



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0716

April 30, 2009

Lisa Hofland, Administrator
The Thomas House Inc
701 3rd Avenue Southwest
Perham, MN 56573

Re: Results of State Licensing Survey

Dear Ms. Hofland:

The above agency was surveyed on March 17 and 18, 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 "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Otter Tail 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>
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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: THE THOMAS HOUSE INC

HFID #: 21578

Dates of Survey: March 17 and 18, 2009

Project #: QL21578006

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 type="checkbox"/> Met</p> <p><input checked="" 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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ 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><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ 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.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0815 Subp. 4

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to assure a contingency plan was completed for two of two client (#A1 and #B1) records reviewed. The findings include:

Client #A1 began receiving services January of 2008. The most recent service plan dated February of 2009 did not contain a contingency plan. Client B1 began receiving services February of 2009, with a service plan dated February of 2009, which did not contain a contingency plan.

When interviewed March 18, 2009, the registered nurse verified that neither service plan contained a contingency plan the preceding information.

2. MN Rule 4668.0865 Subp. 2**INDICATOR OF COMPLIANCE: # 6**

Based on observation, record review and interview, the licensee failed to provide service plans for two of two client (#A1 and # B1) records reviewed. The findings include:

Observation of the medication storage cupboard March 17, 2009, revealed the clients were receiving central storage of medications. The service plans for client #A1 and #B1 did not include central storage of medications.

When interviewed March 17, 2009, the registered nurse (R.N.) confirmed the preceding information.

3. MN Rule 4668.0865 Subp. 9**INDICATOR OF COMPLIANCE: # 6**

Based on observation and interview, the agency failed to provide locked permanently affixed storage of schedule II drugs in one of one storage area observed. The findings include:

The storage area for schedule II drugs in The Thomas House was observed March 17, 2009, with the house manager in attendance. The supervising residential assistant was observed removing a locked black cloth bag with a chain attached from a locked kitchen cabinet. The bag contained oxycodone and hydrochloride.

When interviewed, March 17, 2009, the owner stated she was unable to locate a metal box to permanently affix to the cupboard.

A draft copy of this completed form was left with Lisa Hofland, R.N./Owner, at an exit conference on March 18, 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 8714 4733

April 25, 2005

Lisa Hofland, Administrator
The Thomas House
701 3rd Avenue Southwest
Perham, MN 56573

Re: Licensing Follow Up Revisit

Dear Ms. Hofland:

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 February 7, 8 and 9, 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: Lisa Hofland, 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: THE THOMAS HOUSE INC

DATE OF SURVEY: February 7, 8 and 9, 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 5

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

Lisa Hofland, Owner/RN; Celie Soderstrom, Caretaker; Kathy Baker, Assistant
Manager/Caretaker

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X 1

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 February 7, 8 and 9, 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 Statute	626.557 Subd. 14 (b)	Corrected
2.	MN Rule	4668.0810 Subp. 7	Corrected
3.	MN Rule	4668.0815 Subp. 2	Corrected
4.	MN Rule	4668.0815 Subp. 4	Corrected
5.	MN Rule	4668.0835 Subp. 3	Corrected
6.	MN Rule	4668.0840 Subp. 4	Corrected
7.	MN Rule	4668.0855 Subp. 3	Corrected
8.	MN Rule	4668.0860 Subp. 2	Corrected
9.	MN Rule	4668.0865 Subp. 2	Corrected
10.	MN Rule	4668.0865 Subp. 8	Corrected
11.	MN Rule	4668.0870 Subp. 2	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0101

September 10, 2004

Lisa Hofland, Administrator
The Thomas House Inc.
701 3rd Avenue Southwest
Perham, MN 56573

Re: Results of State Licensing Survey

Dear Ms. Hofland:

The above agency was surveyed on July 6, 7, 8, and 9, 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: Lisa Hofland, 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: THE THOMAS HOUSE INC
 HFID # (MDH internal use): 21578
 Date(s) of Survey: July 6, 7, 8,9, 2004
 Project # (MDH internal use): QL21578001

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.	<u> </u> Met <u> X </u> Correction Order(s) issued <u> X </u> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN 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)</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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" 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: #1	Regulation: 4668.0815, Subp.2 Evaluations and Service Plan	<u> X </u> Correction Order Issued <u> X </u> Education provided
Statement(s) of Deficient Practice: #1 Education: #1	Based on record review and interview the facility failed to review and revise the client's evaluation and service plan for three of three clients (#1, #2, #3) reviewed. Client # 1's service plan was last reviewed December 31, 2002. Client #2's service plan was last reviewed February 28, 2003. Client # 3's service plan was last reviewed June 30, 2002. The service plans for clients #1, #2, #3 did not reflect changes in condition or services that had occurred since they were last done. Neither the client nor their representative had signed the service plans for client #1, or #2. No service plan indicated who provided the care, the frequency of supervision or monitoring as required by law, or a contingency plan. On July 6, 2004 the Registered Nurse (RN), Owner/ Administrator stated that she had not updated the service plan and verified the plan was not clear on who will provide the care except for the RN services. Rule reviewed with owner/registered nurse.	
Indicator of Compliance: #1	Regulation: 4668.0815, Subp.4 Evaluations and Service Plan	<u> X </u> Correction Order Issued <u> X </u> Education provided
Statement(s) of Deficient Practice: #1 Education: #1	Based on record review and interview the facility failed to review and revise the client's evaluation and service plan for three of three clients (#1, #2, #3) reviewed. Client # 1's service plan was last reviewed December 31, 2002. Client #2's service plan was last reviewed February 28, 2003. Client # 3's service plan was last reviewed June 30, 2002. The service plans for clients #1, #2, #3 did not reflect changes in condition or services that had occurred since they were last done. Neither the client nor their representative had signed the service plans for client #1, or #2. No service plan indicated who provided the care, the frequency of supervision or monitoring as required by law, or a contingency plan. On July 6, 2004 the registered nurse (RN), Owner/ Administrator stated that she had not updated the service plan and verified the plan was not clear as to who will provide the care except for the RN services. Rule reviewed with owner/registered nurse.	

Indicator of Compliance: #3	Regulation: MN Statute 626.557, Subd. 14 (b) Prevention of Maltreatment	<u> X </u> Correction Order Issued <u> X </u> Education provided
Statement(s) of Deficient Practice: #3 Education: #3	Based on record review and interview the facility failed to establish a procedure in compliance with applicable licensing rules to ensure that all cases of suspected maltreatment are reported for three of three clients (#1, #2, #3) reviewed. The facility had no written policy or procedure for reporting and investigating any incidents of maltreatment. The "Assessment Record" of client # 2 dated February, 28, 2003, indicated the client had limited verbal capabilities, wandered, became disoriented or lost in unfamiliar settings, did not identify self, residence or telephone number, had no known concern for self preservation. Clients #2, and #3 had diagnoses of dementia. During an interview July 7, 2004 personnel # 2, a direct care staff, she stated that she is not aware of any vulnerable adult prevention plan or set reporting procedure. Rule reviewed with staff.	
Indicator of Compliance: #5	Regulation: 4668.0810, Subp. 7 Security of Client's Record	<u> X </u> Correction Order Issued <u> X </u> Education provided
Statement(s) of Deficient Practice: #5 Education: #5	Based on record review and interview the facility failed to develop a system to keep client information private for three of three clients (#1, #2, #3) reviewed. Clients #1, #2, and #3's record did not contain information regarding release of personal, financial or medical information. There was no consent form signed by the client or his/her representative for the permission for the release of information to other persons or agencies. During an interview July 7, 2004 with personnel # 2, she stated she was not aware of any consent. The findings were verified via phone July 7, 2004 with the registered nurse. She stated that there is no policy or procedure for the release of information. Need to protect client information discussed. Rule reviewed with staff.	

Indicator of Compliance: #7	Regulation: 4668.0835, Subp. 3 In-service training	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #7 Education: #7	Based on record review and interview the agency failed to complete and document 8 hours of in-service training for each 12 months of employment for two of two unlicensed personnel reviewed. During an interview July 6, 2004 the owner/ registered nurse (RN) stated she trains staff but does not record time and dates of attendance for each employee. She provided quarterly staff meeting minutes. The minutes for May 20, 2004 indicated a review of the emergency escape plan but, lacked time period for training or which staff attended this meeting. The quarterly staff meeting minutes for November 2003, April 2004, and a not form May 2004 indicated a review of various subjects but all lacked time period for training or which staff attended these meetings. Rule reviewed with owner/registered nurse. Options for compliance discussed	
Indicator of Compliance: #7	Regulation: 4668.0840, Subp. 4 Competency evaluation	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #7 Education: #7	Based on record and interview agency failed to complete and document competency evaluations for two of two (#2, and #3) unlicensed personnel, who assist with medication administration. The records for employees #2, and #3 did not contain documentation of competency evaluations for assistance with medication. When interviewed on July 7, 2004 the registered nurse stated she does not have competency evaluations. Rule reviewed with owner/registered nurse.	

Indicator of Compliance: #8	Regulation: 4668.0860, Subp. 2 Medication orders	<u> X </u> Correction Order Issued <u> X </u> Education provided
Statement(s) of Deficient Practice: #8 Education: #8	Based on record review and interview the agency failed to obtain a written prescriber's order for drugs the agency assists with administering for three of three active clients (#1, #2, and #3) reviewed. Client #1 began receiving services on December 2002. Client #2 began services February 2003. Client #3 began services June of 2002. Clients #1, #2, and #3 service plans all indicate assistance with medication administration since services began. The July medication administration records for clients #1, #2, and #3 indicated multiple medications were given to each client. The medications given included lanoxin, lasix, coumadin, lisinopril/hydrochlorothiazide, buspar, risperdal, zoloft, exelon, and synthroid. Clients #1, #2, and #3's records did not contain any orders for medications. When interviewed July 6, 2004, the agency's owner/registered nurse stated that she did not have written medication orders. She stated "this is their home the order is given to the pharmacy to fill I do not keep a copy on file". She stated she did not have any medication orders, for clients, within the agency. Rule reviewed with owner/registered nurse.	
Indicator of Compliance: #8	Regulation: 4668.0855, Subp.3 Medication set up	<u> X </u> Correction Order Issued <u> X </u> Education provided
Statement(s) of Deficient Practice: #8 Education: #8	Based on interview agency failed to have medications set up by a nurse, physician, or pharmacist for three of three clients (#1, #2, #3) reviewed. When interviewed July 6, 2004 the registered nurse (RN) stated she had trained the unlicensed staff to set up medications. During an interview July 7, 2004 the Assistant Manager she stated she had been setting up the medications in med boxes for about 6 months. She indicated she sets up meds for all clients within the agency. Her personnel file indicated, and she confirmed that she was an unlicensed staff. The service plans for clients #1, #2, and #3 stated the RN would set up medications for resident. Rule reviewed with owner/registered nurse.	

Indicator of Compliance # 8	Regulation: 4668.0865, Subp. 2 Assessment for Storage of Drugs	<u>X</u> Correction Order Issued <u>X</u> Education
Deficient Practice: #8 Education: #8	Based on record review and interview the agency failed to assess clients for the need for central storage of medications for three of three active clients (#1, #2, and #3) reviewed. Client #1 began receiving services on December 2002. Client #2 began services February 2003. Client #3 began services June of 2002. Clients #1, #2, and #3 service plans all indicate assistance with medication administration since services began. The records for clients #1, #2, and #3 did not contain an assessment of need for central storage. When interviewed July 6, 2004 the agency owner/registered nurse she confirmed that client assessments of the need for central storage of medications had not been done. Stated she was not aware of this requirement. Rule reviewed with owner/registered nurse.	
Indicator of Compliance # 8	Regulation 4668.0865, Subp. 8 Central Storage of Medications	<u>X</u> Correction Order Issued <u>X</u> Education Provided
Deficient Practice: #8 Education #8	Based on observation and interview the agency failed to store medications in a locked compartment. Observation of drug storage in upper kitchen cabinet. During all days of the survey medications were stored in a gray box that was kept in a kitchen cabinet. Neither the cabinet nor the gray box was locked. Upon interview July 7, 2004 the agency's Assistant Manager stated medications are stored in a box in the kitchen cabinet that is not locked. Rule reviewed with owner/registered nurse.	
Indicator of Compliance # 9	Regulation: 4668.0870, Subp. 2 Disposition of medications	<u>X</u> Correction Order Issued <u>X</u> Education provided
Deficient Practice: #9 Education: #9	Based on record review and interview the agency failed to establish the disposition of medications upon discharge for one of one-discharged clients (#4) reviewed. Client #4 was discharged October 6, 2003. October 24, 2003 an entry was made in her record indicating "Gave Meds." No further clarification was documented. When interviewed July 6, 2004 the registered nurse stated she was "not sure" what "Gave Meds" meant. Discussed need to indicate explicitly what happens to medications upon discharge with owner/registered nurse.	

Indicator of Compliance # 10	Regulation: 4668.0012, Subp. 6	X Education Provided
Education: #10	License in process being renewed. ALHCP license expired June 14, 2004. State of Mn. waiting for evidence of workers' compensation insurance coverage before a new license would be issued. Owner made aware of above information. Insurance company forwarded required information to MDH.	
Additional Education	Owner was given handouts on CLIA Waiver, web site for ALHCP, and Minnesota Board of Nursing material and web site.	

A copy of this completed form was left with Kathy Baker at an exit conference on July 9, 2004. Any correction orders issued as a result of the on-site visit 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).