



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2257 3974

January 13, 2010

Laura Pyburn, Administrator  
Primrose of Austin  
1701 22<sup>nd</sup> Ave SW  
Austin, MN 55912

Re: Results of State Licensing Survey

Dear Ms. Pyburn:

The above agency was surveyed on December 22 and 28, 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: Mower 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: PRIMROSE OF AUSTIN

HFID #: 21689

Date(s) of Survey: December 22 and 28, 2009

Project #: QL21689007

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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The service plan accurately describes the client's needs.</li> <li>Care is provided as stated in the service plan.</li> <li>The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p><b>Focus Survey</b></p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>• Client personal information and records are secure.</li> <li>• Any information about clients is released only to appropriate parties.</li> <li>• Client records are maintained, are complete and are secure.</li> </ul>	<p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0065</li> <li>• MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0825</li> <li>• MN Rule 4668.0840</li> <li>• MN Rule 4668.0070</li> <li>• MN Statute §144D.065</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>• Nurse licenses are current.</li> <li>• The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>• The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>• Personnel records are maintained and retained.</li> <li>• Staff meet infection control guidelines.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <input type="checkbox"/></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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <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"> <li>• 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.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <input type="checkbox"/></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><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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.

**1. MN Rule 4668.0030 Subp. 3**

**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure clients received a copy of the Minnesota Home Care Bill of Rights for Assisted Living before services were initiated for one of one client’s (#1) record reviewed. The findings include:

Client #1 began receiving services June 24, 2008. There was no documentation that client #1 received a copy of the bill of rights.

When interviewed December 22, 2009, a registered nurse confirmed client #1 did not have documentation of receipt of the bill of rights prior to services being initiated.

**2. MN Rule 4668.0065 Subp. 3**

**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure annual infection control in-service training was provided for one of one professional employee’s (A) record reviewed. The findings include:

Employee A was hired May 31, 2005, as a registered nurse. There was no evidence of infection control training.

When interviewed, December 22, 2009, employee A indicated she does the infection control training for new employees, but hadn't personally completed any infection control training.

### **3. MN Rule 4668.0815 Subp. 2**

#### **INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's service plan at least annually for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services June 24, 2008. Service plans dated June 17, July 17 and October 31, 2008, were present in the client record.

When interviewed, December 22, 2009, an RN stated the annual review of the service plan, due on October 31, 2009, had not been done.

### **4. MN Rule 4668.0815 Subp. 4**

#### **INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to provide a complete service plan for one of one client's (#1) record reviewed. The findings include:

Client #1's current service plan, dated October 31, 2008, did not include the action to be taken by the licensee if services could not be provided, a method for the client to contact a representative of the licensee, the name and telephone number of a person to contact for emergencies, a method for the licensee to contact a responsible person of the client or circumstances in which to summon emergency medical services.

When interviewed, December 22, 2009, a registered nurse indicated the October 31, 2008, service plan was current and that someone had told her that the other information was not needed since they had the uniform consumer guide.

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A draft copy of this completed form was left with Melani Bell RN, Administrator at a phone exit conference on December 28, 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 # 7005 0390 0006 1222 1071

February 8, 2006

Laura Pyburn, Administrator  
Primrose of Austin  
1701 22<sup>nd</sup> Avenue SW  
Austin, MN 55912

Re: Licensing Follow Up Revisit

Dear Ms. Pyburn:

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 January 26, 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

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: James Thares, President Governing Board  
Mower County Social Services  
Gloria Lehnertz, Minnesota Department of Human Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Case Mix Review File

10/04 FPC1000CMR



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

INFORMATIONAL MEMORANDUM

**PROVIDER:** PRIMROSE OF AUSTIN

**DATE OF SURVEY:** January 26, 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:**

Laura Pyburn, Community Manager  
Laurel Skime, LPN

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up #3

**ITEMS NOTED AND DISCUSSED:**

1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of follow up visits made on January 10 and 13, 2005, and on September 26, 27, and 28, 2005. The results of the surveys were delineated during the exit conferences. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conferences.

The status of the correction orders issued as a result of a follow up visit on January 10 and 13, 2005, is as follows:

**9. MN Statute §626.557 Subd. 14 (b)** **Corrected**

The status of the correction orders issued as a result of a follow up visit on September 26, 27, and 28, 2005, is as follows:

**1. MN Rule 4668.0865 Subp. 2** **Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7898

November 23, 2005

Ms. Laura Pyburn, Administrator  
Primrose of Austin  
1701 22ND Avenue SW  
Austin, MN 55912

Re: Licensing Follow Up Revisit

Dear Ms. Pyburn:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on September 26, 27, and 28, 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: James Thares, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
Mower County Social Services  
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans  
CMR File

10/04 FPC1000CMR



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7898

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

November 23, 2005

Laura Pyburn, Administrator  
Primrose of Austin  
1701 22<sup>nd</sup> Ave SW  
Austin, MN 55912

RE: QL21689002

Dear Ms. Pyburn:

On September 26, 27, and 28, 2005 a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during a survey completed on June 15, 16, 17, and 18, 2004 with correction orders received by you on August 9, 2004 and a follow-up survey completed on January 10 and 13, 2005 with correction orders received by you on April 1, 2005

The following correction orders from the January 10 and 13, 2005 follow-up survey were not corrected in the time period allowed for correction:

**9. MN Statute §626.557 Subd. 14 (b)**

Based on record review and interview, the licensee failed to ensure that an individualized abuse prevention assessment and plan was developed for one of two clients (#1) records reviewed. The findings include:

Client #1's medical record indicated that she was admitted November 22, 2004 with a diagnosis of dementia. The record did not contain an individualized assessment of the person's susceptibility to abuse and plan to minimize the risk of abuse. On January 10, 2005, the administrator verified client #1 did not have an individualized abuse prevention assessment or plan.

**TO COMPLY:** Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of the person's susceptibility to abuse by other individuals, including other vulnerable adults, and a statement of the specific measures to be taken to minimize the risk of abuse to that person. For the purposes of this clause, the term "abuse" includes self-abuse.

No assessment is due for this uncorrected order.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

Sincerely,

Jean Johnston  
Program Manager  
Case Mix Review Program

cc: James Thares, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
Mower County Social Services  
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans  
Jocelyn Olson, Assistant Attorney General  
Mary Henderson, Program Assurance  
CMR File

12/04 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** PRIMROSE OF AUSTIN

**DATE OF SURVEY:** September 26, 27, and 28, 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:**

Melanie Bell, RN

Deb Brandt, assistant manager of independent living

Laura Pyburn, Administrator

Laurel Skime, LPN

Mary Kolb, ULP

Eloise Williamette, ULP-TMA

**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 June 15, 16, and 18, 2004 and the follow up visit on January 10, and 13, 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 issued on June 15, 16, 17 and 18, 2004, is as follows:

**1. MN Rule 4668.0805, Subp.1** **Corrected**

**2. MN Rule 4668.0825, Subp. 2** **Corrected**

The status of the correction orders issued on January 10, and 13, 2005, is as follows:

**1) MN Rule 4668.0030 Subp. 5** **Corrected**

<b>2) MN Rule 4668.0065 Subp. 3</b>	<b>Corrected</b>
<b>3) MN Rule 4668.0800 Subp. 1</b>	<b>Corrected</b>
<b>4) MN Rule 4668.0815 Subp. 1</b>	<b>Corrected</b>
<b>5) MN Rule 4668.0825 Subp. 3</b>	<b>Corrected</b>
<b>6) MN Rule 4668.0825 Subp. 4</b>	<b>Corrected</b>
<b>7) MN Rule 4668.0835 Subp. 3</b>	<b>Corrected</b>
<b>8) MN Rule 4668.0845 Subp. 2</b>	<b>Corrected</b>
<b>9) MN Statute §626.557 Subd. 14 (b)</b>	<b>Not Corrected</b>

Based on record review and interview the licensee failed to ensure that an individual abuse prevention plan was developed for two of five clients' (#2 and #3) records reviewed. The findings include:

Client #2 began receiving services November 17, 2004. There was no evidence of an individualized plan to minimize the risk of abuse. When interviewed, September 27, 2005, the registered nurse (R.N.) verified client #2's vulnerable adult assessment did not contain a plan.

Client #3 began receiving services December 28, 2004. There was no evidence of a vulnerable adult assessment or an abuse prevention plan. When interviewed, September 28, 2005, the R.N. verified that client #3 did not have a vulnerable adult assessment or an abuse prevention plan.

- 2) Although a State licensing survey was not due at this time, correction orders were issued.



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 ALHC: PPRIMROSE OF AUSTIN:  
 HFID # (MDH internal use) 21689:  
 Date(s) of Survey September 26, 27, and 28, 2005  
 Project # (MDH internal use) QL21689002:

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  Follow Up Survey #2

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>Follow Up Survey #2</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 type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 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.	<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:
1	MN Rule 4668.0865 Subp. 2 Central storage of medication	X	X	<p>Based on record review and interview, the facility failed to have the registered nurse assess for the need for central storage of medications for four of five (#1, #2, #8, #9) clients reviewed. The findings include:</p> <p>Clients #1, #2, #8, and #9 all received central storage of medications.</p> <p>Client #1 began receiving central storage of medications November of, 2004. Client #1's functional assessment dated November 19, 2004 did not indicate the need for central storage of medications. Client #1 received storage of eleven different medications, which included Atenolol (an anti-hypertensive) and Prozac (an antidepressant).</p> <p>Client #2 began receiving central storage of medications November of 2004. Client #2's functional assessments dated November of 2004, December of 2004, and April of 2005 did not indicate the need for central storage of medication. Client #2 received storage of six medications, which included an anti-inflammatory and an antidepressant.</p> <p>Client #8 began receiving central storage of medications June of 2005. Client #8's "functional assessment" dated June of 2005 stated no meds at this time. Client has received Aricept (memory) daily since June of 2005.</p> <p>Client #9 began receiving central</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>storage of medications September of 2005. Client # 9's functional assessment did not include the need for central storage of medications. Client #9 received central storage of seven different medications, which include Synthroid (for hypothyroidism) and Prozac (an antidepressant).</p> <p>When interviewed, September 26, 2005, the registered nurse indicated that there were no central storage assessments done.</p> <p><b><u>Education:</u></b> Provided</p>

A draft copy of this completed form was left with Laura Pyburn at an exit conference on September 28, 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 2920

March 30, 2005

Ms. Laura Pyburn, Administrator  
Primrose of Austin  
1701 22<sup>nd</sup> Avenue SW  
Austin, MN 55912

Re: Licensing Follow Up Revisit

Dear: Ms. Pyburn:

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 (Date).

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: James Thares, President Governing Board  
Case Mix Review File  
Jocelyn Olson, Assistant Attorney General, Attorney General's Office

10/04 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 2920

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

March 30, 2005

Ms. Laura Pyburn, Administrator  
Primrose of Austin  
1701 22ND Avenue SW  
Austin, MN 55912

RE: QL 21689002

Dear Ms. Pyburn,

On January 10 and 13, 2005, a re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders found during an inspection completed on June 15, 16, 17, and 18, 2004 with correction orders received by you on August 9, 2004.

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

**1. MN Rule 4668.0805, Subp. 1 \$300.00**

Based on record review and interview the facility failed to provide orientation to home care requirements for two of three direct care staff (#1 and #3) reviewed. Employee #1 was hired September 2002. Employee #3 was hired October 2002. The facility did not have evidence of orientation prior to providing care. During an interview June 15, 2004, employee #3 stated she had not had any training for home care. In an interview June 16, 2004, employee #1 stated she had not had any training for home care.

**TO COMPLY:** Subpart 1. An individual applicant for an assisted living home care provider license and a person who provides direct care, supervision of direct care, or management of services for a licensee must complete an orientation to home care requirements before providing home care services to clients. The orientation may be incorporated into the training of unlicensed personnel required under part [4668.0835](#), subpart 2. The orientation need only be completed once.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: **\$300.00**

**2. MN Rule 4668.0825, Subp. 2**

**\$250.00**

Based on record review, the facility failed to have a registered nurse (RN) conduct a nursing assessment of the client's functional status, need for nursing services or develop a service plan for one of four current clients reviewed (#1). Client #1 began receiving services August 1, 2003. The licensed practical nurse (LPN) created the service plan July 8, 2003. On August 3, 2003, the LPN did a "move in" assessment and an adult vulnerability assessment. During an interview June 15, 2004, the RN and the LPN verified the LPN had done the assessment and service plan instead of the RN.

**TO COMPLY:** Subp. 2. Before initiating delegated nursing services for a client, a registered nurse must conduct a nursing assessment of the client's functional status and need for nursing services and must develop a service plan for providing the services according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part [4668.0845](#). The service plan for delegated nursing services must be maintained as part of the service plan required under part [4668.0815](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: **\$250.00.**

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the** total amount you are assessed is: **\$ 550.00.** This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health [Attn: Mary Henderson] within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Division of Compliance Monitoring, within 15 days of the receipt of this notice.

**FAILURE TO CORRECT:** In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

Sincerely,

Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Original – Facility  
Licensing and Certification File  
Case Mix Review File  
Mary Henderson, Program Assurance  
Kelly Crawford, Minnesota Department of Human Services  
Mower County Social Services  
James Thares, President Governing Body  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Assistant Attorney General for Health  
Deb Peterson, Assistant Attorney General, MA Fraud Unit

3/05 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** PRIMROSE OF AUSTIN

**DATE OF SURVEY:** January 10 and 13, 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:**

Laura Pyburn, Administrator  
Kathy Hill, RN  
Laurel Skime, LPN.

**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 June 15, 16, 17, and 18, 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 Rule 4668.0805 Subp. 1      Not Corrected      Penalty Assessment Issued**

Based on personnel file review and interviews, the facility failed to provide orientation to home care requirements for four of four employees (#1, #2, #3 and #4) personnel files reviewed. The findings include:

A review of the personnel files of employees #1, #2, #3 and #4, indicated they were hired on October 4, 2002, October 9, 2002, June 15, 2004 and June 17, 2003 respectively. There was no evidence that the four employees had received orientation to the home care requirements.

On January 10, 2005, employees #5 and #6, the registered nurse and administrator, confirmed that all four employees had not received the orientation to home care as



required by subpart 2. Employees #5 and #6 stated that although they were issued a correction order for failing to provide employees with orientation to home care, they did not provide the orientation to the home care to any of their current employees because they thought that they had to provide the orientation to only employees hired after they received the correction orders. Employees #5 and #6 stated that they had not hired any employees after receipt of the correction orders.

**2) MN Rule 4668.0825 Subp. 2 Not Corrected Penalty Assessment Issued**

Based on record review and interviews, the facility failed to assure that the registered nurse conducted a nursing assessment of the clients functional status, need for nursing services, and developed a service plan for two of three clients (#1 and #2) records reviewed. The findings include:

Client #1's medical record indicated that she was admitted on November 22, 2004. Client #1's record, when reviewed on January 10, 2005, was noted to contain a tabbed area in which the registered nurse was to document her nursing assessment of the clients functional status, need for nursing services and development of a service plan according to client #1's needs and preferences. This area was noted to be blank.

The record was reviewed with employee #6 on January 10, 2005 and employee #5 on January 11, 2005 who both confirmed that the record did not contain a nursing assessment of the client's functional status, need for nursing services and a service plan. On January 11, 2005, employee #5 stated that she had completed the assessment but did not know what happened to it.

Client #2's medical record indicated that she was admitted on November 17, 2004. Client #2's record was noted to have a functional assessment which was not complete, not dated, and not signed. The record was reviewed with employee #6 on January 10, 2005, who verified that the functional assessment was not completed.

**3) MN Rule 4668.0855 Subp. 9 Corrected**

**4) MN Rule 4668.0865 Subp. 3 Corrected**

- 2) The exit conference was conducted by telephone and was not tape recorded.
- 3) Although a State licensing survey was not due at this time, correction orders were issue



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

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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: PRIMROSE OF AUSTIN

HFID #: 21689

Date(s) of Survey: January 10 and 13, 2005

Project #: QL21689002

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.	<div style="text-align: center;"> <input type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> Education Provided                     </div> <p style="text-align: center;">Follow Up Survey #1</p>

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 acknowledgment in the client's clinical record to show that the BOR was received (or why acknowledgment could not be obtained).</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow Up Survey #1</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>Follow Up Survey #1</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow Up Survey #1</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 type="checkbox"/> Correction Order(s) issued <input 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 type="checkbox"/> Correction 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 Order(s) issued <input type="checkbox"/> Education provided</p>

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

Survey Results:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0815 Subp.1 Evaluation; documentation Follow Up Survey #1	X	X	<p>Based on record review and interview, the licensee failed to have a registered nurses' (RN), individualized evaluation of the client's needs and establish a service plan within two weeks after initiation of service for one of three clients' (#1) records reviewed. The findings include:</p> <p>Client #1s' medical record indicated that she was admitted November 22, 2004. When reviewed, the area in her record that was to contain the RNs' assessment and service plan was blank.</p> <p>On January 10, 2005, client #1s' record was reviewed with the RN and the administrator, who both verified that client #1s' record did not contain an individualized RN assessment or service plan. On January 11, 2005 the RN stated that she had done the assessment but did not know what happened to it.</p> <p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse Follow Up Survey #1	X	X	<p>Based on record review and interview the licensee failed to ensure that a registered nurse (RN) supervisory visit was conducted within fourteen days after initiation of services for two of two clients (#1 and #2) records reviewed, who required supervision by a RN. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #1's medical record indicated that she was admitted on November 22, 2004 and client #2's medical record indicated that she was admitted on November 17, 2004. Both clients received the delegated nursing task of medication administration. There was no evidence in client #1 and #2's record of a RN supervisory visit of the unlicensed personnel fourteen days after services were initiated.</p> <p>On January 10, 2005, employee #6 reviewed client #1 and #2's record and confirmed the above findings.</p> <p><b><u>Education:</u></b> Provided</p>
2	MN Rule 4668.0030 Subp. 5 Acknowledgment of receipt Follow Up Survey #1	X	X	<p>Based on record review and interview, the licensee failed to have documentation demonstrating the acknowledgment of receipt of the Home Care Bill of Rights for two of three clients (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's record when reviewed on January 10, 2005 did not have documentation to indicate that she had received the Home Care Bill of Rights. Client #1 had been receiving services from the agency since November 22, 2004.</p> <p>Client #2 was admitted on November 17, 2004. Client #2's record when reviewed on January 10, 2005 had a form titled "Home Care Bill of Rights Acknowledgment Form" which contained multiple areas, such as the "Home Care Bill of Rights" and "Health Care Directives" where staff could check off items given to the client. The form was signed by client</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>#2 on November 18, 2004. However, the area where staff was to check to indicate that they provided client #2 with a copy of the Home Care Bill of Rights was left blank. On January 10, 2005, the administrator confirmed there was no documentation that showed that client #1 and #2 had received the Home Care Bill of Rights.</p> <p><b><u>Education:</u></b> Provided</p>
3	MN Rule 4668.0065 Subp. 3 Infection Control Follow Up Survey #1	X	X	<p>Based on record review and interview, the licensee failed to ensure that for each twelve months of employment, employees who have direct contact with clients received infection control training, for three of three employees (#1, #2 and #4) files reviewed. The findings include:</p> <p>Employees #1 and #2 were hired on October 4 and October 9, 2002 respectively. When reviewed, both records did not contain evidence of infection control in-service training since their hire date.</p> <p>Employee #4 was hired on June 17, 2003. When reviewed, her record did not contain evidence of infection control in-service training since her hire date.</p> <p>On January 10, 2005, the registered nurse confirmed there was no infection control in-service training for employees #1 and #2 and #4 since their hire date.</p> <p><b><u>Education:</u></b> Provided</p>
3	MN Statute §626.557 Subd. 14 (b) Abuse Prevention Plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that an individualized abuse prevention</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
	Follow Up Survey #1			<p>assessment and plan was developed for one of two clients (#1) records reviewed. The findings include:</p> <p>Client #1's medical record indicated that she was admitted November 22, 2004 with a diagnosis of dementia. The record did not contain an individualized assessment of the person's susceptibility to abuse and plan to minimize the risk of abuse. On January 10, 2005, the administrator verified client #1 did not have an individualized abuse prevention assessment or plan.</p> <p><b><u>Education:</u></b> Provided</p>
7	MN Rule 4668.0825 Subp. 3 Nursing services delegated to unlicensed personnel Follow Up Survey #1	X	X	<p>Based on a review of personnel files and interviews, the licensee failed to have had the required training for unlicensed personnel before nursing services were delegated to three of three unlicensed personnel (ULP) (#1, #3 and #4) reviewed. The findings include:</p> <p>Employees #1 provided medication administration and accuchecks (blood sugar checks), delegated nursing services. Employees #3, and #4 provided bathing, a delegated nursing service. Employees #1, #3, and #4s' personnel files did not contain any evidence to indicate that they had received training for delegated nursing services prior to performing the services. When interviewed January 10, 2005, the registered nurse stated that she used the "buddy system" with new ULP. She stated the new employee worked with another ULP for a period of time. The RN confirmed that she did not conduct a written, oral or practical test for the</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>areas for which the training is required under this subpart and was not aware of the training requirements.</p> <p><b><u>Education:</u></b> Provided</p>
7	<p>MN Rule 4668.0825 Subp. 4 Performance of routine procedures Follow Up Survey #1</p>	X	X	<p>Based on record review and interview, the licensee failed to ensure that prior to delegating a procedure to the unlicensed personnel (ULP), the registered nurse (RN) instructed the ULP on the proper procedures with respect to each clients cares, failed to document specific instructions for performing the procedures for each client, and failed to ensure that the ULP demonstrated to the RN their ability to competently follow the procedures in three of three (#1, #2, and #3) clients records reviewed. The findings include:</p> <p>Client #1s' medical record indicated that she was admitted November 11, 2004 and received the delegated nursing task of medication administration. The record was noted to contain a tabbed area in which the RN was to document a care plan along with instructions related to client #1's cares for the ULP. This area was noted to be blank. There was no further evidence in the record that training had been provided.</p> <p>Client #2s' medical record indicated that she was admitted November 17, 2004 and received the delegated nursing task of medication administration. The record was noted to contain a tabbed area in which the RN was to document her instructions related to client #2s' cares for the ULP. This area contained a form that</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>read, "I have read and been oriented to this plan of care." This area was blank. There were no written instructions for the ULP to follow when providing the client's care.</p> <p>Client #3s' medical record indicated that he was admitted December 28, 2004 and received the delegated nursing task of medication administration. The record was noted to contain a tabbed area in which the RN was to document her instructions for client #3s' cares for the ULP. This area was noted to be blank.</p> <p>On January 10, 2005, client #1, #2 and #3s' records were reviewed with the administrator. The Administrator confirmed there were no written procedures for the ULP to follow regarding client #1, #2, and #3s' care, nor was there evidence that the ULP demonstrated competency to the RN of their ability to perform the procedures competently. The administrator stated that she did not know why the areas on the forms were blank.</p> <p><b><u>Education:</u></b> Provided</p>
7	MN Rule 4668.0835 Subp. 3 In-service training and demonstration of competency Follow Up Survey #1	X	X	<p>Based on interviews and personnel file review, the licensee failed to ensure that unlicensed personnel (ULP) completed eight hours of in-service training for each twelve months of employment for two of two ULP (#1 and #4) personnel files reviewed. The findings include:</p> <p>A review of personnel files with employee #5 on January 10, 2005 revealed that employee #1 was hired</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>on October 4, 2002 and employee #4 was hired on June 17, 2003. Both employees' personnel files did not contain any documentation of the required eight hours of in-service training for each twelve months of employment.</p> <p>On January 10, 2005, employee #5 confirmed the lack of in-service training for employees #1 and #2.</p> <p><b><u>Education:</u></b> Provided</p>
	<p>MN Rule 4668.0800 Subp. 1 Scope of license Follow Up Survey #1</p>	<p>X</p>	<p>X</p>	<p>Based on medication administration record review, a review of the facility's Housing with Services Registration, and interviews, the licensee was providing services for two of two individuals (#6 and #7) who were not clients of the licensed Assisted Living Health Care Provider (ALHCP). The findings include:</p> <p>The facility's Housing With Services Registration (HWSR) was reviewed with the administrator on January 10, 2005 who verified that the HWSR covered twenty-four units licensed as an ALHCP and did not include a forty unit attached independent living apartment. When reviewed, the ALHCP had medication administration records for individuals #6 and #7, which indicated that ALCHP employees were administering their medications.</p> <p>When interviewed January 10, 2005, the registered nurse (RN) and the administrator indicated that employees from the ALHCP were administering medications to two individuals, (#6 and #7), who lived in the attached</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				independent living apartment building, and were not clients of the ALHCP. The RN and the administrator stated that individuals #6 and #7 came over to the ALHCP to receive their medications several times a day. The RN and the administrator also stated that individual #6 received two meals a day at the ALHCP.  <b><u>Education:</u></b> Provided

A draft copy of this completed form was sent by facsimile to the administrator Laura Pyburn before the telephone exit conference on January 13, 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 2260 0000 9986 7355

August 6, 2004

Laura Pyburn, Administrator  
Primrose of Austin  
1701 22<sup>nd</sup> Avenue SW  
Austin, MN 55912

Re: Results of State Licensing Survey

Dear Ms. Pyburn

The above agency was surveyed on June 15, 16, 17, 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: James Thares, President Governing Board  
Case Mix Review File

FPC 3199CMR



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: PRIMROSE OF AUSTIN

HFID # (MDH internal use): 21689

Date(s) of Survey: June 15, 16, 17, and 18, 2004

Project # (MDH internal use): QL21689002

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN 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, Subp. 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction 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, 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 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: #3</p> <p>Statement of Deficient Practice: #3</p> <p>Education: #3</p>	<p>1. MN Rule 4668.0805, Subp. 1 Orientation To Home Care Requirements</p> <p>Based on record review and interview the facility failed to provide orientation to home care requirements for two of three direct care staff (#1 and #3) reviewed. Employee #1 was hired September 2002. Employee #3 was hired October 2002. The facility did not have evidence of orientation prior to providing care. During an interview June 15, 2004 employee #3 stated she had not had any training for home care. In an interview June 16, 2004 employee #1 stated she had not had any training for home care.</p> <p>Education was provided regarding the need for all personnel who do direct care to have orientation to home health care specifically before doing direct care.</p>	<p><u>X</u> Correction Order (s) Issued</p> <p><u>X</u> Education Provided</p>
<p>Statement of Deficient Practice: #7</p> <p>Statement of Deficient Practice: #7</p> <p>Education: #7</p>	<p>2. MN Rule 4668.0825, Subp. 2 Delegated nursing services</p> <p>Based on record review, the facility failed to have a registered nurse (RN) conduct a nursing assessment of the client's functional status and need for nursing services or develop a service plan for one of four current clients reviewed (#1). Client #1 began receiving services August 1, 2003. The Licensed Practical Nurse (LPN) created the service plan July 8, 2003. On August 3, 2003 the LPN did a "move in" assessment and the adult vulnerability assessment. During an interview June 15, 2004 the RN and the LPN verified the LPN had done the assessment and service plan instead of the RN.</p>	<p><u>X</u> Correction Order (s) Issued</p> <p><u>X</u> Education Provided</p>

	Education was provided regarding the need for the Registered Nurse to do the individualized evaluation and the RN must be the one to establish the service plan.	
Indicator of Compliance: #8	3. MN Rule 4668.0855, Subp. 9 Medication Records	<u>X</u> Correction Order (s) Issued <u>X</u> Education Provided
Statement of Deficient Practice: # 8	Based on interview and record review (#9) the facility failed to document the reason why medication administration was not completed as prescribed. Client record reflected a physician order for sliding scale Insulin (2 units) to be given if blood sugar level was higher than 200. The medication administration record (MAR) documented June 12, 2004, that the client had a blood sugar level of 237. The MAR and client record did not reflect that the sliding scale insulin was administered. In an interview June 25, 2004, the registered nurse (RN) confirmed the Insulin was not given and should have been given.	
Education: # 8	Rule reviewed and education was provided.	
Indicator of Compliance: #8	4. MN Rule 4668.0865, Subp. 3 Medication system	<u>X</u> Correction Order (s) Issued <u>X</u> Education Provided
Statement of Deficient Practice: # 8	Based on observation the facility failed to maintain a system for the control of medications and medication containers which required refrigeration. During observation of central medication storage June 16, 2004, the medication storage refrigerator contained many vials of medication which were out dated. Client #10 had two vials of Novulin R Insulin with expiration dates of September 13, 2003 and March 31, 2004. Client #10 also had one vial of Humulin L expiration date of February 1, 2004. Client #9 had one vial of Humulin R Insulin with an expiration date of December 23, 2003. Two flu vaccine vials were observed	

Education: # 8	<p>with expiration dates of March 27, 2003 and one flu vaccine vial with the expiration date of 4-27-04. Injectable Tuberculin vial was also observed with the expiration date of September 24, 2003. The medication storage refrigerator also contained undated open Insulin vials and plastic bags of undated pre filled Insulin with an Insulin syringes for client # 4 and client #1. The Insulin syringes were not identified with the type of drawn up Insulin. All injectables were mixed together on one shelf in the refrigerator.</p> <p>Rule was reviewed and education was provided.</p>	
Other Education Provided:	Registered Nurse (RN) was provided the Nurse Practice material from the MN Board of Nursing.	
Other Education Provided:	Registered Nurse (RN) was provided the CLIA waiver information.	

A copy of this completed form was left with Laura Pyburn at an exit conference on June 18, 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:

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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)