



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2177

September 25, 2006

Suzette Scofield, Administrator
Carstens Harbour Inc
436 Sixth Avenue Southwest
Cambridge, MN 55008

Re: Results of State Licensing Survey

Dear Ms. Scofield:

The above agency was surveyed on August 14, 15, and 16, 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 style with a large initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

CMR 3199 6/06



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: CARSTENS HARBOUR INC

HFID #: 21284

Date(s) of Survey: August 14, 15 and 16, 2006

Project #: QL21284004

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 <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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 • MN Rule 4668.0170 • MN Rule 4668.0870 	<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 clients who are discharged from 	Annual Licensing Survey <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Statute §144A.44 • MN Statute §144D.04 	the provider.	Follow-up Survey # ____ ____New Correction Order issued ____Education Provided
3. The health, safety, and well being of clients are protected and promoted. <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. 	Annual Licensing Survey <input checked="" type="checkbox"/> Met ____Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # ____ ____New Correction Order issued ____Education Provided
4. The clients' confidentiality is maintained. <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. 	Annual Licensing Survey ____Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # ____ ____New Correction Order issued ____Education Provided
5. The provider employs (or contracts with) qualified staff. <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. 	Annual Licensing Survey ____Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # ____ ____New Correction Order issued ____Education Provided

Indicators of Compliance	Outcomes Observed	Comments
<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 <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/> <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> Education Provided</p>
<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 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided HWS registration expired New registration applied for and not available at the time of the survey.</p> <p>Follow-up Survey # <input type="checkbox"/> <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> Education Provided</p>
<p>8. The provider 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 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="checkbox"/> <input type="checkbox"/> New Correction Order 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, list the rule or statute number and the findings of deficient practice note

1. MN Rule 4668.0065 Subp. 1

AREA OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that tuberculosis screening was completed for two of three employees' (B and C) records reviewed. The findings include:

Employee B, a personal care attendant, and employee C a registered nurse, began employment in October 2005, and March 2006, respectively. Their files lacked any documentation of tuberculosis screening. When interviewed, August 15, 2006, the owner confirmed the employee files lacked evidence of tuberculosis screening. Employees B and C were being given the Mantoux test August 15, 2006, while the reviewer was present.

2. MN Rule 4668.0810 Subp. 5

AREA OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to ensure that entries in the client record were complete for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2, #3's records each contained a staff signature page for medication administration. Employee D performed medication administration for both clients #1 and #2 and employee B performed medication administration for client #2 during the months of July and August 2006. In client #1's record employee D's staff title was missing on the signature page. In client #2's record both employees B and D's signatures were missing on the signature page.

3. MN Rule 4668.0815 Subp. 1

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that a service plan was established for each client and that clients' service plans were authenticated by the licensee and the client or client's responsible party for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

The service plans for client #1 dated July 2006, and client #3 dated April 2006, both lacked authentication by the licensee and the client or the client's responsible party. There was no evidence of a service plan for client #2. When interviewed August 15, 2006 the owner verified the preceding findings.

4. MN Rule 4668.0815 Subp. 3

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that the client or the client's responsible person agreed in writing to a service plan modification for one of three clients' (#3) records reviewed. The findings include:

Client #3 had a modification to her service plan dated June 2006, which was illegible. There was no authentication by the client indicating she had agreed to the modification to the service plan.

When interviewed August 15, 2006, the owner confirmed that there was no authentication by the client indicating she had agreed to the change in the service plan as the client was unable and the family had not signed.

5. 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 two employees' (C) records reviewed. The findings include:

Employee A was hired August 2003. Her personnel file indicated she had 2 to 4 hours of inservice training per year. When interviewed August 17, 2006 the owner stated more than eight hours annually of in-service training is offered in educational articles, including infection control, which are independently done; so staff are responsible for completing their in-service training each year. There was no documentation so the owner stated she would reevaluate their system.

6. MN Rule 4668.0840 Subp. 3

AREA OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed assisted living home care services successfully completed training or demonstrated competency in all required core topics for one of two unlicensed employees' (A) records reviewed. The findings include:

Employee A was hired August 2003, as an unlicensed personnel who performed assisted living home care services. There was no record of training or competency in her personnel records for communication skills; observing, reporting, and documenting client status and the care or services provided; basic infection control; maintaining a clean, safe, and healthy environment; basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; and physical, emotional, and developmental needs of

clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property, and the client's family. When interviewed, August 15, 2006, the registered nurse (RN) stated she was newly employed and she thought the previous RN had trained the unlicensed personnel.

7. 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 three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3 began receiving services December 2006, July 2006 and April 2006, respectively. Their service plans included medication administration and their medication administration records included daily documentation of daily medication administration for these clients since they began receiving services. There were no RN supervisory visits in their records. When interviewed, August 14, 2006, the owner confirmed that supervisory and/or monitoring visits had not been done for these clients. When interviewed, August 15, 2006, the registered nurse confirmed that there were no supervisory visits.

8. MN Rule 4668.0855 Subp. 2

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2, and #3 began receiving services December 2006, July 2006 and April 2006, respectively. Their service plans included medication administration and their medication administration records included daily documentation of daily medication administration or these clients since they began receiving services. There was no evidence of an assessment of their functional status and need for assistance with medication administration. When interviewed, August 15, 2006, the registered nurse confirmed that a nursing assessment of the client's functional status and need for assistance with medication administration had not been done.

9. MN Rule 4668.0860 Subp. 2

AREA OF COMPLIANCE: # 6

Based on record review and interview, the agency failed to have current prescriber orders for medications for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3 began receiving services including medication administration December 2006, July 2006 and April 2006, respectively. Clients #2 and #3's records lacked orders for medications. Client #1 had prescriber orders August 2006 - August 2007 that were not signed by the physician as of the August 14, 2006, on-site reviewer visit. When interviewed, August 14, 2006, the owner, an unlicensed staff person, stated the agency was providing assistance with all

medication administration for clients #1, #2 and #3, confirmed there were no orders for medications and stated she had not realized the need for orders since they had current pharmacy prescriptions.

Client #1 receives an anticoagulant medication and attended a coagulation clinic. The clinic provided home monitoring material to the agency for INR (international ratio) monitoring weekly by the personal care attendant home health aide so that the client would not have to make the trip to the clinic

There was no RN documentation that related to this service for client #1, there were no orders related to this monitoring, there was no documentation from the coagulation clinic and there was no documentation of conversations with the clinic related to this monitoring. When interviewed, August 15, 2006, the owner verified the preceding findings.

10. MN Rule 4668.0865 Subp. 2

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for central medication storage and develop a service plan for the provision of that service according to the clients needs and preferences for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2, and #3 all received central storage since they began receiving services in December 2006, July 2006 and April 2006, respectively. When interviewed, August 15, 2006, the owner confirmed that a nursing assessment of the client's functional status and need for central storage of medications had not been done.

A draft copy of this completed form was left with Suzette Scofield at an exit conference on August 16, 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).