



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 0361

April 25, 2005

Linda Carriveau, Administrator  
Reminiscence Home, Inc.  
34388 County Road 233  
Grand Rapids, MN 55744

Re: Licensing Follow Up Revisit

Dear Ms. Carriveau:

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 (Date).

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: Linda Carriveau, President Governing Board  
Case Mix Review File

10/04 FPC1000CMR





*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 1313

December 28, 2004

Linda Carriveau, Administrator  
Reminiscence Home, Inc.  
34388 County Road 233  
Grand Rapids, MN 55744

Re: Licensing Follow Up Revisit

Dear Ms. Carriveau:

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 (date).

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 Linda Carriveau, President Governing Board  
Case Mix Review File  
Minnesota Department of Human Services  
Itasca County Social Services  
Office of Ombudsman  
Jocelyn F. Olson Attorney General

10/04 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 1313

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS FOR  
ASSISTED LIVING HOME CARE PROVIDERS**

December 28, 2004

Linda Carriveau, Administrator  
Reminiscence Home, Inc.  
34388 County Road 233  
Grand Rapids, MN 55744

RE: Project Number QL21017001

Dear Ms. Carriveau:

On, December 7, 8, and 14, 2004 a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders found during an inspection completed on June 28, 2004 with correction orders received by you on August 23, 2004.

The following correction orders were not corrected in the time period allowed for correction:

**MN Statute §144A.46, Subd. 5 (b)**

Based on staff interview and personnel record review, one of six unlicensed personnel (#4) lacked evidence that a criminal background check had been completed. Employee #4 was hired July 15, 2003. The agency submitted a background check with incomplete employee data. A request for complete data was returned to the agency. No completed data was resent and no background check was done. On June 22, 2004 the owner confirmed that no criminal background check had been completed for this staff person.

**TO COMPLY:** Employees, contractors, and volunteers of a home care provider or hospice are subject to the background study required by section [144.057](#). These individuals shall be disqualified under the provisions of chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.

**TIME PERIOD FOR CORRECTION:** *Thirty (30) days*

No assessment is due for this uncorrected order.

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 will be considered lack of compliance.

Sincerely,

Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Linda Carriveau, President Governing Board  
Case Mix Review File  
Minnesota Department of Human Services  
Itasca County Social Services  
Office of Ombudsman  
Licensing and Certification File  
Jocelyn F. Olson, Assistant Attorney General

12/04 FPCCMR 2697

**Minnesota Department Of Health**  
**Health Policy, Information and Compliance Monitoring Division**  
*Case Mix Review Section*

INFORMATIONAL MEMORANDUM

**PROVIDER:** REMINISCENCE HOME, INC.

**DATE OF SURVEY:** December 7, 8, and 14, 2004

**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:**

Linda Carriveau Owner

Jennifer Jackson PCA

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

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on December 7, 8, and 14, 2004. 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 Statute§144A.45, Subd. 5 (b)**

**Corrected**

**2. MN Statute§144A.46, Subd. 5 (b)**

**Not Corrected**

Based on record review and staff interview, the licensee failed to have a background check for one of one licensed staff (#1) reviewed. The findings include:

The licensee had previously employed employee #1 and had a background check in her record dated November 7, 2000. On September 27, 2004 the licensee reemployed employee #1. There was no evidence of a background check on file after the break in service. On December 8, 2004 the owner/licensee stated she was unaware of the need for a new background check but further stated she would mail her the information she needed immediately to get the process started.

- |                                       |                  |
|---------------------------------------|------------------|
| <b>3. MN Rule 4668.0805, Subp. 1</b>  | <b>Corrected</b> |
| <b>4. MN Rule 4668. 0815, Subp. 4</b> | <b>Corrected</b> |
| <b>5. MN Rule 4668.0825, Subp. 2</b>  | <b>Corrected</b> |
| <b>6. MN Rule 4668.0825, Subp. 4</b>  | <b>Corrected</b> |
| <b>7. MN Rule 4668.0845, Subp. 2</b>  | <b>Corrected</b> |

2) The exit conference was not tape recorded.



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: REMINISCENCE HOME, INC.  
 HFID # (MDH internal use): 21017  
 Date(s) of Survey: December 7, 8, and 14, 2004 Follow up survey-1  
 Project # (MDH internal use): QL21017004

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 type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <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. (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>Follow up survey-1</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 observes 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>Follow up survey-1</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 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 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 are informed when changes occur.</p>	<p><input 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 has received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p>___ Met ___ Correction ___ Order(s) issued ___ 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 is 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>___ Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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 follows 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>___ Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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)</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>___ Met ___ Correction ___ Order(s) issued ___ 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:
2	MN Rule 4668.0030, Subp.2 Bill of rights  Follow up survey-1	X	X	Based on record review and staff interview, the licensee failed to provide a current copy of the Minnesota bill of rights for one of one clients (#2) reviewed. The findings include: Client #2 began receiving services September 2000. Client #2 was diagnosed with Alzheimer’s disease and was severely cognitively impaired. Client #2 had a family member as the responsible party. Client #2’s record had a copy of the Bill of Rights dated September 2000. The record did not establish a current bill of rights was provided to the client or her client’s responsible party when the bill was updated in 2001. On December 8, 2004 the licensee/owner confirmed a current bill of rights had not been provided. She stated she would mail the copy of the new bill of rights immediately.  <u><b>Education:</b></u> Provided
3	MN Statute § 144A.46, Subd. 5 (b) Background check  Follow up survey-1	X	X	Based on record review and staff interview, the licensee failed to have a background check for one of one licensed staff (#1) reviewed. The findings include: The licensee had previously employed employee #1 and had a background check in her record dated November 2000. September 2004 the licensee reemployed employee #1. There was no evidence of a background check on file after the break in service. On December 8, 2004 the owner/licensee stated she was unaware of the need for a new background check but further stated she would mail her the

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				information she needed immediately to get the process started
				<b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Linda Carriveau Owner/L.P.N. at an exit conference on December 14, 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).

(Form Revision 7/04)



*Protecting, Maintaining and Improving the Health of Minnesotans*

August 27, 2004

Linda Carriveau, Administrator  
Reminiscence Home  
34388 County Road 233  
Grand Rapids, MN 55744

Dear Ms. Carriveau,

This letter notifies you that modification were made to your Correction Order Form and Survey Result form which were already sent back to your agency. Please disregard the initial copies you received.

I apologize for your inconvenience. Please call me if you have any questions or concerns.

Jean M. Johnston  
Program Manager  
Case Mix Review



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9986 7430

August 12, 2004

Linda Carriveau, Administrator  
Reminiscence Home  
34388 County Road 233  
Grand Rapids, MN 55744

Re: Results of State Licensing Survey

Dear Ms. Carriveau:

The above agency was surveyed on June 22, 25, and 28, 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: Linda Carriveau, 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: REMINISCENCE HOME  
 HFID # (MDH internal use): 21017  
 Date(s) of Survey: June 22, 25 and 28 2004  
 Project # (MDH internal use): QL21017004

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, Subp. 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><u>X</u> Met            ___ Correction            Order(s) issued  <u>X</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>___ Met  <u>X</u> Correction            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            ___ Correction            Order(s) issued            ___ 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>X</u> Met            ___ Correction            Order(s) issued            ___ 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            ___ Correction            Order(s) issued            ___ 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, Subp. 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input 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. 4, (E)	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #1  Education: #1	Based on staff interview and record review the agency failed to provide a contingency plan for services for five of five clients (Client's #1, #2, #3, #4, and #5) reviewed. No contingency plans were present. When interviewed, June 22, 2004, the owner confirmed that the service plans did not include a plan for contingency. Rule and options reviewed with owner and nurse.	
Indicator of Compliance: # <u>2</u>	Regulation: 4668.0030, Subp. 2	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice:  Education: #2	Based on Staff interview, and record review 2 of 5 clients reviewed did not receive notification of the October 1, 2001 revision to the Home Care Bill of Rights. Informed agency and reviewed the updated version of the Bill of Rights	
Indicator of Compliance: # <u>3</u>	Regulation: MN Statute 144A.46, Subd. 5 (b) Back ground checks	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #3 Education: #3	Based on staff interview and personnel record review, one of six unlicensed personnel (#4) lacked evidence that a criminal background check had been completed. Rule reviewed with owner. New background check sent for.	
Indicator of Compliance: # <u>7</u>	Regulation: 4668.0805, Subp. 1 Core training	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #7 Education: #7	Based on record review and staff interview, the agency failed to provide core training for one of six unlicensed personnel (#3) reviewed.  Rule/ training requirements reviewed with owner.	

<p>Indicator of Compliance: # <u>7</u></p>	<p>Regulation: 4668.0845, Subp. 2 Supervisory visits</p>	<p><input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided</p>
<p>Statement(s) of Deficient Practice: #7  Education: #7</p>	<p>Based on interview and record review the agency failed to provide supervision for unlicensed personnel performing services for five of five active clients (Client # 1, #2, #3, #4, and #5) reviewed. Records reviewed lacked evidence that supervisory visits were completed every 62 days. Rule reviewed with nurse.</p>	
<p>Indicator of Compliance: # <u>7</u></p>	<p>Regulation: MN Statute 144A.45, Subd.5. Staff training</p>	<p><input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided</p>
<p>Statement(s) of Deficient Practice: #7 Education: #7</p>	<p>Based on record review and staff interview, the licensee failed to provide the required training in dementia care for three of six unlicensed personnel (#3, #4, and # 6) reviewed. Statute and training requirements reviewed with owner.</p>	
<p>Indicator of Compliance: # <u>7</u></p>	<p>Regulation: MN Rule 4668.0825, Subp. 2.</p>	<p><input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided</p>
<p>Statement(s) of Deficient Practice: #7  Education: #7</p>	<p>Based on observation, record review, and interview the agency failed to have the registered nurse assess the client's functional status, and the need for nursing services, before initiating delegated nursing services for two of two clients (#1&amp; #2) reviewed with restraints. Safety measures, criteria, rule, and assessment reviewed with owner and nurse.</p>	
<p>Indicator of Compliance: #7</p>	<p>Regulation: MN Rule 4668.0825, Subp. 4</p>	<p><input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided</p>
<p>Statement(s) of Deficient Practice: #7 Education: #7</p>	<p>Based on record review and interview the licensee failed to provide training for delegated nursing services prior to providing care, for one of six unlicensed personnel (#7) reviewed. Rule and training requirements reviewed with owner.</p>	

A copy of this completed form was left with Linda Carriveau at an exit conference on 6/28/2004. 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).

(Form Revision 7/04)