



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6109

May 4, 2010

Susan Knutson, Administrator
Samaritan Bethany Terrace
24 Eighth Street Northwest
Rochester, MN 55901

Re: Results of State Licensing Survey

Dear Ms. Knutson:

The above agency was surveyed on March 24 and 25, 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 cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Olmsted County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>

An equal opportunity employer

CERTIFIED MAIL #:7009 1410 0000 2303 6109

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 and Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	<u>SUSAN KNUTSON</u>	DATE: May 4, 2010
PROVIDER:	<u>SAMARITAN BETHANY TERRACE</u>	COUNTY: OLMSTED
ADDRESS:	<u>24 EIGHTH STREET NORTHWEST</u>	HFID: 20864
	<u>ROCHESTER, MN 55901</u>	

On March 24 and 25, 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: _____

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 4668.0805 Subp. 1

Based on record review and interview, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for three of three employees' (A, B and C) records reviewed. The findings include:

Employees A, B and C were hired and began providing home care services November 6, 2009, May 19, 2009, and September 18, 2008, respectively. There was no documentation that employees A, B or C had received orientation to home care requirements prior to providing home care services.

When interviewed March 25, 2010, employee D/housing manager and employee F/office manager stated that the previous nurse had done the orientation to home care, but it wasn't being done anymore. Employees D and F verified employees A, B and C did not have orientation to home care.

TO COMPLY: An individual applicant for a class F home care provider license and a person who provides direct care, supervision of direct care, or management of services for a licensee must complete an orientation to home care requirements before providing home care services to clients. The orientation may be incorporated into the training of unlicensed personnel required under part [4668.0835](#), subpart 2. The orientation need only be completed once.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0815 Subp. 2

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's service plan at least annually or more frequently when there was change in the client's condition that required a change in service for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving medication administration January 17, 2006. The client's diagnoses included a brain lesion and anxiety. On December 28, 2009, the doctor noted that the client was requiring more assistance now than when she originally moved into the assisted living and would be best served in a skilled care facility. The client was also self-administering medications and on January 29, 2010, the doctor stated, "the self administration of medication is to stop." The client's service plan was last reviewed January 3, 2008.

When interviewed March 25, 2010, employee A/registered nurse indicated client #1's needs exceeded what the assisted living can provide, and did not know the service plans had to be reviewed every year or with a change in condition.

TO COMPLY: A registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0815 Subp. 4

Based on record review and interview, the licensee failed to provide a complete service plan for one of one client's (#1) record reviewed. The findings include:

Client #1's service plan, dated January 27, 2006, and reviewed January 3, 2008, did not include any of the fees for the services provided, which included medication administration and bathing assistance.

When interviewed March 25, 2010, employee A/registered nurse verified the fee for services was not included on the service plan.

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 class F 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 class F 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 class F 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.

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Rule 4668.0845 Subp. 2

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for one of one client's (#1) record reviewed. The findings include:

Client #1's service plan, dated January 27, 2006, and reviewed January 3, 2008, included daily medication administration. The service plan indicated RN supervision as needed, but 14 days after admission or hospitalization, every 62 days thereafter. Supervisory visits were documented on employees B and C on an unknown date in 2009.

When interviewed March 24, 2010, employee A/RN stated she had not done any supervisory visits since she was hired November 11, 2009. When interviewed March 24, 2010, employee D/housing manager indicated supervisory visits had been done by the previous RN, but she did them only one time per year.

TO COMPLY: A. 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](#).

TIME PERIOD FOR CORRECTION: Thirty (30) days

5. MN Rule 4668.0860 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that there was a current prescriber's order for a drug that the licensee provided assistance with for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving medication administration January 17, 2006. Medications since admission included antianxiety, antipsychotic, antidepressants, and a variety of pain medications. The February and March 2010, medication administration record (MAR) indicated Klonopin, an anticonvulsant was administered. The December 28, 2009, and January 28, 2010, doctor's orders did not include Klonopin.

When interviewed March 25, 2010, employee A, a registered nurse, indicated client #1's Klonopin had been increased December 1, 2009, but she could not find a current order for the Klonopin.

TO COMPLY: There must be a written prescriber's order for a drug for which an class F home care provider licensee provides assistance with self-administration of medication or medication administration, including an over-the-counter drug.

TIME PERIOD FOR CORRECTION: Seven (7) days

6. MN Rule 4668.0860 Subp. 9

Based on record review and interview, the licensee failed to ensure medication or treatment orders were renewed at least every 12 months for one of two client's (#2) medication records reviewed. The findings include:

Client #2 was admitted and began receiving medication administration January 8, 2009. The most current physician orders were dated December 24, 2008. There was no annual renewal of orders in December 2009.

When interviewed March 25, 2010, employee A, a registered nurse did not know the prescriber's orders had to be renewed every year.

TO COMPLY: A medication or treatment order must be renewed at least every 12 months or more frequently as indicated by the nursing assessment required under part [4668.0855](#), subpart 2.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

7. MN Statute §144A.441

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services January 1, 2006. Client #1's record contained documentation on January 27, 2006, of the receipt of the bill of rights.

When interviewed March 25, 2010, employee D stated they were not aware of the changes to the bill of rights and had not provided any of the clients with the updated 2007 version of the bill of rights.

TO COMPLY: Assisted living clients, as defined in section [144G.01, subdivision 3](#), shall be provided with the home care bill of rights required by section [144A.44](#), except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section [144A.44, subdivision 1](#), clause (16):

"(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where:

(i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;

(ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or

(iii) the provider has not received payment for services, for which at least ten days' advance notice of the termination of a service shall be provided."

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Olmsted County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4665

April 22, 2005

Susan Knutson, Administrator
Samaritan Bethany Terrace
24 Eight Street Northwest
Rochester, MN 55901

Re: Licensing Follow Up Revisit

Dear Ms. Knutson:

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 February 22, 2005.

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: Susan Crawley, 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: SAMARITAN BETHANY TERRACE

DATE OF SURVEY: 02/22/2005

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:

Susan Knutson, Administrator, MaryEsther Xavier, RN, and Cheryl Gustason, Associate
Administer

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 February 22, 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 4668.0855 Subp. 2 Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9986 7485

August 10, 2004

Susan Knutson, Administrator
Samaritan Bethany Terrace
24 Eighth Street Northwest
Rochester, MN 55901

Re: Results of State Licensing Survey

Dear Ms. Knutson:

The above agency was surveyed on June 21, 22, 23, and 28 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: Susan Crawley, 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: SAMARITAN BETHANY TERRACE

HFID # (MDH internal use): 20864

Date(s) of Survey: June 21, 22, 23, and 28, 2004

Project # (MDH internal use): QL20864005

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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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> </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 observed 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> </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> </u> Education 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> </u> Met <u> X </u> Correction <u> </u> Order(s) issued <u> X </u> Education 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 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 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: # <u>8</u>	Regulation: MN RULE 4668.0855, Subp. 2 Nursing assessment	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: Education: #8	Based on record review of 1 of 4 clients (#2) the licensee failed to assess the client's ability for self-administration of medication. During interview in client's room, Milk of Magnesia, Maalox, Tussin, Colace, and Fleet glycerin suppositories were observed sitting on client's table. Record does not reflect assessment of the client's ability for self-administration of medication. During interview, 06/28/04, the registered nurse (RN) stated, "she has the order for self administration from the doctor, but I didn't know I have to do an assessment". Education was provided regarding assessment for self-administration of medication.	
Indicator of Compliance: # <u>3</u> Education: #3	Regulation: MN Rule 4668.0065 The Registered Nurse did not have a current tuberculin, but it was administered during survey and education was provided.	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided

A copy of this completed form was left with Sue Knutson at an exit conference on June 28, 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).