



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1286

March 16, 2006

Sally Peterson, Administrator
Martin Luther Manor- Highland
4616 West 102nd Street
Bloomington, MN 55437

Re: Licensing Follow Up Revisit

Dear Ms. Peterson:

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 March 1, 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

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: Kathryn Roberts, President Governing Board
Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
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: MARTIN LUTHER MANOR - HIGHLAND

DATE OF SURVEY: March 1, 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

NAMES AND TITLES OF PERSONS INTERVIEWED:

Jane Stutelberg, RN

Elizabeth Nelson, HHA

Sally Peterson, Director of Community Services

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X 2

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visits made on February 16 and 18, 2005 and a follow up visit on October 10 and 11, 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 issued on February 16 and 18, 2005, is as follows:

- | | |
|-------------------------------|-----------|
| 1.) MN Rule 4668.0815 Subp. 1 | Corrected |
| 2.) MN Rule 4668.0840 Subp. 3 | Corrected |
| 5.) MN Rule 4668.0855 Subp. 4 | Corrected |

The status of the Correction orders issued on October 10 and 11, 2005, is as follows:

- | | |
|-------------------------------|-----------|
| 1.) MN Rule 4668.0825 Subp. 4 | Corrected |
| 2.) MN Rule 4668.0860 Subp. 9 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7621

November 4, 2005

Sally Peterson, Administrator
Martin Luther Manor-Highland
4616 West 102nd Street
Bloomington, MN 55437

Re: Licensing Follow Up Revisit

Dear Ms. Peterson:

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 October 10 and 11, 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 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: Kathryn Roberts, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Hennepin County Social Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
Mary Henderson L&C Program Assurance
Jocelyn Olson, Assistant Attorney General on Follow-Up
CMR File

10/04 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7621

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR ASSISTED LIVING HOME CARE PROVIDERS**

November 4, 2005

Sally Peterson, Administrator
Martin Luther Manor-Highland
4616 West 102Nd Street
Bloomington, MN

RE: QL2087001.1

Dear Ms Peterson:

On October 10 and 11, 2005 a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on February 16 and 18, 2005 with correction orders received by you on August 9, 2005.

The following correction orders were not corrected in the time period allowed for correction:

1. MN Rule 4668.0815 Subp. 1 \$250.00

Based on record review and interview, the licensee failed to ensure that clients' service plans were authenticated by the licensee and the client or client's responsible party for two of three clients (clients #2 and #3) records reviewed. The findings include:

Client #2's service plan dated April 15, 2004, lacked authentication by the licensee. Client #3's service plan dated July 31, 2004 lacked authentication by the licensee or the client or the client's responsible party.

When interviewed on February 16, 2005, the registered nurse verified that client #2 and #3's service agreements lacked signatures.

TO COMPLY: No later than two weeks after the initiation of assisted living home care services to a client, a registered nurse must complete an individualized evaluation of the client's needs and must establish, with the client or the client's responsible person, a suitable and up-to-date service plan for providing assisted living home care services in accordance with accepted standards of practice for professional nursing. The service plan must be in writing and include a signature or other authentication by the assisted living home care provider licensee and by the client or the client's responsible person documenting agreement on the services to be provided.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 250.00

2. MN Rule 4668.0840 Subp. 3

\$300.00

Based on record review and interview, the licensee failed to ensure completion of all the elements included in the core training for one of two unlicensed personnel (#3) reviewed. The findings include:

Employee #3 was employed by the licensee as an unlicensed direct care staff. Employee #3's Competency Evaluation dated March 1, 2004 lacked training in the area of observing, reporting and documenting client status and services provided, basic elements of body functioning and reportable changes, physical, emotional and developmental needs of clients and problems in these areas, including respect for the client and their family and property. When interviewed on February 16, 2005, the Director of Community Services verified these findings.

TO COMPLY: A. An unlicensed person performing assisted living home care services must successfully complete training or demonstrate competency in the topics described in subitems (1) to (12). The required topics are:

- (1) an overview of this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#);
- (2) recognizing and handling emergencies and using emergency services;
- (3) reporting maltreatment of vulnerable minors or adults under Minnesota Statutes, sections [626.556](#) and [626.557](#);
- (4) the home care bill of rights, Minnesota Statutes, section [144A.44](#);
- (5) handling clients' complaints and reporting complaints to the Office of Health Facility Complaints;
- (6) the services of the ombudsman for older Minnesotans;
- (7) communication skills;
- (8) observing, reporting, and documenting client status and the care or services provided;
- (9) basic infection control;
- (10) maintaining a clean, safe, and healthy environment;
- (11) basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; and
- (12) physical, emotional, and developmental needs of clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property, and the client's family.

- B. The core training of unlicensed personnel must be taught by a registered nurse with experience or training in home care, except that item A, subitems (1) to (7), may be taught by another instructor under the direction of the registered nurse.
- C. The core training curriculum must meet the requirements of this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 300.00

5. MN Rule 4668.0855 Subp.4

\$300.00

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) instructed unlicensed personnel on the procedures for assistance with self-administration of medications or medication administration for one of two unlicensed personnel (#3) files reviewed. The findings include:

Employee #3 had a Competency Evaluation for Medication Administration and Delegated Nursing Tasks dated March 1, 2004 that indicated a licensed practical nurse (LPN) had instructed the unlicensed personnel in medication administration. When interviewed February 16 2005, the RN, verified that the LPN had provided the instruction to the unlicensed person and the RN had co-signed the document verifying completion.

TO COMPLY: Before the registered nurse delegates the task of assistance with self-administration of medication or the task of medication administration, a registered nurse must instruct the unlicensed person on the following:

- (1) the complete procedure for checking a client's medication record;
- (2) preparation of the medication for administration;
- (3) administration of the medication to the client;
- (4) assistance with self-administration of medication;
- (5) documentation, after assistance with self-administration of medication or medication administration, of the date, time, dosage, and method of administration of all medications, or the reason for not assisting with self-administration of medication or medication administration as ordered, and the signature of the nurse or authorized person who assisted or administered and observed the same; and
- (6) the type of information regarding assistance with self-administration of medication and medication administration reportable to a nurse.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 300.00

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the**

total amount you are assessed is: \$ 850.00 . This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to this Department within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

Cc: Kathryn Roberts, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Hennepin County Social Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
Mary Henderson L&C Program Assurance
Jocelyn Olson, Assistant Attorney General on Follow-Up
Case Mix Review File

12/04 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: MARTIN LUTHER MANOR - HIGHLAND

DATE OF SURVEY: October 10 and 11, 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:

Sally Peterson Director of Community Services, Jane Stutelberg RN,
Christine Amos HHA, Elizabeth Nelson HHA

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1 X

ITEMS NOTED AND DISCUSSED:

1. An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on February 16 and 18, 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 4668.0815 Subp. 1 Not Corrected \$250.00

Based on record review and interview the licensee failed to ensure that clients' service plans were authenticated by the licensee for one of two clients' (#4) records reviewed. The findings include:

Client #4's service plan, dated January 31, 2005, lacked authentication by the licensee. When interviewed, October 10, 2005, the registered nurse verified that client #4's service plan lacked a licensee signature.

2. MN Rule 4668.0840 Subp. 3 Not Corrected \$300.00

Based on record review and interview the licensee failed to ensure complete training and competency demonstration for one of two unlicensed employees' (E) records reviewed. The findings include:

According to the training record of December 1, 1994, employee E, an unlicensed direct care staff, lacked training in recognizing and handling emergencies, reporting maltreatment of vulnerable minors or adults, the home care bill of rights, handling client's complaints and reporting complaints to the Office of Health Facility Complaints, the services of the Ombudsman, communication skills, maintaining a clean, safe, and healthy environment, basic elements of body function that must be reported to an appropriate health care professional and physical, emotional, and developmental needs of clients and ways to work with clients who have problems in these areas.

When interviewed October 11, 2005 the director of community services verified the training was incomplete.

3. MN Rule 4668.0845 Subp. 2 Corrected

4. MN Rule 4668. 0855 Subp. 2 Corrected

5. MN Rule 4668.0855 Subp. 4 Not Corrected \$300.00

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed unlicensed employees on the procedures for medication administration for two of two unlicensed employees' (C and E) records reviewed. The findings include:

Employee C had a competency evaluation for medication administration and delegated nursing tasks dated March 1, 2004, that indicated a licensed practical nurse (LPN) had instructed this unlicensed employee in medication administration. Employee E received medication administration and feeding instruction on April 30, 2004 by an LPN.

When interviewed, October 10, 2005, the RN verified that an LPN had performed the instruction and the RN had co-signed the document to verify completion.

6. MN Rule 4668.0855 Subp. 7 Corrected

2. Although a State licensing survey was not due at this time, correction orders were issued.



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 MARTIN LUTHER MANOR - HIGHLAND: _____
 HFID # (MDH internal use) 20870: _____
 Date(s) of Survey: October 10 and 11, 2005 _____
 Project # (MDH internal use) QL20870001.1 _____

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.	<input type="checkbox"/> Met <input type="checkbox"/> Correction 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>___ Met ___ Correction ___ Order(s) issued ___ Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ Education 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 type="checkbox"/> Met <input type="checkbox"/> Correction 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 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 type="checkbox"/> Met <input type="checkbox"/> Correction 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	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
7	MN Rule 4668.0825, Subp. 4 Performance of Routine procedures.	X	X	<p>Based on record review and interview the licensee failed to assure that a registered nurse instructed unlicensed employees in delegated nursing procedures and received demonstrations of competency in these procedures for two of two employees' (#3 and #5) records reviewed. The findings include:</p> <p>No blood sugar testing instructions by the RN were located on site October 10,2005. On October 11, 2005, employee B found the manufacturers instructions in the Ultra One Touch box. When interviewed, October 11, 2005, the director of community services confirmed there were no written procedures for the client documented in the client's record. When interviewed, October 10, 2005, the RN verified that an LPN had performed the instruction and the RN had co-signed the documentation to verify completion.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0860, Subp.9 Renewal of orders.	X	X	<p>Based on record review and interview the licensee failed to assure that a registered nurse instructed unlicensed employees in delegated nursing procedures and received demonstrations of competency in these procedures for two of two employees' (#3 and #5) records reviewed. The findings include:</p> <p>No blood sugar testing instructions by the RN were located on site October</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>10,2005. On October 11, 2005, employee B found the manufacturers instructions in the Ultra One Touch box. When interviewed, October 11, 2005, the director of community services confirmed there were no written procedures for the client documented in the client's record. When interviewed, October 10, 2005, the RN verified that an LPN had performed the instruction and the RN had co-signed the documentation to verify completion.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Sally Peterson Director of Community Services at an exit conference on October 11, 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)



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4047

August 3, 2005

Sally Peterson, Administrator
Martin Luther Manor
1401 East 100th Street
Bloomington, MN 55425

Re: Results of State Licensing Survey

Dear Ms. Peterson:

The above agency was surveyed on February 16 and 18, 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
Original-Facility

cc:

Kathryn Roberts, President Governing Board
Case Mix Review File
County Social Services
Sherilyn Moe, Office of Ombudsman
Kelly Crawford, Minnesota Department of Human Services

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: MARTIN LUTHER MANOR
 HFID # (MDH internal use): 20870
 Dates of Survey: February 16, and 18, 2005
 Project # (MDH internal use): QL20870001

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </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> X </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 Statutes 144D.065; 144A.45, Subd. 5; 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><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 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><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> 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 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.</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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" 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 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. 1 Evaluation; Documentation	X	X	<p>Based on record review and interview, the licensee failed to ensure that clients' service plans were authenticated by the licensee and the client or client's responsible party for two of three clients (clients #2 and #3) records reviewed. The findings include:</p> <p>Client #2's service plan dated April 15, 2004, lacked authentication by the licensee. Client #3's service plan dated July 31, 2004 lacked authentication by the licensee or the client or the client's responsible party.</p> <p>When interviewed on February 16, 2005, the registered nurse verified that client #2 and #3's service agreements lacked signatures.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0845 Subp. 2 Services that Require Supervision by a Registered Nurse	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) supervised nursing services delegated to unlicensed personnel for three of three clients (#1, #2, and #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3 had service plans dated October 5, 2004, April 15, 2004, and July 31, 2004 respectively. Client #1, #2, and #3's service plans all indicated that they received medication administration by the home health aide. There was no evidence in clients #1, #2, or #3's records of supervisory visits by the RN or monitoring visits by a licensed practical nurse.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed on February 16, 2005, the RN, verified that supervision of the unlicensed personnel did not occur. She indicated she was unaware of this requirement.</p> <p><u>Education:</u> Provided</p>
5	MN Rule 4668.0810, Subp.7 Confidentiality		X	<p><u>Education:</u> Provided</p>
7	MN Rule 4668.0840 Subp. 3 Core Training of Unlicensed Personnel	X	X	<p>Based on record review and interview, the licensee failed to ensure completion of all the elements included in the core training for one of two unlicensed personnel (#3) reviewed. The findings include:</p> <p>Employee #3 was employed by the licensee as an unlicensed direct care staff. Employee #3's Competency Evaluation dated March 1, 2004 lacked training in the area of observing, reporting and documenting client status and services provided, basic elements of body functioning and reportable changes, physical, emotional and developmental needs of clients and problems in these areas, including respect for the client and their family and property. When interviewed on February 16, 2005, the Director of Community Services verified these findings.</p> <p><u>Education:</u> Provided</p>
7	MN Rule 4668.0070 Subp. 3 Job Descriptions		X	<p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 2 Nursing Assessment and Service Plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) conducted a nursing assessment of each client's functional status and need for assistance with self-administration of</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>medication or medication administration for three of three clients (client #1, #2, and #3) records reviewed who were receiving medication administration. The findings include:</p> <p>Clients #1, #2, and #3 had service plans dated October 5, 2004, April 15, 2004, and July 31, 2004 respectively. Client #1, #2, and #3's service plans all indicated that they received medication administration by the home health aide. There was no assessment by the RN of the client's functional status and need for assistance with medication administration in clients #1, #2, or #3's records. When interviewed February 16, 2005, the RN, confirmed the assessments had not been done.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 4 Training for Assistance with Self-Administration of Medication or Medication Administration	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) instructed unlicensed personnel on the procedures for assistance with self-administration of medications or medication administration for one of two unlicensed personnel (#3) files reviewed. The findings include:</p> <p>Employee #3 had a Competency Evaluation for Medication Administration and Delegated Nursing Tasks dated March 1, 2004 that indicated a licensed practical nurse (LPN) had instructed the unlicensed personnel in medication administration. When interviewed February 16 2005, the RN, verified that the LPN had provided the instruction to the unlicensed person and the RN had co-signed the document verifying completion.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
8	MN Rule 4668.0855 Subp. 7 Performance of Routine Procedures	X	X	<p>Based on record review and interview, the licensee failed to provide specific written instructions for performing procedures for each client in the client's record for three of three clients' (#1, #2, #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3 had service plans dated October 5, 2004, April 15, 2004, and July 31, 2004 respectively. Client #1, #2, and #3's service plans all indicated that they received medication administration by the home health aide. There were no specific written instructions for performing medication administration for the unlicensed personnel in clients #1, #2, or #3's records. When interviewed February 16, 2005, the RN, verified that specific written instructions were not present.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 9 Medication Records	X	X	<p>Based on record review and interview, the licensee failed to provide specific written instructions for performing procedures for each client in the client's record for three of three clients' (#1, #2, #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3 had service plans dated October 5, 2004, April 15, 2004, and July 31, 2004 respectively. Client #1, #2, and #3's service plans all indicated that they received medication administration by the home health aide. There were no specific written instructions for performing medication administration for the unlicensed personnel in clients #1, #2, or #3's records. When interviewed February 16, 2005, the RN, verified that specific written instructions were not present.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
9	MN Rule 4668.0870 Subp. 2 Drugs given to Discharged Clients		X	<u>Education:</u> Provided
10	MN Rule 4668.0012 Subp. 17 Display of License		X	<u>Education:</u> Provided
	MN Board of Nursing Education Module		X	<u>Education:</u> Provided
	CLIA Waiver		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Sally Peterson Director of Community Services at an exit conference on February 18, 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)