



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1866

August 22, 2006

Lori Bussler, Administrator  
Lafayette Good Samaritan Assisted Living  
251 Seventh Street  
Lafayette, MN 56054

Re: Licensing Follow Up visit

Dear Ms. Bussler:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on July 28, 2006.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

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

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive, flowing style.

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Nicollet County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** LAFAYETTE GOOD SAM ASSIST LVN

**DATE OF SURVEY:** July 28, 2006

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
ALHCP

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

Pam Morson/Housing Manager  
Renee Ruschmeyer/RN

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up # 1

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow up on the status of state licensing orders result of a visit made on November 10, 15, and 17, 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:

<b>1. MN Rule 4668.0815 Subp. 2</b>	<b>Corrected</b>
<b>2. MN Rule 4668.0815 Subp. 3</b>	<b>Corrected</b>
<b>3. MN Rule 4668.0865 Subp. 2</b>	<b>Corrected</b>



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 8024

March 23, 2006

Lori Bussler, Administrator  
Lafayette Good Sam Assisted Living  
251 Seventh Street  
Lafayette, MN 56054

Re: Results of State Licensing Survey

Dear Ms. Bussler:

The above agency was surveyed on November 10, 15, and 17, 2005, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: David Horazdovsky, President Governing Body  
Nicollet County Social Services  
Ron Drude, Minnesota Department of Human Services  
Office of the Ombudsman  
Office of the Attorney General  
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: LAFAYETTE GOOD SAM ASSIST LVN  
 HFID # (MDH internal use): 21059  
 Date(s) of Survey: November 10, 15, and 17, 2005  
 Project # (MDH internal use): QL21059002

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education  <input type="checkbox"/> Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education  <input type="checkbox"/> provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education  <input type="checkbox"/> provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p><b>Client personal information and records are secure.</b>   <b>Any information about clients is released only to appropriate parties.</b>             Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education  <input type="checkbox"/> provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education  <input type="checkbox"/> provided</p>

Indicators of Compliance	Outcomes Observed	Comments
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)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
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)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

Survey Results:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0815 Subp. 2 Annual review of service plan	X	X	<p>Based on record review and interview, the agency failed to assure that service plans were reviewed at least annually for one of two clients' (#1) records reviewed. The findings include:</p> <p>The service plan for client #1 was developed in October 2001. There was no documentation that the service plan had been reviewed and updated since then. When interviewed, November 10, 2005, the director and nurse both indicated the care plans are reviewed, but didn't realize that the service plan had to be reviewed every year.</p> <p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0815 Subp. 3 Sign modifications	X	X	<p>Based on record review and interview, the licensee failed to ensure that the client or the client's responsible person agreed in writing to a service plan modification for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's record indicated that client #1 or the responsible person agreed to and signed service plan modifications in July 2002, August 2003, August 2004 and August 2005. On September 1, 2005, an increase in assistance for activities of daily living (ADL) was added to the modification of the service plan form. When interviewed, November 10, 2005, the director stated they had a rent increase September first. Client #1's medical record lacked documentation that the client's responsible person authenticated the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>modifications for the increase in ADL assistance and the rent increase.</p> <p>Client #2's medical record indicated that client #2 agreed to and signed service plan modifications in March 2005, and two times in April 2005. On September 1, 2005, a notice of a rent increase was given to client #2. The record indicated that client #2 began receiving additional nursing services on September 1, 2005. Client #2's medical record lacked evidence that the client's service plan was modified to reflect the increase in rent and increase in nursing services. On November 11, 2005, the client signed a modification agreeing to the rate increase and charges for extra services, which started September 1, 2005.</p> <p>When interviewed, November 15, 2005, the director verified that the clients or their responsible parties had not agreed to the modifications prior to initiation of the services.</p> <p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0865 Subp. 2 Central storage on service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that the service plans included central storage of medications for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Clients #1 and #2's service plans dated October 2001, and March 2005, respectively, did not include central storage of medications. When interviewed, November 15, 2005, the director indicated both clients received central storage of medications.</p> <p><b><u>Education:</u></b> Provided</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
8	MN Rule 4668.0865 Subp. 9 Schedule 2 drug list		X	<b><u>Education:</u></b> provided

A draft copy of this completed form was left with Lori Bussler at an exit conference on November 17, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes) <http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).

(Form Revision 7/04)