



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2429

July 19, 2006

Emily Shelstad, Administrator
Alterra Clare Bridge Cottage Owatonna
364 Cedardale Drive SE
Owatonna, MN 55060

Re: Licensing Follow Up visit

Dear Mr. Shelstad:

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 11 and 12, 2006.

The documents checked below are enclosed.

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

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

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

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

INFORMATIONAL MEMORANDUM

PROVIDER: ALTERRA CLARE BRG COT OWATONN

DATE OF SURVEY: July 11 and 12, 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:

Ron Kaylor, Regional Healthcare Manager
Lisa Bartz, RN Health Care Coordinator

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on November 30, December 1, and 6, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- | | |
|-------------------------------------|------------------|
| 1. MN Rule 4668.0065 Subp. 3 | Corrected |
| 2. MN Rule 4668.0815 Subp. 2 | Corrected |
| 3. MN Rule 4668.0815 Subp. 3 | Corrected |
| 4. MN Rule 4668.0815 Subp. 4 | Corrected |
| 5. MN Rule 4668.0825 Subp. 4 | Corrected |
| 6. MN Rule 4668.0860 Subp. 7 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9458

March 23, 2006

Emily Shelstad, Administrator
Alterra Clare Bridge Cottage Owatonna
364 Cedardale Drive SE
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Shelstad:

The above agency was surveyed on November 30, 2005 and December 1 and 6, 2005, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Mark Ohlendorf, President Governing Body
Steele County Social Services
Ron Drude Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Paul Civello, Attorney General Office- MA Fraud
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

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

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

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

Name of ALHCP: ALTERRA CLARE BRIDGE COTTAGE OWATONNA
 HFID # (MDH internal use): 20851
 Date(s) of Survey: November 30, December 1, and 6, 2005
 Project # (MDH internal use): QL20851002

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

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

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

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

Survey Results:

_____ All Indicators of Compliance listed above were met.

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0815 Subp. 2 Reevaluation	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and/or revised the client's service plan at least annually for one of two clients' (#2) records reviewed. The findings include:</p> <p>Client #2's service plan was dated November 19, 2001. There was no indication that the RN had reviewed and/or revised client #1's service plan since November 2001. When interviewed, November 30 and December 1, 2005, the RN verified she had not reviewed all the service plans every year.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0815 Subp. 3 Modifications	X	X	<p>Based on record review and interview, the licensee failed to ensure that the client or the client's responsible person agreed in writing to a service plan modification for one of three clients' (#2) records reviewed. The findings include:</p> <p>Client #2 had a modification to the service plan, dated February 17, 2005 and August 19, 2005. There were no signatures by the client or daughter indicating agreement to these modifications to the service plan. When interviewed, December 1, 2005, the registered nurse confirmed that there was no authentication by the client indicating agreement to the changes in the service plan.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0815 Subp. 4 Contents of service plan	X	X	<p>Based on record review and interview, the licensee failed to have complete service plans for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's service plan dated April 16, 2005, listed several services including assistance with medication administration and assistance with activities of daily living. The service plan had no fees for the services.</p> <p>Client #2's service plan dated November 10, 2001, listed several services including assistance with medication administration, assistance with activities of daily living and Accu-Chek 3X/week. The service plan did not include fees for the services. No schedule for supervision by the registered nurse (RN) or licensed practical nurse was noted for the ADL's or Accu-Chek.</p> <p>Neither clients #1 nor #2's service plans contained the method for the client to contact a representative when staff members are providing services. When interviewed, December 1, 2005, the RN indicated she knew that some older service plans needed updating.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse		X	<p><u>Education:</u> Provided</p>
#3	MN Rule 4668.0065 Subp. 3 Infection control in-service training	X	X	<p>Based on record review and interview, the licensee failed to ensure infection control in-service training was provided for one of three employees' (A) records reviewed who had direct contact with clients. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>The registered nurse (RN) was hired in July 2003. Her record included documentation of infection control training signed by the employee herself and the instructor was listed as herself. When interviewed, December 1, 2005, the RN indicated she was unaware that she could not do her own infection control training.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0825 Subp. 4 Performance of routine procedures	X	X	<p>Based on record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by a registered nurse (RN) in the proper method to perform a delegated nursing procedure for one of one client (#2) record reviewed who received blood glucose monitoring. The findings include:</p> <p>Employees B and C were hired in March 2004, and September 2005 respectively, and provided direct client cares including blood glucose monitoring to client #2. In May 2005 “blood glucose” was signed off by a licensed practical nurse as the instructor for both employees A and B. When interviewed December 1, 2005, the RN verified that a licensed practical nurse had instructed employees A and B on blood glucose monitoring.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 7 Electronically transmitted orders	X	X	<p>Based on record review and interview, the licensee failed to ensure that an order received by facsimile was communicated to a registered nurse (RN) within one hour of receipt for one of two clients’ (#1) records reviewed. The findings include:</p> <p>Client #1’s record contained facsimile</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				orders dated April 27, 2005, June 2, 2005 and October 6, 2005. There was no evidence the RN had been notified of these orders within one hour of receipt. When interviewed, November 30, 2005, the RN indicated she did not know she needed to be notified within one hour and did not have a system for staff to notify her when facsimile orders were received. <u>Education:</u> Provided
	CLIA waiver		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Emily Shelstad, Director at an exit conference on December 6, 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)