MINNESOTA
MDH
DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7850

October 3, 2005

Sharon Fest, Administrator
Westwood Elderly Home
810 9th Street
Granite Falls, MN 56241

Re: Licensing Follow Up Revisit

Dear Ms. Fest:

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 September 27, 2005.

The documents checked below are enclosed.

__X__ 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: David Holszheimer, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Yellow Medicine County Social 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: WESTWOOD ELDERLY HOME

DATE OF SURVEY: 09/27/2005

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:
Becky Holzheimer, RN/Owner, Connie Hall, Direct Staff Professional

SUBJECT: Licensing Survey _____ Licensing Order Follow Up _____X_____

ITEMS NOTED AND DISCUSSED:

1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on March 29, 30 and 31,2005. 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. 4** **Corrected**

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

    3. **MN Rule 4668.0865 Subp. 9** **Corrected**

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 00104 8714 4993

June 10, 2005

Sharon Fest, Administrator
Westwood Elderly Home
810 9th Street
Granite Falls, MN 56241

Re: Results of State Licensing Survey

Dear Ms. Fest:

The above agency was surveyed on March 29, 30, and 31, 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: David Holzheimer, President Governing Board
Case Mix Review File

CMR 3199 6/04

Assisted Living Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: WESTWOOD ELDERLY HOME

HFID # (MDH internal use): 21359

Date(s) of Survey: March 29, 30 and 31, 2005

Project # (MDH internal use): QL21359001

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 _X_ Correction Order(s) issued _X_ Education provided

Indicators of Compliance	Outcomes Observed	Comments
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)	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).	_X_ Met ____ Correction Order(s) issued ____ Education provided
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)	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.	_X_ Met ____ Correction Order(s) issued ____ Education provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	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.	_X_ Met ____ Correction Order(s) issued ____ Education provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.	_X_ Met ____ Correction Order(s) issued ____ Education provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	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.	_X_ Met ____ Correction Order(s) issued ____ Education provided

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.	_X_ Met ____ Correction Order(s) issued ____ 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.	____ Met _X_ Correction Order(s) issued _X_ Education provided ____ 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.	_X_ Met ____ Correction Order(s) issued _X_ Education provided ____ 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) Note: 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).	_X_ Met ____ Correction Order(s) issued ____ 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 4668.0815 Subp. 2 Reevaluation		X	**Education:** Provided
1	MN Rule 4668.0815 Subp. 4 Contents of Service Plan	X	X	Based on record review and interview, the licensee failed to provide complete service plans for two of two clients (#1 and #2) records reviewed. The findings include: Client #1's service plan dated November 9, 2004 indicated that they were a twenty-four hour service provider, and that services would be provided as the contingency plan for essential services. There was no further clarification or information describing what the contingency plan was. Client #2's service plan dated November 10, 2004, indicated that they were a twenty-four hour service provider, and that services would be provided as the contingency plan for essential services. There was no further clarification or information describing what the contingency plan was. When interviewed March 29, 2005, the registered nurse/owner stated that they had a verbal agreement with a local hospital to be their backup help if needed. There was no written agreement with the hospital. The registered nurse/owner acknowledged that the contingency plan was not specific in client #1 and #2's record. **Education:** Provided

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	Based on record review, and interview, the licensee failed to ensure that the registered nurse (RN) was notified within twenty-four hours after a pro re nata (PRN) medication was given, or within a time period specified by the RN prior to administration for two of two clients' (#1 and #2) records reviewed. The findings include: Client #1 had a prescriber's order for a Fleet Enema PRN (as needed) if no bowel movement in 4 days. Client #1 was administered a Fleet Enema by an unlicensed person on March 13, 2005 at 7:30 PM. There was no evidence in the record that the registered nurse was notified of the use of a PRN enema for client #1. Client #2 had a prescriber's order for Alprazolam .05 mg 1 tablet q 6 hours as needed for anxiety. Client #2's record indicated that the client received the PRN medication Alprazolam on March 25, 26, 27, 28, and 29, 2005. Client #2 also has a PRN order for Dulcolax 5 mg 1 – 2 tablets as needed for constipation. Client #2's record indicated that the client received the Dulcolax on March 1, 5, 8, 9, 12, and 13, 2005. There was no indication that the RN was notified of the use of the PRN Alprazolam and Dulcolax for client #2. When interviewed on March 29, 2005, the RN indicated that she had informed the staff to notify her when a PRN medication was given and to document it. When interviewed March 30, 2005, an unlicensed direct care staff stated that when the registered nurse called for updates or when the RN came to the facility, she notified the RN if a PRN medication was given. The staff

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				interviewed also stated she did not document that she notified the RN. A copy of the agency's Medication Administration System - Weekly Dosage Box Set-Up policy/procedure was reviewed. The policy/procedure did not address the use of PRN medications. **Education:** Provided
8	MN Rule 4668.0865 Subp. 9 Storage of Scheduled II Drugs	X	X	Based on observation, and interview, the licensee failed to ensure that Scheduled II medications were stored in a container that was permanently affixed to the physical plant. The findings include: During a tour of the facility on March 29, 2005, it was noted that client # 2 had Oxycontin 20 mg tablets, Schedule II drugs, in a locked Sentry box that was contained within a locked cabinet. The locked Sentry box was not permanently affixed to the physical plant. During an interview March 29, 2005, the registered nurse/owner confirmed that the Sentry box was not permanently affixed to the cabinet, and indicated that she had not figured out how to bolt the box down. **Education:** Provided
9	MN Rule 4668.0810 Subp. 6 Content of the record		X	**Education:** Provided

A draft copy of this completed form was left with Becky Holzheimer at an exit conference on March 31, 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).

(Form Revision 7/04)