



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2436

July 20, 2006

Tami Dorenkamper, Administrator
Burnsdale Extended Care
1418 Black Oak Avenue
Montevideo, MN 56265

Re: Licensing Follow Up visit

Dear Ms. Dorenkamper:

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 13, 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 initial "J" and "M".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Chippewa 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: BURNSDALE EXTENDED CARE

DATE OF SURVEY: July 13, 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:

Tami Dorenkamper, Executive Director
Monica Schweiger, Direct Care Specialist

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 December 13, 14, 15, and 16, 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 4668.0800 Subp. 3 | Corrected |
| 2. MN Rule 4668.0805 Subp. 4 | Corrected |
| 3. MN Rule 4668.0810 Subp. 5 | Corrected |
| 4. MN Rule 4668.0810 Subp. 6 | Corrected |
| 5. MN Rule 4668.0845 Subp. 2 | Corrected |
| 6. MN Rule 4668.0860 Subp. 9 | Corrected |
| 7. MN Statute §144.44 Subd. 1(2) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9472

February 24, 2006

Tami Doren Kamper, Administrator
Burnsdale Extended Care
1418 Black Oak Avenue
Motevideo, MN 56265

Re: Results of State Licensing Survey

Dear Ms. Kamper:

The above agency was surveyed on December 13, 14, 15, and 16, 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: Scott Van Binsbergen, President Governing Body
Chippewa County Social Services
Ron Drude, Minnesota Department of Human 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: BURNSDALE EXTENDED CARE

HFID # (MDH internal use): 21135

Date(s) of Survey: December 13, 14, 15, and 16, 2005

Project # (MDH internal use): QL21135002

| 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 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 type="checkbox"/> Met <input checked="" 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input 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 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 4668.0800 Subp. 3 Fulfillment of Services | X | X | <p>Based on record review and interview, the licensee failed to provide all services required by a client's service plan for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's service plan, May 2005, indicated the client was to receive daily medication set up; medication administration by RN and care attendants. It also indicated that the registered nurse (RN) would do medication review every 62 days. The record indicated the client had received medication reminders.</p> <p>Client # 2's September 2005 service plan included medication set up; medication administration daily by RN and care attendants and medication review every 62 days by the RN. The record indicated the client had received medication reminders.</p> <p>Clients #1 and #2's medication administration records for November and December 2005 did not have the RN signature or initials. They only had the initials and signature of the care attendants. There was no evidence that the RN had completed medication reviews.</p> <p>When interviewed, December 13, 2005, employee A, an unlicensed person, stated that she did medication reminders daily. She also indicated that employee C, an unlicensed person, did medication reminders daily for four of the clients.</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--|-------------------------|--------------------|---|
| | | | | <p>When interviewed, December 14, 2005, the RN indicated that she was not aware the service plans included the RN reviewing the medications every 62 days.</p> <p><u>Education:</u> Provided</p> |
| 2 | MN Statute §144A.44 Subd. 1(2) Home Care Bill of Rights | X | X | <p>Based on record review and interview, the licensee failed to ensure that care was provided according to acceptable nursing standards for two of two current clients' (#1 and #2) records reviewed. The findings include:</p> <p>Clients #1, and #2's weekly service delivery records for November 14, 2005, indicated pill set up initialed by employees A and C who were both unlicensed personnel. When interviewed, December 13, 2005, employee A indicated that she was a trained medication aide (TMA) and did weekly medication set up for clients. When interviewed, December 13, 2005, employee C indicated that she had training in medication administration and set up medications for four of the clients every Tuesday.</p> <p>When interviewed, December 13, 2005, employee A stated that she was a TMA and that she set up the medications weekly for a few clients and then did medication reminders daily. She also stated that employee C sets up medications weekly and did medication reminders daily for four of the clients.</p> <p>When interviewed, December 15, 2005, the executive director indicated that she was not aware that unlicensed personnel could not do the weekly medication set up.</p> <p><u>Education:</u> Provided</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--|-------------------------|--------------------|--|
| 3 | MN Rule 4668.0805 Subp. 4 Verification and documentation | X | X | <p>Based on record review and interview, the licensee failed to retain documentation that each employee had completed orientation to home care for two of three employees' (A and C) records reviewed. The findings include:</p> <p>Employee A was hired in 2003. Her record did not contain documentation that she had completed orientation to home care before she provided home care services. When interviewed, December 15, 2005, employee A stated that she had received orientation to home care prior to providing home care services.</p> <p>Employee C was hired in 2002. Her record did not contain documentation that she had completed the orientation to home care before providing home care services. When interviewed, December 15, 2005, employee C indicated that a registered nurse trained her when she was hired.</p> <p>When interviewed, December 15, 2005, the executive director indicated she could not find the orientation records for employees A and C.</p> <p><u>Education:</u> Provided</p> |
| 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 entries in the client record were permanently documented in ink for one of three clients' (#2) records reviewed.</p> <p>Clients #2's care plan dated May 2005 contained updates written in pencil. When interviewed, December 14, 2005, the registered nurse verified the care plan should have been written in ink.</p> <p><u>Education:</u> Provided</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--|-------------------------|--------------------|---|
| 5 | MN Rule 4668.0810 Subp. 6 Content of client record | X | X | <p>Based on record review and interview, the licensee failed to maintain accurate information in client's records for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Clients #1 and #2's plans of care dated May 2005, indicated that staff members set up medication weekly in a pillbox and do daily reminders. Clients #1 and #2's service plans dated May 2005, included medication set up and administration daily. Clients #1 and #2's medication administration records showed that the unlicensed staff signed off on each day of the week including Saturday and Sunday when there were no staff members present. The November 14, 2005, weekly services delivery record for clients #1 and #2 showed the medication set up being signed off by the unlicensed staff on the weekend when there were no staff available.</p> <p>When interviewed, December 15, 2005, the program director indicated they were cited before because the medications were not signed off daily, and that is why they are being signed off now. She further indicated that they are an "eight hour" facility, Monday to Friday, 8 am – 4:30 pm and there are no staff members available after 4:30 pm on weekdays, or during the weekends. All medication taken by client #1 and #2 on the weekends is verbally verified with clients #1 and #2 by staff that it had been taken and then the medication is signed off as given, although the staff were not working on the weekend.</p> <p><u>Education:</u> Provided</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|---|-------------------------|--------------------|--|
| 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 licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for two of three clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's May 2005, service plan noted she had received assistance with personal hygiene (bathing) two times per week and medication set up and administration daily. Supervisory visits were documented on July 14, 2005 and October 24, 2005 – 102 days later.</p> <p>Client #2's May 12, 2005, service plan noted he had received weekly bathing services and medication set up, administration daily. Supervisory visits were done on July 14, 2005 and October 24, 2005 – 102 days later.</p> <p>When interviewed, December 13, 2005, the executive director verified that supervisory visits were not done every 62 days.</p> <p><u>Education:</u> Provided</p> |
| 8 | MN Rule 4668.0860 Subp. 9 Renewal of orders | X | X | <p>Based on record review and interview, the licensee failed to ensure medication orders were renewed every twelve months for one of three clients' (#1) records reviewed. The findings include:</p> <p>Client #1 began receiving services in 2002. The last renewal of medication orders for client #1 was in 2003. Client #1 had a revised list of medications in her record dated December 07, 2005, which was not signed by the doctor. When interviewed, December 15, 2005, the program director indicated a list of client #1's medication was sent to the</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|------------|-------------------------|--------------------|---|
| | | | | <p>doctor during a clinic visit but it was not returned.</p> <p><u>Education:</u> Provided</p> |

A draft copy of this completed form was left with Tami DorenKamper at an exit conference on December 16, 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)