



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6147

May 18, 2010

Laurie Anderson, Administrator
Epiphany Assisted Living LLC
10955 Hanson Boulevard NW
Coon Rapids, MN 55433

Re: Results of State Licensing Survey

Dear Ms. Anderson:

The above agency was surveyed on May 4, 5, and 7, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order form is enclosed. This document will be posted on the MDH website.

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

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

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

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

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CERTIFIED MAIL #: 7009 1410 0000 2303 6147

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care & Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	LAURIE ANDERSON	DATE: May 18, 2010
PROVIDER:	EPIPHANY ASSISTED LIVING LLC	COUNTY: ANOKA
ADDRESS:	10955 HANSON BOULEVARD NW COON RAPIDS, MN 55433	HFID: 21113

On May 4, 5 and 7, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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 may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

NO VIOLATIONS NOTED

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8192

November 9, 2005

Laurie Anderson, Administrator
Epiphany Assisted Living LLC
10955 Hanson Boulevard
Coon Rapids, MN 55433

Re: Licensing Follow Up Revisit

Dear Ms Anderson:

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 21 and 22, 2005.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For 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: Dawn Mannella, President Governing Board
Gloria Lehnertz, Minnesota Department of Human Services
Anoka County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
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: EPIPHANY ASSISTED LIVING LLC

DATE OF SURVEY: July 21 and 22, 2005

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

NAMES AND TITLES OF PERSONS INTERVIEWED:

1. Mary Donofrio, RN/Case Manager
2. Susan Taylor, VP Health Service Innovations
3. Sandra Lammert, LPN
4. Kathy Johnson, Family Member

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on March 4, 7, 8 and 9, 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 4668.0815 Subp. 2. | Corrected |
| 2. MN Rule 4668.0845 Subp. 2. | Corrected |
| 3. MN Rule 4668.0865 Subp. 9. | Corrected |
| 4. MN Statute 144A.44 Subdivision 1. (2) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4061

April 5, 2005

Laurie Anderson, Administrator
Epiphany Assisted Living
10955 Hanson Boulevard
Coon Rapids, MN 55433

Re: Results of State Licensing Survey

Dear Ms. Anderson:

The above agency was surveyed on March 4, 7, 8, and 9, 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: Dawn Manella, 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: EIPHANY ASSISTED LIVING LLC

HFID # (MDH internal use): 21113

Dates of Survey: March 4, 7, 8, and 9, 2005

Project # (MDH internal use): QL21113002

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 promotes 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 acknowledgment in the client's clinical record to show that the BOR was received (or why acknowledgment could not be obtained).</p>	<p><u>X</u> Met ___ Correction ___ Order(s) issued ___ 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 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><u>X</u> Met ___ 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 are informed when changes occur.</p>	<p>___ Met <u>X</u> Correction ___ Order(s) issued <u>X</u> Education 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 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 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 <input type="checkbox"/> 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 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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> 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 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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" 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 <input type="checkbox"/> Order(s) issued <input 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. Service plan reevaluation	X	X	<p>Based on record reviews and interviews, the agency failed to have a registered nurse review and revise two of four clients (#2 and #4) service plan or conduct their annual evaluation. The findings include:</p> <p>Clients #2 and #4 had nursing assessments and evaluations conducted upon admission on November 10, 2003. Client #2 and #4's medical records were reviewed March 7, 2005 and did not contain an annual nursing evaluation or an annual review of the service plan. When interviewed March 4, 2005 the registered nurse stated that the annual nursing assessments and evaluations had not been completed</p> <p>Education: Provided</p>
1.	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse	X	X	<p>Based on record review and interview, the agency failed to have supervisory visits of unlicensed persons who were performing delegated nursing services for two of four (#1 and #2) clients' reviewed. The findings include:</p> <p>Client #1 was admitted September 3, 2004. A registered nurse conducted nursing evaluations on July 29 2004 and September 8, 2004. The next documented supervisory visit was March 4, 2005, 175 days later. There was no documentation of monitoring visits by a licensed practical nurse between September 8, 2004 and March 4, 2005.</p> <p>Client #2's medical record indicated that an initial nursing evaluation was</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>conducted by a registered nurse on November 10, 2003. There were no further supervisory visits from the registered nurse. On November 22, 2004, 377 days later, there was a monitoring visit conducted by a licensed practical nurse. There were no further supervisory or monitoring visits documented when it was reviewed March 4, 2005. When interviewed on March 4, 2005 the registered nurse stated that the supervisory visits were not done.</p> <p>Education: Provided</p>
6.	MN Statute 144A.44 Subdivision 1. (2) Bill of rights	X	X	<p>Based on record review and interview the assisted living home care provider failed to provide care and services according to a suitable and up-to-date plan for one of four client's (#3) record reviewed. The findings include:</p> <p>Client #3 was admitted to the memory care unit October 21, 2004. A registered nurse (RN) conducted initial nursing assessments on October 21, and 23, 2004. On October 21, 2004, a "RESIDENT CARE PLAN" was established, and indicated client #3 was independent with toileting, transferring and ambulation with a walker. Client #3 had falls on December 19, 24 and 28, 2004. On December 28, 2004, a registered nurse conducted a supervisory visit and noted client #3 was having an increased number of falls. Documentation on the fall assessments indicated client #3 was not requesting assistance prior to ambulating. Client #3 had falls on January 6 and 7, 2005, sustaining a laceration to the posterior right head with "significant bleeding" and received eleven staples to the laceration on January 7, 2005. The provider had a document titled "Planned Services" which indicated that additional safety</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>checks were added at 4:00 p.m., 6:00 p.m., 8:00 p.m., and 10:00 p.m. on January 8, 2005. Client #3 had eleven more falls between January 12, 2005 and January 31, 2005. The care plan had not been revised since November 2, 2004 and did not address the falls or identify any precautionary interventions for client #3.</p> <p>On January 9, 2005 a nurse documented in client #3's record that client #3 was "Put on wkly wts [weekly weights], appears to be loosing Wt [weight]." When interviewed March 9, 2005 the RN reviewed client #3's record and verified that it could not be determined if the weights were done because the weights were not recorded. She also confirmed the care plan was not amended to reflect the weekly weights or the weight loss.</p> <p>On January 13, 2005, client #3 had two episodes of incontinence, which was new. Documentation in client #3's record indicated that at 12:40 p.m. on January 18 2005, client #3 stated that he hit his head on the wall. At 9:30 p.m. client #3 was found on the floor in the hallway and required the assistance of two employees to transfer back into the recliner. On January 19, 2005, client #3's record indicated that he continued to need assistance of two to transfer and was "unable to stand, Knees buckling." Follow-up documentation dated January 19, 2005 at 5:00 p.m. indicated that client #3 had a CT scan of his head. Client #3 continued to require the assistance of two staff and now used a wheelchair. On February 2, 2005, client #3's record indicated that client #3 was "less responsive today, difficult to arouse, pale, skin clammy to touch. Rubs all 4 lobes, inspiratory/expiratory wheezing 2 person transfer." Client #3's care</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>plan dated October 21, 2004, had not been updated to reflect the changes in client #3's condition.</p> <p>Education: Provided</p>
8.	MN Rule 4668.0865 Subp. 9 Storage of schedule II drugs	X	X	<p>Based on observation and interview, the provider failed to provide a separately locked compartment, which was permanently affixed to the physical plant for three of three client's (#5, #6, and #7) with central storage of controlled drugs. The findings include:</p> <p>On March 7, 2005, central storage of medication was observed. The agency stored the original, main containers of controlled medications for clients #5, #6 and #7 in the nursing office in a locked file cabinet, which was bolted to the floor. The file cabinet was in a locked nursing office. Clients #5, #6 and #7, collectively, received regularly scheduled and PRN (as needed) Darvon, Vicodin, Dilaudid, and Duragesic Patches. From these supplies weekly medications were set up. When interviewed March 7, 2005 the licensed practical nurse indicated the medications for clients receiving medication administration assistance are stored in weekly pill boxes. On March 7, 2005 the scheduled drugs were observed to be stored in the tackle boxes, which were not permanently affixed to the physical plant. Pillboxes were locked inside tackle boxes assigned to each client. The locked tackle box was stored in an unlocked cupboard in each client's room/apartment. Clients #5, #6 and #7, collectively had Darvon, Vicodin, Dilaudid, and Duragesic Patches in the tackle boxes. The tackle boxes were not permanently affixed to the physical plant. When interviewed March 9, 2005 the licensed practical</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>nurse confirmed the tackle boxes were stored in an unlocked cupboards in each client's room and not permanently affixed to the physical plant.</p> <p>Education: Provided</p>

A draft copy of this completed form was left with Laurie Anderson, Residence Director, at an exit conference on March 9, 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 web site. General information about ALHCP is also available on the web site:

<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)