



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0549

April 23, 2009

Bethel Wilcowski, Administrator
Home and Comfort Inc
500 Powell Avenue PO Box 719
Coleraine, MN 55722

Re: Results of State Licensing Survey

Dear Ms. Wilcowski:

The above agency was surveyed on March 19, 20 and 23, 2009, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

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

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
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>

An equal opportunity employer



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: HOME AND COMFORT INC

HFID #: 21439

Dates of Survey: March 19, 20 and 23, 2009

Project #: QL21439006

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>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understand what care will be provided and what it costs. 	<p>Focus Survey</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>Expanded Survey</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>Follow-up Survey # _____</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</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>Expanded Survey</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>Follow-up Survey # <input type="text"/></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>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required. 	<p>Focus Survey</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>Expanded Survey</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>Follow-up Survey # <input type="text"/></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>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0810 	<ul style="list-style-type: none"> Client personal information and records are secure. Any information about clients is released only to appropriate parties. Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</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>Follow-up Survey # _____</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>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0065 MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0840 MN Rule 4668.0070 MN Statute §144D.065 	<ul style="list-style-type: none"> Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions. Personnel records are maintained and retained. Staff meet infection control guidelines. 	<p>Focus Survey</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>Expanded Survey</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>Follow-up Survey # _____</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Focus Survey</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>Expanded Survey</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>Follow-up Survey # _____</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<ul style="list-style-type: none"> • The 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. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</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>Expanded Survey</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>Follow-up Survey # _____</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>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 	<ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</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>Follow-up Survey # <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.

A draft copy of this completed form was reviewed with Kristina Daley, R.N., at an exit conference on March 23, 2009. 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) 201-4301. 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 # 7004 1160 0004 8715 0192

October 19, 2005

Bethel Wilkowski, Administrator
Home and Comfort Inc
500 Powell Avenue
Coleraine, MN 55722

Re: Licensing Follow Up Revisit

DearMs Wilcowski:

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 October 6, 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: Bethel Wilcowski , President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Itasca County Social Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
CMR File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: HOME AND COMFORT, INC.

DATE OF SURVEY: 10/06/2005

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: Julie Manley Hartje, R.N.

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X (#3) _____

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 April 27,2005. 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 4668.0855 Subp. 9 Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4726

July 14, 2005

Bethel Wilcowski, Administrator
Home & Comfort, Inc.
500 Powell Avenue
Coleraine, MN 55722

Re: Licensing Follow Up Revisit

Dear Ms. Wilcowski:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on April 27, 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 Assisted Living 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, President Governing Board
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: HOME AND COMFORT, INC.

DATE OF SURVEY: April 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: Cynthia Hannu, LSW,
 Jeanne Keppel , PCA, Kathy Abernathy PCA

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X #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 January 25, and 26, 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 4668.0860 Subp. 5 | Corrected |
| 2. MN Rule 4668.0865 Subp. 3 | Corrected |
| 3. MN Rule 4668.0865 Subp. 8 | Corrected |



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: HOME AND COMFORT, INC.

HFID # (MDH internal use): 21439

Date(s) of Survey: April 27, 2005

Project # (MDH internal use): QL21439001

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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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 type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 <input type="checkbox"/> 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 type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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:
8.	MN Rule 4668.0855 Subp.9	X	X	<p>Based on record review and staff interview, the agency failed to administer medication as prescribed for one of three client (#3) records reviewed. Findings include:</p> <p>Client #3 was admitted to the agency, April 22, 2005. A physician's report, December 27, 2004, stated, client #3 had multiple medical problems. Admission orders included one inhalation medication treatment every 4 hours (six times daily) and a second, different, inhalation medication treatment every 8 hours (three times daily). Client #3's April 2005 medication administration indicated the client received the first inhalation medication treatment at 10 am, 2 pm, 6 pm, and 10 pm (four times daily). The second inhalation medication treatment was given at 2 am, 10 am, and 6 pm. During an interview April 27, 2005 staff # 1, an unlicensed staff that administers medications, stated client #3 did not receive the first inhalation medication treatment at night because client #3 "didn't have any scheduled for nights." When interviewed April 24, 2005 staff #2 an unlicensed staff that administers medications, stated she only worked with client #3 one night. She gave client #3 the second inhalation medication treatment but not the first inhalation medication treatment because client #3 "didn't have any scheduled." There was no documentation in the client record</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				indicating that the first inhalation medication treatment, that was ordered to be given every 4 hours, had not been given as ordered, the reason why it was not given, nor any indication of follow up procedures. Education: Provided

A draft copy of this completed form was left with Cynthia Hannu at an exit conference on April 27, 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)



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3071
And Via Facsimile: 1-218-245-0293

April 15, 2005

Bethel Wilcowski, Administrator
Home and Comfort, Inc.
500 Powell Avenue
Coleraine, MN. 55722

RE: Project Number QL21439001

Dear Ms. Wilcowski,

Thank-you for your communication and information dated April 7, 2005 regarding our follow-up visit to Home and Comfort in Coleraine on January 25 and 26, 2005. We appreciate feedback from Providers and do strive to work collaboratively.

I have reviewed the information you submitted regarding the new correction order issued. The correction order is correct and will stand. We will conduct a follow-up visit to determine compliance with this correction order after the Time Period for Correction expires.

I have also reviewed the information you submitted and done additional research into the two penalty assessments that were issued. Unfortunately, at the time our Reviewer entered your facility, two items on the initial correction orders remained uncorrected. The two correction orders are MN Rule 4668.0860 Subp. 5 and MN Rule 4668.0865 Subp. 8 as indicated in our correspondence to you dated March 30, 2005, which you received on April 7, 2005.

However, in the spirit of cooperation, and recognizing that you have taken measures to come into compliance with the rules, we have decided to consider both these orders not corrected at this time. We will review them once again at the next follow-up visit. If, at the time of the next follow up visit, we find that these two correction orders continue to remain not corrected, we will impose the penalty assessments mentioned in our March 30, 2005 letter to you.

The Informational Memorandum was amended on April 15, 2005. It is attached with the corrected information in bold and deleted information struck-out.

Please feel free to call me with any questions at 651-215-8810.

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

cc: Jocelyn Olson, Assistant Attorney General
Bethel Wilcowski, President Governing Board
Minnesota Department of Human Services
Itasca County Social Services
Mary Henderson, Program Assurance Unit
Licensing and Certification File
Case Mix Review Program File

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

INFORMATIONAL MEMORANDUM

PROVIDER: HOME AND COMFORT, INC.

DATE OF SURVEY: January 25, and 26, 2005

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: X OTHER: ALHCP

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

Julie Hartje Registered Nurse

Janet Moore Patient Care Attendant

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

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 13, 14, 15, 16, and 19, 2004. 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 Statute 144A.44 Subd.1 (2)	Corrected
2. MN Rule 4668.0065 Subp. 3	Corrected
3. MN Rule 4668.0805 Subp. 1	Corrected
4. MN Rule 4668.0810 Subp. 2	Corrected
5. MN Rule 4668.0815 Subp. 1	Corrected
6. MN Rule 4668.0815 Subp. 4	Corrected
7. MN Rule 4668.0825 Subp. 3	Corrected

8. MN Rule 4668.0845 Subp. 2	Corrected
9. MN Rule 4668.0855, Subp. 4	Corrected
10. MN Rule 4668.0855, Subp. 9	Corrected
11. MN Rule 4668.0860 Subp, 5	Not Corrected \$350.00

Based on record review and interview the agency failed to have complete medication orders for **one** ~~eight~~ of **nine** ~~eight~~ clients (#1, #2, # 3, #4, #5, #6, #7, #8 and #9) reviewed.

~~Clients #1, #2, # 3, #4, #5, #6, #7, and #8 had standing orders for “Acetaminophen (Tylenol) 1 or 2 tablets orally or 650 mg rectally every 4 hours PRN” (as needed). The orders did not contain the strength of oral acetaminophen to be administered. During an interview July 15, 2004 the staff administering medications stated she would give the 325mg dose. She was not able to speak to what someone else might give.~~

Client #9 had a doctor’s order dated September 25, 2004 for “Lorazepam 0.5. mgm 3 x (three times) daily anxiety prn (as needed).” The recopied medication orders dated October 1, 2004 stated “Lorazepam 0.5 mgm (o)[orally]. The January 2005 medication sheet indicated “Lorazepam 0.5 mgm 1 (o) prn”. When interviewed, On January 26, 2005 the registered nurse stated, “that whole order was such a mess.” She checked the doctors’ order and the medication bottle with the medication sheet and stated she saw that the medication sheet did not indicate the frequency of administration. She further stated “she hasn’t been getting this medication since she came in.”

TO COMPLY: An order for medication must contain the name of the drug, dosage indication, and directions for use.

TIME PERIOD FOR CORRECTION: Thirty (30) days

12. MN Rule 4668.0865 Subp. 2	Corrected
13. MN Rule 4668.0865 Subp.8	Not corrected \$300.00

Based on observation and interview, the agency failed to store all medications in locked compartments for two of two, (#1 and # 10) clients reviewed. Findings include:

On January 25,2005, on arrival to the ALHCP, the surveyor along with the personal care attendant inspected refrigerator #2 and observed twenty-five Dulcolax suppositories belonging to client#1 and eight Compazine suppositories with client# 10’s name and a prescription date of February 12, 2003 as well as eight stock glycerin suppositories in the door of the refrigerator. Other contents in the refrigerator included milk, eggs, oranges, juice and sour cream. On interview January 25,2005, the registered nurse (RN) stated that there had been two keys to the lock box that is kept in the refrigerator and one was lost. She stated she had the only key left and knew the personal care attendants would need the suppositories so she put them in the refrigerator for them. On January 26, 2005 observation noted there were no suppositories in the refrigerator. On further interview with the RN and observation of the

refrigerator, January 26, 2005, the suppositories in the door of the refrigerator were removed. The RN indicated they were now held in the lock box that is kept in the refrigerator.

TO COMPLY: An assisted living home care provider licensee providing central storage of medications must store all drugs in locked compartments under proper temperature controls and permit only authorized nursing personnel to have access to keys.

TIME PERIOD FOR CORRECTION: Thirty (30) days

14. MN Rule 4668.0870 Subp. 2

Corrected

- 2) The exit conference was not tape recorded.



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: HOME AND COMFORT, INC.

HFID # (MDH internal use): 21439

Date(s) of Survey: January 25, and 26, 2005

Project # (MDH internal use): QL21439001

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 promotes 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>___ Met ___ Correction ___ Order(s) issued ___ 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 observes 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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 has 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 is 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 follows 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:
8	MN Rule 4668.0865 Subp. 3 Control of Medications Follow up #1	X	X	Based on observation, record review and staff interview, the agency failed to establish a system that addressed the control, handling, disposition of medications, and medication records for one of six (#10) client records reviewed. The findings include: Client #10 had a doctors order dated February 12, 2003 for “ Compazine 25mgm suppository rectally q6hrs prn (every six hours as needed for) nausea.” Client #10 was hospitalized and returned to the agency February 8, 2004. The record did not establish a written order for the Compazine. When observed January 25, 2005 there were eight Compazine suppositories dated February 12, 2003 unlocked, in the butter compartment of the door of the refrigerator. When interviewed January 26, 2005, the registered nurse confirmed there had been no order for the suppositories since 2003 and stated there was no policy for the disposition of medications when a client was still residing in the house. She stated oral medications were in blister packs so they could be returned to the pharmacy. She further stated she would be returning the Compazine suppositories to the pharmacy. Education: Provided

A draft copy of this completed form was left with Bethel Wilcowski at an exit conference on January 26, 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)



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2230 0000 9988 1030

September 20, 2004

Bethel R. Wilkowski, Administrator
Home and Comfort Inc
500 Powell Avenue PO Box 719
Coleraine, MN 55722

Re: Results of State Licensing Survey

Dear Ms. Wilkowski:

The above agency was surveyed on July 13, 14, 15, 16, and 19, 2004 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: Bethel Wilcowski, 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: HOME AND COMFORT INC

HFID # (MDH internal use): 21439

Date(s) of Survey: July 13, 14, 15, 16 and 19, 2004

Project # (MDH internal use): QL21439001

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 type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" 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 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>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 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 checked="" 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 Statute 144D.065; 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 checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 Subd.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 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:

<p>Indicator of Compliance: # <u>1</u></p>	<p>MN Rule 4668.0815, Subp.1</p>	<p><input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided</p>
<p>Statement(s) of Deficient Practice: #1</p> <p>Education: #1</p>	<p>Based on record review and interview the agency did not have service plans for five of eight clients (# 3, #4, #5, #6, and #8) reviewed.</p> <p>Clients (# 3, #4, #5, #6, and #8) began receiving services March to June of 2004. None of these clients had a service plan. During an interview July 14, 2004 the registered nurse (RN) stated, "I don't do service plans." "I don't have anything formal." She also stated that client families are given a questionnaire and history to complete. "We give this when they come in." When asked who completed the questionnaires she stated "usually family or the social worker, sometimes the licensed practical nurse or I do." She confirmed that the questionnaires were not signed or dated when/if completed stated this is what is used to determine what client services were provided. When interviewed July 14, 2004 the social worker stated "I give the admission papers to the family and they fill them out." She confirmed this included the Pre-Screening Questionnaire and the Family Questionnaire. She confirmed these clients had no service plans.</p> <p>Rule reviewed with RN and social worker.</p>	
<p>Indicator of Compliance: # <u>1</u></p>	<p>MN Rule 4668.0815, Subp. 4</p>	<p><input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided</p>
<p>Statement(s) of Deficient Practice: #1</p> <p>Education: #1</p>	<p>Based on record review and interview, the agency did not have a plan for contingency of action in their service plans for three of three clients (#1, #2, and #7) reviewed with service plans.</p> <p>Clients #1, #2, and #7 began receiving services April to July 2004. Clients # 1, #2, and #7 had service plans that did not include a plan for contingency. When interviewed July 15, 2004 the registered nurse confirmed there were no contingency plans.</p> <p>Rule and content of contingency plans reviewed with RN</p>	

Indicator of Compliance: # <u>2</u>	MN Rule 4668.0845, Subp. 2	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Education: #2	Based on record review and interview 8 of 8 client records reviewed lacked evidence clients receiving the current Minnesota Bill of Rights for eight of eight clients (#1, #2, #3, #4, #5, #6, #7, and #8) reviewed. There were older copies in the record. On July 15, 2004 the Registered nurse and social worker stated they were unaware of the updated version. New version with additions provided and Department of health web site shared.	
Indicator of Compliance: # <u>2</u>	MN Statute 144A.44, Subd.1 (2)	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #2 Education: #2	Based on observation, record review, and interview the agency did not provide services in accordance with acceptable nursing standards for two of six active clients (#1, and #6) reviewed. Client # 6 was observed on July 13 and 14, 2004 throughout the day in bed with full side rails up on both sides of the bed. The client's record did not address the use of side rails. There were no prescribed orders for the rails. There was no assessment for the use of rails. The only documentation was from the place where the side rails were purchased. On July 15 the registered nurse confirmed there was no prescribed order for side rails or assessment for their use. Client # 1 was observed on July 14, 2004 at 1:15 PM sleeping in bed with 1/2 side rails up on both sides of the bed. The client's record did not address the use of the side rails. There were no physician orders for the rails. There was no assessment for the use of rails. The only documentation was from the place where the side rails were purchased. On July 15 the registered nurse confirmed there was no prescribed order for side rails or assessment for their use. Need for assessment for side rails and order for rails discussed with RN. Also to evaluate risk/benefit to client. Statute reviewed with RN.	

Indicator of Compliance: # <u>3</u>	MN Rule 4668.0065, Subp.3	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #3 Education: #3	Based on personnel record review and interview the agency did not assure required annual infection training for four of four employees (#1, #2, #3, #4) reviewed. Employees # 1, #2, #3, and #4's records lacked evidence of infection control training for each twelve months of employment. Employee #4's record indicated since being hired January 2002 employee #4 had a total of 5.5 hours of in-service training. When interviewed July 14, 2004 the registered nurse confirmed they had not had the training. Rule and training options reviewed with RN.	
Indicator of Compliance: # <u>3</u>	MN Rule 4668.0805, Subp. 1	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #3 Education: #3	Based on record review and interview the agency did not assure employees had been oriented to the home care requirements before providing home care service to clients for four of four employees (#1, #2, #3, #4) reviewed. Employees # 1, #2, #3, and #4's records lacked evidence that orientation to the home care requirements had been completed. When interviewed July 14, 2004 the registered nurse and employee #3 confirmed they had not had the training. Rule reviewed with RN	
Indicator of Compliance: # <u>5</u>	MN Rule 4668.0810, Subp. 2	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #5 Education: #5	Based on record review and interview the agency did not maintain security of client information for eight of eight clients (#1, #2, #3, #4, #5, #6, #7, and #8) reviewed. Clients #1, #2, #3, #4, #5, #6, #7, and #8 each had a Monthly Activity Checklist in their record. The Monthly Activity Checklist contained the names and events participated in. No record contained consent to share personal information with other clients or persons viewing information on another client but not then personally. The May 2004 checklist also contained the name, admission and discharge dates, and new residential location of a person that privately arranged to have service at the agency owners' personal residence. On July 14, 2004 the social worker/ activity director confirmed that client information had been dispersed in other client records. Need for confidentiality and information security discussed with social worker.	

Indicator of Compliance: # <u>7</u>	MN Rule 4668.0825, Subp. 3	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #7 Education: #7	Based on observation, record review, and staff interview, the registered nurse (RN) did not delegate nursing services to qualified unlicensed personnel for two of two unlicensed personnel reviewed. Client # 8's record indicated personnel # 3 and #4 regularly preformed accuchecks (blood glucose monitoring) on client #8. Both personnel had job descriptions that required them to provide skin care including full or partial bathing, assisting with bowel and bladder control, assisting ill clients with activities of daily living, and with body positioning and transferring. Personnel #4 had signed the medication administration record for assisting with medication administration since January 2002. Personnel #3 had signed the medication administration record for assisting with medication administration since January 2004. The records for personnel # 3 and #4 lacked evidence of training for accuchecks, medication administration, or orientation to home care requirements. Neither personnel #3 nor #4 had supervised periodic supervision by a nurse for services they preformed that required supervision. On July 15, 2004 the RN stated she was unaware of the requirements for assisted living home care providers or for delegated nursing. She confirmed that the required training and supervision had not been done before delegating nursing. Rule and Board of Nursing (BON) delegation reviewed with RN. BON web address given. Department of Health web site given.	
Indicator of Compliance: # <u>7</u>	MN Rule 4668.0855, Subp. 9	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #7 Education #7	Based on record review and interview the agency did not have supervisory visits of unlicensed personnel who preformed assisted living home care services that required supervision or monitoring on eight of eight clients (#1, #2, # 3, #4, #5, #6, #7, and #8). Clients #1, #2, # 3, #4, #5, #6, #7, and #8 records lacked evidence of either the supervisory visits by the RN within 14 days after initial assessment or the every 62-day supervisory visits. When interviewed July 15, 2004 the registered nurse stated she saw staff working because she spends much time working in the agency but was unaware that the requirement of supervisory visits had not been done. Rule reviewed and supervision requirements discussed with RN. BON web address given. Department of Health web site given.	

Indicator of Compliance: #8	MN Rule 4668.0855,Subp.4	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #8 Education: #8	<p>Based on personnel record review and staff interview, the agency did not have all employees trained for medication administration prior to administering medications for two of two unlicensed personnel reviewed.</p> <p>Employee #4 was hired January 2002. Employee #3 was hired July 2004. Both have been passing medications within the agency. Neither employee had evidence of training for medication administration. On July 15, 2004 the registered nurse stated she had shown the employees how to administer medications. She confirmed there was no training for medication administration for personnel # 3 and # 4.</p> <p>Rule and training options reviewed with RN.</p>	
Indicator of Compliance: #8	MN Rule 4668.0855,Subp.9	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Statement(s) of Deficient Practice: #8	<p>Based on record observation, record review and interview, the agency did not have complete medication administration records for two of six clients (#1 and #4) reviewed.</p> <p>On July 14, 2004 at 9:30 AM client # 1 was sitting in the dining room eating breakfast with oxygen being administered by nasal cannula. The New Life Elite oxygen concentrator was observed set at 4.5 liters per minute. The client was also observed at 10:40 AM with the oxygen concentrator set at between 4 and 4.5 liters per minutes. Client #1 had a physicians order, March 8, 2004, for “oxygen 2 to 3 liters per minute.” Client #1 also had standing orders for “oxygen via nasal cannula at 2-4 liters per minute.” A nursing note July 13, 2004 stated the resident required oxygen on a daily basis at 2 to 4 liters per minute. The medication book contained guidelines for client #1’s oxygen use on a “Care Plan.” It indicated that the client #1 used oxygen at two to three liters per nasal cannula. When interviewed July 14, 2004, the registered nurse stated the client used two to four liters of oxygen daily and that the order was for two to three liters.</p> <p>Client #4 had an order March 4, 2004 for “Acetaminophen (Tylenol) 1 or 2 tablets orally or 650 mg rectally every 4 hours PRN” (as needed). The June 2004 medication administration record (MAR) stated “PRN list”. Staff initialed it on June 11, 2004. The MAR listed no further information regarding PRN medication. The June 11, 2004 Medication Notes indicated client #4 received “Equate 1” for “headache.” No further information was documented. On observation July 15, 2004 of the medication storage determined there were numerous medications named “Equate” including cough syrup, acetaminophen in 325 mg and 500 mg doses, and topical medications. “Equate” is the brand name for non-prescription medications for a large chain of discount stores. During an interview July 15, 2004 the staff administering medications and the</p>	

Education: #8	<p>registered nurse were unable to determine the dose given or validate that acetaminophen was the "Equate" given. The registered nurse stated, "I assume it was." Rule reviewed with RN</p>	
Indicator of Compliance: # 8	MN Rule 4668.0860, Subp.5	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
<p>Statement(s) of Deficient Practice: #8</p> <p>Education: #8</p>	<p>Based on record review and interview the agency failed to have complete medication orders for eight of eight clients (#1, #2, # 3, #4, #5, #6, #7, and #8) reviewed.</p> <p>Clients #1, #2, # 3, #4, #5, #6, #7, and #8 had standing orders for "Acetaminophen (Tylenol) 1or 2 tablets orally or 650 mg rectally every 4 hours PRN" (as needed). The order did not contain the strength of the oral acetaminophen to be administered. During an interview July 15, 2004 the staff administering medications stated she would give the 325mg dose. She was not able to speak to what someone else might give.</p> <p>Rule/order requirements reviewed with RN.</p>	
Indicator of Compliance: #8	MN Rule 4668.0865, Subp.8	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
<p>Statement(s) of Deficient Practice: #8</p> <p>Education: #8</p>	<p>Based on observation and staff interview, the agency failed to store all medications in locked compartments for one of one, active clients (#8) reviewed who received insulin.</p> <p>On July 15, 2004 client # 8 was observed opening the refrigerator door and looking in the refrigerator for her insulin. An unlicensed personnel then went to the refrigerator and helped her find her insulin, which was stored in an unlocked covered container in the main refrigerator in the kitchen. Neither the refrigerator nor the box containing the insulin had the ability to lock. On July 15, 2004 the RN indicated she was unaware of the requirement to lock refrigerated medication.</p> <p>Rule reviewed with RN. Safety, security discussed with RN.</p>	
Indicator of Compliance: #9	MN Rule 4668.0870, Subp.2	<input checked="" type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
<p>Statement(s) of Deficient Practice #9</p> <p>Education: #9</p>	<p>Based on record review and interview the agency did not indicate the disposition of medications upon discharge for one of two discharged clients (#5) reviewed.</p> <p>Client #5 was discharged June 7, 2004. The record lacked documentation indicating to whom the medications were given to at the time of discharge. July 15, 2004 the registered nurse confirmed the above.</p> <p>Requirement discussed with RN.</p>	

Indicator of Compliance: N/A	CLEA Waivers	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Education:	Information on the CLIA waiver was provided to the R.N.	

A draft copy of this completed form was left with Julie Manley-Hartje at an exit conference on July 19, 2004. 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).