



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1220 2759

November 27, 2006

Mary Tjosvold, Administrator  
Margaret Place Ltd Partnership  
1555 118<sup>th</sup> Lane Northwest  
Coon Rapids, MN 55448

Re: Results of State Licensing Survey

Dear Ms. Tjosvold:

The above agency was surveyed on October 4, 5, and 9, 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,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

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



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: MARGARET PLACE LTD PARTNERSHIP

HFID #: 20886

Date(s) of Survey: October 4, 5 and 9, 2006

Project #: QL20886003

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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The service plan accurately describes the client's needs.</li> <li>Care is provided as stated in the service plan.</li> <li>The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> 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>2. The provider promotes the clients' rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>  X  </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>  X  </u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>  X  </u> Survey not Expanded</p> <p><u>      </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>      </u> Education Provided</p> <p>Follow-up Survey # <u>      </u></p> <p><u>      </u> New Correction Order issued</p> <p><u>      </u> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>      </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>      </u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>      </u> Survey not Expanded</p> <p><u>      </u> Met</p> <p><u>  X  </u> Correction Order(s) issued</p> <p><u>  X  </u> Education Provided</p> <p>Follow-up Survey # <u>      </u></p> <p><u>      </u> New Correction Order issued</p> <p><u>      </u> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>Client personal information and records are secure.</li> <li>Any information about clients is released only to appropriate parties.</li> <li>Client records are maintained, are complete and are secure.</li> </ul>	<p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></p> <p><u>  X  </u> Survey not Expanded</p> <p><u>      </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>      </u> Education Provided</p> <p>Follow-up Survey # <u>      </u></p> <p><u>      </u> New Correction Order issued</p> <p><u>      </u> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0820</li> <li>MN Rule 4668.0825</li> <li>MN Rule 4668.0840</li> <li>MN Rule 4668.0070</li> <li>MN Statute §144D.065</li> </ul>	<ul style="list-style-type: none"> <li>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>Nurse licenses are current.</li> <li>The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>Personnel records are maintained and retained.</li> <li>Staff meet infection control guidelines.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>  X  </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>      </u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>  X  </u> Survey not Expanded</p> <p><u>      </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>      </u> Education Provided</p> <p>Follow-up Survey # <u>      </u></p> <p><u>      </u> New Correction Order issued</p> <p><u>      </u> 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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> 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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <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"> <li>• 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.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> 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
8. The provider is in compliance with MDH waivers and variances  <b>Expanded Survey</b> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<i>This area does not apply to a Focus Survey.</i>  <b>Expanded Survey</b> <input checked="" type="checkbox"/> Survey not Expanded <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided Follow-up Survey # <input type="text"/> <input type="checkbox"/> New Correction Order 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, the rule or statute numbers and the findings of deficient practice are noted below.

**1. MN Rule 4668.0815 Subp. 2**

**AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and/or revised the client's service plan at least annually for one of two current clients' (A1) records reviewed at housing with services site A. The findings include:

Client A1's service plan was signed and dated April of 2003. The service plan was modified on February of 2004. An RN evaluation was performed November of 2004. There was no indication that the RN had reviewed and/or revised client A1's service plan after February of 2004. When interviewed October 5, 2006, the RN indicated she began employment September of 2006, and had not been able to review client A1's record.

**2. MN Rule 4668.0815 Subp. 4**

**AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that service plans were complete for two of three clients' (A1 and A2) records reviewed at Housing with Services site A, and three of three clients' (B1, B2, and B3) records reviewed at Housing with Services site B. The findings include:

Client A1's service plan was modified on February of 2004, to include home health aide visits two times a day except on weekends to assist with a shower two times weekly, application of a toe brace every day, and to check the client's blood pressure every day. The service plan did not identify the fees for these services, nor did it include the frequency of supervision of the home health aides providing these services.

Client A2's service plan dated August of 2006, indicated client A2 was receiving delegated nursing services including colostomy care. The service plan did not include the frequency of supervision of the home health aides, the frequency of the visits and the associated fee for the service.

Clients B1, B2 and B3's service plans dated November of 2003, May of 2005, and January of 2004, respectively, indicated services such as medication administration, assistance with daily living skills and case management by a registered nurse (RN) was provided under the base service fee. The service plans did not identify the persons providing the services, the frequency of services, the frequency of supervision or monitoring of delegated nursing tasks. In addition, the service plans did not include a plan for contingency action to be taken if essential services could not be provided.

When interviewed October 5, 2006, the RN indicated she was unaware the service plans were incomplete.

### **3. MN Rule 4668.0845 Subp. 2**

#### **AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who perform services that require supervision for two of four current clients' (A1 and A2) records reviewed who reside at site A. The findings include:

Client A1 received delegated nursing services, including the application of ointments/creams and Jobst stockings. The last supervisory visit was documented as occurring September of 2005. There was no evidence of subsequent supervisory visits.

Client A2 began receiving colostomy care by unlicensed personnel August of 2006. An RN had not conducted a fourteen-day supervisory visit.

When interviewed, October 5, 2006, the RN stated that in September of 2006 she identified that the supervisory visits were not completed at all three of the housing with services sites. The RN verified she had not yet conducted supervisory visits for the clients receiving delegated nursing services at the Housing with Services site A.

**4. MN Rule 4668.0860 Subp. 2**

**AREA OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have written prescriber's order for medications and treatments provided for two of two current clients' (A1 and A2) records reviewed at Housing with Services site A. The findings include:

Client A1's record indicated that she was receiving assistance with preventative/protective foot care measures including, toe guards, Band-Aids, and the application of Neosporin cream and SSD 1% cream to areas on the lower extremities in the months of August and September of 2006. There were no prescriber orders in the client's record for these medications and treatments.

Client A2's record indicated that she was receiving weekly assistance with colostomy care and bag changes in September of 2006. Client A2's record lacked prescriber's orders for the care and treatment of the colostomy, including the application of stoma paste.

When interviewed October 5, 2006, the RN was unaware there were no prescriber's orders for the identified medications and treatments

**5. MN Statute §144A.46 Subd. 5(b)**

**AREA OF COMPLIANCE: # 3**

Based on record review and interviews, the licensee failed to ensure that background studies were performed on each employee for one of two licensed employees' (B) records reviewed. The findings include:

Employee B was began employment as a direct care staff November of 2004. A background study was not completed until April of 2005. Employee B terminated employment August of 2005, and was rehired January of 2006. A criminal background study was not performed for employee B's re-employment. The only background check in the record was dated April of 2005.

When interviewed October 9, 2006, the registered nurse, and housing director indicated that they were unaware that the background study had not been done.

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A draft copy of this completed form was faxed to Ruth Dahl, Property Services Manager, on October 11, 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).