



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0913

October 20, 2006

Ina Krone, Administrator
A Blessed Vision
4328 Williston Road
Minnetonka, MN 55345

Re: Results of State Licensing Survey

Dear Ms. Krone:

The above agency was surveyed on September 14, 15, 18, and 21, 2006, 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 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) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive, flowing style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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



Assisted Living Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Assisted Living home care providers (ALHCP). ALHCP licensees may also use this 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 staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living Home Care services. Completing this Licensing Survey Form in advance may facilitate 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: A BLESSED VISION CO

HFID #: 21223

Date(s) of Survey: September 14, 15, 18 and 21, 2006

Project #: QL21223004

Indicators of Compliance	Outcomes Observed	Comments
1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. <ul style="list-style-type: none"> • MN Rule 4668.0050 • MN Rule 4668.0800 Subp. 3 • MN Rule 4668.0815 • MN Rule 4668.0825 Subp. 2 • MN Rule 4668.0845 	<ul style="list-style-type: none"> • 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. 	Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
2. The provider promotes the clients’ rights. <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Rule 4668.0040 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for 	Annual Licensing Survey <u>X</u> Met ___ Correction Order(s) issued

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0170 • MN Rule 4668.0870 • MN Statute §144A.44 • MN Statute §144D.04 	<p>clients who are discharged from the provider.</p>	<p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ New Correction Order issued</p> <p>_____ Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 • MN Statute §144A.46 • MN Statute §144D.07 • MN Statute §626.557 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Provider personnel 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>Annual Licensing Survey</p> <p>_____ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ New Correction Order issued</p> <p>_____ Education Provided</p>
<p>4. The clients' confidentiality is maintained.</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p>Annual Licensing Survey</p> <p>_____ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ New Correction Order issued</p> <p>_____ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>5. The provider employs (or contracts with) qualified staff.</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0830 • MN Rule 4668.0835 • MN Rule 4668.0840 • MN Rule 4668.0065 • MN Rule 4668.0070 • MN Statute §144D.065 • MN Statute §144A.45 • MN Statute §144A.461 	<ul style="list-style-type: none"> • 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 that 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. • Personnel records are maintained and retained. • Staff meet infection control guidelines. 	<p>Annual Licensing Survey ___Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___New Correction Order issued ___Education Provided</p>
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0855 • MN Rule 4668.0860 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The provider has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Annual Licensing Survey ___Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___New Correction Order issued ___Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The provider has a current license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0019 • MN Rule 4668.0220 • MN Statute §144A.47 • MN Statute §144D.02 • MN Statute §144D.04 • MN Statute §144D.05 <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>	<ul style="list-style-type: none"> • 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) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>8. The is in compliance with MDH waivers and variances</p> <ul style="list-style-type: none"> • MN Rule 4668.0016 	<ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances 	<p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><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, list the rule or statute number and the findings of deficient practice noted.

1. MN Rule 4668.0065 Subp. 1**AREA OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to a client for two of two current employees (A and C) reviewed.

The findings include:

Employee A began providing direct care on or about March of 2002. There was no documentation of tuberculosis screening in her record.

The licensee reported employee C, an unlicensed employee, began having direct contact with clients on or about August 2003. There was no documentation of employee C having tuberculosis screening. When interviewed September 15, 2006 the licensee confirmed there was no tuberculosis screening for employees A or C.

2. MN Rule 4668.0065 Subp. 3**AREA OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was completed for one of two current employee records (A) reviewed. The findings include:

Employee A began providing direct care services on or about March of 2002. Employee A received infection control training on April 28, 2003, and September 9, 2003. Employee A did not have any additional infection control training documented. When interviewed September 15, 2006, the owner verified that she had not had any infection control training since September 2003.

3. MN Rule 4668.0070 Subp. 2**AREA OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to establish a personnel record for each employee for one of two current employees (C) reviewed. The findings include:

The licensee reported that employee C had been employed as a "helper" since August 2003, and provided nightly supervision of client #1 between 10:00 p.m.-7:00 a.m. There was no personnel record available for review for employee C. When interviewed September 15, the licensee verified that a personnel record had not been established for employee C.

4. MN Rule 4668.0805 Subp. 1**AREA OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to provide orientation to the home care requirements for one of two employees (C) reviewed. The findings include:

The licensee reported that employee C began employment during August 2003. Employee C was a “helper” and supervised client #1 every night from 10:00 p.m.-7:00 a.m. There was no documentation that employee C received orientation to the home care requirements. When interviewed September 15, 2006, the licensee verified the orientation had not been done.

5. MN Rule 4668.0810 Subp. 6

AREA OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to ensure that services provided were documented in the client’s record for one of one client (#1) record reviewed. The findings include:

Client #1’s service plan indicated he was to be provided with “unlimited” safety checks, assistance with dressing, grooming, bathing and toileting/incontinence care. Medical record documentation indicated client #1 received the above noted services daily through March of 2005. Client #1’s record lack documentation indicating the above noted services were provided from one day later in March of 2005, through September of 2006. When interviewed September 15, 2006, the licensee reported she stopped documenting the provision of the identified services March of 2005.

6. MN Rule 4668.0815 Subp. 2

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised the client’s service plan at least annually for one of one client (# 1) record reviewed. The findings include:

Client #1’s service plan was signed and dated by an RN November of 2003. There was no indication that an RN had reviewed and/or revised client #1’s evaluation and service plan since September of 2005. When interviewed September 15, 2006, the licensee confirmed the service plan had not been reviewed or revised by an RN. She reported that an RN had not been employed and/or contracted by the licensee from approximately September 2, 2005, through September 15, 2006.

7. MN Rule 4668.0815 Subp. 4

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that service plans were complete for one of one client (#1) records reviewed. The findings include:

Client #1’s service plan dated November of 2003, indicated client #1 needed assistance with medication administration, bathing, dressing, and toileting/incontinence care. The service plan did not identify the persons or categories of persons who are to provide the services; the frequency of supervision or monitoring of the delegated nursing task; and a plan for contingency action. When interviewed September 15, 2006, the licensee verified the client’s service plan was incomplete.

8. MN Rule 4668.0835 Subp. 3**AREA OF COMPLIANCE: # 5**

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 four employees' (A) records reviewed. The findings include:

Employee A, an unlicensed caregiver, began providing assisted living home care services on or about March of 2002. Records indicate the licensee had 1.5 hours of in-service training between December of 2003, and September of 2006. There was no evidence of infection control in service training since September of 2003. When interviewed September 15, 2006, employee A verified she had not received the proper training.

9. MN Rule 4668.0845 Subp. 2**AREA OF COMPLIANCE: # 1**

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 one of one client (#1) records reviewed. The findings include:

Client #1's record indicated he received delegated nursing services, including medication administration. The last documented supervisory visit was on September 1, 2005. When interviewed September 15, 2006, the licensee verified the supervisory visits had not been done. She reported an RN had not been employed and/or contracted by the licensee from September 2, 2005 through September 15, 2006.

10. MN Rule 4668.0860 Subp. 9**AREA OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to renew medication and/or treatment orders every 12 months for one of one client (#1) records reviewed. The findings include:

Client #1 began receiving services November of 2003. March of 2005, the physician ordered/renewed orders for a hospital bed with side rails, and an alternating air mattress. May of 2005, the physician ordered/renewed prescriptions for Norvasc, Lisinopril, Paxil and a Multivitamin. There were no subsequent orders or renewal of orders in the client record. When interviewed, September 15, 2006 the owner stated she was unfamiliar with the Rule verified the orders had not been renewed every twelve months.

11. MN Statute §144A.46 Subd. 5(b)**AREA OF COMPLIANCE: # 3**

Based on record review and interviews, the licensee failed to obtain a background study for two of four employees' (C, and D) records reviewed hired prior to September of 2006. The findings include:

Employee C began employment, and worked as a “helper” August of 2003. Employee C supervised client #1 every night from 10:00 p.m.-7:00 a.m. Employee D worked as a licensed staff and direct caregiver from April of 2005 to September of 2005. There was no evidence of a background study for employee C, or D. When interviewed September 15, 2006 the licensee confirmed that background studies had not been obtained for employees’ C or D.

A draft copy of this completed form was left with Ina Krone, Licensee, at an exit conference on September 21, 2006. 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. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the MDH 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).