



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7243

July 9, 2010

Victoria Frahm, Administrator
Whittier Place
2405 1st. Avenue South
Minneapolis, MN 55404

Re: Licensing Follow Up visit

Dear Ms. Frahm:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Home Care & Assisted Living Program, on June 11, 2010.

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
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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

Feel free to call our office if you have any questions at (651) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written in a cursive style.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosure(s)

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

01/07 CMR1000

**Minnesota Department of Health
Division of Compliance Monitoring
Home Care & Assisted Living Program**

INFORMATIONAL MEMORANDUM

PROVIDER: WHITTIER PLACE

DATE OF SURVEY: June 11, 2010

BEDS LICENSED:

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

CENSUS:

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

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER: CLASS F

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

Carleen Flettie Director of Client Services
Christina Dukek, Assistant Director Whittier
Melissa Thomas, RN
Jennifer Chavis, LPN
Shannon Torrence, Director of Unity HWS

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: #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 22, 23, 24 and 25, 2010. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on February 22, 23, 24 and 25, 2010 is as follows:

- | | |
|------------------------------|-----------|
| 1. MN Rule 4668.0008 Subp. 3 | Corrected |
| 2. MN Rule 4668.0815 Subp. 2 | Corrected |
| 3. MN Rule 4668.0825 Subp. 4 | Corrected |
| 4. MN Rule 4668.0845 Subp. 2 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2257 4261

March 22, 2010

Victoria Frahm, Administrator
Whittier Place
2405 First Avenue South
Minneapolis, MN 55404

Re: Results of State Licensing Survey

Dear Ms. Frahm:

The above agency was surveyed on February 22, 23, 24, and 25, 2010, 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. If further clarification is necessary, an informal conference can be arranged.

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) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written above the typed name.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199



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: WHITTIER PLACE

HFID #: 21707

Date(s) of Survey: February 22, 23, 24 and 25, 2010

Project #: QL21707007

| 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 checked="" 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 type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" 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 type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" 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><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> 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> |
| <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>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> 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 4668.0008 Subp. 3

INDICATOR OF COMPLIANCE: # 7

Based on observations and interview, the licensee failed to establish a contract with the business that provided registered nursing (RN) services for the agency. The findings include:

Observations on February 23, 2010, revealed the RN who provided services for the home care agency was employed by Allied Professionals, a temporary staffing agency. When interviewed, the Vice President of Operations confirmed the current RN and the previous RN, who the agency had utilized since approximately November of 2009, were employed by Allied Professionals. The Vice President of Operations stated they did not have a contract with Allied Professionals to provide RN services, because Allied Professionals did not require one.

2. 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 evaluation at least annually or more frequently when there was change in the client's condition that required a change in service for three of three clients' (A1, B1 and B2) records reviewed. The findings include:

Client A1's record indicated that on June 17, 2009, he returned from a nursing home with prescriber's orders for a C-PAP (continuous positive airway pressure) machine (a machine that provides respiratory ventilation with the use of a nasal pillow, nose mask or face mask). On June 20, 2009, the client was transferred to the hospital because of chest pain, and returned on June 21, 2009. On June 24, 2009, the client was transferred to the emergency room because of constipation. Client A1's record also indicated on January 13, 2010, that he complained of difficulty breathing. The client was transferred to the hospital and stayed over night for observation. On February 13, 2010, the client was transferred to the hospital for "asthma problems" and returned on February 14, 2010. On February 15, 2010, the client again complained of shortness of breath, 911 was called and the client was transferred to the hospital. Client A1 returned to his apartment on February 19, 2010. Client A1's record contained a RN evaluation that was dated December 26, 2008. There was no other evidence of a RN evaluation of the client's multiple changes in condition. When interviewed February 23, 2010, the resident services director confirmed there was no other RN evaluation for client A1 after the December 26, 2008, evaluation.

Client B1 began receiving services May 2, 1994, which included assistance with medication administration. The client's RN evaluation had not been reviewed since November 30, 2008. When interviewed, February 23, 2010, a licensed practical nurse (LPN) indicated she had informed management that the RN needed to at least annually review the client's evaluation and that she couldn't do the evaluation because she was a LPN.

Client B2's record contained a nursing evaluation, dated December 16, 2008. There was no subsequent RN evaluation noted in the record. When interviewed February 23, 2010, a LPN verified that there was no recent evaluation of client B2's needs.

3. MN Rule 4668.0825 Subp. 4**INDICATOR OF COMPLIANCE: # 5**

Based on observation, record review and interview, the licensee failed to ensure that unlicensed staff were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, that the RN specified in writing specific instructions for performing the procedure and demonstrated to the RN that he/she was competent to perform the procedure for one of one client (A1) record reviewed who resided at Housing with Services site A. The findings include:

Client A1 was observed on February 23, 2010, to have a C-PAP (continuous positive airway pressure) machine on the bed side stand in his bedroom. When interviewed February 23, 2010, client A1 stated that employee AA assisted him with the C-PAP machine. When interviewed February 23, 2010, employee AA stated she cleaned the C-PAP machine and plugged the machine in for him. Employee

AA stated she was trained by a licensed practical nurse on how to clean the C-PAP machine. Client A1's record did not contain written instruction by the RN on the care of the C-PAP machine.

4. MN Rule 4668.0845 Subp. 2

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for three of three clients' (A1, B1 and B2) records reviewed. The findings include:

Client A1's service plan, dated March 19, 2009, indicated the client received assistance with personal hygiene and a shower at least twice a week and assistance with medication administration. Client A1's record contained supervisory visits dated November 11, 2009, and February 6, 2010, and both read, "supervisory visit complete." Thus it could not be determined if the services the client received were evaluated. When interviewed February 23, 2010, the housing with services manager of site A confirmed the supervisory visits were not timely and there was no other documentation of the supervisory visit.

Client B1 began receiving services on May 2, 1994, which included assistance with medication administration. There was no evidence of supervisory visits by the RN in the client's record. When interviewed February 23, 2010, the housing manager of site B indicated supervisory visits occurred on September 23, 2009, and November 23, 2009. Although, documentation for September 23, 2009 read, "received confirmation that resident may come out of isolation. Resident is not contagious. Received clarification from Dr." and documentation on November 23, 2009 only indicated, "supervisory visit." Documentation did not verify that the work was being performed adequately, identify problems, and assess the appropriateness of the care to the client's needs.

Client B2 was admitted August 30, 2007. Her record contained a supervisory visit by the RN on November 23, 2009 and a monitoring visit by the licensed practical nurse (LPN) on February 15, 2010 (84 days later). Documentation on February 15, 2010, only stated "supervisory visit completed." Thus it could not be determined what services had been evaluated. When interviewed February 23, 2010, the LPN verified the supervisory visit was not done timely and indicated that there was no other documentation related to the supervisory visit.

5. MN Rule 4668.0855 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on observation, record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration for three of three clients' (A1, B1 and B2) records reviewed. The findings include:

Client A1 was observed February 23, 2010, to receive assistance with medication administration from employee AB. Client A1's record contained an assessment dated December 26, 2008, but it did not contain an assessment of the client's functional status and need for assistance with medication administration. When interviewed February 23, 2010, the director of client services confirmed an assessment of the client's need for assistance with medication administration had not been completed.

Client #B1 was admitted and began receiving administration of medications May 2, 1994. There was no assessment of the client's functional status and individual needs related to the administration of medications by staff or the self-administration of medications. When interviewed February 23, 2010, a licensed practical nurse (LPN) indicated an assessment hadn't been done, if it wasn't in the chart.

Client B2's service plan, dated March 1, 2009, noted the client received medication administration by staff, self-administered her medications and that her medications were centrally stored. Staff was observed to prepare medications for the client for self-administration of medication at 3:45 p.m. on February 22, 2010. The client's record contained an assessment by the registered nurse, dated December 16, 2008. The assessment stated, "Medication supervision otherwise fairly independent." There was no assessment of the client's functional status and individual needs related to the administration of medications by staff or the self-administration of medications. When interviewed February 23, 2010, the LPN verified that there was no other documentation of an assessment related to the client's functional status and individual needs related to medication administration.

6. MN Rule 4668.0855 Subp. 5

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) was notified, either within twenty-four hours after its administration, or within a time period that was specified by a RN prior to the administration, when an unlicensed person administered a pro re nata (PRN, as needed) medication to a client for two of three clients' (A1 and B1) records reviewed. The findings include:

When questioned on February 23, 2010, regarding the agency's procedure for RN notification of PRN use, the licensed practical nurse indicated that PRN medications were recorded in the communication book or daily log, and the RN reviews this book when she is at the facility.

Client A1 had a prescriber's order, dated June 22, 2009, for Benadryl 50 milligrams (mg.) orally by mouth four times a day as needed. Client A1's February 2010 medication administration record (MAR) indicated the client received Benadryl 50 mg. on February 8, 10, 11, 12, and 15, 2010. Client A1's record lacked evidence the RN had been notified that the client had received the as needed Benadryl. The daily log for the month of February 2010 did not indicate that client A1 had received the Benadryl. When interviewed February 23, 2010, employee AB stated they do not notify the RN when they administered a PRN medication.

Client B1 began receiving services May 2, 1994. The client's February 2010, MAR indicated Flonase was administered February 6, 2010, as a PRN. There was no record of the notification to the RN. When interviewed February 23, 2010, a licensed practical nurse indicated that the PRN medications were recorded in the communication book. The February 2010 communication book did not contain any entry for the February 6, 2010.

7. MN Rule 4668.0855 Subp. 9**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure medication administration records (MAR) were complete for two of three clients' (A1 and B1) records reviewed. The findings include:

Client A1's record contained prescriber's orders dated February 19, 2010, for sliding scale insulin as follows; give Novolog insulin 0 units for blood sugar 139-150, 2 units for blood sugar 151-200, 4 units for blood sugar 201-250, 6 units for blood sugar 251-300, 8 units for blood sugar 301-350, 10 units for blood sugar 351-400, and 12 units for blood sugar greater than 400. Client A1's medication administration record (MAR) indicated on February 20, 2010, at 4:00 p.m. that the client's blood sugar was 191 and the client received 1 unit of Novolog Insulin instead of the 2 units as ordered. When interviewed February 23, 2010, employee AB confirmed the client's insulin was not administered as ordered.

Client B1 began receiving services May 2, 1994. The client's February 2010, MAR indicated the client received Aquaphor ointment twice daily instead of once per day as ordered by the prescriber on February 8, 2010. When interviewed February 23, 2010, a licensed practical nurse thought there might be a more current order, but couldn't find one.

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

Based on observation, record review and interview, the licensee failed to have the registered nurse (RN) conduct an assessment of the client's functional status and need for central medication storage of medications for three of three clients' (A1, B1 and B2) records reviewed who received central storage of medications. The findings include:

Client A1's medications were observed February 23, 2010, to be stored in a medication cart in the office. Client A1's record lacked evidence of a RN's assessment of the client's functional status and need for central storage of medications. When interviewed February 23, 2010, the director of client services confirmed the RN had not completed the assessment for client A1.

Client B1 began receiving services May 2, 1994. The client's medications were observed to be centrally stored on February 22, 2010, and the service plan, dated May 5, 2009, indicated central storage of medications was provided. Client B1's record lacked evidence of a RN's assessment of the client's functional status and need for central storage of medication. When interviewed February 23, 2010, a licensed practical nurse (LPN) indicated if it wasn't documented, it wasn't done, and she could not do the assessment because she was not a RN.

Client B2's service plan, dated March 1, 2009, and observation of the client's medications on February 22, 2010, revealed that her medications were centrally stored. The client's record did not contain an assessment of the client's functional status and need for central storage of medication. When interviewed February 23, 2010, a LPN verified the lack of an assessment.

9. MN Statute §144A.44 Subd. 1(2)**INDICATOR OF COMPLIANCE: # 2**

Based on observation, record review and interview, the licensee failed to ensure that nursing directed the care for one of three clients' records (B1) reviewed. The findings include:

Client B1 was admitted and began receiving services May 2, 1994. Her diagnoses include diabetes. She receives glucose monitoring four times a day and insulin administration, which includes Lantus insulin 32 units in the morning and 22 units in the evening, Novolog insulin 2 units before snack and 6 units before meals. In addition, she received Glucophage (oral antidiabetic) 1000 milligrams twice a day.

The following resident progress notes were documented by unlicensed staff:

On October 5, 2009, the client's blood sugar reading was 330 before dinner and that staff called employee BA (unlicensed direct care staff) and the nurse and left a detailed message. Employee BA directed writer to give client B1 all of her 4:00 p.m. medications.

On October 6, 2009, the client's blood sugar reading was 350. Employee BA was called, but did not answer. Staff then called the nurse and was directed to follow the protocol, by giving client B1 all of her 4:00 p.m. medications, send her down to eat and recheck her blood sugar in 15 minutes. Staff rechecked the blood sugar and it was 510. Staff called employee BA, there was no answer and staff then 911 was called.

On October 12, 2009, the client's blood sugar reading was 314 before dinner time. Staff directed the client administer her insulin, eat and then to exercise. Staff met with the client at met with her again at 5:30 p.m. her blood sugar reading was 383, October 13, 2009, "blood sugar reading was 367 before dinner. Writer had her administer her insulin and eat than exercise, she walked around the block. Staff rechecked the client's blood sugar at 5:00 p.m. at which time it read 387. Staff called the clinic."

On October 23, 2009, the client's blood sugar reading was 323 before bed time. Staff called employee BA.

On January 5, 2010, the client's blood sugar reading was 344 at 4:20 p.m. before dinner time. Staff tried to call the clinic, but was unable to consult with a nurse. Staff directed the client to inject her insulin.

On February 1, 1010, the client's blood sugar reading was 326 at 9:45 p.m. Staff was unable to reach any person at the clinic. Staff then directed the client to exercise for approximately 30 minutes and then rechecked the blood sugar which then read 386.

The prescriber's insulin protocol only included directions for a blood sugar below 70. An undated facility protocol indicated "hyperglycemia....call nurse if reading is 240 or above." A review of employee training materials for diabetic protocol only addressed a blood sugar below 70. The medication administration book contained directions which stated "hyperglycemia (high blood sugar)if over 250 mg/dL for several tests CALL YOUR DOCTOR."

When interviewed February, 23, 2010, a LPN verified unlicensed staff was directing the insulin administration for client B1.

Client B1 was interviewed by a surveyor on February 23, 2010, at approximately 2:00 p.m. During the first 10 minutes of the interview the client was unable to carry on a conversation or respond to the questions, due to her falling asleep. She was awakened at least forty times during that time period by loudly saying her name, tapping her on the leg, or shaking her leg slightly. She only woke up two times and clearly spoke. She was drooling; leaning over in the chair, mumbling at times and with her eyes closed reached for a glass of water and tried to bring it to her mouth. Staff was summoned regarding the client's condition. The unlicensed manager came into the room. The RN was summoned and performed an assessment, and the unlicensed manager subsequently called the doctor. During the RN assessment the unlicensed manager recalled that another unlicensed staff had just done a blood sugar check (by reviewing the history on the glucometer it was 129 at 1:43 p.m.), but it was not documented. At 2:21 p.m. the client was directed to take check her blood sugar which was 161.

The client's record contained physician appointment information sheets (referrals) written by unlicensed staff. The information sheet, dated December 15, 2009, did not mention the client's drowsiness, but the provider's comments indicated, "too tired during the day, decrease Zyprexa."

An information sheet, dated January 20, 2010, stated "overly tired throughout the days. Client B1 tends to sleep off and on throughout the days, as well as going to bed at an early hour and waking up around 6:00 a.m."

An information sheet, dated February 17, 2010, did not mention the client's drowsiness, but the provider's comments indicated, "her multiple medications could be contributing to sleepiness. Patient lives in a group home and has been observed frequently falling asleep during the day."

When interviewed February 23, 2010, the LPN indicated a nurse had not called the doctor to discuss her sleepiness. During the exit interview on February 25, 2010, staff stated that the client's C-PAP (continuous positive airway pressure) machine (a machine that provides respiratory ventilation with the use of a nasal pillow, nose mask or face mask) had not been turned on. Staff also indicated the client's condition had improved over the past two days. Documentation and interview revealed that the client began using the C-PAP machine on February 18, 2010.

A draft copy of this completed form was left with Victoria Frahm, Administrator, at an exit conference on February 25, 2010. 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 # 7003 2260 0000 9988 0255

April 15, 2005

Victoria Frahm, Administrator
Whittier Place
2405 First Avenue South
Minneapolis, MN 55404

Re: Licensing Follow Up Revisit

Dear Ms. Frahm:

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 March 10, 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: Victoria Frahm, 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: WHITTIER PLACE

DATE OF SURVEY: March 10, 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 AND TITLE OF PERSONS INTERVIEWED:

Colleen Flettre, Assistant Director

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 October 1, 4, 5 and 6, 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 144A.46, Subd.5. Corrected
 2. MN Rule 4668.0030, Subp.2. Corrected
 3. MN Rule 4668.0065, Subp.1. Corrected
 4. MN Rule 4668.0065, Subp.3. Corrected
 5. MN Rule 4668.0070, Subp.3. Corrected
 6. MN Rule 4668.0805, Subp.1. Corrected
 7. MN Rule 4668.0815, Subp.1. Corrected
 8. MN Rule 4668.0835, Subp.3. Corrected
- 2) The exit conference was not tape recorded.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 1412

Date: November 2, 2004

Victoria Frahm, Administrator
Whittier Place
2405 First Avenue South
Minneapolis, MN 55404

Re: Results of State Licensing Survey

Dear Ms. Frahm:

The above agency was surveyed on September 30, October 1, 4, 5, and 6, 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: Victoria Frahm, 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: WHITTIER PLACE

HFID # (MDH internal use): 21707

Date(s) of Survey: September 30, October 1, 4, 5, and 6, 2004

Project # (MDH internal use): QL21707001

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

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

| Indicators of Compliance | Outcomes Observed | Comments |
|---|---|--|
| <p>7. The agency employs (or contracts with) qualified staff. (MN 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><u> </u> Met <u> X </u> Correction Order(s) issued <u> X </u> 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><u> X </u> Met <u> </u> Correction Order(s) issued <u> </u> Education provided <u> </u> 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><u> X </u> Met <u> </u> Correction Order(s) issued <u> X </u> Education provided <u> </u> 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><u> X </u> Met <u> </u> Correction Order(s) issued <u> X </u> 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: |
|-------------------------|---|-------------------------|--------------------|--|
| #1 | MN Rule 4668.0815 Subp. 1 Evaluation and Service Plan | X | X | <p>Based on interview and client record review the licensee failed to provide a service plan for three of six clients (A2, B2, and C3) reviewed. Client A2 began receiving services August 2001, client B2 began receiving services January 2004, client C3 began receiving services September 2004. Records for clients A2, B2 and C3 did not contain a service plan. This was verified October 1, 2004 during an interview with the registered nurse and October 4, 2004 with the assistant director</p> <p>Education was provided regarding the requirement that the assessment and the service plan must be done by a registered nurse.</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice: |
|-------------------------|--|-------------------------|--------------------|---|
| #2 | MN Rule 4668.0030 Subp.2 Bill of Rights | X | X | <p>Based on record review and interview the licensee failed to provide the Home Care Bill of Rights to six of six clients (#A1, #A2, #B2, #B3, #C2, and #C3) reviewed. Clients #A1, #A2, #B2, #B3, #C2, and #C3 had a Residents Bill of Rights in each client record that was signed but these did not contain the same information as the Minnesota Home Care Bill of Rights. During an interview October 6, 2004 the assistant director indicated the agency had written there own Bill of Rights but it did not cover the required areas. During an interview October 6, 2004 the executive director verified the clients had not received a copy of the Minnesota Home Care Bill of Rights.</p> <p>Education was provided. We discussed the need for each client to specifically have the Home Care Bill of Rights. The current Residents Bill of Rights that they are using does not meet all the regulatory requirements.</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice: |
|-------------------------|--|-------------------------|--------------------|---|
| #3 | MN Statute §144A.46 Subd. 5 Criminal Background Study | X | X | <p>Based on interview and record review, the licensee failed to have documentation of background studies of two of four employees (#1 and #4) reviewed. Employees #1 and #4 did not have background checks in their files. During an interview October 1, 2004 the executive director stated she thought the background check for employee #1 was perhaps in the possession of the previous owners. She agreed that the results of the background check for employee #4 could not be located. She said she knew they had sent one in quite a while ago and didn't understand why it wasn't back yet.</p> <p>Education was provided to the executive director that each employee must have a background check done and not to accept studies done by previous facilities or employers.</p> |
| #3 | MN Rule 4668.0065 Subp. 1 Infection Control | X | X | <p>Based on interview and record review the licensee failed to have documentation of mantoux testing for one of four employees (#1) who had direct contact with clients. Employee #1 was hired January 2002. Employee #1 did not have any record of a mantoux test in her file. During an interview with employee #1 on October 1, 2004 she said she did not know where the record of her last mantoux was, but knew she was due and had a test scheduled the next week.</p> <p>Education was provided regarding the regulatory requirement.</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice: |
|-------------------------|--|-------------------------|--------------------|---|
| #3 | MN Rule 4668.0065 Subp. 3 Infection Control | X | X | <p>Based on interview and personnel record review the licensee failed to have direct care staff complete required annual infection control in-service training for three of three employees (#1, #2 and #3) reviewed. Employees #1, #2 and #3 did not have any documentation within the last twelve months of infection control in-service training. During an interview October 1, 2004 the registered nurse said yearly infection control in-services were not provided. During interview October 6, 2004 with the executive director she verified that they have not been providing and documenting yearly infection control in-services as per the rule.</p> <p>Education was provided regarding the regulatory requirement.</p> |
| #3 | MN Rule 4668.0805 Subp. 1 Orientation To Home Care Requirements | X | X | <p>Based on interview and personnel record review the licensee failed to provide orientation to home care requirements for four of four employees (#1, #2, #3, and #4) reviewed. There was no documentation to indicate that any of the employees had received orientation to home care requirements before providing services to clients in this agency or previously. On October 6, 2004 the executive director agreed that they were not meeting this requirement with their general orientation.</p> <p>Education was provided regarding the regulatory requirements.</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice: |
|-------------------------|--|-------------------------|--------------------|---|
| #7 | MN Rule 4668.0835 Subp. 3 Qualifications for Unlicensed Personnel | X | X | <p>Based on interview and record review the licensee failed to provide eight hours of in-service training for each twelve months of employment in topics relevant to the home care services for one of three (#2) employees reviewed. The file for employee #2 had documentation of one hour of training for the past year. During interview with executive director on October 6, 2004 she agreed that they have not been providing as many hours of training as required by the rule and they also have not always been recording in the files when employees do attend training.</p> <p>Education was provided regarding the regulatory requirements.</p> |
| #7 | MN Rule 4668.0070 Subp. 3 Personnel Records | X | X | <p>Based on interview and personnel record review the licensee failed to provide a job description for one of one licensed staff (#1) reviewed. Employee #1's personnel file did not contain a job description. During interview October 1, 2004 employee #1 stated that there was no specific written job description or contractual agreement for the duties she was responsible for. She stated she worked twenty hours per week and it was "just sort of understood" what she did. October 6, 2004 the executive director confirmed there was no written job description for employee #1.</p> <p>Education was provided to executive director regarding the requirements.</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice: |
|-------------------------|---|-------------------------|--------------------|---|
| #9 | MN Rule 4668.0870 Subp. 2 Disposition of Medications | | X | Education was provided to the executive director and the RN regarding the documentation of the disposition of medications when a client is discharged. The facility has a form to fill out when a client moves out that addresses who the meds were given to. On two of three discharged records, where the clients went AWOL or to the state hospital, the meds were returned to the pharmacy but not documented as such. This is their protocol. The need to make a note in the clients record was discussed. |
| #10 | MN Statute§144D.04 HWS Contracts | | X | Education was provided to the executive director regarding the requirements for the Housing with Services contracts, including the 17 points that are required. The facility Rental Agreement and House Rules that each client signs do not cover all the components of the statute. |

A draft copy of this completed form was left with Victoria Frahm at an exit conference on October 6, 2004. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes) <http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).

(Form Revision 7/04)