



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6116

May 4, 2010

Bonnie Hengeveld, Administrator
The Tuff Village Inc
301 County Road No 6
Hills, MN 56138

Re: Results of State Licensing Survey

Dear Ms. Hengeveld:

The above agency was surveyed on March 30 and 31, 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: Rock 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

<http://www.health.state.mn.us>

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CERTIFIED MAIL #: 7009 1410 0000 2303 6116

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 and Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: BONNIE L HENGEVELD DATE: May 4, 2010
PROVIDER: THE TUFF VILLAGE INC COUNTY: ROCK
ADDRESS: 301 COUNTY ROAD NO 6 HFID: 21200
HILLS, MN 56138

On March 30 and 31, 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.

1. MN Rule 4668.0815 Subp. 4

Based on record review and interview, the licensee failed to provide a complete service plan for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving daily medication administration January 11, 2010. The service agreement indicated a "0" as the service fee. There was no documentation which indicated that the fee could be found elsewhere.

When interviewed March 30, 2010, employee A/registered nurse verified that there was a charge for medication administration, but it was included in the rental agreement.

TO COMPLY: The service plan required under subpart 1 must include:

A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;

B. the identification of the persons or categories of persons who are to provide the services;

C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;

D. the fees for each service; and

E. a plan for contingency action that includes:

(1) the action to be taken by the class F home care provider licensee, client, and responsible person if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the class F home care provider licensee whenever staff are providing services;

(3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the class F home care provider licensee to contact a responsible person of the client, if any; and

(5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0835 Subp. 3

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who performed assisted living home care services, received eight hours of in-service training for each twelve months of employment for one of one employee's (B) record reviewed, who had been working as a nurses aid for longer than one year. The findings include:

Employee B was hired June 15, 2005, as an unlicensed direct care staff. In-service documentation for 2008, indicated employee (B) received four hours of training and five hours of training in 2009.

When interviewed March 31, 2010, employee A/registered nurse indicated that maybe there was a lack of commitment and that is why the training was not getting done.

TO COMPLY: For each unlicensed person who performs assisted living home care services, a class F home care provider licensee must comply with items A to C.

A. For each 12 months of employment, a person who performs assisted living home care services must complete at least eight hours of in-service training in topics relevant to the provision of home care services, including training in infection control required under part [4668.0065](#), subpart 3, obtained from the licensee or another source.

B. If a person has not performed assisted living home care services for a continuous period of 24 consecutive months, the person must demonstrate to a registered nurse competence according to part [4668.0840](#), subpart 4, item C.

C. A licensee must retain documentation of satisfying this part and must provide documentation to a person who completes the in-service training.

TIME PERIOD FOR CORRECTION: Thirty (30) days

3. MN Rule 4668.0855 Subp. 2

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's need for medication administration for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving medication administration January 11, 2010. A physician order, dated January 6, 2010, indicated the client could not self-administer medications. The medication administration record (MAR) for February and March 2010 indicated the client self-administered a nasal moisturizer and Desenex. The client also self-administered oxygen in February 2010. There was no documentation that the RN conducted a nursing assessment of the client's need for medication administration or the client's ability to self-administer some medications.

When interviewed March 30, 2010, employee A/RN verified that the nursing assessments had not been conducted. When interviewed March 31, 2010, client #1 indicated she had administered her own medications and would like to do it again.

TO COMPLY: For each client who will be provided with assistance with self-administration of medication or medication administration, a registered nurse must conduct a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration, and develop a service plan for the provision of the services according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part [4668.0845](#), and must be maintained as part of the service plan required under part [4668.0815](#).

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Statute §144A.44 Subd. 1(2)

Based on observation, interview and record review, the licensee failed to provide care and services according to acceptable medical and nursing standards for one of one client's record (#1) reviewed. The findings include:

Client #1's medication pass was observed on March 31, 2010, at 8:30 a.m., during which time 10 medications were prepared for administration by employee B. Employee B did not wash her hands prior to the procedure. While in the client's room, employee B put gloves on and poured the pills into a soufflé medication cup. Client #1 poured the medications into her mouth, touching her lips and mouth on the soufflé medication cup. Employee B then crushed the cup and put it in the plastic bin used to carry two client's pill box strips for the day, clean gloves and four other used medication soufflé cups. Then employee B returned to the medication room carrying the plastic bin with the used soufflé cups, clean gloves and pill box strips. When the plastic bin was observed there were three out of the five soufflé cups touching the pill box strips or the clean gloves.

When interviewed March 31, 2010, employee B stated it was just the way she did it, but didn't know if other staff also used that technique. When interviewed March 31, 2010, employee A/registered nurse stated it was a break in infection control and it was not the way she had trained staff. She indicated soufflé cups should be thrown away in the client's garbage.

TO COMPLY: A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Thirty (30) days

5. MN Statute §626.557 Subd. 14(b)

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 were admitted and began receiving home health services January 11, 2010, and July 12, 2009, respectively. Client #1 had identified vulnerabilities in hearing, chronic conditions of arthritis, heart disease, sleep apnea, and a history of falls. Client #2 had identified vulnerabilities in communication difficulties, headaches, depression and anxiety. Their records lacked an individual abuse prevention plan which included statements of the specific measures to minimize the abuse to the client and other vulnerable adults.

When interviewed March 31, 2010, employee A/registered nurse verified there were no abuse prevention plans for client #1 and #2.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Rock 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 8715 0185

June 20, 2005

Bonnie Hengeveld, Administrator
The Tuff Village, Inc.
301 County Road No 6
Hills, MN 56138

Re: Licensing Follow Up Revisit

Dear Ms. Hengeveld:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on April 12, 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 Assisted Living 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: Tracy Gayer, President Governing Board
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: THE TUFF VILLAGE INC

DATE OF SURVEY: April 12, 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

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

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 November 18, 19, 22, and 23, 2004. 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 4668.0065 Subp. 1 | Corrected |
| 2. MN Rule 4668.0805 Subp. 4 | Corrected |
| 3. MN Rule 4668.0815 Subp. 3 | Corrected |
| 4. MN Rule 4668.0815 Subp. 4 | Corrected |
| 5. MN Rule 4668.0825 Subp. 4 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0934

Date: December 27, 2004

Bonnie Hengeveld, Administrator
Tuff Village, Inc.
301 County Road No. 6
Hills, MN 56138

Re: Results of State Licensing Survey

Dear Ms. Hengeveld:

The above agency was surveyed on November 18,19,22, and 23, 2004 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: Tracy Gayer, 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: THE TUFF VILLAGE INC
 HFID # (MDH internal use): 21200
 Date(s) of Survey: November 18, 19, 22, and 23, 2004
 Project # (MDH internal use): QL21200001

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 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 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><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> 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 <input type="checkbox"/> 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 <input type="checkbox"/> 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 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.</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 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.</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 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.</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><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.</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. 3 Modifications of Service Plan	X	X	<p>Based on record review and interview the licensee failed to modify the service plan when changes occurred for one of two current clients (#2) reviewed. The findings include:</p> <p>Client # 2's service plan dated June 2002 indicated that client #2 received total bathing assistance twice weekly. The caregiver supervisory notes October 2004, stated that client #2 received total assist with a shower three times weekly. Her service plan had not been modified to reflect this change. During an interview November 22, 2004 the registered nurse stated that client #2 received total assist with a shower three times weekly since September 26, 2004.</p> <p><u>Education:</u> Provided.</p>
1	MN Rule 4668.0815, Subp. 4 Contents of Service Plan	X	X	<p>Based on record review and interview, the licensee failed to have contingency plans for two of two current clients (#1, and #2) reviewed. The findings include:</p> <p>Client # 1's current service plan dated April 2002 indicated, "Services will be provided" for the contingency plan. There was no further clarification or information.</p> <p>Client # 2's current service plan dated June 2002 indicated, "Services will be provided" for the contingency plan. There was no further clarification or information.</p> <p>During interview November 18, 2004 the administrator stated that the contingency plan was not clear as to how services will be provided if the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>staff were not available. During an interview November 22, 2004 the registered nurse stated that their contingency plan was not clear and that it“ will have to be more specific.” <u>Education:</u> Provided.</p>
3	MN Rule 4668.0065, Subp. 1 Tuberculosis Screening	X	X	<p>Based on record review and interview the licensee failed to have tuberculin screening every other year for three of three employees (#1, #2, #3) reviewed. The findings include:</p> <p>Employee # 1 was hired July 2001 as a direct care staff. Her file indicated she had a Mantoux test March 2001. There was no evidence of any subsequent testing.</p> <p>Employee # 2 was hired July 2001 as a direct care staff. Her file indicated she had a Mantoux test done on July 2001. There was no evidence of any subsequent testing.</p> <p>Employee # 3 was hired July 2001 as a direct care staff. Her file indicated she had a Mantoux test done on April 2001. There was no evidence of any subsequent testing.</p> <p>During an interview November 22, 2004 the registered nurse stated that they did not do a Mantoux test every 24 months on any of the direct care staff.</p> <p><u>Education :</u> Provided.</p>
7	MN Rule 4668.0805, Subp. 4 Orientation to Home Care	X	X	<p>Based on record review and interview the licensee failed to retain evidence of orientation to home care training provided for two of two unlicensed staff (#2, and #3) reviewed. The findings include:</p> <p>Employees # 2 and #3 were hired July 23, 2001 as direct care staff. Their files indicated they had not had orientation to home care prior to employment by the licensee. The personnel files of</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>employee # 2 and # 3 did not contain any documentation of orientation to homecare. When interviewed November 18, 2004 and November 22, 2004 both employees #2 and #3 stated they had been oriented to home care and were able to recall the training content. During an interview November 22, 2004 the registered nurse stated that she did orient the caregivers to the Home Care Rules. She stated she “just didn’t document it in their personnel records.”</p> <p><u>Education:</u> Provided.</p>
7	MN Rule 4668.0825, Subp. 4 Documentation of Competency	X	X	<p>Based on record review and interview the licensee failed to document the demonstrated competency of delegated nursing tasks performed by two of two unlicensed staff (#2 and #3) reviewed. The findings include:</p> <p>Client # 2’s caregiver weekly documentation November 4, and 6, 2004 indicated that employee # 2 did accuchecks (blood sugar level monitoring) both dates. Client # 2’s caregiver weekly documentation November 20, 2004 indicated that personnel # 3 did an accucheck that date. There was no evidence of training or demonstrated competency for employees # 2 and # 3 for the delegated task of accuchecks.</p> <p>During an interview November 22, 2004 employees # 2 and #3 stated that the registered nurse (RN) trained them before they started doing any delegated tasks. Employee # 2 also stated that she had to demonstrate the task to the RN before she was allowed to perform the task on the client.</p> <p>During an interview November 22, 2004 the RN stated that she trained the caregivers to task but did not document it. “I’ll start doing it now since I’ve gotten a form from the seminar I went</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				to last week on training.” <u>Education:</u> Provided.
8	MN Rule 4668.0870, Subp.3 Disposition of Medications		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Bonnie Hengeveld at an exit conference on November 23, 2004. 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)