as a result of a visit made on September 21, 22, 24, 30 and October 1, 4, 5, 7, 8, 11 and 13, 2004 and subsequent follow-up visits on September 20, 22, 23 and 26, 2005 and July 6 and 7, 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 order issued as a result of a visit made on September 21, 22, 24, 30 and October 1, 4, 5, 7, 8, 11 and 13, 2004 and not corrected during subsequent follow-up visits on September 20, 22, 23 and 26, 2005 and July 6 and 7, 2006 is as follows:

5. MN Rule 4668.0845 Subp. 2 **Corrected**

MINNESOTA
MDH
DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0579

August 10, 2006

Bruny Fullerton, Administrator
Intrepid USA Healthcare Services
8421 Wayzata Boulevard Suite 140
Golden Valley, MN 55426

Re: Licensing Follow Up visit

Dear Ms. Fullerton:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on July 6 and 7, 2006.

The documents checked below are enclosed.

__X__ 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.

__X__ 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,

Jean M. Johnston

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Hennepin 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

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0579

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

August 10, 2006

Bruny Fullerton, Administrator
Intrepid USA Healthcare Services
8421 Wayzata Boulevard Suite 140
Golden Valley, MN 55426

RE: QL20786001

Dear Ms. Fullerton:

1. On July 6 and 7, 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 September 21, 22, 24, 30, October 1, 4, 5, 7, 8, 11, and 13, 2004, received by you on March 18, 2005, and found to be uncorrected during an inspection completed on September 20, 22, 23, and 26, 2005.

As a result of correction orders remaining uncorrected on the September 20, 22, 23, and 26, 2005 re-inspection, a penalty assessment in the amount of $ 350.00 was imposed on November 23, 2005.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on July 6 and 7, 2006.

5. MN Rule 4668.0845 Subp. 2 $700.00

Based on record review and interview the agency failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for thirteen of twenty-two clients (A1, A2, B5, D2, D3, D4, E1, F1, F2, F3, G2, H1, and H2) reviewed. Clients A1, A2, B5, D2, D3, D4, E1, F1, F2, F3, G2, H1, and H2 all received medication administration performed by unlicensed personnel.
Client A1 had registered nurse supervisory visits of services performed by unlicensed personnel January 15 and March 24, 2004; 69 days later. The next supervisory visits were June 3, 2004; 71 days later and August 9, 2004; 67 days later.
Client A2 had registered nurse supervisory visits of services performed by unlicensed personnel, March 4, 2004 and July 7, 2004; 125 days later.
Client B5 had registered nurse supervisory visits of services performed by unlicensed personnel

May 2, 2003 and July 16, 2003; 75 days later. The next visits were October 13, 2003; 89 days later, and then December 16, 2003; 64 days later.
Client D2 had registered nurse supervisory visits of services performed by unlicensed personnel September 9, 2003 and December 30, 2003; 112 days later. The next was March 4, 2004; 70 days later.
Client D3 had registered nurse supervisory visits of services performed by unlicensed personnel October 2, 2003 and February 13, 2004; 133 days later.
Client D4 had registered nurse supervisory visits of services performed by unlicensed personnel October 3, 2003 and December 12, 2003; 70 days later. The next supervisory visit was February 18, 2003; 67 days later.
Client E1 had registered nurse supervisory visits of services performed by unlicensed personnel May 27, 2004 and August 4, 2004; 69 days later.
Client F1had registered nurse supervisory visits of services performed by unlicensed personnel February 20, 2004 and April 28, 2004; 68 days later. The next visit was July 7, 2004; 70 days later. Client F1had registered nurse supervisory visits form dated September 7, 2004 without a supervisory visit documented.
Client F2 had registered nurse supervisory visits of services performed by unlicensed personnel January 30, 2004 and April 15, 2004; 76 days later.
Client F3 had registered nurse supervisory visits of services performed by unlicensed personnel January 28, 2003 and March 4, 2003; 35 days later. Both visits were done by a licensed practical nurse. The next supervisory visits by a registered nurse were April 6, 2004 and June 18, 2004; 73 days laterClient G2 registered nurse supervisory visits of services performed by unlicensed personnel were not preformed from admission February 4, 2004 through the October 5, 2004 survey.
Client H1 had registered nurse supervisory visits of services performed by unlicensed personnel April 26, 2004 and June 30, 2004; 65 days later.
Client H2 had registered nurse supervisory visits of services performed by unlicensed personnel August 5, 2003 and October 30, 2003; 86 days later.
When interviewed September 22, 2004 the site A registered nurse (RN) confirmed that the supervisory visits were late. September 24, 2004 the, site B and C, RN's confirmed that the supervisory visits were late. October 1, 2004, the site F, RN site confirmed that the service plans were incomplete. October 5, 2004 the site G, RN confirmed that the service plans were incomplete. And October 7, 2004, the site H, RN confirmed that the service plans were incomplete.
When interviewed the registered nurses of each site confirmed the aforementioned findings. The dates of registered nurse interviews at the sites were: site C on September 24, 2004, site D on September 30, 2004, sites E and F on October 1, 2004, site G on October 5, 2004 and site H on October 7, 2004

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 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.

Sincerely,

Jean M. Johnston

Jean Johnston
Program Manager
Case Mix Review Program

cc: Hennepin 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

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

INFORMATIONAL MEMORANDUM

PROVIDER: INTREPID USA HEALTHCARE SERVS

DATE OF SURVEY: July 6, and 7, 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:
Wanda Grzadzieleski RN, Intrepid Administration Assisted Living Home Care Provider Division,
Linda Cahill RN, Director of Professional Services
Shawn Delaney Program Director
Penny Brandon, LPN
Jan Heinzen LPN

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

ITEMS NOTED AND DISCUSSED:

1) An unannounced visit was made July 6 and 7, 2006 to follow-up on the status of state licensing orders issued as a result of a visit made on September 21, 22, 24, 30, October 1, 4, 5, 7, 8, 11, and 13, 2004 and September 20, 22, 23, and 26, 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 dated November 24, 2005 and amended March 14, 2005 are as follows:

3. MN Rule 4668.0815 Subp.1 **Corrected**

4. MN Rule 4668.0815 Subp. 4 **Corrected**

5. MN Rule 4668.0845 Subp. 2 Not Corrected $700.00

Based on record review and interview the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision at least every 62 days for five of seven clients (C3, C4, C5, H4 and H5) records reviewed. The findings include:

Clients, C3, C4, C5, H4 and H5 all received services that required nursing supervision including assistance with medication administration or medication administration.
Client C3 had supervisory visits documented April 15, 2006 and June 30, 2006; 76 days later. There was no evidence of other supervisory or monitoring visits.
Client C4's last documented supervisory visit was April 9, 2006. As of record review July 6, 2006 (88 days later) there was no evidence of further supervisory or monitoring visits.
Client C5's last documented supervisory visit was March 21, 2006. As of record review July 6, 2006 (107 days later) there was no evidence of further supervisory or monitoring visits.
Client H4 had a supervisory visit September 15, 2005. The next documented visit was dated January 15, 2006 (121 days later).
Client H4 had a supervisory visit January 15, 2006. The next documented visit was dated April 7, 2006 (82 days later.)
Client H5 had supervisory visits documented October 23, 2005, January 21, 2006, (99 days later) and then April 18, 2006 (87 days later). There was no evidence of further supervisory or monitoring visits.
When interviewed, July 6, and 7, 2006, the registered nurses at sites C, D, and H confirmed these findings.

The status of the Correction Order dated November 23, 2005 is as follows:

1. MN Rule 4668.0815 Subp. 2 Corrected

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9328

December 15, 2005

Bruny Fullerton, Administrator
Intrepid USA Healthcare Services
8721 Wayzata Blvd Suite 140
Golden Valley, MN 55426

Re: Amended Licensing Follow Up Revisit

Dear Ms. Fullerton:

On November 23, 2005 you were sent a Notice Of Assessment For Noncompliance With Correction Orders as the result of a follow-up visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program. **Please disregard the information that was mailed to you.** Subsequent to that mailing, an error was noted in the information that was mailed to you.

Attached is the corrected Notice Of Assessment For Noncompliance With Correction Orders. The amended information that has been corrected is underscored and the stricken [~~stricken~~] information has been removed.

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.

__X__ Notice Of Assessment For Noncompliance With Correction Orders 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: Todd Garamella, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Hennepin County Social Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Assistant Attorney General
Mary Henderson, L&C Program Assurance
CMR File

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0005 8711 9328

NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS FOR ASSISTED LIVING HOME CARE PROVIDERS

December 15, 2005

Bruny Fullerton, Administrator
Intrepid USA Healthcare Services
8721 Wayzata Blvd Suite 140
Golden Valley, MN 55426

RE: QL20786001

Dear Ms. Fullerton:

On September 20, 21, 22, 23, and 26, 2005 a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on September 21, 22, 24, 30, October 1, 4, 5, 7, 8, 11, and 13, 2004 with correction orders received by you on March 18, 2005.

The following correction orders were not corrected in the time period allowed for correction:

3. MN Rule 4668.0815. Subp.1 $250.00

Based on record review and interview the licensee failed to have a registered nurse complete an individualized evaluation and service plan no later than 2 weeks after initiation of assisted living home care services for ten of twenty-two clients (A1, A3, C1, C2, D4, F1, F3, H2, G1, and G2) reviewed.

Client A1 services began June 20, 2003. Client A1's registered nurse evaluation was dated August 14, 2003. Client A3 initiated services December 26, 2002. Client A3 had an evaluation without a signature or date. When interviewed September 22, 2004 the site A registered nurse confirmed the nursing evaluations were not completed within 2 weeks of admission. She indicated she was not an employee at the time and could not determine who performed the evaluation for A3.
Clients' C1 and C2 initiated services January 2, 2003. The service plans for clients C2 and C1 were dated March 21, 2004 and June 3, 2004 respectively. When asked September 24, 2004, staff were unable to locate any RN evaluations for clients' C1 and C2. When interviewed October 5, 2004 the site C registered nurse provided evaluations for C1 and C2 dated October 4, 2004. She confirmed these were the only evaluations for clients' C1 and C2 in the record.
Client D4 initiated services June 20, 2003. Client D4's RN evaluation was done August 14, 2003. When interviewed September 30, 2004 the site D RN confirmed that client D4's nursing

evaluation had not been completed within 2 weeks of admission.
Client F1 initiated services July 1, 2002. Client F2 initiated services December 3, 2002. Client F3 initiated services December 30, 2002. Client H2 initiated services July 22, 2003. Clients F1, F2, F3, and H2 lacked evaluation by a registered nurse. Clients F1, F2, F3, and H2 had evaluations from a licensed practical nurse. When interviewed October 1, 2004 at site F and October 7, 2004 at site H; the RN at each site confirmed that the licensed practical nurse had done the evaluations.
Clients G2 and G1 initiated services with the agency February 4, 2004 and May 6, 2004 respectively. Both clients had evaluations without signatures or dates. When interviewed October 5, 2004 the site G RN confirmed that the evaluations were without signatures or dates. The RN was unable to determine when the evaluations had been done.

TO COMPLY: No later than two weeks after the initiation of assisted living home care services to a client, a registered nurse must complete an individualized evaluation of the client's needs and must establish, with the client or the client's responsible person, a suitable and up-to-date service plan for providing assisted living home care services in accordance with accepted standards of practice for professional nursing. The service plan must be in writing and include a signature or other authentication by the assisted living home care provider licensee and by the client or the client's responsible person documenting agreement on the services to be provided.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: $ 250.00.

4. MN Rule 4668.0815.Subp. 4 $50.00

Based on observation and interview the licensee failed to have complete contents of a service plan for nine of twenty-two clients (A1, A2, C1, C2, F2, F3, G1, G2 and H1) reviewed.
Clients F2, A1, and A2 had service plans dated December 6, 2002, December 18, 2003 and December 22, 2003 respectively. Clients A1, A2, and F2's service plans indicated they received medication administration by unlicensed personnel. Clients A1, A2, and F2's service plans did not indicate the schedule or frequency of sessions of supervision of unlicensed personnel performing medication administration.

Clients F2, F3, G2, C2, C1's service plans were dated December 6, 2002, December 30, 2002, February 4, 2004, March 22, 2004, and June 3, 2004 respectively. Clients F2, F3, G2, C2, G1, C1's contingency plans were blank in the space to document a plan for when scheduled services could not be provided.
Client G1's and H1's service plans dated May 7, 2004 and August 9, 2004 respectively did not identify the persons or categories of persons who were to provide services. When interviewed September 22, 2004 the Site A registered nurse (RN) confirmed that the service plans were incomplete. September 24, 2004 the site C RN confirmed that the service plans were incomplete. October 1, 2004, the site F RN confirmed that the service plans were incomplete. October 5, 2004 the site G RN confirmed that the service plans were incomplete. And October 7, 2004, the site H RN confirmed that the service plans were incomplete.

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 assisted living 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 assisted living 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 assisted living 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.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: $ 50.00.

5. MN Rule 4668.0845. Subp. 2 $350.00

Based on record review and interview the agency failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for thirteen of twenty-two clients (A1, A2, B5, D2, D3, D4, E1, F1, F2, F3, G2, H1, and H2) reviewed. Clients A1, A2, B5, D2, D3, D4, E1, F1, F2, F3, G2, H1, and H2 all received medication administration performed by unlicensed personnel.
Client A1 had registered nurse supervisory visits of services performed by unlicensed personnel January 15 and March 24, 2004; 69 days later. The next supervisory visits were June 3, 2004; 71 days later and August 9, 2004; 67 days later.
Client A2 had registered nurse supervisory visits of services performed by unlicensed personnel, March 4, 2004 and July 7, 2004; 125 days later.
Client B5 had registered nurse supervisory visits of services performed by unlicensed personnel May 2, 2003 and July 16, 2003; 75 days later. The next visits were October 13, 2003; 89 days later, and then December 16, 2003; 64 days later.
Client D2 had registered nurse supervisory visits of services performed by unlicensed personnel September 9, 2003 and December 30, 2003; 112 days later. The next was March 4, 2004; 70 days later.
Client D3 had registered nurse supervisory visits of services performed by unlicensed personnel October 2, 2003 and February 13, 2004; 133 days later.

Client D4 had registered nurse supervisory visits of services performed by unlicensed personnel October 3, 2003 and December 12, 2003; 70 days later. The next supervisory visit was February 18, 2003; 67 days later.
Client E1 had registered nurse supervisory visits of services performed by unlicensed personnel May 27, 2004 and August 4, 2004; 69 days later.
Client F1had registered nurse supervisory visits of services performed by unlicensed personnel February 20, 2004 and April 28, 2004; 68 days later. The next visit was July 7,2004; 70 days later. Client F1had registered nurse supervisory visits form dated September 7, 2004 without a supervisory visit documented.
Client F2 had registered nurse supervisory visits of services performed by unlicensed personnel January 30, 2004 and April 15, 2004; 76 days later.
Client F3 had registered nurse supervisory visits of services performed by unlicensed personnel January 28, 2003 and March 4, 2003; 35 days later. Both visits were done by a licensed practical nurse. The next supervisory visits by a registered nurse were April 6, 2004 and June 18, 2004; 73 days later
Client G2 registered nurse supervisory visits of services performed by unlicensed personnel were not preformed from admission February 4, 2004 through the October 5, 2004 survey.
Client H1 had registered nurse supervisory visits of services performed by unlicensed personnel April 26, 2004 and June 30, 2004; 65 days later.
Client H2 had registered nurse supervisory visits of services performed by unlicensed personnel August 5, 2003 and October 30, 2003; 86 days later.
When interviewed September 22, 2004 the site A registered nurse (RN) confirmed that the supervisory visits were late. September 24, 2004 the, site B and C, RN's confirmed that the supervisory visits were late. October 1, 2004, the site F, RN site confirmed that the service plans were incomplete. October 5, 2004 the site G, RN confirmed that the service plans were incomplete. And October 7, 2004, the site H, RN confirmed that the service plans were incomplete.
When interviewed the registered nurses of each site confirmed the aforementioned findings. The dates of registered nurse interviews at the sites were: site C on September 24, 2004, site D on September 30, 2004, sites E and F on October 1, 2004, site G on October 5, 2004 and site H on October 7, 2004

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 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: $ 350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: $650.00 ~~$ 600.00~~. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health,** and sent to this Department 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, Facility and Provider Compliance Division, 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 order has/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.

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

Cc: Todd Garamella, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Hennepin County Social Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Assistant Attorney General
Mary Henderson, L&C Program Assurance
CMR File

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

INFORMATIONAL MEMORANDUM

PROVIDER: INTREPID USA HEALTHCARE SERVS

DATE OF SURVEY: September 20, 21, 22, 23, and 26, 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:
Pamela Jacobsen RN,Education and Compliance, SiteA; Diane Van Leer RN, Jan Carter LPN, Site C: Kerri Murray- Rashid RN(also site E), Shawn Delaney Program Director Brown Krause, Site D: Lisa Cloud RN, Caroline Mougoue, Antoinette Jalloh HHA, Site F: Leigh Harnack RN, Site G: Kathy Johnson RN, Sarah Van Winkle RN, Julie Marty HHA, and site H: Jan Heinzen LPN, Lisa Vigeant RN, Cynthia Davis HHA, Judith O'Brien HHA

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 September 21, 22, 24, 30, October 1, 4, 5, 7, 8, 11, 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. 800 Subp. 1 Corrected

   2) MN Statute§ 144A.44 Subd. 2 Corrected

   3) MN Rule 4668.0815 Subp. 1 Not Corrected Fine $250.00

   Based on record review and interview, the licensee failed to have a registered nurse complete an individualized evaluation and service plan no later than two weeks after initiation of services for one of two clients' (A6) records reviewed in site A and one of three clients' (D5) records reviewed in site D. The findings include:

Client A6 began receiving services at site A August 15, 2005. There was no evidence of a registered nurse evaluation since services began. When interviewed, September 21, 2005, the site A RN confirmed that the registered nurse evaluation had been done four months prior to services beginning when client A6 moved into independent apartments. When her condition changed she was moved to assisted living without a nursing reassessment.

Client D5 began receiving services at site D July 15, 2005. There was no evidence of a registered nurse evaluation since services began. When interviewed, September 20, 2005, the site D RN verified that the registered nurse evaluation had been done three months before services began when the client moved into independent apartments. When her condition changed she moved to assisted living without a nursing reassessment.

4) MN Rule 4668.0815 Subp. 4 Not Corrected Fine $50.00

Based on record review and interview the licensee failed to have complete service plans for fourteen of fourteen clients (A5, A6, C3, C4, D5, D6, E2, E3, F4, F5, G3, G4, H3 and H4) records reviewed. The findings include:

Client A6 received medication administration. Her service plan of August 10, 2005, did not include medication administration.

Clients C3 and C4 received central storage of medications and medication administration. Their service plans of May 3, 2004, and March 24, 2004, respectively did not include central storage of medications or medication administration.

Clients D5 and D6 received central storage of medications and medication administration. Their service plans of April 12, 2005, and February 28, 2005, respectively did not include central storage of medications and medication administration.

Clients E2 and E3 received central storage of medications and medication administration. Their service plans of July 8, 2005, and July 12, 2005, respectively did not include central storage of medications and medication administration.

Clients F4 and F5 received central storage of medication. Their services plans of August 22, 2005, and August 3, 2005, respectively, did not include central storage of medications. Client F4's service plan lacked a contingency plan and client F5's service plan had an incomplete contingency plan.

Clients G3 and G4 received medication administration and central storage of medications. Their service plans of September 15, 2005, did not include medication administration or central storage of medications.

Clients H3 and H4 both received central storage of medications. Clients H3's service plan of May 15, 2005, and H4's service plan of June 22, 2005, had arrows that indicated the clients received all services (every package) provided by the ALHCP but central storage was absent from the list of services provided.

When interviewed, the registered nurse (RN) at site D on September 20, 2005; the RN's at sites A and C on September 21, 2005; the RNs at sites F and H on September 22, 2005; and the RNs at sites E and G on September 23, 2005, confirmed the service plans were incomplete.

5) MN Rule 4668.0845 Subp. 2 Not Corrected Fine $350.00

Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for one of two clients (A6) records reviewed in site A, one of two clients' (E3) records reviewed in site E, two of four clients' (G3 and G4) records reviewed in site G, and one of four clients' (H4) records reviewed in site H. The findings include:

Client A6 began receiving services on August 15, 2005 and the first supervisory visit was on September 7, 2005 –twenty-three days later.

Client E3 began receiving services on July 12, 2005 and the first registered nurse supervisory visit was on July 28, 2005 – sixteen days later.

Clients G3 and G4 both began receiving services April 1, 2005, and had RN supervisory visits June 3, 2005 – sixty-three days later, and June 9, 2005, – sixty-nine days later, respectively. No visits were documented for April or May 2005.

Client H4 began receiving services on June 23, 2005, and had an initial RN supervisory visit July 7, 2005 – fourteen days later, the next visit was September 15, 2005 - 70 days later.

When interviewed, September 21, 2005, the RN at site A, on September 22, 2005, the RN at site H; and the RNs at sites E and G on September 23, 2005, verified these findings.

6) MN Rule 4668.0860 Subp. 4 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: INTREPID USA HEALTHCARE SERVS:

HFID # (MDH internal use): 20786

Date(s) of Survey: September 20, 21, 22, 23, and 26, 2005

Project # (MDH internal use): QL20786001

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.	____ Met ____ Correction Order(s) issued ____ Education provided

Indicators of Compliance	Outcomes Observed	Comments
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)	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).	____ Met ____ Correction Order(s) issued ____ Education provided
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)	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.	____ Met ____ Correction Order(s) issued ____ Education provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	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.	____ Met ____ Correction Order(s) issued ____ Education provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	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.	____ Met ____ Correction Order(s) issued ____ Education provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	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.	____ Met __X__ Correction Order(s) issued __X__ Education provided

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.	____ Met ____ Correction Order(s) issued ____ 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.	____ Met ____ Correction Order(s) issued ____ Education provided ____ 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.	____ Met ____ Correction Order(s) issued ____ Education provided ____ 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) Note: 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).	____ Met ____ Correction Order(s) issued ____ 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:
6	MN Rule 4668.0815, Subp.2 Evaluation and Service Plan Reevaluation	X	X	Based on record review and interview the licensee failed to have a registered nurse review and revise client's service plans at least annually for four of four clients (C1, C2, C3, C4) records reviewed from site C. The findings include: Clients C1, C2, C3, C4's service plans were dated June 3, 2004, March 22, 2004, May 3, 2004 and March 24, 2004, respectively. There was no evidence of an annual review of these service plans. When interviewed September 21, 2005 the site C registered nurse and corporate education nurse confirmed that annual reviews had not been done as previous staff had not been aware of this requirement. **Education:** Provided

A draft copy of this completed form was left with Bruny Fullerton Executive Director Intrepid USA at an exit conference on September 26, 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)

Protecting, Maintaining and Improving the Health of Minnesotans

CERTIFIED MAIL #: 7004 1160 0004 8714 3002

March 14, 2005

Bonnie Friske, Administrator
Intrepid USA Healthcare Services
8721 Wayzata Blvd Suite 140
Golden Valley, MN 55426

Re: Amended Licensing Order Issued November 24, 2004

Dear Ms. Fiske:

A state licensing survey was conducted on September 21, 22, 24, 30, October 1, 4, 5, 7, 8, 11, and 13, 2004 and a correction order was issued on November 24, 2004 citing MN Statutes §144D.02 and §144D.07. The correct citation for this correction order should have been MN Rule 4668.0800 Subp. 1, and MN Statute §144A.44 Subp. 2.

The corrected order, with corrected information in bold and deleted information struck-out, is enclosed. Please sign the correction order form, make a copy for your file and return the entire original form to this office when all orders are corrected.

Please feel free to call our office, at (651) 215-8703, with any questions.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Todd Garamella, President Governing Board
Case Mix Review File

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: INTREPID USA HEALTHCARE SERVS

HFID # (MDH internal use): 20786

Date(s) of Survey: September 21, 22, 24, 30, October 01, 04, 05, 07, 08, 11, and 13, 2004

Project # (MDH internal use): QL20786001

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.	___ Met _X_ Correction Order(s) issued _X_ Education Provided

Indicators of Compliance	Outcomes Observed	Comments
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)	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).	_X_ Met ____ Correction Order(s) issued ____ Education provided
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)	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.	____ Met _X_ Correction Order(s) issued _X_ Education provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	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.	_X_ Met ____ Correction Order(s) issued ____ Education provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	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.	_X_ Met ____ Correction Order(s) issued ____ Education provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	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.	_X_ Met ____ Correction Order(s) issued ____ Education provided

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 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 that are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	X Met ___ Correction Order(s) issued ___ 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 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.	___ Met X Correction Order(s) issued X Education provided ___ 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 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.	X Met ___ Correction Order(s) issued ___ Education provided ___ 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) Note: 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).	___ Met X Correction Order(s) issued X 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:
1.	MN Rule 4668.0815, Subp. 1. Evaluation and Service Plan.	X	X	Based on record review and interview the licensee failed to have a registered nurse complete an individualized evaluation and service plan no later than 2 weeks after initiation of assisted living home care services for ten of twenty-two clients (A1, A3, C1, C2, D4, F1, F3, H2, G1, and G2) reviewed. Client A1 services began June 20, 2003. Client A1's registered nurse evaluation was dated August 14, 2003. Client A3 initiated services December 26, 2002. Client A3 had an evaluation without a signature or date. When interviewed September 22, 2004 the site A registered nurse confirmed the nursing evaluations were not completed within 2 weeks of admission. She indicated she was not an employee at the time and could not determine who performed the evaluation for A3. Clients' C1 and C2 initiated services January 2, 2003. The service plans for clients C2 and C1 were dated March 21, 2004 and June 3, 2004 respectively. When asked September 24, 2004, staff were unable to locate any RN evaluations for clients' C1 and C2. When interviewed October 5, 2004 the site C registered nurse provided evaluations for C1 and C2 dated October 4, 2004. She confirmed these were the only evaluations for clients' C1 and C2 in the record. Client D4 initiated services June 20, 2003. Client D4's RN evaluation was done August 14, 2003. When interviewed September 30, 2004 the site D RN confirmed that client D4's

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				nursing evaluation had not been completed within 2 weeks of admission. Client F1 initiated services July 1, 2002. Client F2 initiated services December 3, 2002. Client F3 initiated services December 30, 2002. Client H2 initiated services July 22, 2003. Clients F1, F2, F3, and H2 lacked evaluation by a registered nurse. Clients F1, F2, F3, and H2 had evaluations from a licensed practical nurse. When interviewed October 1, 2004 at site F and October 7, 2004 at site H; the RN at each site confirmed that the licensed practical nurse had done the evaluations. Clients G2 and G1 initiated services with the agency February 4, 2004 and May 6, 2004 respectively. Both clients had evaluations without signatures or dates. When interviewed October 5, 2004 the site G RN confirmed that the evaluations were without signatures or dates. The RN was unable to determine when the evaluations had been done. **Education:** Provided and Rule reviewed.
1.	MN Rule 4668.0815, Subp. 4 Contents of Service Plan	X	X	Based on observation and interview the licensee failed to have complete contents of a service plan for nine of twenty-two clients (A1, A2, C1, C2, F2, F3, G1, G2 and H1) reviewed. Clients F2, A1, and A2 had service plans dated December 6, 2002, December 18, 2003 and December 22, 2003 respectively. Clients A1, A2, and F2's service plans indicated they received medication administration by unlicensed personnel. Clients A1, A2, and F2's service plans did not indicate the schedule or frequency of sessions of supervision of unlicensed personnel performing medication administration.

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				Clients F2, F3, G2, C2, C1's service plans were dated December 6, 2002, December 30, 2002, February 4, 2004, March 22, 2004, and June 3, 2004 respectively. Clients F2, F3, G2, C2, G1, C1's contingency plans were blank in the space to document a plan for when scheduled services could not be provided. Client G1's and H1's service plans dated May 7, 2004 and August 9, 2004 respectively did not identify the persons or categories of persons who were to provide services. When interviewed September 22, 2004 the Site A registered nurse (RN) confirmed that the service plans were incomplete. September 24, 2004 the, site C, RN confirmed that the service plans were incomplete. October 1, 2004, the site F, RN site confirmed that the service plans were incomplete. October 5, 2004 the site G, RN confirmed that the service plans were incomplete. And October 7, 2004, the site H, RN confirmed that the service plans were incomplete. **Education:** Provided and Rule reviewed.
1.	MN Rule 4668.0845, Subp. 2. Services that require supervision by a registered nurse.	X	X	Based on record review and interview the agency failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for thirteen of twenty-two clients (A1, A2, B5, D2, D3, D4, E1, F1, F2, F3, G2, H1, and H2) reviewed. Clients A1, A2, B5, D2, D3, D4, E1, F1, F2, F3, G2, H1, and H2 all received medication administration performed by unlicensed personnel. Client A1 had registered nurse supervisory visits of services performed

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				by unlicensed personnel January 15 and March 24, 2004; 69 days later. The next supervisory visits were June 3, 2004; 71 days later and August 9, 2004; 67 days later. Client A2 had registered nurse supervisory visits of services performed by unlicensed personnel, March 4, 2004 and July 7, 2004; 125 days later. Client B5 had registered nurse supervisory visits of services performed by unlicensed personnel May 2, 2003 and July 16, 2003; 75 days apart. The next visits were October 13, 2003; 89 days later, and then December 16, 2003; 64 days later. Client D2 had registered nurse supervisory visits of services performed by unlicensed personnel September 9, 2003 and December 30, 2003; 112 days later. The next was March 4, 2004; 70 days later. Client D3 had registered nurse supervisory visits of services performed by unlicensed personnel October 2, 2003 and February 13, 2004; 13 days later. Client D4 had registered nurse supervisory visits of services performed by unlicensed personnel October 3, 2003 and December 12, 2003; 70 days apart. The next supervisory visit was February 18, 2003; 67 days later. Client E1 had registered nurse supervisory visits of services performed by unlicensed personnel May 27, 2004 and August 4, 2004; 69 days later. Client F1had registered nurse supervisory visits of services performed by unlicensed personnel February 20, 2004 and April 28, 2004; 68 days later. The next visit was July 7, 2004; 70 days later. Client F1had registered nurse supervisory visits form dated September 7, 2004 without a supervisory visit documented.

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				Client F2 had registered nurse supervisory visits of services performed by unlicensed personnel January 30, 2004 and April 15, 2004; 76 days later. Client F3 had registered nurse supervisory visits of services performed by unlicensed personnel January 28, 2003 and March 4, 2003; 36 days later. Both visits were done by a licensed practical nurse. The next supervisory visits by a registered nurse were April 6, 2004 and June 18, 2004; 73 days apart. Client G2 registered nurse supervisory visits of services performed by unlicensed personnel were not preformed from admission February 4, 2004 through the October 5, 2004 survey. Client H1 had registered nurse supervisory visits of services performed by unlicensed personnel April 26, 2004 and June 30, 2004; 65 days apart. Client H2 had registered nurse supervisory visits of services performed by unlicensed personnel August 5, 2003 and October 30, 2003; 86 days apart. When interviewed September 22, 2004 the site A registered nurse (RN) confirmed that the supervisory visits were late. September 24, 2004 the, site B and C, RN's confirmed that the supervisory visits were late. October 1, 2004, the site F, RN site confirmed that the service plans were incomplete. October 5, 2004 the site G, RN confirmed that the service plans were incomplete. And October 7, 2004, the site H, RN confirmed that the service plans were incomplete. **Education:** Rule Reviewed and Board of Nursing education module provided.

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
~~3~~ 1	~~MN Statute §144D.07 Restraints~~ **MN Statute §144A.44 Subp. 2**	X	X	Based on observation**,** ~~and~~ interview**s** and record review**s,** the agency failed to ensure that two of three clients (D2 and D3) reviewed at site Dm received care and services according to a suitable and up-to-date plan ~~keep free of physical restraints imposed for convenience.~~ The findings include: Client D2 was observed September 30, 2004 in a Geri chair with a table up from 9:00 am until 11:50 am, when toileted, and from 12 noon through 2:30pm when observation ended. Client D2's service plan did not indicate the use of restraints nor was there a current physician's order for a restraint. When interviewed September 30, 2004, the registered nurse (RN) stated client D2 began using the Geri chair with table when she had received hospice services. She stated they continued to use it after hospice stopped. The RN also verified that client D2's Geri chair use was not included on the service plan or physician's orders. A progress note June 8, 2004 stated "hospice program discontinued." A progress note dated June 9, 2004 stated "Apria" chair (Geri chair) "covered by Medicare and Health Partners." During an interview September 30, 2004 a home health aide (HHA) stated the client was walked to the toilet and staff sits with her on the couch "if they can." She stated if client D2 is left alone the client is not safe. She also stated client D2 tries to stand and walk so staff seat her in the Geri chair with the table up. Client D3 was observed September 30, 2004 with a lap table attached to the back of her wheelchair from 9 am until noon. Client D3's service plan did not indicate the use of restraints. Client D3's record did not contain an order for

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				a restraint. When asked September 30, 2004 at 11:55am if D3 was toileted at 11:30 am as stated in the service plan the HHA said " not yet – we do toilet every 2 hours then we walk her." She stated client D3 "can't get up without help, and the wheelchair lap table prevents her from leaning forward and falling out of the wheelchair. She needs two staff persons for all transfers." After this reviewer inquired about toileting and the restraint, staff toileted client D3. The lap table was removed and remained off. When observed September 30, 2004 at 2:45 p.m. client D3 was seated upright in her wheelchair without the lap table. The HHA interviewed at that time stated client D3 was "awake and not leaning forward now" so the wheelchair table could be off. When interviewed September 30, 2004 the RN verified that the client could not release or remove the wheelchair table, and that there were no physician's orders for the wheelchair with the lap table in the client record. **Education:** Education provided on client's right to be free of restraints and receive care and services according to a suitable and up-to-date service plan subject to accepted medical and nursing standards.

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
8.	MN Rule 4668.0860, Subp. 4 Prescriber's order	X	X	Based on observation and interview the licensee failed to obtain a signed prescriber's order for one of two clients reviewed at site G. Client G1had admission orders dated May 2004 that were unsigned by a physician. The admission orders included orders for eleven prescribed medications. These same orders were first faxed to the physician for signature September 2004. Client G1 was receiving the eleven medications, routinely, since admission. Signed admission orders were not on client G1's record at the time of the survey. When interviewed October 5, 2004 the registered nurse of site G confirmed that the prescriber's signature had not been obtained. **Education:** Education provided, Rule reviewed.
10.	~~MN Statute §144D.02 Housing With Services Establishment Registration Required~~ **MN RULE 4668.0800 Subp. 1**	X	X	Based on observation and interview, **the Assisted Living Home Care Provider was noted to1 be providing services at an establishement called** the Brown Krause housing ~~with services site had no housing with services registration.~~ **which was not registered as a Housing With Services. The findings include:** When interviewed, October 8, 2004 the administrator confirmed that the housing with services registration **for the Brown Krause building** had not been applied for as the legal department was still writing the housing with services 17 point contract. She indicated that Intrepid USA Healthcare Services has owned Brown Krause since January 2002 and has been providing nursing services there since

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				January 2, 2003 when services changed from board and lodging to Assisted Living. The Brown Krause housing with services site was providing services to a client population with fewer than 80 percent of the adult residents age 55 or older. The administrator stated that when assisted living services began at the Brown Krause housing with services site an internal request was sent to Intrepid to obtain the HWS registration. On October 8, 2004 this reviewer contacted the Minnesota Department of Health (MDH), Licensing and Survey, for registration status. MDH indicated an optional registration was required. MDH had not received a registration application or communication from Intrepid USA Healthcare Services for registration for the Brown Krause housing with services site **as of the date of this survey**. **Education:** provided on Minnesota Department of Health application for registration. Contact numbers given.
N/A	MN Rule 4668.0810, Subp. 5 Form of Entries		X	**Education:** Education provided regarding client record requirements. Rule reviewed.

A draft copy of this completed form was left with Bonnie Friske, Administrator at an exit conference on October 13, 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)