



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7304

May 27, 2010

Judy Berry, Administrator
Lakeview Ranch Inc
69531 213th Street
Darwin, MN 55324

Re: Results of State Licensing Survey

Dear Ms. Berry:

The above agency was surveyed on April 14, 15 and 16, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order form is enclosed. This document will be posted on the MDH website.

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

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

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is located below the "Sincerely," text.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2303 7304

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



Patricia Nelson, Supervisor - (651) 201-4309

TO:	JUDY BERRY	DATE: May 27, 2010
PROVIDER:	LAKEVIEW RANCH INC	COUNTY: MEEKER
ADDRESS:	69531 213TH STREET DARWIN, MN 55324	HFID: 20829

On April 14, 15 and 16, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

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

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

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

1. MN Rule 4668.0825 Subp. 4

Based on observation, record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, demonstrated to the RN that he/she was competent to perform the procedure and the RN specified in writing the instructions for performing the procedures for three of four clients' (A1, A2, and B1) records reviewed. The findings include:

Client A1's treatment and care sheets for March and April 2010 indicated the client was to have a clip alarm on when up in the chair. On April 14, 2010, from 12:00 p.m. to 4:20 p.m. the client was observed in a chair in the living area without the clip alarm on. The client's record did not contain written instructions on how the clip alarm was to be applied. When interviewed April 15, 2010, employee AA (RN) stated that employee AC, the unlicensed staff taking care of the client, told her the clip alarm was

not on when he was in the chair yesterday. Employee AA went on to state that there were no written instructions for the clip alarm. Employee AC's personnel record lacked evidence that she had been instructed by the RN on the proper method for applying the clip alarm.

Client A2's service plan, dated January 7, 2009, indicated the client was to have bed and chair alarms on at all times. Client A2 was observed on April 15, 2010, in bed with a clip alarm clipped to her, a sensor alarm on the floor facing the client's bed and a voice alarm on the bedside stand facing the bed. When the surveyor and employee AA/RN entered the room and approached the client's bed, the voice alarm did not go off in the kitchen. Employee AA and the surveyor went to the kitchen and found that the volume on the monitor of the voice alarm had been turned all the way down so that it could not be heard by the unlicensed staff persons who were sitting at the dinning room table in the kitchen. The client's record did not contain written instructions on how the bed and chair alarms were to be applied. When interviewed April 15, 2010, employee AA/RN stated the alarms were to be on as stated on the service plan, however there were no written instructions for the alarms.

Client B1's service plan last reviewed January 13, 2010, and treatment sheets indicated the client was to have a clip alarm on during the day when up and sensor alarms at night or when lying down. Client B1 was observed on April 15, 2010, lying on the couch in the living room with out the clip alarm applied. The clip alarm was attached to the client's wheelchair that was on the other side of the room. Employee BC (RN) instructed employee BB/unlicensed staff to apply the clip alarm to the client while he was lying on the couch. Employee BB applied the clip alarm to a cushion that was not attached to the couch and then to the client. Employee BC instructed employee BB not to attach the alarm to the unattached cushion. The client's record did not contain written instructions on how the alarm was to be applied. When interviewed April 15, 2010, employee BB stated she had been shown how to apply the alarms, but was not sure if it was an RN who instructed her. Employee BB's personnel record lacked evidence that she had been instructed or demonstrated competency to the RN on how to apply the alarms. When interviewed April 15, 2010, employee BC confirmed there were no written instructions on how to apply the alarms. Employee BC also stated client B1 was to have the clip alarm on when up at all times.

When interviewed April 16, 2010, employee AA (RN) stated she had not trained unlicensed staff on the application of the clip alarm, sensor alarm, or voice alarms.

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

- A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;
- B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;
- C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;
- D. the procedures for each client are documented in the client's record; and
- E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

2. MN Rule 4668.0855 Subp. 7

Based on record review and interview, the licensee failed to ensure the registered nurse (RN) instructed unlicensed personnel on the dosage of pro re nata (PRN) medications that was to be given to one of one client (A1) reviewed receiving PRN medications. The findings include:

Client A1's record contained standing orders, dated April 14, 2010, which stated Tylenol 325 to 1000 milligrams (mg.) by mouth every four hours PRN. The client's April 2010 medication and treatment record indicated on April 1, 2 and 7, 2010, the client received Tylenol 325 mg. two tablets and on April 6, 2010, the client received Tylenol 500 mg. two tablets. When interviewed April 14, 2010, employee AD (trained medication aide) stated she does not call the RN prior to administering the Tylenol. The agencies Administration of PRN Medication Policy for unlicensed personnel indicated Tylenol can be given without authorization from the RN and the RN is to be notified within 24 hours. When interviewed April 15, 2010, employee AA (RN) stated the unlicensed staff determine which dose to give and they do not have to call the RN prior to giving the PRN Tylenol.

TO COMPLY: A person who satisfies the training requirements of subpart 4 may perform assistance with self-administration of medication or medication administration if:

A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;

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

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

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

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

TIME PERIOD FOR CORRECTION: Fourteen (14) days

3. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review, and interview, the licensee failed to ensure clients received care and services according to their plan of care and according to acceptable nursing standards for four of seven clients (A1, A2, B1 and B2) reviewed. The findings include:

Client A1's service plan and care plan indicated the client was to have a clip alarm on when in the chair at all times and was to have two staff stand by assist when ambulating with a walker. On April 14, 2010, from 12:00 p.m. to 4:20 p.m. the client was observed in a chair in the living area with out the clip alarm on. The client was assisted with ambulation to the dining room table. The client did not have a clip alarm applied when he was sitting at the dining room table. On April 15, 2010, at 12:00 noon employee

AC/unlicensed staff was observed ambulating the client into the dining room. The client was seated on a chair at the dining room table and the clip alarm was not applied to the client. When interviewed April 15, 2010, employee AA\registered nurse stated that employee AC, who was taking care of client A1 told her the clip alarm was not on when he was in the chair on April 14, 2010 and the clip alarm was not applied at the dining room table. Employee AA went on to state the client was to be ambulated with the assistance of two staff.

Client A2 was observed on April 15, 2010, in bed with a clip alarm clipped to the client, a sensor alarm on the floor facing the client's bed and a voice alarm on the bed side stand facing the bed. When the surveyor and employee AA\registered nurse walked into the room and approached the client's bed the voice alarm did not go off in the kitchen. Employee AA\registered nurse and the surveyor went to the kitchen and found that the volume on the monitor of the voice alarm had been turned all the way down so that it could not be heard by the unlicensed staff who were sitting at the dinning room table in the kitchen. The client's service plan dated January 7, 2009, indicated the client was to have bed and chair alarms on at all times. When interviewed April 15, 2010, employee AA stated that the alarms were to be on as stated on the service plan.

A review of incident and accident reports indicated that client B1 had fallen on November 6, 2009, and sustained a laceration to his head. Client B1 had also fallen on January 23, February 27, March 2, and March 30, 2010, but did not sustain any injuries. The client's service plan last reviewed January 13, 2010, and treatment sheets indicated the client was to have a clip alarm on during the day when up and sensor alarms at night or when lying down. Client B1 was observed on April 15, 2010, lying on the couch in the living room with out the clip alarm applied. The clip alarm was attached to the client's wheelchair that was on the other side of the room. Employee BC\RN instructed employee BB\unlicensed staff to apply the clip alarm to the client while he was lying on the couch. Employee BB applied the clip alarm to a cushion that was not attached to the couch and then to the client. Employee BC instructed employee BB not to attach the alarm to the unattached cushion. Client B1's record did not contain written instructions by the RN on how the alarm was to be applied. When interviewed April 15, 2010, employee BB stated she had been shown how to apply the alarms but was not sure if it was by an RN. Employee BB's personnel record lacked evidence that she had been instructed by an RN or demonstrated competency to an RN on the application of the alarms. When interviewed April 15, 2010, employee BC\RN stated there were no written instructions for how to apply the alarms. Employee BC also stated the client was to have the clip alarm on at all times when up.

A review of incident and accident reports revealed client B2 had fallen on May 16, 2009, and sustained a hip fracture. Reports also revealed the client had fallen on July 7, 2009, August 25, 2009, and October 11, 2009, and was found on the floor at the bed side. A report on December 18, 2009, indicated client B2 was found on the floor and when the alarm was checked it was not turned on. Client B2 was observed on April 15, 2010, in his bed with a voice alarm on the bedside stand pointing at the bed and the floor sensor on the floor pointed at the bed. When employee BC\registered nurse and the surveyor went into the client's room the voice alarm did not go off. Employee BC and the surveyor went to check the alarm to see if it was functioning. The unlicensed staff who were sitting in the kitchen did not hear the voice alarm monitor go off in the kitchen. When employee BC\registered nurse and surveyor checked the voice alarm monitor, the monitor volume had been turn down so low that the staff in the same room as the monitor could not hear client B2's alarm go off. When interviewed April 15, 2010, employee BC\registered nurse stated the alarms were to be on at all times when the client was in bed and that the volume on the voice alarm should be turned up so the staff could hear the alarm going off.

When interviewed April 16, 2010, employee AA\RN stated she had not trained unlicensed staff on the application of the clip alarms, sensor alarms, or voice alarms. Employee AA confirmed there were no written instructions for how the alarms were to be applied.

TO COMPLY: A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Fourteen (14) days

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 1184

November 2, 2004

Judy Berry, Administrator
Lakeview Ranch, Inc.
69531 213TH Street
Darwin, MN 55324

Re: Licensing Follow Up Revisit

Dear Ms. Berry:

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 October 1, 2004.

The documents checked below are enclosed.

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

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

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

Cc Judy Berry, 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: LAKEVIEW RANCH INC.

DATE OF SURVEY: October 1, 2004

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Margaret Slagle Registered Nurse Judy Berry CEO

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X _____

ITEMS NOTED AND DISCUSSED

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on June 22, 23 and 25, 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 Statue 144A.46, Subd. 5(b)	Corrected
2. MN Rule 4668.0815, Subp. 3	Corrected
- 2) The exit conference was not tape recorded.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9986 7379

August 5, 2004

Judy Berry, Administrator
Lakeview Ranch Adult Foster Care
68531 213th Street
Darwin, MN 55324

Re: Results of State Licensing Survey

Dear Ms. Berry:

The above agency was surveyed on June 22, 23, and 25, 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: Judy Berry, 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: LAKEVIEW RANCH ADULT FOSTER CA
 HFID # (MDH internal use): 20829
 Date(s) of Survey: 06/18/2004
 Project # (MDH internal use): QL20829005

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.	<div> <input type="checkbox"/> Met </div> <div> <input checked="" type="checkbox"/> Correction </div> <div> <input checked="" type="checkbox"/> Order(s) issued </div> <div> <input checked="" type="checkbox"/> Education provided </div>

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).	<u> X </u> 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 <u> X </u> Correction _____ Order(s) issued <u> X </u> 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.	<u> X </u> 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.	<u> X </u> 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.	<u> X </u> Met _____ Correction _____ Order(s) issued _____ Education provided

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

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

Survey Results:

_____ All Indicators of Compliance listed above were met.

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

Indicator of Compliance: # <u>3</u>	Regulation: MN. Statue 144A.46, Subd. 5(b)	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #3 Education: #3	Based on interview and personnel record review, the licensee failed to conduct a background study for 3 of 3 employees (#1, 2 and 3) reviewed. The Personnel records of 3 of 3 staff reviewed contained a background study from the county. The licensee's registered nurse (RN) stated on June 24, 2004, that they were recently informed and are now aware that all background checks need to be done by the Department of Human Services. Education was provided regarding the background study requirements to the CEO during review of personnel records.	
Indicator of Compliance: # <u>NA</u>	Regulation:	<u> </u> Correction Order Issued <u>X</u> Education provided
Education provided:	Education was provided on need for CLIA waiver when providing glucose monitoring readings. Contact phone number for CLIA information was given.	

Indicator of Compliance: # <u>1</u>	Regulation: MN Rule 4668.0815, Subp. 3	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: Education: #1	<p>Based on record review for one of two clients (#1) the facility failed to have a modification to the service plan agreed upon by the client or client's responsible person before the service plan modification was initiated. On December 12, 2003, client #1's resuscitation status was changed from full resuscitation to a DNR/DNI status, by a physician's order. The record lacks evidence of the legal representative for the client being informed of that decision or having any input. The service plan/agreement signed February 14, 2003, by the legal representative states "full resuscitation". The service plan/agreement was reviewed by the registered nurse (RN) on January 24, 2004, and stated "no modifications" even though the DNR/DNI order had been signed by the physician on December 12, 2004. The service plan/agreement signed June 23, 2004, reflected that a modification in client's resuscitation status had changed from full resuscitation to DNR/DNI on December 12, 2003, by a physician's order, and had not been authenticated by the legal representative.</p> <p>Education provided regarding the need for input and documentation by the legal representative when changes are made to the service plan/agreement before the modification is initiated. Prior to exit conference the RN faxed a form to the client's legal representative to inform and for request of signature in regard to the change in client's resuscitation status.</p>	

A copy of this completed form was left with Judy Berry at an exit conference on (date) June 25, 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).