



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 2605

October 20, 2006

Rebecca Conway, Administrator
Presbyterian Assisted Living HC
1910 West County Road D
Roseville, MN 55112

Re: Results of State Licensing Survey

Dear Ms. Conway:

The above agency was surveyed on September 25, 26, 27, and 29, 2006, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

CMR 3199 6/06



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: PRESBYTERIAN ASSTD LIVING HC

HFID #: 20898

Date(s) of Survey: September 25, 26, 27, and 29, 2006

Project #: QL20898003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0050 • MN Rule 4668.0800 Subp. 3 • MN Rule 4668.0825 Subp. 2 • MN Rule 4668.0845 	<ul style="list-style-type: none"> • Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. • The service plan accurately describes the client’s needs. • Care is provided as stated in the service plan. • The client and/or representative understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</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>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required. 	<p>Focus Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</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>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0065 • MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0840 • MN Rule 4668.0070 • MN Statute §144D.065 	<ul style="list-style-type: none"> • Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. • Nurse licenses are current. • The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. • The process of delegation and supervision is clear to all staff and reflected in their job descriptions. • Personnel records are maintained and retained. • Staff meet infection control guidelines. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<ul style="list-style-type: none"> • The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

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

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

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

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

1. MN Rule 4668.0815 Subp. 1

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to establish a service plan that included all the services they were providing, for one of two current client’s (H1) records reviewed at site H, and one of one discharged client’s (G3) records reviewed at site G. The findings include:

Client H1 was readmitted for services after a period of rehabilitation on November of 2005. Client H1’s Home Health Assessment form dated November of 2006 indicated the client required central storage of medications due to dementia. In addition, the assessment indicated the client was unable to take medications unless administered by someone else. When interviewed, on September 27, 2006, employee HF, a registered nurse (RN) stated that client H1 received central storage of medications, medication set-up by the RN and administration of medications since her return to services November of 2005. However, client H1’s November of 2005, service plan did not reflect these services. The Service Charting Form for client H1 for the week of September 10-16, 2006, indicated that client H1 wore a left hand splint at all times and that staff were to gently do range of motion exercises prior to applying the splint. Client H1’s service plan dated November of 2005, did not include this service. When interviewed on September 26, 2006, employee HD, the registered nurse, stated that these services should have been on the client’s service plan and were missed.

Client G3's Home Health Assessment form dated November of 2005 indicated that the client required central storage of medications. Client G3's service plan dated November of 2005 did not include central storage of medications. When interviewed on September 26, 2006, employees GA, and GB, registered nurses, confirmed that central storage of medications was provided for client G3, and that it was an "oversight" that it was not included on the client's service plan.

2. 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 three of four clients' (D1, D3, and D4) records reviewed at site D. The findings include:

Client's D1, D3, and D4s' initial service plans were dated May of 2005, May of 2005, and September of 2005 respectively. There was no indication in the clients' records that the RN had reviewed and/or revised the clients' service plans since the start of services.

When interviewed, September 26, 2005 the Resident Services Director and Clinical Director at site D stated that the nursing supervisory visits documented the service needs and were reviewed. The supervisory visit forms for clients D1, D3 and D4, did not include all the services for each client. In addition, there were many blank areas where the form indicated, "services are adequate or care package revised, service agreement revised, if needed." The Resident Services Director and Clinical Director confirmed there was no annual review of the clients' services based on these findings.

3. MN Rule 4668.0865 Subp. 9

AREA OF COMPLIANCE: # 6

Based on observation and interview, the licensee failed to provide separate locked compartments that were permanently affixed to the physical plant for storage of schedule II medications, when central storage of medications was provided. This was noted at housing with services sites A and I. The findings include:

The central medication storage area for the Arbor at site A was observed with the case manager in attendance on September 27, 2006. When questioned, the case manager, indicated that client A4 was receiving a schedule II medication, MS Contin. It was observed that the medication punch card containing the MS Contin was commingled with the client's other medication punch cards in a large locked tackle box stored in a large unlocked cabinet. The case manager stated she was unaware schedule II medications were to be stored separately from the client's other medications in a separate locked area. Client A4's service plan dated September of 2006 was reviewed and it was verified that the licensee provided central storage of the client's medications.

During a tour of the medication storage area at site I on September 26, 2006, a bottle of Morphine Sulfate liquid for client I5 was observed in an unlocked box on the counter of the medication room commingled with other medications that were not schedule II medications. The box was labeled, "Extra Medications." Client I5 had been a client on the memory care unit, where the practice was to centrally

store their medications. The findings were reviewed with employee IA, a registered nurse on September 26, 2006.

4. MN Statute §144A.44 Subd. 1(2)

AREA OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to provide care suitable to accepted nursing standards for one of three current clients (A2) records reviewed at site A. The findings include:

Client A2 received Augmentin for an infection from March of 2006 until five days later in March of 2006 when she developed a “red, itchy pin-point rash all over body” according to a fax sent to the client’s physician. The physician discontinued the client’s Augmentin and ordered Benadryl. The client experienced another infection in July 2006, and the physician again ordered Augmentin. The client was administered four doses of Augmentin. According to a fax sent to the client’s physician on July of 2006, the client “broke out in a rash on chest, thighs and ankles-it is itchy red/pinpoint looking.” When interviewed on September 27, 2006, employee AA, a registered nurse (RN) case manager, stated when the client had initially exhibited an allergic reaction to the Augmentin, the client’s monthly medication administration records beginning in March 2006, and the client’s profile were labeled with the allergy to Augmentin. These documents were reviewed and it was confirmed the allergy information had been recorded as described by employee AA. Employee AA stated it was the agency’s policy for licensed staff members transcribing physician orders to check the client profile and medication administration records for allergies as part of the transcription process. She indicated in this instance an error had occurred but she had been unaware of the error since a medication error report had not been filled out. She further stated the employee that had transcribed both of the Augmentin orders did not follow the agency’s policy of checking for medication allergies.

5. MN Statute §144A.46 Subd. 5(b)

AREA OF COMPLIANCE: # 3

Based on record review and interview the licensee failed to perform criminal background studies on one of five employee’s (HB) records reviewed at site H, and one of three employee’s (DC) records reviewed at site D. The findings include:

The licensee rehired employee HB January of 2006, after having terminated employment on December of 2004. At the time of rehire the licensee failed to perform a criminal background check on employee HB. When interviewed, September 27, 2006, the Human Resource Manager stated that employee HB should have had a new background check done at the time of rehire.

Employee DC was hired, October of 2004. Employee DC’s personnel file did not include evidence of a background study through the Minnesota Department of Human Services as required by this statute. However, the employee’s file did include a letter from the International Nurse Recruitment (INR) office dated July 2006, which indicated that Philippine Nurses provide a National Bureau of Investigation (NBI) background check to the U.S. Embassy in Manilla. When interviewed, September 27, 2006, the Human Resource Manager stated that they originally thought the letter from INR was sufficient for the background study.

A draft copy of this completed form was left with Kris Beilby, PHN, Director of Clinical Services, at an exit conference on September 29, 2006. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the MDH website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).