



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0538

January 28, 2005

Jody K. Lohse, Administrator
Our Home Your Home
609 Front Street
Henning, MN 56551

Re: Licensing Follow Up Revisit

Dear Ms. Lohse:

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: Jody K. Lohse, 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: OUR HOME YOUR HOME

DATE OF SURVEY: December 2, 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
7

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

Jody Lohse, Owner; Robert Lohse, Caregiver

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 2, 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 Rule 4668.0855, Subp. 9 | Corrected |
| 2. MN Rule 4668.0815, Subp. 4 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0040

September 15, 2004

Jody K. Lohase, Administrator
Our Home Your Home
609 Front Street
Henning, MN 56551

Re: Results of State Licensing Survey

Dear Ms. Lohase:

The above agency was surveyed on July 13,14,and 15, 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: Jody Lohse, 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: OUR HOME YOUR HOME

HFID # (MDH internal use): 21050

Date(s) of Survey: July, 13, 14, and 15, 2004

Project # (MDH internal use): QL21050001

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.	<div style="text-align: right;"> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided </div>

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> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </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> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </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> X </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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> 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><u> </u> Met <u> X </u> Correction <u> </u> Order(s) issued <u> X </u> Education provided <u> </u> 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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> X </u> Education provided <u> </u> 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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> Education provided</p>

Indicator of Compliance: # <u>8</u>	MN Rule 4668.0855 Subp.9 Medication Records	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #8 Education: #8	Based on record review and interview the agency did not maintain an accurate up to date client record for one of one client (# 1) with oxygen reviewed. Client #1 had an order May 12, 2004, to monitor weight three times per week and to monitor oxygen saturation daily on room air. The record indicated weight and oxygen saturation monitoring was carried out in May but was not done in June or July of 2004. There was no order to discontinue the weight and oxygen saturation monitoring. During the survey, client # 1 was receiving oxygen at night to help her breathing. When interviewed July 13, 2004 the owner/ caregiver stated she did not know why they quit doing it. She stated, they may have called the doctor and got a verbal order to discontinue it but did not write it. During an interview July 14, 2004 the registered nurse stated she did not know why it was not done. When interviewed July 15, 2004 client # 1 indicated she was is not aware why her oxygen level was not being tested and why they stopped doing her weight. Discussed options and rule with owner and registered nurse.	
Indicator of Compliance: # <u>6</u>	Regulation: 4668.0810, Subp.6 Client Records	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Education: #6	The record of client #1 indicated she did not feel well one day in March 2004. The unlicensed personnel called the doctor and client was admitted to the hospital. There was no notation on record that the registered nurse was notified. In May 2004, client #1 felt weak and called for help at 11pm. At midnight client #1 called unlicensed staff again. The record indicated after vital signs were done the unlicensed staff talked to the client who agreed to go to the hospital. There was no indication on record that the agency's registered nurse (RN) was notified of the resident's condition. When interviewed July 14, 2004 personnel #2 indicated that she usually notifies the RN but does not document it in the chart. When interviewed July 14, 2004 the agency's RN stated she was aware of what was going on at the facility. She kept in touch with the licensee three to four times a week. She just did not document it. Discussed the rule and the need to document on the client's record regarding RN contact with significant change in clients.	

Indicator of Compliance: # <u>9</u>	Regulation: 4668.0870, Subp.3 Disposition of medication	<u>X</u> Education provided
Education: # 9	Based on record review and interview the agency did not fully indicate the disposition of medication upon discharge for one of one of discharged client, (# 3) The record indicated that the hospice nurse was here and disposed of part of client #3's medications and took the hospice medications back to the hospital to be disposed of. The June 2,2004 medication destruction sheet had all the medications flushed listed. There was no signature of who did the flushing into the sewer system. When interviewed July 14, 2004 registered nurse stated that she did it as she is also the Hospice Nurse for the Tri County Hospital and that the licensee witnessed it. Told her and the licensee to sign the medication destruction sheet and to do a late entry on the client's chart. Registered nurse did it per request.	

A draft copy of this completed form was left with Jody Lohse at an exit conference on July 15, 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).