



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1798

August 2, 2006

Grace Boatman, Administrator
Interim Assisted Care
2200 University Avenue West Suite 160
St. Paul, MN 55114

Re: Licensing Follow Up visit

Dear Ms. Boatman:

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 July 17 and 18, 2006.

The documents checked below are enclosed.

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

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

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: 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: INTERIM ASSISTED CARE

DATE OF SURVEY: July 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:

Grace Boatman, Administrator
Lea Ebensteiner, HHA Supervisor
Tanya Zubrzycki, RN, Director of Health Care Services
Connie Anderson, RN, (Augustana-Mpls)
Kris Leibold, RN (Augustana-Chapelview)
Angela Bartels-Olson, LPN (Augustana-Mpls)

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X 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 October 4, 5, 6, 7, 11, 12, and 17, 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 4668.0040 Subp. 2	Corrected
2. MN Rule 4668.0810 Subp. 6	Corrected
3. MN Rule 4668.0815 Subp. 2	Corrected
4. MN Rule 4668.0815 Subp. 3	Corrected
5. MN Rule 4668.0815 Subp. 4	Corrected
6. MN Rule 4668.0825 Subp. 4	Corrected
7. MN Rule 4668.0845 Subp. 2	Corrected
8. MN Rule 4668.0855 Subp. 6	Corrected
9. MN Rule 4668.0855 Subp. 7	Corrected

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|--|------------------|
| 10. MN Rule 4668.0860 Subp. 2 | Corrected |
| 11. MN Rule 4668.0865 Subp. 9 | Corrected |
| 12. MN Rule 4668.0870 Subp. 2 | Corrected |
| 13. MN Statute §626.557 Subd. 14(b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4399

March 22, 2006

Grace Boatman, Administrator
Interim Assisted Care
2200 University Ave W Suite 160
St. Paul, MN 55114

Re: Results of State Licensing Survey

Dear Ms. Boatman:

The above agency was surveyed on October 4, 5, 6, 7, 11, 12, and 17, 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: Gary Halgren, President Governing Body
Ramsey County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

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

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

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

Name of ALHCP: INTERIM ASSISTED CARE
 HFID # (MDH internal use): 21514
 Date(s) of Survey: October 4, 5, 6, 7, 11, 12, and 17, 2005
 Project # (MDH internal use): QL21514002

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 style="text-align: center;"><input checked="" 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 style="text-align: center;"><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 style="text-align: center;"><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 style="text-align: center;"><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 style="text-align: center;"><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)	Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

Survey Results:

_____ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0815 Subp. 2 Reevaluation	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) reviewed the client's service plan at least annually for three of eight clients' (B2, C2 and D2) records reviewed. The findings include:</p> <p>Client B2 began receiving services from the agency December 2002. The client's service plan was last reviewed July 6, 2004. When interviewed October 6, 2005, an RN confirmed the lack of a timely review of client B2's service plan and also indicated that they were setting up a system for reviews, but were behind.</p> <p>Client C2 began receiving services from the agency July 2004. There was no documentation that the client's service plan was reviewed since July 2004. When interviewed October 7, 2005, an RN confirmed that client C2's service plan had not been reviewed since start of care.</p> <p>Client D2 began receiving services from the agency November 2003. The client's service plan was last reviewed May 10, 2004. When interviewed October 12, 2005, an RN confirmed that client D2's service plan had not been reviewed since May 10, 2004.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0815 Subp. 3 Modifications	X	X	<p>Based on record review and interview, the licensee failed to ensure that modifications to the client's service plan were in writing and agreed to by the client or the client's responsible person for four of seven clients' (C2, D1, D2 and D4) records reviewed. The findings include:</p> <p>Client C2 began receiving services from the agency July 2004. Client C2's service plan of July 2004 indicated that staff were to assist the client with her medications one time a day. Home Health Aide Care notes, dated November 2004, indicated that staff began assisting the client with her medications two times a day effective November 2, 2004. There was no modification made to client C2's service plan.</p> <p>Client D1 began receiving services from the agency April 2004. The client's service plan, dated April 19, 2004, indicated that the client received twenty-four hour emergency response, light housekeeping, assistance with laundry, assistance with meals twice a day and medication set-up weekly. A review of the Home Care Aide Care plan, dated July 13, 2005, indicated that staff was to assist the client with a shower and shampoo. In addition, Home Care Aide Charting Sheets for October 2005 indicated that staff was assisting the client with a shower two times a week and with dressing and grooming daily. These services were not included on the client's service plan. When interviewed October 11, 2005, a home health aide confirmed that staff were assisting the client with a shower at least two times a week and dressing and grooming daily. The home health aide was unable to recall when these services started, but</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>indicated that staff had been providing these services for some time.</p> <p>Client D2 began receiving services from the agency November 2003. The client's service plan, dated May 10, 2004, indicated the client received visits by the registered nurse (RN) every other month. A clinical note, dated August 24, 2005, signed by an RN indicated that that RN visits were to be increased to weekly. There was no modification of the client's service plan to reflect the increase in RN visits.</p> <p>Client D4 began receiving services from the agency May 2005. The client's service plan, dated May 16, 2005, indicated the client received a visit weekly by the RN for foot care. A clinical note, dated September 25, 2005, indicated the client's feet needed more attention and the plan was to increase the RN visits to two times a week for foot care. The client's service plan was not modified to reflect the increase in services.</p> <p>When interviewed October 7 and 12, 2005, an RN confirmed that clients C2, D1, D2 and D4s' service plans had not been modified to reflect the increase in services.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0815 Subp. 4 Contents of service plan	X	X	<p>Based on record review and interview, the licensee failed to provide a complete service plan for six of nine current clients' (A1, A2, B1, B2, C1 and D4) records reviewed. The findings include:</p> <p>There was no frequency of supervision of services identified on clients' A1, A2, B1, B2, C1 and D4's service plans as related to the following examples:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client A1's service plan, dated March 23, 2005, indicated that the home health aide was to assist with a bath one time a week and morning cares daily.</p> <p>Client A2's service plan, dated August 16, 2005, indicated the client was to receive morning and evening cares daily, and assistance with an injection.</p> <p>Client B1's service plan, dated October 27, 2004, indicated that the home health aide was to assist the client with dressing and grooming every morning and evening, and assist with blood sugar checks two times a week.</p> <p>Client B2's service plan, dated July 6, 2004, indicated that the home health aide was to assist the client with her activities of daily living.</p> <p>Client C1's service plan, dated December 15, 2004, indicated that the home health aide was to assist the client with morning and evening cares every day and assist the client with toileting two times a night.</p> <p>Client D4's service plan, dated May 16, 2005, indicated that the home health aide was to assist the client with meal preparation every day, and reassurance checks three times a week.</p> <p>When interviewed October 4, 7 and 12, 2005, a registered nurse confirmed that the clients' service plans did not include the frequency of the supervision of the services.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse	X	X	<p>Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for seven of nine current clients' (A1, A2, B1, B2, C1, C2, and D1) records reviewed. The findings include:</p> <p>Client A1 began receiving services from the agency October 2004. The client received assistance from a home health aide with bathing and morning and evening cares. The client's record contained only one supervisory visit by an RN dated April 4, 2005.</p> <p>Client A2 began receiving services from the agency July 2004. The client received assistance from a home health aide with morning and evening cares, and assistance with insulin administration. The client's record contained one supervisory visit by an RN dated March 14, 2005.</p> <p>Client B1 began receiving services from the agency May 2004. The client received assistance from a home health aide with dressing, grooming, toileting, and blood sugar checks. The last supervisory visit noted in the client's record was conducted on June 18, 2005.</p> <p>Client B2 began receiving services from the agency December 2002. The client received assistance from a home health aide with activities of daily living. A review of the client's record indicated there were no supervisory visits between April 13, 2005 and September 7, 2005.</p> <p>Client C1 began receiving services from the agency December 2004. The client received assistance from a home</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>health aide with morning and evening cares, toileting at night, and blood sugar checks every day. The client's record contained one RN supervisory visit dated April 1, 2005.</p> <p>Client C2 began receiving services from the agency July 2004. The client received assistance from a home health aide with medications. The client's record contained one supervisory visit dated August 28, 2005.</p> <p>Client D2 began receiving services from the agency November 2003. The client received assistance from a home health aide with bathing and dressing. The client's record contained a supervisory visit by an RN on April 20, 2004, and not again until September 20, 2005.</p> <p>When interviewed October 4, 7 and 12, 2005, an RN confirmed the lack of timely supervisory visits of the home health aides caring for clients A1, A2, C1, C2 and D2. When interviewed October 6, 2005, an RN confirmed the lack of timely supervisory visits of the home health aides caring for clients B1 and B2. The RN acknowledged that they were "behind" in the supervisory visits.</p> <p><u>Education:</u> Provided</p>
#2	MN Rule 4668.0030 Subp. 4 Content of notice		X	<u>Education:</u> Provided
#3	MN Rule 4668.0065 Subp. 1 Tuberculosis screening		X	<u>Education:</u> Provided

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#3	MN Statute §626.557 Subd. 14(b) Abuse prevention plan	X	X	<p>Based on interview and record review, the licensee failed to ensure that specific measures were identified to minimize the client's risk of abuse for four of eight client's (B1, B2, C1 and C2) records reviewed. The findings include:</p> <p>Client B1's Vulnerable Adult Assessment, dated May 4, 2004, identified vulnerabilities that put the client at risk for abuse. Client B2's Vulnerable Adult Assessment, dated June 29, 2004, identified vulnerabilities that put the client at risk for mental or financial exploitation. Client C1's Vulnerable Adult Assessment, dated June 28, 2005, identified that the client was at risk for mental or financial exploitation. Client C2's Vulnerable Adult Assessment, dated August 28, 2005, identified that the client was vulnerable. There were no specific measures listed to assist in minimizing each client's risk of abuse in the identified areas. The preceding findings were reviewed with an RN during an interview on October 17, 2005.</p> <p><u>Education:</u> Provided</p>
#4	MN Rule 4668.0040 Subp. 2 Informing clients	X	X	<p>Based on record review and interview, the licensee failed to provide a complete written notice related to the agency's complaint procedure for thirteen of thirteen clients' (A1, A2, A3, B1, B2, B3, C1, C2, C3, D1, D2, D3 and D4) records reviewed. The findings include:</p> <p>Clients A1, A2 and A3 resided at site A. A review of the policy/procedure for handling complaints that was given to the clients upon their start of care lacked the name or title of the person or persons to contact with complaints, and</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the method of submitting a complaint to the licensee.</p> <p>Clients B1, B2 and B3 resided at site B. A review of the policy/procedure for handling complaints that was given to the clients upon their start of care included a name and title of the person to contact with a complaint, however the licensee no longer employed the person to whom the client was to contact. In addition, the procedure lacked language that the client had the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints, and a statement that the provider will in no way retaliate because of a complaint.</p> <p>Clients C1, C2, C3, D1, D2, D3 and D4 resided at sites C and D. A review of the information given to the clients at their start of care did not include the licensee's complaint procedure. An interview with client C2 and client C2's family member on October 7, 2005 confirmed that they did not receive a copy of the licensee's complaint procedure. During a home visit and interview on October 11, 2005, client D4 also confirmed that she did not receive a copy of the licensee's complaint procedure. The client provided the reviewer with the information that she received when she started care with the agency and it did not include the licensee's complaint procedure.</p> <p>When interviewed October 4, 5 and 12, 2005, a registered nurse (RN) confirmed that the complaint procedure given to clients at sites A and B did not include all of the required contents. In addition, the RN confirmed that the licensee's complaint procedure was not included in the packet of information</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>given to clients that resided at sites C and D.</p> <p><u>Education:</u> Provided</p>
#5	MN Rule 4668.0810 Subp. 5 Form of entries		X	<p><u>Education:</u> Provided</p>
#5	MN Rule 4668.0810 Subp. 6 Content of client record	X	X	<p>Based on record review and interview, the licensee failed to maintain a complete record for one of one discharged client's (D3) record reviewed who resided at site D. The findings include:</p> <p>Client D3 began receiving services from the agency December 2004, which included medication set-up and assistance with self-administration of medications. When interviewed October 12, 2005, a registered nurse (RN) indicated that client D3 was discharged from services sometime in May 2005. The client's record lacked physician's orders for the medications that were to be set-up and documentation of each instance of assistance with self-administration of medication. In addition, there was no summary following the discontinuation of services. When interviewed October 12, 2005, an RN confirmed that the preceding documentation was missing and stated that she was not sure what happened to portions of the client's record.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0825 Subp. 4 Performance of routine procedures	X	X	<p>Based on record review and interview, the licensee failed to retain documentation regarding each unlicensed person's demonstrated competency to perform delegated nursing procedures for two of four employees (CB and BB) reviewed. The</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>findings include:</p> <p>Employee CB was hired by the agency July 2004. The employee assisted client C1 with blood sugar checks daily. There was no documentation in his personnel file of a demonstrated competency for blood sugar checks.</p> <p>Employee BB was hired by the agency September 2005. The employee assisted client B2 with her oxygen, which she utilized on a continuous basis. There was no documentation in employee BB's personnel records of a demonstration of competency in the assistance of client B2's oxygen.</p> <p>When interviewed October 12, 2005, a registered nurse (RN) stated that she was sure that employees CB and BB demonstrated competency to an RN on how to perform a blood sugar check, and assistance with oxygen, but she was unsure where the documentation was.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0835 Subp. 3 Inservice training and demonstration of competency		X	<p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0855 Subp. 7 Performance of routine procedures	X	X	<p>Based on record review and interview, the licensee failed to retain documentation of the staffs' demonstrated competency of assistance with self-administration of medications for six of ten employees' (AC, BB, CA, CB, DA and DB) reviewed. The findings include:</p> <p>Employees AC, BB, CA, CB, DA and DB, home health aides, were hired by the agency December 2001, September</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>2005, November 2004, July 2004, January 2005, and March 2005, respectively. All of the previously mentioned employees assisted clients with self-administration of medications. A review of the employees' personnel records lacked documentation of a demonstrated competency to a registered nurse (RN) of their ability to perform the procedure. When interviewed October 12, 2005, an RN stated that she was sure the competency evaluations had been completed, but she was unsure where the documentation was.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 2 Nursing assessment and service plan		X	<p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 6 Limitations on administering medications	X	X	<p>Based on record review and interview, the licensee failed to ensure that unlicensed personnel did not prepare the dose of insulin for administration for one of one client's (A2) record reviewed. The findings include:</p> <p>Client A2 received assistance from the home health aides with her insulin injections three times a day. The client's insulin at bedtime was administered using an insulin injection system. Instructions for the home health aide on a caregiver charting form (undated) indicated that the home health aide was to set the injection system for ten units of insulin every p.m. During a home visit October 5, 2005, client A2 stated that the home health aides set the pen to the ten-unit dose for her/him every evening. When interviewed October 5, 2005, a registered nurse confirmed that the home health aides were setting the dose</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>for client A2's evening insulin.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 2 Prescriber's order required	X	X	<p>Based on record review and interview, the licensee failed to have written prescriber's order for each medication for three of eight clients' (A1, A2 and D1) records reviewed. The findings include:</p> <p>A review of client A1's October 2005 medication administration record (MAR) indicated that staff were setting up a gastrointestinal medication three times a day in the client's weekly medication container. A physician's order, dated April 28, 2005, indicated the medication was to be administered twice a day. The client also had a physician's order to discontinue a cardiovascular medication and to start a different cardiovascular medication every day. A review of client A1's October 2005 MAR indicated that the original cardiovascular medication continued to be administered and the new order was not started. Client A1's October 2005 MAR indicated that s/he received three medications on a daily or twice daily basis. There were no prescriber's orders for these three medications. When interviewed October 5, 2005, a registered nurse (RN) confirmed the discrepancies in the in the medication orders. The RN also stated she would clarify the client's medications with the client's physician.</p> <p>A review of client A2's October 2005 MAR indicated that staff were setting up an identified medication 20 milligrams (mg.) every evening to be administered to the client, although the client had a physician's order, dated February 28, 2005, that indicated s/he was to receive 10 mg. every evening.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client A2 had a physician's order, dated November 15, 2004, for an identified medication 5 mg. every evening, although the client's October of 2005 MAR indicated that the medication was given on a PRN (as needed) basis only. Client A2's October 2005 MAR indicated that she received injections at 8:00 a.m., noon and 5:00 p.m. There were no prescriber's orders for the client's injections. When interviewed October 5, 2005, an RN confirmed the preceding discrepancies in the physician's orders and what was actually administered, and the lack of prescriber's orders for the client's injections.</p> <p>A review of client D1's October 2005 MAR indicated that 20 milliequivalents of an identified medication was being administered three times a day, although the prescriber's order, dated April 19, 2004, indicated 10 milliequivalents of the medication was to be administered three times a day. When interviewed October 12, 2005, an RN confirmed the difference in dosage of the medication.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 9 Renewal of orders		X	<p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 2 Nursing assessment and service plan		X	<p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 9 Storage of Schedule II drugs	X	X	<p>Based on record review and interview, the licensee failed to provide a separately locked, permanently affixed storage compartment for schedule II medications that were centrally stored</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>for one of one client (A2) reviewed. The findings include:</p> <p>During a home visit on October 5, 2005, client A2's medications were observed to be stored in a container that was locked, and kept on the top shelf of her closet. The client stated that she did not have a key to the container, but that the staff of the agency did. Client A2 had a physician's order for a schedule II drug, four times a day, which was set-up in dosage boxes by the nurse on a weekly basis. The client's schedule II drug was stored in the movable container that was kept on the top shelf of the client's closet along with her other medications. When interviewed October 5, 2005, a registered nurse confirmed that client A2's schedule II drug was not stored according to the requirement.</p> <p><u>Education:</u> Provided</p>
#9	MN Rule 4668.0870 Subp. 2 Drugs given to discharged clients	X	X	<p>Based on interview and record review, the licensee failed to ensure that the disposition of medications was properly documented for two of two discharged clients' (A3 and B3) records reviewed. The findings include:</p> <p>Client A3 was discharged from the agency July 2005. The client's record indicated that she received medication set-up and assistance with medication administration. There was no documentation in the client's record as to the disposition of the client's medications upon discharge. When interviewed October 5, 2005, a registered nurse (RN) stated that client A3's medications were centrally stored in a box that was locked in the client's room. The RN was unsure of the disposition of the client's medications upon discharge.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client B3 was discharged from the agency February 2005. The client's record indicated that client B3's medications were centrally stored. Client #B3 received medication set-ups and assistance with medication administration. There was no documentation in the client's record as to where the client's medications went upon discharge. AN RN confirmed there was no documentation in the client's record indicating the disposition of the client's medications upon discharge.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Grace Boatman, Administrator at an exit conference on October 17, 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)