



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2257 4131

March 15, 2010

Philip Gisli, Administrator  
Edgewood Vista Virginia  
705 North 17<sup>th</sup> Street  
Virginia, MN 55792

Re: Results of State Licensing Survey

Dear Mr. Gisli:

The above agency was surveyed on January 12 and 13, 2010, 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 cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: St. Louis 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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Class F 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 Class F home care providers (Class F). Class F 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 Class F 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 Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: EDGEWOOD VISTA VIRGINIA

HFID #: 21353

Date(s) of Survey: January 12 and 13, 2010,

Project #: QL21353007

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0050</li> <li>• MN Rule 4668.0800 Subp. 3</li> <li>• MN Rule 4668.0825 Subp. 2</li> <li>• MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The service plan accurately describes the client's needs.</li> <li>• Care is provided as stated in the service plan.</li> <li>• The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>• Client personal information and records are secure.</li> <li>• Any information about clients is released only to appropriate parties.</li> <li>• Client records are maintained, are complete and are secure.</li> </ul>	<p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0065</li> <li>• MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0825</li> <li>• MN Rule 4668.0840</li> <li>• MN Rule 4668.0070</li> <li>• MN Statute §144D.065</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>• Nurse licenses are current.</li> <li>• The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>• The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>• Personnel records are maintained and retained.</li> <li>• Staff meet infection control guidelines.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

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> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>7. The provider has a current license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <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"> <li>• The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> <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 rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

**SURVEY RESULTS:**  All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

**1. MN Rule 4668.0065 Subp. 3**

**INDICATOR OF COMPLIANCE: # 5**

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

Employee A was hired on June 28, 2006. The only infection control training in her personnel file was dated November 20, 2007. When interviewed January 13, 2010, employee A confirmed she had only attended infection control training on November 20, 2007.

**2. MN Rule 4668.0805 Subp. 1**

**INDICATOR OF COMPLIANCE: # 3**

Based on record review and interviews, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for two of two employees' (A and B) records reviewed. The findings include:

Employee A and B were hired June 28, 2006 and June 16, 2009, respectively. Their personnel records lacked evidence that they had received orientation to home care. When interviewed January 13, 2010, the director of nursing confirmed that neither employee had not received orientation to home care.

### **3. MN Rule 4668.0815 Subp. 2**

#### **INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's evaluation when there was change in the client's condition that required a change in service for one of one client (#1) record reviewed.

Client #1's record contained documentation on December 19, 2009, that her wrist was swollen and painful. She was taken to the emergency room and returned to the facility with a brace on her right wrist. On December 23, 2009, the client had a cast applied to her wrist. The record contained documentation from December 19, 2009, to January 13, 2010, that the client was receiving assistance with grooming, dressing, and assistance with mobility. The client's evaluation was last reviewed and updated on November 3, 2009. When interviewed January 12, 2010, the director of nurses confirmed a reevaluation of the client's condition had not been completed and that one should have been done.

### **4. MN Rule 4668.0825 Subp. 4**

#### **INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to retain documentation for demonstration of competency for delegated nursing tasks performed for one of one unlicensed employee (C) record reviewed. The findings include:

Client #1's record indicated employee C assisted the client with exercises five times a week. Employee C's record lacked evidence that she had demonstrated competency prior to assisting client #1 with her exercises. When interviewed January 12, 2009, employee C confirmed she had not demonstrated competency prior to assisting the client with her exercises. When interviewed January 12, 2010, the director of nursing also confirmed there was no documentation of the competency.

### **5. MN Rule 4668.0860 Subp. 2**

#### **INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the agency failed to have a current prescriber's order for medications for one of one client (#1) record reviewed. The findings include:

Client #1's December 2009 and January 2010 medication administration record (MAR) indicated she received Tramadol HCL 50 mg. (milligram) tablets by mouth on December 5, 18, 19, 20, and 29, 2009 and January 7 and 10, 2010. There was no prescriber's order in the client's record for the Tramadol HCL.

The MAR also indicated she received Klor-Con M20 one tablet by mouth twice a day from December 1, 2009 to January 11, 2010. The client's record contained a physician's order, dated May 16, 2009, for Klor-Con 20 mg. by mouth daily. When interviewed January 12, 2010, the director of nurses confirmed there was not a current prescriber's order for the Tramadol HCL and that the Klor-Con was only ordered one time a day.

## 6. MN Rule 4668.0865 Subp. 2

### **INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have the registered nurse conduct an assessment of the client's functional status and need for central medication storage and develop a service plan for the provision of central storage of medications for one of one client (#1) who received central storage of medications. The findings include:

Client #1 received central storage of medications. Her record contained a comprehensive assessment, dated November 3, 2009. The assessment did not include the need of central storage of medications and the client's service plan, dated October 19, 2007, did not include the service of central storage of medications. When interviewed January 12, 2010, the director of nurses confirmed the assessment was not complete and central storage of medications was not on the client's service plan.

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A draft copy of this completed form was left with Paul Clark at an exit conference on January 13, 2010. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent 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) 201-5273. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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).





*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 0906

September 25, 2006

Dean Throntveit, Administrator  
Edgewood Vista  
705 North 17<sup>th</sup> Street  
Virginia, MN 55792

Re: Licensing Follow Up visit

Dear Mr. Throntveit:

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 22, 23, and 24, 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, looped initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: St. Louis County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance

06/06 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 0906

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOLLOWING A SUBSEQUENT REINSPECTION FOR  
ASSISTED LIVING HOME CARE PROVIDERS**

September 25, 2006

Dean Throntveit, Administrator  
Edgewood Vista  
705 North 17<sup>th</sup> Street  
Virginia, MN 55792

RE: QL21353002

Dear Mr. Throntveit:

On August 22, 23, and 24, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of follow up visits to an original survey completed on September 26, 27, 28, 29, 30, and October 3, 2005, and a subsequent follow up visit made on April 25, 26, and 27, 2006, with correction orders received by you on February 27, 2006, and May 24, 2006, and found to be uncorrected during inspections completed on April 25, 26, and 27, 2006, and August 22, 23, and 24, 2006.

The following correction orders issued as a result of the subsequent follow up visit made on April 25, 26, and 27, 2006, remained uncorrected at the time of the subsequent re-inspection on August 22, 23, and 24, 2006:

**1. MN Rule 4668.0810 Subp. 5**

**\$50.00**

Based on record review and interview, the licensee failed to ensure that all entries in the client record were signed and dated or permanently recorded in ink for five of eight current clients' (A2, A3, A4, A10, and B9) records reviewed. The findings include:

Clients A2, A3, A4 and B9's monthly vital signs records for January through April 2006 lacked the date the vital signs were recorded. They also lacked the name and title of the persons making the entries.

Client A3's diabetic nail and foot care records for January and March 2006 lacked the name and title of the person making the entries.

Client A10's resident care plan, dated March 17, 2006, was recorded in pencil.

When interviewed April 26, 2006, the registered nurse confirmed the entries for clients A2, A3, A4 and B9 were either not signed or dated and the care plan for client A10 was completed in pencil.

**TO COMPLY:** Except as required by subpart 6, items F and G, documentation of an assisted living home care service must be created and signed by the staff person providing the service no later than the end of the work period. The documentation must be entered into the client record no later than two weeks after the end of the day service was provided. All entries in the client record must be:

A. legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry; or

B. recorded in an electronic media in a manner that ensures the confidentiality and security of the electronic information, according to current standards of practice in health information management, and that allows for a printed copy to be created.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.**

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: **\$50.00.** This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Division of Compliance Monitoring, within 15 days of the receipt of this notice.

**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

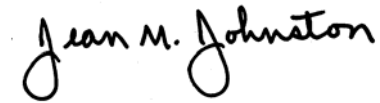
Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your Facility's Governing Body.

**Edgewood Vista  
705 North 17<sup>th</sup> Street  
Virginia, MN 55792  
September 22, 2006**

**Page 3 of 3**

If you have any questions, please feel free to give me a call 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, looped initial "J".

Jean Johnston  
Program Manager  
Case Mix Review Program

cc: St. Louis County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance

07/06 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** EDGEWOOD VISTA

**DATE OF SURVEY:** August 22, 23, and 24, 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:**

Julie Winans, Administrator  
Cheri Short, RN, Director of Nursing  
Robin Etter, RN, Glenn's Manager  
Kathy Svare, RN, Restorative Care  
Jennifer Rebbally, LPN Care Coordinator  
Sandra Brincefield, RN Manager Memory Care

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: # 2

**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 September 26, 27, 28, 29, 30 and October 3, 2005 and subsequent follow up visits made on April 25, 26, and 27, 2006. 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 September 26, 27, 28, 29, 30 and October 3, 2005 is as follows:

<b>1. MN Rule 4668.0800 Subp. 3</b>	<b>Corrected</b>
<b>3. MN Rule 4668.0815 Subp. 2</b>	<b>Corrected</b>
<b>4. MN Rule 4668.0845 Subp. 2</b>	<b>Corrected</b>
<b>5. MN Rule 4668.0855 Subp. 9</b>	<b>Corrected</b>

The status of the correction orders issued as a result of a visit made on April 25, 26, and 27, 2006 is as follows:

**1. MN Rule 4668.0810 Subp. 5    Not Corrected    \$50.00**

Based on record review and interview, the licensee failed to ensure that all entries in the client record were signed and dated for four of nine client's (A7, A10, A12, and B3) records reviewed. The findings include:

Client A7's July 2006 Medication Administration Record (MAR) stated client A7 was to receive Metoprolol 50 mg one tablet orally twice a day. The medication was not initialed as being given on July 15, 16, 20, 21, 23, and 25.

Client A10's July 2006 MAR states blood pressures are to be taken three times a week. The blood pressures that were taken on July 15, 18, and 22, 2006 were not initialed by the person taking the blood pressure.

Client A12's August 2006 MAR states client A12 was to receive Vitamin E 1000 Units daily. The medication was not initialed as being given on August 3, 2006.

Client B3's August 2006 MAR states blood pressures are to be taken daily. The blood pressures that were taken on August 7, 10, 16, 17, 18, 19, 20, 21, 22, and 23, 2006 were not initialed by the person taking the blood pressure.

When interviewed on August 23, and 24, 2006 The Director of Nursing confirmed the entries in the client's records were not initialed or signed by the person making the entry.

**2. MN Rule 4668.0855 Subp. 5    Corrected**

**3. MN Statute §144A.44 Subd. 1(2)    Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1521

May 20, 2006

Dean Throntveit, Administrator  
Edgewood Vista  
705 North 17<sup>th</sup> Street  
Virginia, MN 55792

Re: Licensing Follow Up visit

Dear Mr. Throntveit:

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 April 25, 26, and 27, 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,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: St. Louis County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance  
CMR File

10/04 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1521

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOR ASSISTED LIVING HOME CARE PROVIDERS**

May 20, 2006

Dean Throntveit, Administrator  
Edgewood Vista  
705 North 17<sup>th</sup> Street  
Virginia, MN 55792

RE: QL21353002

Dear Mr. Throntveit:

On April 25, 26, and 27, 2006, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on September 26, 27, 28, 29, 30, and October 3, 2005, with correction orders received by you on February 27, 2006.

The following correction orders were not corrected in the time period allowed for correction:

**1. MN Rule 4668.0800 Subp. 3**

**\$350.00**

Based on record review and interview, the licensee failed to provide all services as required by the client's service plan for two of six clients' (A1 and A2) records reviewed at site A. The findings include:

Client A1's service plan, revised July 19, 2005, indicated the client needed the assistance of two staff persons for bed mobility and transfers. A review of the "ADL" sheets for July and September 2005 indicated the client received the assistance of one staff person with bed mobility and transfers. When interviewed September 26, 2005, the director of nursing (DON) indicated that two staff persons should have assisted the client with bed mobility and transfers.

Client A2's service plan, dated July 8, 2005, indicated the client was to receive assistance with a weekly shower. The "ADL" sheet for August 2005 lacked documentation that the client received assistance with a shower weekly. When interviewed September 26, 2005, the DON confirmed the preceding information.

**TO COMPLY:** An assisted living home care provider licensee must provide all services required by a client's service plan under part [4668.0815](#).

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.**



**3. MN Rule 4668.0815 Subp. 2**

**\$250.00**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's evaluation and service plan at least annually for one of six clients' (A4) records reviewed in housing with services A. The findings include:

Client A4's comprehensive assessment and service plan were last reviewed on August 19, 2004. When interviewed September 27, 2005, the director of nursing confirmed that was the last time the comprehensive assessment and service plan had been reviewed.

**TO COMPLY:** A registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$250.00.**

**4. MN Rule 4668.0845 Subp. 2**

**\$350.00**

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 six clients' (A5) records reviewed in housing with services A. The findings include:

Client A5 was admitted March 25, 2005, and discharged August 18, 2005. Client A 5 received services including assistance with medication administration. Her record lacked evidence of any supervisory visits. The form on which supervisory visits were to be documented was blank. When interviewed September 27, 2005, the director of nursing confirmed the supervisory visits were not done and indicated they were to be documented on the form in the client's record.

**TO COMPLY:** A. After the orientation required under part [4668.0835](#), subpart 5, a registered nurse must supervise, or a licensed practical nurse under the direction of a registered nurse must monitor, unlicensed persons who perform assisted living home care services that require supervision by a registered nurse at the housing with services establishment, to verify that the work is being performed adequately, identify problems, and assess the appropriateness of the care to the client's needs. Supervision or monitoring must be provided no less often than the following schedule:

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.**

**5. MN Rule 4668.0855 Subp. 9**

**\$300.00**

Based on record review and interview, the licensee failed to have medication administered as ordered for one of six clients' (A2) records reviewed in housing with services A. The findings include:

Client A2 returned from the hospital on July 12, 2005 with a physician's order for Levaquin 250 mg. (milligrams) daily times seven days to end on July 18, 2005. The information from the hospital indicated the client received the first dose of Levaquin on July 12, 2005 while still at the hospital. The July 2005 medication administration record indicated the client received seven doses of Levaquin from July 13 to 19, 2005. Therefore, the client received eight doses of the medication instead of the seven doses the physician ordered. There was no documentation in the record as to the reason the medication was not given as ordered. When interviewed September 27, 2005, the director of nursing confirmed the medication was not given as ordered by the physician.

Client A2 had a physician's order, dated August 24, 2005, for Coumadin 5mg. (milligrams) by mouth on Wednesday and Coumadin 3.75 mg. by mouth every day except Wednesday. The August 2005 medication administration record (MAR) was not signed by staff and therefore indicated that the medication was given on August 26, 28, 29 and 30, 2005. There was no documentation in the record as to the reason the medication was not given. When interviewed September 27, 2005, the director of nursing confirmed the staff had not signed the MAR.

**TO COMPLY:** The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.

- (1) within 14 days after initiation of assisted living home care services that require supervision by a registered nurse; and
  - (2) at least every 62 days thereafter, or more frequently if indicated by a nursing assessment and the client's individualized service plan.
- B. If the unlicensed person is monitored by a licensed practical nurse, the client must be supervised by a registered nurse at the housing with services establishment at least every other visit and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$300.00.**

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$1250.00.** This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

Edgewood Vista  
715 North 17<sup>th</sup> Street  
Virginia, MN 55792  
May 20, 2006

Page 4 of 4

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

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.

Sincerely,

Jean Johnston  
Program Manager  
Case Mix Review Program

cc: St. Louis County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Mary Henderson, Program Assurance  
CMR File

12/04 FPCCMR 2697

**Minnesota Department Of Health  
Health Policy, Information and Compliance Monitoring Division  
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

**PROVIDER:** EDGEWOOD VISTA

**DATE OF SURVEY:** April 25, 26, and 27, 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:**

Julie Winans, Administrator/Registered Nurse  
Carolyn Fisher, MN Regional Manager  
Missy Mayry, LPN  
Carol Kainz LPN

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up #1

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on September 26, 27, 28, 29, 30 and October 3, 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 on September 26, 27, 28, 29, 30 and October 3, 2005 is as follows:

<b>1. MN Rule 4668.0800 Subp. 3</b>	<b>Not Corrected</b>	<b>\$350.00</b>
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Based on record review and interview, the licensee failed to provide all services as required by the client's service plan for four of eight current client's (A3, A4, B3, and B6) records reviewed. The findings include:

The change of service form in client A3's record, dated September 9, 2005, indicated the client was to have the following services: safety checks every two hours on every shift, monitoring of oxygen administration and changing of oxygen tanks as needed; and assistance with changing to a portable tank before meals and activities. Client A3's

nurses' notes, medication administration records and daily care records lacked evidence that client A3 had been assisted with the oxygen. When interviewed April 26, 2006, the registered nurse (RN) confirmed the record lacked evidence the services had been provided.

Client A4's service plan, dated August 19, 2002, indicated nail care was to be provided every month by unlicensed personnel. The daily care record for March 2006 lacked evidence that the monthly nail care had been done. When interviewed April 25, 2006, the licensed practical nurse confirmed the nail care had not been done.

Client B3's service plan, dated December 10, 2003, stated the client was to be assisted with dressing and grooming twice a day and as needed, and with toileting every two hours and as needed. Client B3's daily care record for April 7 and 8, 2006 lacked evidence that dressing, grooming, and toileting services were provided to the client. When interviewed April 26, 2006, the RN confirmed the record lacked evidence that the services had been provided.

Client B6's service plan, dated June 6, 2005, indicated nail care was to be provided monthly and as needed by unlicensed personnel. The daily care record for March and April 2006 lacked evidence the nail care had been provided. When interviewed April 26, 2006, the RN confirmed the services had not been provided.

<b>2. MN Rule 4668.0815 Subp. 1</b>	<b>Corrected</b>	
<b>3. MN Rule 4668.0815 Subp. 2</b>	<b>Not Corrected</b>	<b>\$250.00</b>

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's evaluation and service plan for two of eight current clients' (A4 and B3) records reviewed. The findings include:

Client A4's service plan, dated August 19, 2002, stated the client was to receive medication administration twice a day. The March 2006 medication administration record indicated the client received medication administration three times a day. When interviewed April 25, 2006, the RN confirmed the service plan had not been changed to reflect the change in services for medication administration.

Client B3's comprehensive assessment, dated March 16, 2006, indicated the client now required assistance to stand, ambulate and transfer. The client's care plan and service plan reviewed by the RN March 16, 2006 stated the client was independent in bed mobility, transfers, and walking. When interviewed April 26, 2006, the RN confirmed the service plan and care plan had not been updated.

<b>4. MN Rule 4668.0845 Subp. 2</b>	<b>Not Corrected</b>	<b>\$350.00</b>
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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 four of eight current clients' (A4, A7, A10, and B9) records reviewed. The findings include:

Client A4's service plan, dated August 19, 2002, indicated the client was receiving the

following services: central storage of medication, medication administration, nail care, and vital signs. When reviewed, April 26, 2006, the 62-day competency document in client A4's record indicated the last 62 day supervisory visit was done on February 1, 2005 (84 days later).

Client A7's service plan, dated October 17, 2005, indicated the client was receiving the following service: assistant with showers and medication administration. Client A7's record indicated client A7 received a supervisory visit on December 26, 2005 and the next supervisory visit was dated April 21, 2006 (115 days later).

Client A10's service plan, dated March 17, 2006, indicated client A10 was receiving the following services: diabetic nail care, diabetic blood sugars, monthly vital signs, medication administration and central storage of medications. The 62-day competency document in client A10's record was blank. There was no evidence that a 14-day supervisory visit had been conducted.

Client B9's service plan, dated November 7, 2005, indicated the client was receiving the following services: assistance with shoes, socks, and bath. When reviewed, April 26, 2006, the 62-day competency form indicated client B9 received supervisory visits on January 25, 2006 and April 10, 2006 (75 days later).

When interviewed, April 26, 2006, the RN confirmed the supervisory visits for clients A4, A7, A10, and B9 were not done on time.

#### **5. MN Rule 4668.0855 Subp. 9**

**Not Corrected**

**\$300.00**

Based on record review and interview the licensee failed to ensure that medications and treatments were administered as ordered by the prescriber for five of eight current clients (A2, A3, A7, A10 and B3) reviewed. The findings include:

Client A2's record contained a prescriber order dated November 28, 2005, for Duo Neb to inhale one vial every four to six hours, and March 3, 2006, for the registered nurse (RN) to educate the client on hyperkalemia foods. Client A2's March 2006 Medication Administration Record (MAR) had the Duo Neb scheduled and given at 0600, 1100, 1600, and 2100. This left nine hours between the 2100 and 0600 doses. Client A2's record lacked evidence the RN had educated client A2 on hyperkalemia foods. When interviewed, April 26, 2006, the RN confirmed the medication was not given as ordered and client A2 had not been education on hyperkalemia foods.

Client A3's record contained a prescriber orders dated February 20, 2006 for Accu Checks (blood sugar checks) twice daily. Client A3's MAR for March 2006 and Accu Check flow sheet indicated the Accu Checks were not done twice daily on March 2, 5, 9, 10, 11, 13, 14, 15, 17, 22, 26, and 28, 2006. When interviewed, April 26, 2006, the RN confirmed the Accu checks were not done twice a day as ordered. Client A3 also had a prescriber order dated March 22, 2006 for Coumadin 5 milligrams (mg) by mouth on Monday, Tuesday, Thursday, Friday, Saturday, and Sunday and Coumadin 7.5mg on Wednesday. Client A3's March 2006 Medication Administration Record (MAR) did not indicate the dose of Coumadin that was given each day.

Client A7's record contained a prescriber order, dated March 18, 2006, to have ice

applied to the client's sacrum for twenty minutes, two to three times a day, for one week.

Another order, dated April 16, 2006, noted a diagnosis of dehydration and to increase fluids and apply ice to contusions (on the face and chest) two times a day. Client A7's record lacked evidence the ice had been applied to the sacrum and the contusions, or that the client had been offered increased fluids. When interviewed April 27, 2006, the RN confirmed the physician's orders had not been implemented as ordered. Client A7's record contained a nurses note dated February 21, 2006 indicating the medication aide had been instructed to give milk of magnesia to client A7 that night. The milk of magnesia was not documented as given on client A7's MAR. When interviewed, April 27, 2006, the licensed practical nurse stated client A7 did receive the medication but it had not been documented on the MAR.

Client A10's record contained a prescriber order, dated March 13, 2006, to check the client's blood pressure two times a week and as necessary. Another order, dated April 17, 2006, stated the client was to have increased fluids and more frequent meals. Client A10's MAR for March 2006 and the monthly vital sign log for March 2006 lacked evidence that client A10's blood pressure had been taken two times a week or that s/he had been offered increased fluids and more frequent meals. When interviewed April 26, 2006, the RN confirmed the physician's orders had not been implemented as ordered.

Client B3's record contained a prescriber's order, dated March 16, 2006, for Lidex Cream twice a day to a rash the on arms, and Bactroban 2% twice a day to open crusted areas. Client B3's March 2006 MAR indicated the Lidex Cream and Bactroban was only applied once a day at 8:00 a.m. When interviewed April 26, 2006, the RN confirmed the medication was only applied once a day. Client B3 also had a prescriber order dated March 17, 2006 for KCl (potassium chloride) 10 milliequivalents (meq.) by mouth two times a day. The KCL 10 meq. was not initialed as being given on March 24, 2006. When interviewed, April 26, 2006, the RN confirmed the medication aide did not initial that the medication had been given.

**6. MN Rule 4668.0870 Subp. 3**                      **Corrected**

**7. MN Statute §144A.46 Subd. 5(b)**                      **Corrected**

- 2) Although a State licensing survey was not due at this time, correction orders were issued.



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: EDGEWOOD VISTA

HFID # (MDH internal use): 21353

Date(s) of Survey: April 25, 26, and 27, 2006

Project # (MDH internal use): QL21353002

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 type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided



Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow up #1</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 type="checkbox"/> Correction Order(s) issued <input 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 type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p><b>Client personal information and records are secure.</b> <b>Any information about clients is released only to appropriate parties.</b> Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow up #1</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 type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A Follow up #1</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 type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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:
2	MN Statute §144A.44 Subd. 1(2) Bill of Rights	X	X	<p>Based on record review and interview, the licensee failed to ensure one of eight current clients' (A7) records reviewed received care and services according to a suitable and up-to-date plan. The findings include:</p> <p>Client A7's record/nurses notes indicated the client fell on March 5, 12, 16, 19, 25, and April 15, 2006. The record contained a prescriber order dated March 18, 2006 for ice to the sacrum for twenty minutes two to three times daily for one week. A prescriber order dated April 16, 2006 diagnosed dehydration and ordered fluids increased and ice applied to contusions twice daily. The record also contained a prescriber order dated April 19, 2006, which stated the client was to use a walker at all times and be moved to a unit were there was more assistance, as the client "needs more closer care."</p> <p>Client A7's record lacked evidence that ice had been applied to the sacrum, or the contusions. There was no evidence there was a plan to offer or that client A7 had been offered increased fluids. The client's record contained a comprehensive assessment, dated February 20, 2006, which indicated the client was independent in mobility. The client's record lacked evidence that the registered nurse (RN) had assessed her/his falls. In addition, RN documentation of a supervisory visit, dated April 21, 2006, did not address the client's recent falls or need for closer monitoring.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed, April 26, 2006, the RN indicated incident reports were filled out for the falls and the registered nurse might have reviewed and signed them. The incident reports lacked evidence the RN had reviewed them. The RN/administrator confirmed that an assessment had not been completed related to the client's falls nor had the physician order for closer monitoring been implemented.</p> <p><b>Education:</b> Provided</p>
5	MN Rule 4668.0810 Subp. 5 Form of entries	X	X	<p>Based on record review and interview, the licensee failed to ensure that all entries in the client record were signed and dated or permanently recorded in ink for five of eight current clients' (A2, A3, A4, A10, and B9) records reviewed. The findings include:</p> <p>Clients A2, A3, A4 and B9's monthly vital signs records for January through April 2006 lacked the date the vital signs were recorded. They also lacked the name and title of the persons making the entries.</p> <p>Client A3's diabetic nail and foot care records for January and March 2006 lacked the name and title of the person making the entries.</p> <p>Client A10's resident care plan, dated March 17, 2006, was recorded in pencil.</p> <p>When interviewed April 26, 2006, the registered nurse confirmed the entries for clients A2, A3, A4 and B9 were either not signed or dated and the care plan for client A10 was completed in pencil.</p> <p><b>Education:</b> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
8	MN Rule 4668.0855 Subp. 5 Administration of medications	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) was informed within 24 hours of administration when unlicensed personnel administered pro re nata (PRN, as needed) for three of eight current clients' (A7, A10 and B6) records reviewed. The findings include:</p> <p>Client A7 had a prescriber order, dated March 16, 2006, for Tylenol 325 mg. (milligrams), two tablets every 6 hours PRN (as needed). Client A7's medication administration record (MAR) indicated the client received PRN Tylenol 325 mg., two tablets on March 16, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, and 31, 2006. There was no evidence the RN was notified of the administration of the PRN medication.</p> <p>Client A10 had a prescriber order, dated April 3, 2006, for Safetussin two teaspoons every six hours PRN. Client A10's MAR indicated the client received PRN Safetussin on April 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, and 14, 2006. There was no evidence the RN was notified of the administration of the PRN medication.</p> <p>Client B6's April 2006 MAR indicated the client received PRN Tylenol two tablets on April 16, 2006. There was no evidence the RN was notified of the administration of the PRN medication.</p> <p>When interviewed April 26, 2006, the RN indicated that PRN medications were to be documented on the PRN medication log for the RN to review later. The PRN medication log did not address the PRN medications given to clients A7, A10 and B6 on the identified dates.</p> <p><b>Education:</b> Provided</p>

A draft copy of this completed form was left with Julie Winans Administrator/RN at an exit conference on April 27, 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 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) 201-4301. 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 3/06)



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7966

February 24, 2006

Dean Throntveit, Administrator  
Edgewood Vista  
705 North 17<sup>th</sup> Street  
Virginia, MN 55792

Re: Results of State Licensing Survey

Dear Mr. Throntveit:

The above agency was surveyed on September 26, 27, 28, 29, 30 and October 3, 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: Dean Throntveit, President Governing Board  
Ron Drude, Minnesota Department of Human Services  
St. Louis County Social 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: EDGEWOOD VISTA  
 HFID # (MDH internal use): 21353  
 Date(s) of Survey: September 26, 27, 28, 29, 30, and October 3, 2005  
 Project # (MDH internal use): QL21353002

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 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 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><b>Client personal information and records are secure.</b> <b>Any information about clients is released only to appropriate parties.</b> 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 have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 4668.0800 Subp. 3 Fulfillment of services	X	X	<p>Based on record review and interview, the licensee failed to provide all services as required by the client's service plan for two of six clients' (A1 and A2) records reviewed at site A. The findings include:</p> <p>Client A1's service plan, revised July of 2005, indicated the client needed the assistance of two staff persons for bed mobility and transfers. A review of the "ADL" sheets for July and September 2005 indicated the client received the assistance of one staff person with bed mobility and transfers. When interviewed September 26, 2005, the director of nursing (DON) indicated that two staff persons should have assisted the client with bed mobility and transfers.</p> <p>Client A2's service plan, dated July of 2005, indicated the client was to receive assistance with a weekly shower. The "ADL" sheet for August 2005 lacked documentation that the client received assistance with a shower weekly. When interviewed September 26, 2005, the DON confirmed the preceding information.</p> <p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0815 Subp. 1 Evaluation; documentation	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse established the service plan for three of six clients' (A1, A2 and A5) records reviewed in housing with services A. The findings include:</p> <p>Client A1, A2 and A5's service plans,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>dated October of 2004, July of 2005 and March of 2005, respectively, were signed as being completed by a licensed practical nurse (LPN). There was no evidence a RN had been involved in the service plan formation. When interviewed September 28, 2005, the director of nursing confirmed the LPN had signed the services plans.</p> <p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0815 Subp. 2 Reevaluation	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's evaluation and service plan at least annually for one of six clients' (A4) records reviewed in housing with services A. The findings include:</p> <p>Client A4's comprehensive assessment and service plan were last reviewed on August of 2004. When interviewed September of 2005, the director of nursing confirmed that was the last time the comprehensive assessment and service plan had been reviewed.</p> <p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0845 Subp. 2 RN Supervision	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for one of six clients' (A5) records reviewed in housing with services A. The findings include:</p> <p>Client A5 was admitted March of 2005, and discharged August of 2005. Client A 5 received services including assistance with medication administration. Her record lacked evidence of any supervisory visits. The form on which supervisory visits were to be documented was blank. When</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>interviewed September 27, 2005, the director of nursing confirmed the supervisory visits</p> <p><b><u>Education:</u></b> Provided</p>
3	MN Statute §144A.46 Subd. 5(b) Background study	X	X	<p>Based on record review and interview, the licensee failed to ensure background studies were completed at the time of hire for one of ten employees (BA) reviewed. The findings include:</p> <p>Employee BA was rehired by the facility February of 2005. The employee's records contained a background study dated December of 2001. When interviewed October 3, 2005, the administrator confirmed that there was no other background study for employee BA.</p> <p><b><u>Education:</u></b> Provided</p>
8	MN Rule 4668.0855 Subp. 9 Medication records	X	X	<p>Based on record review and interview, the licensee failed to have medication administered as ordered for one of six clients' (A2) records reviewed in housing with services A. The findings include:</p> <p>Client A2 returned from the hospital on July of 2005 with a physician's order for Levaquin 250 mg. (milligrams) daily times seven days. The information from the hospital indicated the client received the first dose of Levaquin in July 2005 while still at the hospital. The July 2005 medication administration record indicated the client received seven doses of Levaquin in July 2005 after returning to the facility. Therefore, the client received eight doses of the medication instead of the seven doses the physician ordered. There was no documentation in the record as to the reason the medication was not given as ordered. When</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>interviewed September 27, 2005, the director of nursing confirmed the medication was not given as ordered by the physician.</p> <p>Client A2 had a physician's order, dated August of 2005, for Coumadin 5mg. (milligrams) by mouth on Wednesday and Coumadin 3.75 mg. by mouth every day except Wednesday. The August 2005 medication administration record (MAR) was not signed by staff and therefore indicated that the medication was given on four scheduled days in August of 2005. There was no documentation in the record as to the reason the medication was not given. When interviewed September 27, 2005, the director of nursing confirmed the staff had not signed the MAR.</p> <p><b><u>Education:</u></b> Provided</p>
9	MN Rule 4668.0870 Subp. 3 Disposition of medication	X	X	<p>Based on record review and interview, the licensee failed to ensure the disposition of medication was properly documented for four of four discharged clients' (A5, A6, B7 and B8) records reviewed. The findings include:</p> <p>Clients A5, A6, B7 and B8 were discharged on August of 2005, August of 2005, August of 2005 and April of 2005, respectively. The clients had received central storage of medications at the facility. Their records did not contain documentation of the disposition of medications at the time of discharge. When interviewed, September 28, 2005, the director of nursing indicated that all medications are sent back to the pharmacy, but they did not document this in the client's record.</p> <p><b><u>Education:</u></b> Provided</p>

A draft copy of this completed form was left with Julie Winans at an exit conference on October 3, 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:

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(Form Revision 7/04)