



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7690

November 22, 2005

Paul Abzug, Administrator  
Ridgeway on German  
7165 South German Street #100  
New Ulm, MN 56073

Re: Licensing Follow Up Revisit

Dear Mr. Abzug:

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 November 17, 2005.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Paul Abzug, President Governing Board  
Brown County Social Services  
Gloria Lehnertz, Minnesota Department of Human Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** RIDGEWAY ON GERMAN

**DATE OF SURVEY:** November 17, 2005

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
ALHCP

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

Kyla Franta Director  
Roxanne Irlbeck RN

**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 March 16, 17, 21, 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 is as follows:

- |                              |           |
|------------------------------|-----------|
| 1. MN Rule 4668.0815 Subp. 3 | Corrected |
| 2. MN Rule 4668.0865 Subp. 2 | Corrected |
| 3. MN Rule 4668.0865 Subp. 3 | Corrected |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 4351

October 5, 2005

Paul Abzug, Administrator  
Ridgeway on German  
715 South German Street #100  
New Ulm, MN 56073

Re: Results of State Licensing Survey

Dear Mr. Abzug:

The above agency was surveyed on March 16, 17, and 21, 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

cc: Paul Abzug, President Governing Body  
Kelly Crawford, Minnesota Department of Human Services  
Brown County Social Services  
Sherilyn Moe, Office of the Ombudsman  
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: RIDGEWAY ON GERMAN

HFID # (MDH internal use): 21355

Date(s) of Survey: March 16, 17, and 21, 2005

Project # (MDH internal use): QL21355001

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.	_____ 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 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 type="checkbox"/> Correction 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 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 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 type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
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)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
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)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <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.	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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided

***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 4668.0865 Subp.2 Nursing assessment and service plan	X	X	<p>Based on record review, observation and interview the facility failed to have a registered nurse (RN) conduct an assessment of a client's functional status and need for central medication storage and develop a service plan for the provision of that service according to the client's needs and preferences for two of two (#1 and #2) clients reviewed whose medications were centrally stored. The findings include:</p> <p>Client #1 had nineteen and Client #2 had nine medications centrally stored. There was no assessment for central storage of medication nor was central storage of medications on the service plans of client's #1, or #2. When interviewed March 16, 2005, the RN stated, "they have central storage", "no assessments have been done for any of the clients." On March 21, 2005, the RN indicated all clients with central storage of medications had not been assessed.</p> <p><b>Education:</b> Provided</p>
#3	MN Rule 4668.0845 Subp.2 Supervision of services		X	<b>Education:</b> provided
#6	MN Rule 4668.0815 Subp. 3 Modification of service plan	X	X	<p>Based on record review and interview the licensee failed to have service plan modifications authenticated by the client or their responsible party for three of three (#1, #2 and #3) clients reviewed. The findings include:</p> <p>Client #1's service plan was modified December 13, 2004 to add assistance with medication administration, dressing and to toilet. The client or their responsible person had not signed the modification.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #2's service plan was modified November 29, 2004 to add assistance with medication administration twice daily. The client or their responsible person had not signed the modification.</p> <p>Client #3's service plan was modified March 15, 2004, and April 1, 2004 to add assistance with medication administration and meals. The client or their responsible person had not signed the modification.</p> <p>When interviewed March 17, 2005 the registered nurse stated she was unaware that changes to the service plan needed to be authenticated by the client or their responsible person.</p> <p><b>Education:</b> provided</p>
8	MN Rule 4668.0865 Subp. 3 Control of medications	X	X	<p>Based on observation, record review, and interview the facility failed to establish a system to control medications for two of two (#1, and #2) clients that receive central storage of medications. The findings include:</p> <p>Client #1 received assistance with medication administration. Client #1 had an order February 10, 2005 for the medication "swish/spit." Client #1's medication administration record indicated it had not been administered since January 27, 2005 when it was previously discontinued. When interviewed March 16, 2005, the facility Registered Nurse, stated referring to the physician who ordered the medication, "he discontinued it and did not mean to reorder". She indicated there had been no attempt for clarification or correction of the order by the licensee.</p> <p>Client #2 received assistance with medication administration twice daily. Client #2 had nine medications centrally</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>stored. During a home visit on March 17, 2005, client #2 wanted to show the surveyor her pillbox, but was not able to find it, in the process client #2 showed the surveyor her medicine cupboard. Inside the cupboard the client #2 had several medications including several, eye drops and ointment (some out dated), several ear drops (some out dated), and several other medications. When interviewed on March 17, 2005, the RN stated, "she doesn't self administer, we do it all, she used to, but can't anymore. I didn't know she had any medication." She added she would immediately remove the medications.</p> <p><b>Education:</b> provided</p>
	CLIA waiver		X	<b>Education:</b> provided
#3	MN Rule 4668.0805 Orientation to home care		X	<b>Education:</b> provided
#3	MN Rule 4668.0065 Infection control		X	<b>Education:</b> provided
	Web sites		X	<b>Education:</b> provided
#9	MN Rule 4668.0870 Disposition of medications		X	<b>Education:</b> provided

A draft copy of this completed form was left with Roxanne Irlbeck RN at an exit conference on March 21, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website: <http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)  
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).