



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2257 4155

April 7, 2010

Christine Harris, Administrator  
Kenwood Heritage Living  
400 Southwest 15<sup>th</sup> Avenue  
Austin, MN 55912

Re: Results of State Licensing Survey

Dear Ms. Harris:

The above agency was surveyed on January 13 and 14, 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 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) 201-5273.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written over a light blue horizontal line.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Mower 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

Division of Compliance Monitoring Home Care & Assisted Living Program  
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>  
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Class F 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 Class F home care providers (Class F). Class F 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 Class F 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 Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: KENWOOD HERITAGE LIVING

HFID #: 20978

Date(s) of Survey: January 13 and 14, 2010

Project #: QL20978007

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><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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><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><b>Follow-up Survey #</b> _____</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><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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><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><u>X</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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</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 CLASS F 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><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p><b>Expanded Survey</b></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><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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 rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

## **SURVEY RESULTS:**

### **1. MN Rule 4668.0815 Subp. 4**

#### **INDICATOR OF COMPLIANCE: # 1**

Based on interview and record review, the licensee failed to ensure the client’s service plan included an accurate description of service and fees for services for one of one client’s (#1) record reviewed. The findings include:

Client #1’s service plan, dated December 10, 2009, included the services of bathing, glucose monitoring and insulin administration and the rate per hour/visit was “included in package.”

When interviewed January 14, 2010, client #1 indicated he did not know what the cost was for the services he received were. The client stated he did his own bath and injected his own insulin. When interviewed January 13, 2010, a registered nurse (RN) confirmed the client injected his own insulin and when interviewed January 14, 2010, employee B stated the client did his own bath.

When interviewed January 13, 2010, the director stated she didn’t know if client #1 knew the cost of his services, because he was on a county waiver program and the facility “package” did not apply. The director indicated she did not know how to reflect that the fees for the services were dependent on the county waiver program. The director stated she had not given the client a copy of the billing from the county, although she thought the county may have.

**2. MN Rule 4668.0860 Subp. 2****INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have a prescriber's order for medication for one of one client's (#1) record reviewed.

Client #1 received assistance with self-administration of medication and medication administration. His November and December 2009 medication/treatment record indicated he received Questran (a medication used to decrease cholesterol levels) 2 grams orally everyday. The client's current prescriber's orders, dated October 21, 2009, did not include an order for Questran. When interviewed January 13, 2010, the registered nurse stated she would get an order for the medication.

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A draft copy of this completed form was left with Michelle Knobe, Director, at a phone exit conference on January 15, 2010. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent 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) 201-5273. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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).



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 4689

April 22, 2005

James Ingersoll, Administrator  
Kenwood Heritage Living  
400 Southwest 15<sup>th</sup> Avenue  
Austin, MN 55912

Re: Licensing Follow Up Revisit

Dear Mr. Ingersoll:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on February 17 and 18, 2005.

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 Assisted Living Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

Cc: Jim Stiles, President Governing Board  
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:** KENWOOD HERITAGE LIVING

**DATE OF SURVEY:** 02/17 and 02/18/2005

**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:**

Michelle Knobe, Director of Assisted Living, Diana Olson, RN –nurse manager, Darcy Schriever, unit attendant

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up X \_\_\_\_\_

**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 02/17 and 02/18/2005. 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 4668.0065 Subp. 3 Corrected
2. MN Rule 4668.0810 Subp. 2 Corrected
3. MN Rule 4668.0815 Subp. 1 Corrected
4. MN Rule 4668.0835 Subp. 3 Corrected
5. MN Rule 4668.0865 Subp. 3 Corrected
6. MN Rule 4668.0865 Subp. 9 Corrected



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 1023

September 15, 2004

James B. Ingersoll, Administrator  
Kenwood Heritage Living  
400 Southwest 15<sup>th</sup> Avenue  
Austin, MN 55912

Re: Results of State Licensing Survey

Dear Mr. Ingersoll :

The above agency was surveyed on July 20, 21, 23, and 26, 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:Jim Stiles, 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: KENWOOD HERITAGE LIVING

HFID # (MDH internal use): 20978

Date(s) of Survey: July 20, 21, 23, and 26, 2004

Project # (MDH internal use): QL20978001

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.	<u>    </u> Met <u>  X  </u> Correction Order(s) issued <u>  X  </u> 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><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </u> 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><u>    </u> Met  <u>  X  </u> Correction  <u>    </u> Order(s) issued  <u>  X  </u> 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><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </u> 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><u>    </u> Met  <u>  X  </u> Correction  <u>    </u> Order(s) issued  <u>  X  </u> 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><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </u> 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. 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 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. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) 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 and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance: # <u>1</u>	Regulation: MN Rule 4668.0815, Subp. 1 Evaluation; Documentation	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #1  Education #1	Based on record review and staff interview, the agency did not complete a service plan within two weeks of the initiation of assisted living home care services for one of five (#2) clients reviewed. Client #2's was admitted February 23, 2004. There was no service plan dated within the first two weeks of initiation of assisted living care services to the client. On July 23, 2004, the registered nurse agreed that the service plan had not been done within the first two weeks.  Education was provided to the RN for the requirement of a service plan within 2 weeks of starting assisted living care services.	
Indicator of Compliance: # <u>1</u>	Regulation: MN Rule 4668.0845, Subp. 2 Services that require supervision by a registered nurse	____ Correction Order Issued <u>X</u> Education provided
Education #1	Based on record review and staff interview, the licensee failed to have a registered nurse conduct a supervisory visit at least every other visit for four of five clients reviewed. The RN had performed the March visits and the licensed practical nurse (LPN) had performed the May and July visits.  Education was provided to the RN that the LPN could only do alternate visits for the supervisory visits.	

Indicator of Compliance: # <u>3</u>	Regulation: MN Rule 4668.0065, Subp. 3 Infection Control in-service training	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice:  Education #3	Based on personnel record review and staff interview, the agency did not assure yearly infection control training for one of three personnel (#3) reviewed. The record for employee # 3 did not contain documentation of infection control training for each 12 months of employment. On July 23, 2004, the registered nurse/ In-service Coordinator indicated that there where no training records available for this employee.  Education was provided regarding training to the RN and the In-service Coordinator of the requirements for all staff for infection control training yearly. This was repeated July 26, 2004 at the exit conference.	
Indicator of Compliance: # <u>5</u>	Regulation: MN Rule 4668.0810, Subp. 2 Client Records – Security	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #5  Education #5	Based on observation, review of the agency’s policies, and staff interview, the licensee failed to implement written procedures for security of client records for four of four active clients (#1, #2,#4, and #5) reviewed. Client records were observed stored in an attached separate rehabilitation unit hallway, which was not part of the housing with services site. Charts were in the rehabilitation hall on a rack with no means to secure the record each day of the survey. The “Policies and Procedures” manual indicated, “Client records will be kept in nursing office”. On July 21, 2004, the registered nurse stated that the assisted living charts could not be secured where they were kept in the rehabilitation hall.  Education was provided to the RN of the requirement for keeping the records in a secure manner. This was repeated July 26, 2004 at the exit conference.	

Indicator of Compliance: # <u>7</u>	Regulation: MN Rule 4668.0835, Subp. 3 In-service training and documentation of competency	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #7  Education #7	Based on personnel record review and staff interview, the licensee failed to assure that personnel received at least eight hours of in-service training for each 12 months of employment for one of one unlicensed personnel (#1) reviewed. Employee #1 was hired on July 7, 2000. There was no documentation that the employee received the required in-service training. On July 23, 2004, the registered nurse stated she was not aware of the training requirements for the staff in assisted living.  Education was provided to the RN, Director of Assisted Living, and In-service Director regarding the need for 8 hours of in-service yearly to include infection control. This was repeated July 26, 2004 at the exit conference.	
Indicator of Compliance: # <u>8</u>	Regulation: MN Rule 4668.0865, Subp 3 Control of medications	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #8  Education: #8	Based on interview and observation, the licensee failed to address the control of medications for all clients in the agency. During a review of the agency's storage of medication on July 21, 2004, the narcotic box was observed to be portable. When interviewed July 21, 2004 the unlicensed staff assisting with medication administration was unable to identify any set system for the control or handling of medication. When interviewed July 21, 2004 the registered nurse (RN) indicated that no RN or pharmacist had established a system that addressed the control of medications as required by the assisted living home care rules.  Education was provided to the RN that either an RN or pharmacist must be involved in establishing the system to address the control medications. This information was repeated July 26, 2004 at the exit conference.	



Indicator of Compliance: # <u>#8</u>	Regulation: MN Rule 4668.0865, Subp 9 Storage of Schedule II Drugs	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #8  Education: #8	Based on observation and interview, the licensee failed to provide permanently affixed storage for controlled drugs for all clients in the agency who received controlled drugs. On July 21, 2004, during an observation of the medication cart, it was observed that the narcotic box was not permanently affixed to the medication cart. The RN stated she was unaware that the box needed to be permanently affixed.  Education was provided to the RN that the narcotic storage must be permanently affixed to the medication cart. This information was repeated July 26, 2004 at the exit conference.	

A draft copy of this completed form was left with Michelle Knobe, Director of Assisted Living at an exit conference on July 26, 2004. 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).