



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1484

April 21, 2006

David Armstrong, Administrator
Crossroads Assisted Living
609 Main Street South
Renville, MN 56284

Re: Licensing Follow Up visit

Dear Mr. Armstrong:

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 April 12, 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

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Ron Drude, Minnesota Department of Human Services
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: CROSSROADS ASSISTED LIVING

DATE OF SURVEY: April 12, 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

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Shannon Hanson, RN

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

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on April 18, 19, and 20, 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 4668.0030 Subp. 2	Corrected
2. MN Rule 4668.0065 Subp. 3	Corrected
3. MN Rule 4668.0815 Subp. 3	Corrected
4. MN Rule 4668.0825 Subp. 4	Corrected
5. MN Rule 4668.0845 Subp. 2	Corrected
6. MN Rule 4668.0855 Subp. 2	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8715 0345

October 17, 2005

David Armstrong, Administrator
Crossroads
609 Main Street South
Renville, MN 56284

Re: Results of State Licensing Survey

Dear Mr. Armstrong:

The above agency was surveyed on April 18, 19, and 20, 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

cc: Luverne Hoffman, President Governing Body
Kelly Crawford, Minnesota Department of Human Service
Renville County Social Services
Sherilyn Moe, Office of the Ombudsman
CMR 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: CROSSROADS
 HFID # (MDH internal use): 20933
 Date(s) of Survey: April 18, 19, and 20, 2005
 Project # (MDH internal use): QL20933001

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><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> 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 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	<u>Education:</u> provided
1	MN Rule 4668.0815 Subp. 2 Reevaluation		X	<u>Education:</u> provided
1	MN Rule 4668.0815 Subp. 3	X	X	Based on record review and interview, the licensee failed to ensure modifications to the service plan were signed by the client or client's representative for one of two clients' (# 2) records reviewed. The findings include: Client # 2's record indicated that modifications to the service plan were done by the registered nurse five times in 2001 and two times in 2002, the last time on August 1, 2002. Neither the client nor the client's representative authenticated these service plan modifications. When interviewed, April 19, 2005, the registered nurse stated she was not aware modifications to the service plan had to be signed by the client or client's representative. <u>Education:</u> provided
2	MN Rule 4668.0030 Subp.2	X	X	Based on record review and interview, the licensee failed to provide a copy of the updated Minnesota Home Care Bill of Rights to one of three clients' (# 2) records reviewed. The findings include: Client #2 acknowledged receiving the

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Minnesota Home Care Bill of Rights on April 19, 2000. There was no other acknowledgment in the record that the client had received an updated home care bill of rights.</p> <p>When interviewed, April 18, 2005, the registered nurse stated she thought she only needed to give the revised version of the Minnesota Home Care Bill of Rights to new clients and not to the current clients.</p> <p><u>Education</u> : provided</p>
3	MN Rule 4668.0065 Subp. 3	X	X	<p>Based on record review and interview, the licensee failed to ensure infection control in-service for one of three employees' (# 3) records reviewed. The findings include:</p> <p>The record for employee # 3, the registered nurse, indicated she had infection control in-service on March 26, 2003. There was no evidence of any infection control in-service in 2004 or 2005.</p> <p>When interviewed, April 19, 2005, the registered nurse verified she had not completed infection control training in 2004 or 2005.</p> <p><u>Education</u>: Provided</p>
3	MN Statutes 144A.44, Subd. 1 (1) Home Care Bill of Rights	X	X	<p><u>Education</u>: Provided</p>
7	MN Rule 4668.0825 Subp. 4	X	X	<p>Based on record review and interview, the registered nurse failed to document training and competency on the oximeter procedure for two of two unlicensed employees (# 2 and # 3) before they performed oximetry readings on client # 2. The findings</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>include:</p> <p>Client # 2's file indicated that her oximetry reading was done on April 4 and 8, 2005, by employee #2 and on March 28 and April 1, 2005, by employee # 3.</p> <p>There was no documentation in employee # 2's record that she had training for oximetry reading.</p> <p>When interviewed, April 20, 2005, employee # 3 stated the registered nurse had trained her (using the instruction booklet that came with the machine) prior to performing the procedure of oximetry reading. She further stated she had done a return demonstration of the procedure for the registered nurse.</p> <p>When interviewed, April 19, 2005, the registered nurse indicated she does not have a policy and procedure for oximetry reading. She further stated she had done training on use of the oximeter but did not document it.</p> <p><u>Education:</u> Provided</p>
7	MN Rule 4668.0840 Subp. 4		X	<p><u>Education:</u> Provided</p>
7	MN Rule 4668.0845 Subp. 2	X	X	<p>Based on record review and interview, the registered nurse failed to document training and competency on the oximeter procedure for two of two unlicensed employees (# 2 and # 3) before they performed oximetry readings on client # 2. The findings include:</p> <p>Client # 2's file indicated that her oximetry reading was done on April 4 and 8, 2005, by employee #2 and on March 28 and April 1, 2005, by</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>employee # 3.</p> <p>There was no documentation in employee # 2's record that she had training for oximetry reading.</p> <p>When interviewed, April 20, 2005, employee # 3 stated the registered nurse had trained her (using the instruction booklet that came with the machine) prior to performing the procedure of oximetry reading. She further stated she had done a return demonstration of the procedure for the registered nurse.</p> <p>When interviewed, April 19, 2005, the registered nurse indicated she does not have a policy and procedure for oximetry reading. She further stated she had done training on use of the oximeter but did not document it.</p> <p>Based on record review and interview, the registered nurse failed to document training and competency on the oximeter procedure for two of two unlicensed employees (# 2 and # 3) before they performed oximetry readings on client # 2. The findings include:</p> <p>Client # 2's file indicated that her oximetry reading was done on April 4 and 8, 2005, by employee #2 and on March 28 and April 1, 2005, by employee # 3.</p> <p>There was no documentation in employee # 2's record that she had training for oximetry reading.</p> <p>When interviewed, April 20, 2005, employee # 3 stated the registered nurse had trained her (using the instruction booklet that came with the machine) prior to performing the procedure of oximetry reading. She</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>further stated she had done a return demonstration of the procedure for the registered nurse.</p> <p>When interviewed, April 19, 2005, the registered nurse indicated she does not have a policy and procedure for oximetry reading. She further stated she had done training on use of the oximeter but did not document it.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 2	X	X	<p>Based on record review and interview the registered nurse failed to conduct a nursing assessment of functional status and need for assistance with self-administration of medication or medication administration for two of two clients' (# 1 and # 2) records reviewed. The findings include:</p> <p>Client # 1's service plan indicated the client received insulin set up and administration and medication administration and management. There was no documentation of an assessment for functional status and the need for medication administration or assistance with self-administration of medications.</p> <p>Client # 2's service plan included medication administration and management. There was no documentation of an assessment of functional status and the need for medication administration or assistance with self-administration of medications.</p> <p>When interviewed, April 18, 2005, the registered nurse indicated that during admission, she usually discussed medication administration with the client but did not fill out the assessment for self-administration of medication. It is the facility's policy to centrally</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				store client's medication and she did not write it in the client's service plans. <u>Education:</u> Provided
	CLIA WAIVER		X	<u>Education:</u> Provided.

A draft copy of this completed form was left with Wendy Decknatel, RN at an exit conference on April 20, 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)