



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 4777

February 1, 2007

Debra Shriver, Administrator
Divine House Inc
328 5th Street Southwest
Willmar, MN 56201

Re: Results of State Licensing Survey

Dear Ms. Shriver:

The above agency was surveyed on December 26, 27, 28, and 29, 2006, 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 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) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

01/07 CMR3199



Assisted Living 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 Assisted Living home care providers (ALHCP). ALHCP 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 Assisted Living 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 ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: DIVINE HOUSE INC

HFID #: 20854

Date(s) of Survey: December 26, 27, 28 and 29, 2006

Project #: QL20854003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> 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. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • 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. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • 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. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0810 	<ul style="list-style-type: none"> 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. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0065 MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0840 MN Rule 4668.0070 MN Statute §144D.065 	<ul style="list-style-type: none"> 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. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • 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. 	<p>Focus Survey</p> <p>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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>	<ul style="list-style-type: none"> • 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) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 	<ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

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

SURVEY RESULTS: All Indicators of Compliance listed above were met.

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

1. MN Rule 4668.0815 Subp. 3

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that each client’s service plan was authenticated by the client or the client’s responsible person for one of two current clients’ (#1) records reviewed. The findings include:

Client #1’s current service plan, undated, was revised and signed by the registered nurse (RN) due to a decline in the client’s condition. The service plan lacked authentication by the client or the client’s responsible person. When interviewed December 26, 2006 the RN stated she had completed the service plan November 9, 2006. She said the client was no longer able to sign the service plan and did not know who would authenticate the service plan. When interviewed December 26, 2006, the program director stated the client’s sister would be the responsible person and she would have the sister authenticate the service plan.

2. MN Rule 4668.0855 Subp. 9**AREA OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure medication administration records were complete for two of two (#1, and #2) current clients' records reviewed. The findings include:

Client #1's current service plan, November 9, 2006, indicated client #1 received central storage of medications and assistance with medication administration. The December, 2006 medication administration record (MAR) indicated the client was to receive Duragesic 50 micrograms, a pain medication, every seventy-two hours. The December, 2006 MAR indicated the client received a Duragesic patch on December 3, 2006. On December 4, 2006, the progress notes indicated that the patch was no longer on the client. The on-call registered nurse (RN) was notified and the staff were instructed to put a new patch on and notify the facility RN the following morning. The MAR indicated that the patch was not applied as directed on December 6, 2006 by the initials of the staff circled, but was reapplied (per employee initials) against the direction of the registered nurse, on December 4, 2006. The staff communication book contained an entry dated December 9, 2006 from the program coordinator which read, "She" (client #1) "should have had her patch changed. It was changed on Monday" (December 4, 2006) "so Wednesday it wasn't 72 hrs. I left it- no one did it and it went 5 days!" The December, 2006 MAR also indicated the senna, a laxative, was not administered as ordered on December 22, 2006; Seroquel 12.5 milligrams, an antipsychotic medication, was not administered as ordered on December 19, 2006; the record lacked documentation why the medications was not administered as ordered or any follow up steps taken.

On interview, December 27, 2006, the program coordinator stated the facility registered nurse had not been notified the following morning of the patch having coming off and the MAR had not been adjusted to reflect the revised seventy-two hours administration times.

The September, 2006 MAR for client #2 indicated that prednisone 1250 milligrams was to be administered orally every thirty days. This was not documented as given on September 29, 2006 as ordered or any other day in September 2006. The record lacked documentation why the medication was not administered as ordered or any follow up steps taken. On interview, December 27, 2006, the program coordinator stated the prednisone was not administered on September 29, 2006; however, she worked on September 30, 2006 and administered the prednisone on September 30. The record lacked documentation that the prednisone was administered on September 30, 2006. When interviewed, December 27, 2006, client #2 verified that she had received the medication a day late.

3. MN Rule 4668.0860 Subp. 7**AREA OF COMPLIANCE: # 6**

Based on record review and interview the licensee failed to ensure a medication order was signed by the prescriber for one of two (#2) current clients' records reviewed. The findings include:

Client #2's facsimile medication order received September 18, 2006 for Nasonex two squirts in each nostril daily as needed lacked the prescriber signature. On interview, December 27, 2006, the program coordinator confirmed the signature was absent from the order. She did re fax the order for the physician signature.

4. MN Rule 4668.0865 Subp. 3**AREA OF COMPLIANCE: # 6**

Based on observation, record review and interview the facility failed to maintain a system for control medications for two of two current clients' (#1, and #2) records reviewed that received central storage of medications. The findings include:

The service plans for clients #1, and #2 dated November 9, 2006, and November 9, 2006, respectively, indicated they received central storage of medications and assistance with medication administration.

Client #1 received Erythromycin ophthalmic ointment and Ofloxacin ophthalmic drops to the left eye as needed (PRN). These medications were administered on December 13, 14 and 15, 2006. There was no evidence the registered nurse (RN) was not notified of the administration of these PRN medications. When interviewed December 27, 2006, the program coordinator verified the RN had not been notified of the administration of these PRN medications. Also client #1's current service plan, November 9, 2006, indicated client #1 received central storage of medications and assistance with medication administration. The December, 2006 medication administration record (MAR) indicated the client was to receive Duragesic 50 micrograms, a pain medication, every seventy-two hours. The December, 2006 MAR indicated the client received a Duragesic patch on December 3, 2006. On December 4, 2006, the progress notes indicated that the patch was no longer on the client. The on-call registered nurse (RN) was notified and the staff were instructed to put a new patch on and notify the facility RN the following morning. The MAR indicated that the patch was not applied as directed on December 6, 2006 by the initials of the staff circled, but was reapplied (per employee initials) against the direction of the registered nurse, on December 4, 2006. The staff communication book contained an entry dated December 9, 2006 from the program coordinator which read, "She" (client #1) "should have had her patch changed. It was changed on Monday" (December 4, 2006) "so Wednesday it wasn't 72 hrs. I left it- no one did it and it went 5 days!" The December, 2006 MAR also indicated the senna, a laxative, was not administered as ordered on December 22, 2006; Seroquel 12.5 milligrams, an antipsychotic medication, was not administered as ordered on December 19, 2006; the record lacked documentation why the medications was not administered as ordered or any follow up steps taken.

When asked December 27, 2006 how the RN was notified of PRN medications, the program coordinator stated that if a PRN medication was frequently given to the client and the RN was aware of the situation they would not call the RN within 24 hours of administration of a PRN medication. However, if it was unusual and there was a change in condition they would call the RN before they would administer the PRN medication. She stated the RN was supposed to review administration of PRN medications on a weekly basis. When interviewed December 26, 2006, the RN stated she had not been reviewing the PRN medications that unlicensed staff had administered to clients.

Client #2 received Lomotil PRN twenty-two times from December 1 through December 27, 2006 and Ibuprofen 600 milligrams on December 18, 21, and 25, 2006 for neck pain and severe headache. When interviewed, December 26, 2006, the program coordinator stated the RN was not notified of the administration of the PRN Ibuprofen, as client #2 was under stress recently and staff were aware of that situation. On interview, December 26, 2006, employee B, an unlicensed care giver, stated that any "PRN" medications that were listed on the back side of the client's MAR could be given without calling the RN. She stated that there have been several changes in registered nurses and she isn't always sure who to call and when she needed to call the RN. Also the September, 2006 MAR for client #2 indicated

that prednisone 1250 milligrams was to be administered orally every thirty days. This was not documented as given on September 29, 2006 as ordered or any other day in September 2006. The record lacked documentation why the medication was not administered as ordered or any follow up steps taken. On interview, December 27, 2006, the program coordinator stated the prednisone was not administered on September 29, 2006; however, she worked on September 30, 2006 and administered the prednisone on September 30. The record lacked documentation that the prednisone was administered on September 30, 2006. When interviewed, December 27, 2006, client #2 verified that she had received the medication a day late.

A draft copy of this completed form was left with Debra Olson at an exit conference on December 29, 2006. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee. 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 supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the MDH 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).