



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2054

August 22, 2006

Debbie Manthey, Administrator
Ecumen Home Care
3530 Lexington Avenue North
Shoreview, MN 55126

Re: Licensing Follow Up visit

Dear Ms. Manthey:

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 3, 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 initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: ECUMEN HOME CARE

DATE OF SURVEY: August 3, 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:

Linda Willard, Executive Assistant, Ecumen Corporate Office
Deb Manthey, ALHCP Director
Jill Pierce, Facility Manager, Site A
Janelle Meyers, Facility Manager, Site C
Andrea Nye, Facility Manager, Site B
Linda Senapatirantene, RN, Site B

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #2

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 July 5, 6, 7, and 11, 2005 and subsequent follow up visit made on April 17, and 18, 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 July 5, 6, 7, and 11, 2005 and not corrected at the follow up visit on April 17, and 18, 2006 are as follows:

- | | |
|-------------------------------------|------------------|
| 1. MN Rule 4668.0065 Subp. 1 | Corrected |
| 2. MN Rule 4668.0815 Subp. 4 | Corrected |
| 3. MN Rule 4668.0845 Subp. 2 | Corrected |

The status of the Correction order issued at the follow up visit on April 17, and 18, 2006 is as follows:

- 1. MN Rule 4668.0810 Subp. 2 Corrected**



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1514

May 12, 2006

Debbie Manthey, Administrator
Ecumen Home Care
3530 Lexington Avenue North
Shoreview, MN 55126

Re: Licensing Follow Up visit

Dear Ms. Manthey:

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 18 and 19, 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: Ron Drude, Minnesota Department of Human Services
Ramsey County Social 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 1514

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

May 12, 2006

Debbie Manthey, Administrator
Ecumen Home Care
3530 Lexington Avenue North
Shoreview, MN 55126

RE: QL21399002

Dear Ms. Manthey:

On April 18 and 19, 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 a survey completed on July 5, 6, 7, and 11, 2005, with correction orders received by you on September 27, 2005.

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

1. MN Rule 4668.0065 Subp. 1 \$500.00

Based on record review and interview, the licensee failed to provide tuberculosis screening before an employee had direct care with clients for one of three employees' (B1) records reviewed at site B. The findings include:

Employee B1 was hired February 2, 2001 as a direct care staff. No Mantoux test or chest x-ray was documented in employee B1's file until January 8, 2003 when an x-ray report stated "no active TB." When interviewed on July 7, 2005, the registered nurse (RN) verified there was no record of an initial Mantoux test. The RN stated employee B1 had a history of a positive Mantoux, and that no x-ray had been done 12 months after the negative chest x-ray in January 2003. The RN stated employee B1 indicated a chest x-ray had been done during a previous employment at another health care facility. Employee B1 had been asked to provide the results of that x-ray, but had failed to do so.

TO COMPLY: No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:

- A. the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or
- B. if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:
- (1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or
 - (2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy; or
- C. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy.

In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$500.00.

2. MN Rule 4668.0815 Subp. 4

\$50.00

Based on record review and interview, the licensee failed to have a complete service plan for one of three clients' (A2) records reviewed at site A and two of three clients' (B1 and B2) records reviewed at site B. The findings include:

Client A2's services began September 15, 2000. A modification to A2's service plan, dated March 5, 2004, included medication administration. The persons providing medication administration and the fee for service were not included on the service plan.

Client B1's services began March 18, 2004. The service plan dated March 18, 2004 and updated December 17, 2004 indicated meal delivery, as needed, and housekeeping, blood glucose checks, and congregate dining were services provided. The fee for the services was not included on the service plan.

Client B2's service plan, dated February 1, 2005, indicated housekeeping, medication setup, home health aide medication assist, blood glucose checks, congregate dining, and activities were services provided. The fee for the services was not included on the service plan.

The preceding findings were verified with the site B program manager July 7, 2005 and the site A

program director on July 5 and 6, 2005.

TO COMPLY: The service plan required under subpart 1 must include:

- A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;
- B. the identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;
- D. the fees for each service; and
- E. a plan for contingency action that includes:
 - (1) the action to be taken by the assisted living home care provider licensee, client, and responsible person if scheduled services cannot be provided;
 - (2) the method for a client or responsible person to contact a representative of the assisted living home care provider licensee whenever staff are providing services;
 - (3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;
 - (4) the method for the assisted living home care provider licensee to contact a responsible person of the client, if any; and
 - (5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

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

3. MN Rule 4668.0845 Subp. 2

\$350.00

Based on record review and interview the licensee failed to ensure the registered nurse (RN) conducted supervisory visits for two of three clients (A1 and A2) reviewed at site A. The findings include:

Client A1 was admitted November 4, 2004. Client A1's service plan indicated home health aide (HHA) assistance with medication administration and bathing. Client A1's record indicated an RN supervisory visit had been completed January 3, 2005. There were no other supervisory visits noted in the client's record. When interviewed July 5, 2005, the registered nurse (RN) confirmed there were no additional supervisory visits for client A1.

Client A2 was admitted September 15, 2000. Client A2's service plan indicated HHA assistance with medication administration and bathing assistance. Client A2's record indicated that an RN supervisory visit had been completed January 14, 2005. There were no other supervisory visits noted in the clients record. When interviewed July 5, 2005, the RN confirmed there were no additional supervisory visits for client A2.

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:

(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: \$350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$900.00. 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.

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 havenot been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

**Ecumen Home Care
3530 Lexington Avenue North
Shoreview, MN 55126
May 12, 2006**

Page 5 of 5

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: Ron Drude, Minnesota Department of Human Services
Ramsey County Social 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: ECUMEN HOME CARE

DATE OF SURVEY: April 17 and 18, 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:

Linda Willard, Executive Assistant, Ecumen Corporate Office
Deb Manthey, ALHCP Corporate Office
Jill Pierce, Facility Manager, Site A
Janelle Meyers, Facility Manager, Site C
Linda Senapatirantne, RN, Site B
Delma Murtha, RN, Site A
Larry Mischke, RN, Site C

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 July 5, 6, 7, and 11, 2005. The results of the survey were delineated during the exit conference by telephone. 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 4668.0065 Subp. 1	Not Corrected	Fine \$500.00
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Based on interview and record review, the licensee failed to ensure tuberculosis screening was completed before employees had direct client contact for two of eight employees' (BD and CA) records reviewed at sites B and C. The findings include:

Employee BD began employment as a direct care staff ate site B, November 8, 2005. There was

no evidence of tuberculosis screening in employee BD's file until February 8, 2006. When interviewed, April 17, 2006, the registered nurse (RN) verified that there was no record of initial tuberculosis screening. The RN stated that employee BD indicated that she had had a history of a positive Mantoux, and that the employee would bring in a report of a chest x-ray that had been completed prior to her hire. The RN stated that employee BD did not provide the results of the chest x-ray, and was then sent to have a chest x-ray on February 8, 2006, after the employee had begun providing direct care to clients.

Employee CA was hired October 18, 2005 as a direct care staff at site C. A Mantoux test was documented as being administered to the employee on October 24, 2005, and was read as negative on October 27, 2005. When interviewed April 18, 2006, an RN verified that employee CA's Mantoux test was administered and read after the employee began providing direct care to clients.

2. MN Rule 4668.0815 Subp. 4**Not Corrected****Fine \$50.00**

Based on record review and interview, the licensee failed to have complete service plans for one of three clients' (A2) records reviewed at site A, one of two clients' (B2) records reviewed at site B, and two of four clients' (C3 & C4) records reviewed at site C. The findings include:

Client A2's service plan, modified March 5, 2004, included medication administration. The identification of the person or persons providing medication administration was not included on the service plan. When interviewed on April 17, 2006, the facility manager confirmed that the service plan neglected to identify the person or person providing medication administration on the service plan.

Client B2's service plan dated October 11, 2005, indicated medication assistance and blood glucose checks were services provided. The frequency of these services was not identified on the service plan. When interviewed on April 17, 2006, registered nurse BC verified the frequency of medication administration and blood glucose checks were not included on the service plan.

Client C3's service plan dated September 1, 2005, indicated that am, and pm cares, and medication management were services provided. The person or persons providing am and pm cares and medication management were not included on the service plan. A modification to client C3's service plan dated November 18, 2005 indicated that assistance with showers was increased to two times a week. The person or persons providing assistance with showers was not included on the service plan.

Client C4's service plan dated January 19, 2006, indicated assistance with grooming in the am and pm, assistance with bathing, and assistance with medication administration were services provided. The fee for the services was not included on the service plan.

When interviewed on April 18, 2006, registered nurse CD verified C3's service plan lacked the identification of the person or persons providing the services, and confirmed that client C4's service plan did not include the fees for the services provided.

3. MN Rule 4668.0845 Subp. 2**Not Corrected****Fine \$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 three of three clients' (A1, A2, & A4) records reviewed at site A, and two of four clients' (C2 & C3) records reviewed at site C. The findings include:

Client A1 began receiving services November 4, 2004. Client A1's service plan indicated home health aide (HHA) assistance with medication administration and bathing. Client A1's record had documentation of an RN supervisory visit January 3, 2005. There were no other supervisory visits noted in the client's record.

Client A2 began receiving services September 15, 2000. Client A2's service plan indicated HHA assistance with medication administration and bathing assistance. Client A2's record had documentation of a registered nurse supervisory visit January 14, 2005. There were no other supervisory visits noted in the client's record.

Client A4 began receiving services January 23, 2006. Client A4's service plan indicated HHA assistance with medication administration and bathing assistance. There was no evidence in client A4's record of any supervisory visits.

When interviewed, April 17, 2006, registered nurse AE verified there were missing supervisory visits for clients' A1 and A2 and no supervisory visits in client A4's record. She stated she did not have time to document the visits at the facility, so had done so at her home at the documentation was at her home. No further documentation was provided during the survey.

Client C2 began receiving services January 19, 2006. Client C2's service plan indicated HHA assistance with dressing, medication administration, and showers. Client C2's record had documentation of an RN supervisory visit dated February 2, 2006. There was no evidence in client C2's record of any supervisory visits. When interviewed, April 18, 2006, registered nurse CD confirmed there were no additional supervisory visits for client C2.

Client C3 began receiving services September 1, 2005. Client C3's service plan indicated HHA assistance with morning and evening cares, medication administration, and showers. Client C3's record had documentation of an RN supervisory visit dated September 14, 2005. There was no evidence in client C3's record of any supervisory visits. When interviewed, April 18, 2006, registered nurse CD confirmed there were no additional supervisory visits for client C3.

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

2) During the site visit, a new correction order was issued. See Correction Order Form/Survey Report Form for findings.



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: ECUMEN HOME CARE
 HFID # (MDH internal use): 21399
 Date(s) of Survey: April 17 and 18, 2006
 Project # (MDH internal use): QL21399002

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 <input type="checkbox"/> 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 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 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>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.</p>	<p>Follow-up Survey #1 <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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>___ Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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:
#5	MN Rule 4668.0810 Subp. 2 Client record security	X	X	<p>Based on record review and interview the licensee did failed to implement a written procedure for the security of client records for three of three client records (A1, A2, and A4) at site A. The findings include:</p> <p>During a review of client records at Site A, it was noted that documentation of registered nurse (RN) supervisory visits were lacking from the client records. When interviewed April 17, 2006, an RN stated that clients A1, A2, and A4s' supervisory visits were completed, but the documentation of the visits were at her home. The RN stated that she did not have time to document the visits when she was at the facility, so she completed the documentation at her home. In addition, the RN indicated that she had the clients February and March 2006 medication administration records at her home. She stated she was going to review them at home, and then bring them back to the facility and file them in the clients' records.</p> <p>A review of the licensee's policy titled, "Security of Client Records" indicated the following, "The client record will be kept in the nursing office and will not leave the premises."</p> <p>Education: Provided</p>

A phone conference reviewing these findings was held with Deb Manthey, on April 18, 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 7737

September 26, 2005

Jill Pierce, Administrator
Ecumen Home Care
3530 Lexington Avenue North
Shoreview, MN 55126

Re: Results of State Licensing Survey

Dear Ms. Pierce:

The above agency was surveyed on July 5, 6, 7, and 11, 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: Kathryn Roberts, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Ramsey 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: ECUMEN HOME CARE
 HFID # (MDH internal use): 21399
 Date(s) of Survey: July 5, 6, 7, and 11, 2005
 Project # (MDH internal use): QL21399002

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>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.</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 <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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 checked="" 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) <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 <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:
1	MN Rule 4668.0815 Subp. 4	X	X	<p>Based on record review and interview, the licensee failed to have a complete service plan for one of three clients' (A2) records reviewed at site A and two of three clients' (B1 and B2) records reviewed at site B. The findings include:</p> <p>Client A2's services began September of 2000. A modification to A2's service plan, dated March of 2004, included medication administration. The persons providing medication administration and the fee for service were not included on the service plan.</p> <p>Client B1's services began March of 2004. The service plan dated the same day in March of 2004 and updated December of 2004 indicated meal delivery, as needed, and housekeeping, blood glucose checks, and congregate dining were services provided. The fee for the services was not included on the service plan.</p> <p>Client B2's service plan, dated February of 2005, indicated housekeeping, medication setup, home health aide medication assist, blood glucose checks, congregate dining, and activities were services provided. The fee for the services was not included on the service plan.</p> <p>The preceding findings were verified with the site B program manager July 7, 2005 and the site A program director on July 5 and 6, 2005. Education: Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0845 Subp. 2	X	X	<p>Based on record review and interview the licensee failed to ensure the registered nurse (RN) conducted supervisory visits for two of three clients (A1 and A2) reviewed at site A. The findings include:</p> <p>Client A1 was admitted November of 2004. Client A1's service plan indicated home health aide (HHA) assistance with medication administration and bathing. Client A1's record indicated an RN supervisory visit had been completed January of 2005. There were no other supervisory visits noted in the client's record. When interviewed July 5, 2005, the registered nurse (RN) confirmed there were no additional supervisory visits for client A1. Client A2 was admitted September of 2000. Client A2's service plan indicated HHA assistance with medication administration and bathing assistance. Client A2's record indicated that an RN supervisory visit had been completed January 14, 2005. There were no other supervisory visits noted in the clients record. When interviewed July 5, 2005, the RN confirmed there were no additional supervisory visits for client A2.</p> <p><u>Education:</u> Provided</p>
3	MN Rule 4668.0065 Subp. 1	X	X	<p>Based on record review and interview, the licensee failed to provide tuberculosis screening before an employee had direct care with clients for one of three employees' (B1) records reviewed at site B. The findings include:</p> <p>Employee B1 was hired February of 2001 as a direct care staff. No Mantoux test or chest x-ray was documented in employee B1's file</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>until January of 2003 when an x-ray report stated “no active TB.” When interviewed on July 7, 2005, the registered nurse (RN) verified there was no record of an initial Mantoux test. The RN stated employee B1 had a history of a positive Mantoux, and that no x-ray had been done 12 months after the negative chest x-ray in January 2003. The RN stated employee B1 indicated a chest x-ray had been done during a previous employment at another health care facility. Employee B1 had been asked to provide the results of that x-ray, but had failed to do so.</p> <p><u>Education:</u> Provided</p>
3	MN Statute 144A.46 Subd. 5 (b)	X	X	<p>Based on record review and interview the licensee failed to ensure background studies on two (A1 and A2) of three staff personnel records reviewed at site A. The findings include:</p> <p>Staff A1’s date of hire was September of 2001. Staff A1’s personnel record included a “verified credentials” form. A background studies form from the Minnesota Department of Human Services was not in the record. When interviewed on July 6, 2005, the program director stated she had just applied for the background study on July 6, 2005.</p> <p>Staff A2’s original date of hire was October of 1996. Staff A2’s personnel record included a background study dated December of 1996. Staff A2’s personnel record indicated she left employment November of 1999 and was rehired May of 2000. Staff A2’s personnel record did not include a background study after the May of 2000 reemployment date. When</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>interviewed on July 6, 2005, the director stated that a background study was not done when staff A2 was rehired in May of 2000.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Jill Pierce at an exit conference on July 11, 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)