



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2368

July 19, 2006

Theresa Buckley, Administrator
The Homestead at Maplewood
1890 Sherren Avenue East
Maplewood, MN 55109

Re: Licensing Follow Up visit

Dear Ms. Buckley:

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 5 and 6, 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 style with a large, looped initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Ramsey 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: THE HOMESTEAD AT MAPLEWOOD

DATE OF SURVEY: July 5 and 6, 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:

Andrea Schumacher, Housing Director
Linda Danley, RN, Health Care Director
Lynn Goude, LPN
Rose Kalimu, HHA

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1

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 July 18, 19, 20, and 21, 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 4668.0810 Subp. 5	Corrected
2. MN Rule 4668.0825 Subp. 4	Corrected
3. MN Rule 4668.0855 Subp. 2	Corrected
4. MN Rule 4668.0855 Subp. 7	Corrected
5. MN Rule 4668.0855 Subp. 9	Corrected
6. MN Rule 4668.0860 Subp. 6	Corrected

7. MN Statute 144A.44 Subd. 1(2)

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8468

March 3, 2006

Therese Buckley, Administrator
The Homestead at Maplewood
1890 Sherren Avenue East
Maplewood, MN 55109

Re: Results of State Licensing Survey

Dear Ms. Buckley:

The above agency was surveyed on July 18, 19, 20, and 21, 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: Charles Gould, President Governing Body
Ron Drude, Minnesota Department of Human Services
Ramsey County Social Services
Sherilyn Moe, Office of the Ombudsman
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: THE HOMESTEAD AT MAPLEWOOD

HFID # (MDH internal use): 21091

Date(s) of Survey: July 18, 19, 20, and 21, 2005

Project # (MDH internal use): QL21091002

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 checked="" type="checkbox"/> Met <input 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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><input checked="" 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 checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 is informed when changes occur.</p>	<p><input checked="" 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 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 checked="" 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 Subp.17)</p> <p>Note: 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	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0815 Subp. 4 Content of service plan		X	<u>Education:</u> Provided
#2	MN Statute 144A.44 Subd. 1(2) Statement of rights	X	X	<p>Based on observation, record review and interview, the licensee failed to ensure that clients received services according to accepted nursing standards for one of one client (#1) who was observed to receive eye drop administration. The findings include:</p> <p>Employee D, an unlicensed staff person, was observed at approximately 6:30 a.m. on July 19, 2005 to administer eye drops, one drop in each eye to client #1. After applying gloves, employee D was observed to pull client #1's upper eyelid up when administering one drop in each of the client's eyes. After administering client #1's eye drops, employee D was observed to give the client a glass of water, touching the faucet handles and glass; clean the client's eyeglasses and place them on her; close the medication container, lock it, and place it in the cupboard; put the keys in his pocket and document the administration of the eye drops, before he removed the gloves and washed his hands.</p> <p>The agency procedures/instructions for administration of eye drops stated that the staff person was to gently pull down the client's lower lid and ask the client to look up. In addition, the eye drop administration procedure stated that after administration of the eye drops, the staff person was to remove their gloves and wash their hands. When interviewed July 19, 2005, the registered nurse confirmed that employee D had not followed their procedure for administration of eye drops. <u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#2	MN Statute 144A.44 Subd. 1(14) Statement of rights		X	<u>Education:</u> Provided
#3	MN Statute 144A.46 Subd. 5(b) Background Study		X	<u>Education:</u> Provided
#5	MN Rule 4668.0810 Subp. 5 Form of entries	X	X	<p>Based on record review and interview, the licensee failed to ensure that all entries in the clients' records were authenticated with the title of the person making the entry for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:</p> <p>Client #1's charting record for the week of July 10, 2005 through July 16, 2005 contained signatures of eight employees who provided services to client #1 during the stated time period. The employee signatures did not include their titles.</p> <p>The June 2005 service charting forms for clients #2 and #4 included staff initials as they completed each service for the client and the last page of the form contained the staff person's name as it related to the initials. The name did not include the title of the staff person.</p> <p>Client #3 had a medication administration form which contained eight signatures of employees who administered a medication to client #3 from May 18, 2005 to May 19, 2005. The signatures did not include the titles of the employees who administered the medication to client #3.</p> <p>The PRN (pro re nata) medication record for client #4 did not contain the title of the staff person who administered medications on December 20, 26, 28 and 29, 2005.</p> <p>When interviewed July 20, 2005, the registered nurse confirmed the titles of the employees were not included with the employees' signatures on the preceding findings.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#7	MN Rule 4668.0825 Subp. 4 Performance of routine procedures	X	X	<p>Based on observation and interview, the licensee failed to ensure that when unlicensed staff performed delegated nursing procedures the registered nurse (RN) had specified in writing the instructions for performing the procedure for one of one client (#4) reviewed. The findings include:</p> <p>Employee F, a home health aide, was observed on July 19, 2005 at 2:05 p.m., as she performed a delegated nursing procedure for client #4. The employee was asked about written instructions she could refer to for performing the procedure. The employee checked the care book in the client's room. There were no instructions in the care book, but employee F stated that she has been a home health aide for a "long" time so she knew how to perform the procedure. The RN was interviewed July 20, 2005 and provided the reviewer with the agency's procedure related to the task. Employee F did not follow the agency procedure related to the task. The RN indicated the home health aides had been instructed and had demonstrated competency on the above procedure.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration for three of four clients' (#1, #2 and #3) records reviewed. The findings include:</p> <p>Client #1, #2 and #3s' service plans and service charting forms identified that they were receiving assistance from staff with medication administration. There was no documentation of an assessment by the RN of the clients' need for assistance with self-administration of medications. When interviewed July 19 and 20, 2005, the RN confirmed there was no assessment of each client's need for assistance with medication administration.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education</u> : Provided
#8	MN Rule 4668.0855 Subp. 5 Administration of medications		X	<u>Education</u> : Provided
#8	MN Rule 4668.0855 Subp. 7 Performance of routine procedures	X	X	<p>Based on observation, record review and interview, the licensee failed to ensure that the registered nurse (RN) documented in the client's record specific instructions before unlicensed staff performed assistance with self-administration of medications, and/or medication administration, for two of two clients (#1 and #5) who were observed receiving assistance with medication administration. The findings include:</p> <p>Client #1 was observed on July 19, 2005 at 6:30 a.m. to receive assistance with self-administration of medications from employee D. Employee D was observed to take a preset medication container from client #1's locked medication container, which was stored in client #1's room, open the preset medication container and count the number of pills that were in the day designated for Tuesday at 6:30 a.m. Employee D counted six pills and compared it to a form titled "Service Charting Form" that indicated he was to administer six pills. Employee D gave the client the six pills.</p> <p>When interviewed July 19, 2005 employee D stated that the procedure he followed was to count the number of pills in the preset medication container and compare it with the number that was indicated on the Service Charting Form. Employee D stated if there was a discrepancy in the number of pills he called the nurse.</p> <p>The procedure for the unlicensed staff to follow when administering oral medications to client #1 was reviewed and indicated that staff were to bring the pre-set medication container to the client with a glass of water, open the container, place</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the medication into the client's medicine cup, and observe the client swallow the medications.</p> <p>When interviewed on July 21, 2005, the RN confirmed that part of the procedure for administering client #1's medications was for the unlicensed staff to count the number of pills in the preset medication container and compare it with the number of pills indicated on the Service Charting Form. The RN confirmed this was not part of the written instructions/procedure for administration of oral medications for client #1.</p> <p>The preceding observations related to medication administration were also noted for client #5 on July 18, 2005 during a 2:00 p.m. medication pass.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 9 Medication records	X	X	<p>Based on observation, record review and interview, the licensee failed to have complete medication records for one of four client' (#5) records reviewed. The findings include:</p> <p>Employee E, home health aide, was observed at 2:10 p.m. on July 18, 2005 assisting client #5 with medications. The employee opened the client's mediset and commented that there was only one pill in the mediset and her daily assignment sheet indicated that two medications should be in the mediset. Employee E called the licensed practical nurse (LPN) to the client's room. The LPN checked the client's medication set-up sheet and noted the client was to receive an identified medication at 2:00 p.m., however this medication was not in the mediset. The medication set-up sheet completed by the LPN indicated that the medication had been set-up in the client's mediset by employee C on July 15, 2005. The LPN checked the drug reorder form and noted the medication had been ordered on July 8, 2005, but had not been delivered from the pharmacy until the morning of July 18,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>2005. The LPN stated that if all medications were not available when the medications were set up in the mediset, the practice was to put a note on the medication record to alert other staff of the missing medication. She stated the medications were not being signed off on the medication set-up sheet until the medications were available and actually placed in the mediset.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 5 Content of medication orders		X	<p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 6 Verbal orders	X	X	<p>Based on record review and interview, the licensee failed to ensure that orders received verbally from a prescriber were forwarded to the prescriber for signature for two of four clients' (#2 and #3) records reviewed. The findings include:</p> <p>Client #2's medical record contained a physician's telephone order dated June of 2005 and client #3's record contained verbal orders received from prescribers dated February of 2003, November of 2004, December of 2004, and May of 2005 for medications and laboratory tests.</p> <p>Client #3s' verbal orders did not contain the prescriber's signature nor was there any indication that the orders for client #2 and #3 had been sent to the prescriber for a signature. When interviewed on July 20, 2005, the registered nurse confirmed that the verbal orders had not been forwarded to the prescriber for signature, because the prescriber made rounds in the facility periodically, and the plan was to have the prescriber sign them when she made rounds.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0865 Subp. 9 Storage of Schedule II drugs		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Therese Buckley, Residence Director, and Barb Swanson, RN, Health Services Director at an exit conference on July 21, 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)