



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6086

April 29, 2010

Eugene Gustason, Administrator  
Garden Cottages Assisted Living  
500 First Avenue Southeast

Re: Results of State Licensing Survey

Dear Mr. Gustatson:

The above agency was surveyed on March 10 and 11, 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 black ink, appearing to read "Patricia Nelson", is written in a cursive style.

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

CERTIFIED MAIL #: 7009 1410 0000 2303 6086

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

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: EUGENE GUSTASON DATE: April 29, 2010
PROVIDER: GARDEN COTTAGES ASSISTED LIVIN COUNTY: OLMSTED
ADDRESS: 500 FIRST AVENUE SOUTHEAST HFID: 20910
STEWARTVILLE, MN 55976

On March 10 and 11, 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 4668.0815 Subp. 1

Based on record review and interview, the licensee failed to ensure that each client's service plan was up to date and authenticated by the client's responsible party for one of one client (#1) record reviewed. The findings include:

Client #1's service plan, dated November 1, 2009, included a weekly shower, dressing and personal care assistance twice daily. A review of the client's January, February and March 2010 activities of daily living record, indicated the client received assistance with oral care and bathing twice, and dressing assistance only three times in January 2010. The service plan also lacked authentication by the client's health care power of attorney.

When interviewed March 11, 2010, employee B stated the client was independent except when he was confused. When interviewed March 11, 2010, a registered nurse stated staff was providing the care for the client, however the cares were not being documented. She also verified that the client's service plan had not been authenticated by his health care power of attorney.

**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 class F home care provider licensee and by the client or the client's responsible person documenting agreement on the services to be provided.

**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 evaluation at least annually for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services April 4, 2004. His evaluation by a RN was last reviewed on September 13, 2008, following a hospital stay.

When interviewed March 11, 2010, a RN indicated the reevaluations were not being done in a timely manner, because of the purchase of the new assisted living in November 2008.

**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 4668.0855 Subp. 9**

Based on observation, record review and interview, the licensee failed to have complete medication records for five of five clients (#1, #3, #4, #5 and #6) records reviewed who received assistance with medication administration. The findings include:

Client #1 had medications set up by the registered nurse (RN). The client's January, February and March 2010 medication reminder/assistance documentation sheets only included the designated time the medications were to be given and the initials of the unlicensed staff who administered the medication. The records did not include the name of the medication, the dosage, the time and the route of administration. The client's medication storage box was reviewed with employee A/RN on March 11, 2010. The box contained nine bottles of medications and several inhalers. Employee A stated she set up the client's medications, but did not document which medications she set up for the unlicensed staff to administer.

Clients #3, #4, #5 and #6 received medication set up in packages by the pharmacist and medication administration by unlicensed staff. The March 2010 records for clients #3, #4, #5 and #6 also did not include documentation of the medications that were administered by the unlicensed staff.

The facility's policy entitled "Safe Medication Storage and Administration" indicated that home health aide staff was to be oriented to the client's medication profile, possible side effects, correct procedure and the five rights: the right drug, the right dose, the right client, the right route and the right time.

When interviewed March 10, 2010, the RN indicated staff had used the wrong forms and it was their policy to document only the times and initials for administration of medication. She also indicated it would take too much of the staff's time if they had to document each medication that was administered. She said that staff would not know what the medications were, because they were trained to just give a package of medications.

**TO COMPLY:** The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.

**TIME PERIOD FOR CORRECTION:** Fourteen (14) days

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

Based on observation, record review and interview, the licensee failed to administer medications as ordered by the prescriber for one of one client (#1) record reviewed. The findings include:

Client #1's record contained orders, dated July 9, 2009, for Asmanex Twisthaler two times per day (b.i.d), Calcium Carbonate 1,250 milligrams (mg.) b.i.d and Cosopt eye drops b.i.d. The client's current medication profile (undated) list did not include Asmanex or Cosopt, but listed Calcium as 250 mg. b.i.d. A Serevent inhaler is listed on the medication list, but there is no prescriber order for it.

When interviewed March 11, 2010, the RN indicated that she knew the client was getting the correct medications, but she couldn't find the orders to validate the medications.

**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

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 # 7003 2260 0000 9988 0156

August 27, 2004

Janice L. Carr, Administrator  
Garden Cottage Assisted Living  
500 First Avenue Southeast  
Stewartville, MN 55976

Re: Results of State Licensing Survey

Dear Ms. Carr:

The above agency was surveyed on July 13 and 14, 2004, 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: Janice L. Carr, 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: GARDEN COTTAGE ASSISTED LIVING  
 HFID # (MDH internal use): 20910  
 Date(s) of Survey: July 13 and 14, 2004  
 Project # (MDH internal use): QL20910001

| 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.<br>(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.<br>The service plan accurately describes the client's needs.<br>Care is provided as stated in the service plan.<br>The client and/or representative understands what care will be provided and what it costs. | <input checked="" type="checkbox"/> Met<br><input type="checkbox"/> Correction Order(s) issued<br><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.<br/>(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.<br/>Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated.<br/>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<br/> Correction<br/> Order(s) issued<br/> Education provided</p> |
| <p>3. The health, safety, and well being of clients are protected and promoted.<br/>(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.<br/>Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements.<br/>There is a system for reporting and investigating any incidents of maltreatment.<br/>There is adequate training and supervision for all staff.<br/>Criminal background checks are performed as required.</p>             | <p><u>X</u> Met<br/> Correction<br/> Order(s) issued<br/> Education provided</p> |
| <p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives.<br/>(MN Rule 4668.0040)</p>                           | <p>There is a formal system for complaints.<br/>Clients and/or their representatives are aware of the complaint system.<br/>Complaints are investigated and resolved by agency staff.</p>  | <p><u>X</u> Met<br/> Correction<br/> Order(s) issued<br/> Education provided</p> |
| <p>5. The clients' confidentiality is maintained.<br/>(MN Statute 144A.44; MN Rule 4668.0810)</p>  | <p>Client personal information and records are secure.<br/>Any information about clients is released only to appropriate parties.<br/>Permission to release information is obtained, as required, from clients and/or their representatives.</p>   | <p><u>X</u> Met<br/> Correction<br/> Order(s) issued<br/> 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.<br/>Emergency and medical services are contacted, as needed.<br/>The client and/or representative is informed when changes occur.</p>                                | <p><u>X</u> Met<br/> Correction<br/> Order(s) issued<br/> 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.<br/>Nurse licenses are current.<br/>The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated.<br/>The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p> | <p><input checked="" type="checkbox"/> Met<br/><input type="checkbox"/> Correction<br/><input type="checkbox"/> Order(s) issued<br/><input 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.<br/>Staff are trained by a registered nurse prior to administering medications.<br/>Medications and treatments administered are ordered by a prescriber.<br/>Medications are properly labeled.<br/>Medications and treatments are administered as prescribed.<br/>Medications and treatments administered are documented.</p>                                | <p><input checked="" type="checkbox"/> Met<br/><input type="checkbox"/> Correction<br/><input type="checkbox"/> Order(s) issued<br/><input type="checkbox"/> Education provided<br/><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.<br/>Agency staff follow any Health Care Declarations of the client.<br/>Clients are given advance notice when services are terminated by the ALHCP.<br/>Medications are returned to the client or properly disposed of at discharge from a HWS.</p>   | <p><input checked="" type="checkbox"/> Met<br/><input type="checkbox"/> Correction<br/><input type="checkbox"/> Order(s) issued<br/><input type="checkbox"/> Education provided<br/><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 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.<br/>The agency operates within its license(s).</p>  | <p><input checked="" type="checkbox"/> Met<br/><input type="checkbox"/> Correction<br/><input type="checkbox"/> Order(s) issued<br/><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:

  X   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:

|                      |  |  |
|----------------------|--|--|
| Education/discussion | <p>Janice Carr, RN, Administrator, CEO had attended the seminar in June which was to assist ALHCP staff to be ready for Health Department surveys of their facility. She has started to redo some of her Policies &amp; Procedures to make them just a bit clearer.</p> <p>She felt the forms they had provided in their manual would make supervision an easier task. It would not require as much documentation to make the task more understandable. She has not put these into use yet. Discussed options.</p> |  |
|----------------------|--|--|

A copy of this completed form was left with Janice Carr at an exit conference on (date) July 14, 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).