



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0647

September 1, 2006

Scott Frank, Administrator
Oak Park Place
1615 Bridge Avenue
Albert Lea, MN 56007

Re: Licensing Follow Up visit

Dear Mr. Frank:

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 August 15, 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: Freeborn County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

06/06 FPC1000CMR

**Minnesota Department Of Health
Division Of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: OAK PARK PLACE

DATE OF SURVEY: August 15, 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:

Joyce Nixon, RN/Administrator
Vicky Robson, 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 issued as a result of a visit made on November 3, 4, 7 and 8, 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 issued as a result of a visit made on August 15, 2006 is as follows:

The status of the correction orders issued as a result of a visit made on November 3, 4, 7 and 8, 2005 is as follows:

1. MN Rule 4668.0065 Subp. 1	Corrected
2. MN Rule 4668.0065 Subp. 3	Corrected
3. MN Rule 4668.0815 Subp. 4	Corrected
4. MN Rule 4668.0845 Subp. 2	Corrected
5. MN Rule 4668.0865 Subp. 2	Corrected
6. MN Statute §626.557 Subd 14(b)	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8734

March 23, 2006

Scott Frank, Administrator
Oak Park Place
1615 Bridge Avenue
Albert Lea, MN 56007

Re: Results of State Licensing Survey

Dear Mr. Frank:

The above agency was surveyed on November 3, 4, 7, and 8, 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 Frank, President Governing Body
Freeborn County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
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: OAK PARK PLACE

HFID # (MDH internal use): 21154

Date(s) of Survey: November 3, 4, 7, 8, 2005

Project # (MDH internal use): QL21154002

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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" 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>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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" 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
<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 checked="" type="checkbox"/> Met <input 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 checked="" 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 Service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure complete service plans for three of three clients' (#1, #2, #3) records reviewed. The findings include:</p> <p>Client #1 began receiving services in August 2003. The September 2005 service plan included bathing assistance, for which the nursing supervision schedule was listed as "PRN". There was no method noted for client #1 to contact a staff member when services were being provided.</p> <p>Client #2 began receiving services in 2001. Client #2's May 2005 service plan included bathing assistance with nursing supervision schedule listed as "PRN". There was no method noted for client #2 to contact a staff member when services were being provided.</p> <p>Client #3 began receiving services in 2003. The May 2005 service plan included bathing assistance with the nursing supervision schedule noted as "PRN". There was no method for client #3 or their representative to contact a staff member when services were being provided.</p> <p>When interviewed, November 7, 2005, the registered nurse verified the proceeding findings.</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 Supervisory visits	X	X	<p>Based on record review and interview, the agency failed to ensure supervisory visits by a registered nurse (RN) were completed for one of three clients' (#1) records reviewed. The findings include:</p> <p>Client #1 received delegated nursing services that required supervisory visits including ace bandages to right knee, bathing assistance, and medication administration. Monitoring visits by the licensed practical nurse (LPN) were documented nine times between March 31, 2005, and October 12, 2005. When interviewed, November 4, 2005, the registered nurse/director stated they used a review of the plan of care as a supervisory visit.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0865 Subp. 2 Central storage	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse conducted an assessment of the need for and developed a service plan for the provision of central storage of medications for three of three clients' (#1, #2, and #3) records reviewed who received central storage of medications. The findings include:</p> <p>Client #1, #2 and #3 began receiving central storage of medications August 2003, March 2001 and April 2003, respectively. There was no evidence of assessments for central storage of medications and central storage of medications was not included on their service plans.</p> <p>When interviewed, November 3, 2005, the licensed practical nurse indicated the licensee provided central storage of medications for four fifths of their clients and she had been unaware of the need for the assessment and</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>service plan related to central storage of medications.</p> <p>When interviewed, November 3, 2005, the registered nurse/director indicated she was unaware that central storage of medications had to be on the service plan or that she should assess the client to see if it was needed.</p> <p><u>Education:</u> Provided</p>
#3	<p>MN Rule 4668.0065 Subp. 1 TB testing</p>	X	X	<p>Based on record review and interview, the licensee failed to ensure that personnel providing services requiring direct contact with clients had tuberculosis screening every 24 months for two of three employees' (B and C) records reviewed. The findings include:</p> <p>Employee B had Mantoux testing in September 2001; and next in January 2004 (one year and four months late).</p> <p>Employee C had Mantoux testing in February 2001; and next in June 2003, (four months late). There was no documentation of any subsequent tuberculosis screening for employee C.</p> <p>When interviewed, November 4, 2005, the registered nurse verified there was not evidence of any further tuberculosis screening for employee C and stated they would now do the tuberculosis testing every year.</p> <p><u>Education:</u> Provided</p>
#3	<p>MN Rule 4668.0065 Subp. 3 Infection control</p>	X	X	<p>Based on record review and interview, the licensee failed to ensure required infection control in-service training for two of three employees' (B and C) records reviewed who had direct contact with clients. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Employee B and C were hired September 2001 and March 2001, respectively as personal care attendants. Records contained documentation of training on handwashing for 2003, 2004 and 2005. When interviewed, November 4, 2005, the registered nurse/director indicated they (unlicensed staff) were trained in all the aspects of infection control at the time of orientation and verified they had not met the infection control inservice requirement.</p> <p><u>Education:</u> Provided</p>
#3	MN Statute §626.557 Subd. 14(b) Abuse prevention plan	X	X	<p>Based on record review and interview, the license failed to ensure that a registered nurse developed specific measures to be taken to minimize the risk of abuse for two of three clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 began receiving services in 2003. The vulnerable adult assessment completed at that time identified vulnerabilities including speech, language barriers and a chronic disability. No measures were identified to minimize the risk of abuse from these vulnerabilities.</p> <p>Client #2 began receiving services in March 2001. The vulnerable adult assessment completed in May 2005 identified vulnerabilities including vision and financial vulnerabilities. No plan was documented which included measures to be taken to minimize the risk of abuse.</p> <p>When interviewed, November 4, 2005, the registered nurse/director verified there was not an abuse prevention plan to address the areas of vulnerability for</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				clients #1 and #2. <u>Education:</u> Provided
#5	MN Rule 4668.0810 Subp. 6 Medication administration documentation		X	<u>Education:</u> Provided
#1	MN Rule 4668.0815 Subp. 4 Service plan		X	<u>Education:</u> Provided
#1	MN Rule 4668.0825 Subp. 4 Procedures in client record		X	<u>Education:</u> Provided.
#3	MN Rule 4668.0805 A Guide to Survey Process		X	<u>Education:</u> Provided
	CLIA waiver		X	<u>Education:</u> Provided
	Web sites		X	<u>Education:</u> Provided
	Schedule 2 drug list		X	<u>Education:</u> Provided
#10	MN Statute §144D.04 Subd. 2 17 point contract		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Bonnie Ackley, RN at an exit conference on November 8, 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)