



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 2207

October 3, 2006

Robert Cardenas, Administrator  
Cardenas Friendship House  
17595 260<sup>th</sup> Street  
Shafer, MN 55074

Re: Results of State Licensing Survey

Dear Mr. Cardenas:

The above agency was surveyed on August 28, 29, 30, and 31, 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: Chisago 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: CARDENAS FRIENDSHIP HOUSE

HFID #: 20968

Date(s) of Survey: August 28, 29, 30, and 31, 2006

Project #: QL20968003

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> <ul style="list-style-type: none"> <li>• MN Rule 4668.0050</li> <li>• MN Rule 4668.0800 Subp. 3</li> <li>• MN Rule 4668.0815</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 understands what care will be provided and what it costs.</li> </ul>	<p>Annual Licensing 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>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>2. The provider promotes the clients' rights.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</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</li> </ul>	<p>Annual Licensing 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>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Statute §144A.44</li> <li>• MN Statute §144D.04</li> </ul>	<p>the provider.</p>	<p>Follow-up Survey # _____            _____New Correction Order issued            _____Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> <li>• MN Statute §144A.46</li> <li>• MN Statute §144D.07</li> <li>• MN Statute §626.557</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. Provider 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>Annual Licensing Survey  <u>X</u> Met            _____Correction Order(s) issued            _____Education Provided</p> <p>Follow-up Survey # _____            _____New Correction Order issued            _____Education Provided</p>
<p>4. The clients' confidentiality is maintained.</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>Annual Licensing Survey  <u>X</u> Met            _____Correction Order(s) issued            _____Education Provided</p> <p>Follow-up Survey # _____            _____New Correction Order issued            _____Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0825</li> <li>• MN Rule 4668.0830</li> <li>• MN Rule 4668.0835</li> <li>• MN Rule 4668.0840</li> <li>• MN Rule 4668.0065</li> <li>• MN Rule 4668.0070</li> <li>• MN Statute §144D.065</li> <li>• MN Statute §144A.45</li> <li>• MN Statute §144A.461</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>Annual Licensing Survey            _____Met  <u>X</u> Correction Order(s) issued  <u>X</u> Education Provided</p> <p>Follow-up Survey # _____            _____New Correction Order issued            _____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> <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 4668.0855</li> <li>• MN Rule 4668.0860</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 provider 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>Annual Licensing Survey  <input type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/>  <input type="checkbox"/> New Correction Order issued  <input type="checkbox"/> Education Provided</p>
<p>7. The provider has a current license.</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 4668.0019</li> <li>• MN Rule 4668.0220</li> <li>• MN Statute §144A.47</li> <li>• MN Statute §144D.02</li> <li>• MN Statute §144D.04</li> <li>• MN Statute §144D.05</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>Annual Licensing Survey  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction Order(s) issued  <input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/>  <input type="checkbox"/> New Correction Order issued  <input type="checkbox"/> Education Provided</p>
<p>8. The is in compliance with MDH waivers and variances</p> <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>	<p>Annual Licensing Survey  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction Order(s) issued  <input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/>  <input type="checkbox"/> New Correction Order issued  <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, list the rule or statute number and the findings of deficient practice noted.

**1. MN Rule 4668.0030 Subp. 2**

**AREA OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure that a copy of the current Minnesota Home Care Bill of Rights was provided to four of four (A1, A2, B1, and B2) records reviewed. The findings include:

Clients A1, A2, B1 and B2s' records indicated that they received a copy of the home care bill of rights on March 23, 2006, September 1, 2003, May 3, 2006, and June 30, 2003 respectively. The copy of the bill of rights that they received did not include the most recent additions to MN Statute 144A.44, Subd. 1 (16) pertaining to discharge notice that were put in place in 2002.

When interviewed August 29, 2006, the owner verified that clients A1, A2, B1 and B2 had not been provided with the updated additions to the bill of rights.

**2. MN Rule 4668.0040 Subp. 2**

**AREA OF COMPLIANCE: # 2**

Based on interview and record review, the licensee failed to ensure that written notice of the facility's complaint procedure was given to each client for four of four clients' (A1, A2, B1, and B2) records reviewed. The findings include:

The information given to the client/responsible party on admission did not include information pertaining to the facility's complaint procedure. When interviewed, August 29, 2006, the registered nurse (RN) stated that she reviewed the complaint procedure with the client/responsible party on admission but did not provide a copy of the procedure to the client/responsible party. The RN confirmed that clients A1, A2, B1 and B2 had not received written notice of the facility's complaint procedure.

**3. MN Rule 4668.0065 Subp. 1**

**AREA OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for two of four unlicensed direct care employees' (AB, and AC) records reviewed. The findings include:

Employee AB was hired and began providing direct care to clients on January 24, 2006. Her record contained documentation of a negative Mantoux test dated February 3, 2006.

Employee AC was hired and began providing direct care to clients on September 23, 2003. Her record contained documentation of a negative Mantoux test dated September 25, 2003.

When interviewed on August 30, 2006, the RN confirmed the dates employees AB, and AC began providing direct care and acknowledged that evidence of a negative Mantoux occurred after the employees had provided direct care to clients.

**4. MN Rule 4668.0065 Subp. 3**

**AREA OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was provided for two of six employees' (BA and BC) records reviewed. The findings include:

Employee BA was hired March 16, 2004 as a licensed practical nurse. Documentation indicated the employee last had infection control training covering the required areas on August 3, 2004.

Employee BC was hired as a direct caregiver on August 24, 1999. Documentation indicated that the employee received training on food handling which included hand washing in June of 2005, but there was no other infection control training documented for employee BC that included the use of gloves, gowns, and masks, disposal of contaminated materials and equipment, and disinfecting surfaces and equipment.

When interviewed on August 30, 2006, the registered nurse confirmed that employees BA and BC had not received infection control training on annual basis.

**5. MN Rule 4668.0865 Subp. 2**

**AREA OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure the registered nurse conducted an assessment of the client's functional status and need for central medication storage and developed a service plan for the provision of central storage of medications for four of four clients' (A1, A2, B1, and B2) records reviewed who received central storage of medications. The findings include:

Clients A1, A2, B1, and B2 began receiving central storage of medications on March 24, 2006, July 30, 2003, May 3, 2006, and June 30, 2003, respectively. Clients A1, A2, B1, and B2s'

records did not include an assessment of the need for central storage of medications, nor did the clients' service plans include a provision for this service.

When interviewed, August 29, 2006, the registered nurse confirmed that central storage of medications was provided for all clients and that she was unaware of the assessment and service plan requirement.

### **6. MN Rule 4668.0865 Subp. 3**

#### **AREA OF COMPLIANCE: # 6**

Based on observation, record review, and interview the facility failed to establish a system to control medications for two of six clients (B2, and B4) that receive central storage of medications, in addition to stock or comfort medications used by all clients at Housing with Services sites A and B as needed. The findings include:

Client B2's record indicated that she received assistance with medication administration and her medications were observed to be centrally stored. When the central storage of medications for client B2, was observed August 29, 2006 it was noted that she had several medications in her medication box that were expired. Included were, Zofran 8 milligram tablets expired March 2005, Kytril 1 milligram expired June of 2006, and a bottle of Acetaminophen 325 milligrams tablets expired November of 2004.

Client B4's record indicated that she received assistance with medication administration and her medications were observed to be centrally stored. When the central storage of medications for client B4, was observed August 29, 2006 it was noted that she had several medications in her medication box that were expired. Included were, a bottle of ear drops that expired March of 2006, and three containers of Tums antacid tablets expired February of 2005, June of 2003 and June of 2003 respectively.

Housing with Services sites A and B had containers of "comfort" or "stock" medications to be used by all clients as needed. These containers were centrally stored with the clients' medications. Several medications in the comfort medication container were expired. At Housing with Services site A, an eight ounce bottle of Kaopectate expired May 2005, a twenty-six ounce bottle of generic liquid antacid was expired June of 2004, and a box of six rectal Dulcolax laxative suppositories expired March of 2006. In addition, the refrigerator at Housing with Services site A contained two vials of Tuberculin purified protein that expired August of 2005. At Housing with Services site B a container of comfort medications included a bottle of Bayer aspirin that expired November of 2000, a bottle of ibuprofen 200 milligrams that expired January of 2005, and a box of Sodium Phosphate enemas that expired July of 2006.

When interviewed on August 29, and 30, 2006, the registered nurse confirmed the medications were expired and stated that she was going to have to routinely go through the medications and check the expiration dates.

### **7. MN Rule 4668.0865 Subp. 8**

#### **AREA OF COMPLIANCE: # 6**

Based on observation and interview, the licensee failed to store all drugs in locked compartments. The findings include:

The facility provided central storage of medications at Housing with Services sites A and B.

On August 28, 2006 at Housing with Services site A, this reviewer observed medications for clients to be stored on a shelf in the general use refrigerator in the kitchen. The medications were not stored in a locked compartment. Stored in this refrigerator were two boxes of Biscodyl suppositories for client A2 and a bottle of liquid Lorazepam belonging to client A2. In addition, a box of Biscodyl suppositories for client A4, and a bottle of Super DHA fish oil capsules for client A5 were stored in this refrigerator.

On August 29, 2006, at Housing with Services site B, the reviewer observed six syringes of the medication Rebif (a medication used in treatment of Multiple Sclerosis) for client B1 to be stored on a shelf in the general use refrigerator in the kitchen. The syringes were not stored in a locked compartment.

When interviewed on August 29, and 30, 2006, the registered nurse confirmed the medications that required refrigeration were not locked at Housing with Services site A and B.

#### **8. MN Rule 4668.0870 Subp. 2**

##### **AREA OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have documentation of the disposition of medications upon discharge for one of two discharged clients' (A3) records reviewed. The findings include:

Client A3 was discharged from the agency on June 14, 2006. The client had received several medications that were centrally stored while at the facility. There was no documentation in the client's record as to the disposition of the medications upon the client's discharge from the agency. When interviewed August 30, 2006, the registered nurse stated the medications are usually sent back to the pharmacy, but confirmed the lack of documentation of the disposition of the client's medications upon discharge.

A draft copy of this completed form was left with Rob Cardenas, Owner/Administrator at an exit conference on August 31, 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).