



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 4658

April 25, 2005

Jodi Brask, Administrator  
Happy Tracks  
31274 Julliard Street NE  
North Branch, MN 55056

Re: Licensing Follow Up Revisit

Dear Ms. Brask:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on (Date).

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Assisted Living Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

Cc: Jodi Brask, President Governing Board  
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** HAPPY TRACKS

**DATE OF SURVEY:** 02/07/2005

**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:**

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up X

**ITEMS NOTED AND DISCUSSED:**

An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on July 1, 2 and 7, 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: met.

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



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9986 7478

August 13, 2004

Jodi Brask, Administrator  
Happy Tracks  
31274 Julliard Street NE  
North Branch, MN 55056

Re: Results of State Licensing Survey

Dear Ms. Brask:

The above agency was surveyed on June 30, July 1, 2, and 7, 2004 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Jodi Brask, President Governing Board  
Case Mix Review File

CMR 3199 6/04



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

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

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

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

Name of ALHCP: HAPPY TRACKS

HFID # (MDH internal use): 20809

Date(s) of Survey: June 30,2004 and July 1, 2, and 7, 2004

Project # (MDH internal use): QL20809005

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, Subp. 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>  X  </u> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>  X  </u> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>  X  </u> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statute 144D.065; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>  X  </u> Education  <u>    </u> provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800, Subp. 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p>	<p><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>  X  </u> Education  <u>    </u> provided  <u>    </u> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </u> Education  <u>    </u> provided  <u>    </u> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012, Subd.17)</p> <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </u> Education  <u>    </u> provided</p>

***Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.***

Survey Results:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance: #1	Regulation: MN Rule 4668.0815	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #1  Education: #1	Based on interview and record review, the licensee failed to provide a complete service plan for three of three clients (#1, #2, #3) reviewed. Client #1 began services April 17, 2004. Client #2 began services January 16, 2003. Client #2 had an Adult Foster Home Agreement and Service Plan dated 08/01/02 prior to the opening of the ALHCP on 01/16/03. Client #3 began services October 22, 2003 and ended services June 27, 2004. The service plans for clients #1, #2, and #3 did not include individualized description of services, frequency of services, persons providing services, fees for services, or a plan for contingency action. The service plans were not reviewed, or revised, by a registered nurse. The licensee, the client, or the responsible party agreeing to the services did not sign the service plans. Education provided on MN ALHCP Home Care Rule 4668.0815 during the review and at the exit conference.	
Indicator of Compliance: #2	Regulation: MN Rule 4668.0030	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Other Education: #2	The licensee failed to use a current copy of MN Home Care Bill of Rights effective October 1, 2001 (with updates on item 16). Licensed practical nurse/owner indicated she received the copy the facility was using on February 27, 2003 from the Department of Human Services Aging and Adult Services training. The owner acknowledged receiving the Housing With Services packet April 2004 which included the October 1, 2001 Bill of Rights. The 2001 Bill of Rights had not been used until it was discussed at time of survey. Education provided during the review and at the exit conference using current Bill of Rights found in the Minnesota Home Care Statutes.	

Indicator of Compliance: #3	Regulation: MNRule 4668.0065, Subp. 1 Mn Rule 4668.0065, Subp. 3	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Other Education: #3	<p>The personnel file for employee #1 did not contain tuberculosis screening or evidence of infection control training. The licensed employee was hired February 7, 2003. Per phone interview on July 1, 2004 employee #1 stated she received tuberculosis screenings and infection control training at a hospital she also works in. She could not provide the date/dates for either, and stated she would get the information to the ALHCP facility by July 7, 2004. The ALHCP owner provided all needed documentation to the Minnesota Department of Health.</p> <p>Education was provided during the review of personnel records and at the exit conference regarding the need for tuberculosis screening prior to direct contact with clients and every 24 months, and infection control training for each 12 months of employment. Need to have copies on site reviewed.</p>	
Indicator of Compliance: #6	Regulation: MN Rule 4668.0820, Subp. 2	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Other Education: #6	<p>Education provided to licensed practical nurse/owner during the survey and at the exit conference (to be provided also to the registered nurse) regarding contacting the registered nurse when there is a change in the client's condition and following the Minnesota Nurse Practice Act in the provision of nursing services as an assisted living home care provider.</p>	
Indicator of Compliance: #7	Regulation: Mn Rule 4668.0070, Subp. 2	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Other Education: #7	<p>There was not a current license for employee #2 in her personnel file. Interview with employee #2 revealed that her license was current. The ALHCP owner and co-owner educated on how to verify licensure by using the Minnesota Board of Nursing website. The website was used and employee #2's current license was placed in her personnel file during the course of the survey.</p>	
Indicator of Compliance: #8	Regulation: MN Statute 144A.44, Subd.1 (2)	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Other Education: #8	<p>During the record review, a faxed order, dated June 28,2004 was in client #1's file without a name on the form. Education provided to licensed practical nurse/owner during survey and at the exit conference on medication and treatment orders.</p>	



A copy of this completed form was left with Jodi Brask at an exit conference on July 7, 2004. Any correction orders issued as a result of the on-site visit will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website: <http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes) <http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).