



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1 410 0000 2303 7410

April 28, 2010

Julie Bendel, Administrator  
Heritage House Elder Care  
1415 Northwest 7<sup>th</sup> Street  
Faribault, MN 55021

Re: Results of State Licensing Survey

Dear Ms. Bendel:

The above agency was surveyed on March 3 and 4, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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 correction order 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 in a cursive style.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Rice County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Deb Peterson, Office of the Attorney General

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program  
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>  
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CERTIFIED MAIL #: 7009 1410 0000 2303 7410

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: JULIE BENDEL DATE: April 28, 2010
PROVIDER: HERITAGE HOUSE ELDER CARE COUNTY: RICE
ADDRESS: 1415 NORTHWEST 7TH STREET HFID: 21721
FARIBAULT, MN 55021

On March 3 and 4, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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 may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0810 Subp. 6

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

Client #1 began receiving medication administration November 8, 2003. The January, February and March 2010 medication administration record (MAR) did not indicate who set up the medications. When interviewed March 3, 2010, the licensed practical nurse/owner stated she set up the client's medication two times per month. She also said the MAR had an area that stated "nurse set up compliance," but she did not document that she had set the medications up.

Client #1's record contained documentation that supervisory visits occurred January 17, October 25 and December 27, 2009. All of the supervisory visits were cosigned by the registered nurse (RN) and licensed practical nurse (LPN). When interviewed March 3, 2010, the LPN/owner indicated she did not know who had actually performed the visit, herself or the RN.

**TO COMPLY:** The client record must be accurate, up to date, and available to all persons responsible for assessing, planning, and providing assisted living home care services. The record must contain:

- A. the following information about the client:
  - (1) name;
  - (2) address;
  - (3) telephone number;
  - (4) date of birth;
  - (5) dates of the beginning and end of services;
  - (6) names, addresses, and telephone numbers of any responsible persons;
  - (7) primary diagnosis and any other relevant current diagnoses;
  - (8) allergies, if any; and
  - (9) the client's advance directive, if any;
- B. an evaluation and service plan as required under part [4668.0815](#);
- C. a nursing assessment for nursing services, delegated nursing services, or central storage of medications, if any;
- D. medication and treatment orders, if any;
- E. the client's current tuberculosis infection status, if known;
- F. documentation of each instance of assistance with self-administration of medication and of medication administration, if any;
- G. documentation on the day of occurrence of any significant change in the client's status or any significant incident, including a fall or a refusal to take medications, and any actions by staff in response to the change or incident;
- H. documentation at least weekly of the client's status and the home care services provided, if not addressed under item F or G;

I. the names, addresses, and telephone numbers of the client's medical services providers and other home care providers, if known;

J. a summary following the discontinuation of services, which includes the reason for the initiation and discontinuation of services and the client's condition at the discontinuation of services; and

K. any other information necessary to provide care for each individual client.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

## **2. MN Rule 4668.0815 Subp. 1**

Based on record review and interview, the licensee failed to have a registered nurse (RN) complete an individualized evaluation of the client's needs no later than two weeks after initiation of assisted living home care services and establish a service plan for two of two clients' records (#1 and #2) reviewed. The findings include:

Client #1 was admitted and began receiving home care services November 8, 2003. The initial RN evaluation was dated December 1, 2003, more than 2 weeks after initiation of home care services. There was no initial service plan or subsequent service plans found in the client's record.

Client #2 was admitted and began receiving home care services June 6, 2006. The client's record contained a form entitled "Service Agreement Plan." The form included only the client's name and date of June 6, 2006.

When interviewed March 3, 2010, the licensed practical nurse/owner could not find client #1's service plan. When interviewed March 3, 2010, a co-owner indicated they use the county assessment.

**TO COMPLY:** No later than two weeks after the initiation of assisted living home care services to a client, a registered nurse must complete an individualized evaluation of the client's needs and must establish, with the client or the client's responsible person, a suitable and up-to-date service plan for providing assisted living home care services in accordance with accepted standards of practice for professional nursing. The service plan must be in writing and include a signature or other authentication by the class F home care provider licensee and by the client or the client's responsible person documenting agreement on the services to be provided.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

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

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

Client #1 was admitted and began receiving home care services November 8, 2003. Her diagnoses included diabetes and dementia. Documentation on December 14, 2009, indicated the licensed practical nurse informed the doctor that over the last six months the client's "decline has been a great." The client does not know the time, place or person and has recently lost the ability to feed herself. She does

not understand verbal instructions and is no longer able to comprehend the mechanics of walking. The client had a recent hospitalization for pneumonia and pleural effusion and has also had several emergency room visits in recent months. There was no evidence of any RN evaluation since December 3, 2003.

When interviewed March 5, 2010, the RN did not know evaluations and service plans had to be reviewed and revised every year or when there was a change in condition that required a change in services.

**TO COMPLY:** A registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

#### **4. MN Rule 4668.0860 Subp. 8**

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

Client #1's record contained an order, dated December 8, 2009, for Colace, a stool softener, to be administered everyday. The Colace was not administered in January, February or March 2010.

When interviewed March 3, 2010, the licensed practical nurse/owner indicated the medication has been discontinued, but she could not find the prescriber's order to discontinue the Colace.

**TO COMPLY:** When an order is received, the class F home care provider licensee or an employee of the licensee must take action to implement the order within 24 hours of receipt of the order.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

#### **5. MN Statute §144A.44 Subd. 1(2)**

Based on observation, record review and interview, the licensee failed to provide services according to acceptable medical and nursing standards. The findings include:

During observation of medication administration on March 4, 2010, employee B was observed to wash her hands in the kitchen, turn off the faucets, and use a common towel to dry her hands. She touched her hair, walked to the medication cupboard and poured the medications for two clients. For each client she poured the medications into her hands and then into medication cups.

When interviewed March 4, 2010, the licensed practical nurse/owner stated staff had an easier time getting the pills into the medication cups if they poured them into their hands instead of from the set up pill box.

**TO COMPLY:** A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

#### **6. MN Statute §144A.441**

Based on record review and interview, the licensee failed to provide the current Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services November 8, 2003. Documentation of receipt of the Minnesota Home Care Bill of Rights was noted as November 18, 2003.

When interviewed March 3, 2010, the licensed practical nurse/owner did not know about the current 2007 bill of rights.

**TO COMPLY:** Assisted living clients, as defined in section [144G.01, subdivision 3](#), shall be provided with the home care bill of rights required by section [144A.44](#), except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section [144A.44, subdivision 1](#), clause (16):

"(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where:

(i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;

(ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or

(iii) the provider has not received payment for services, for which at least ten days' advance notice of the termination of a service shall be provided."

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

#### **7. MN Statute §144A.46 Subd. 5(b)**

Based on record review and interview, the licensee failed to obtain a background study for one of two employees (B) reviewed. The findings include:

Employee B was rehired by the facility March 16, 2009, as an unlicensed direct care staff. She had previously worked at the assisted living facility in 2005, 2007 and 2008. The only background study in her record was done August 8, 2005.

When interviewed March 4, 2010, the licensed practical nurse/owner indicated she did not know a new background study had to be completed with each new hire date.

**TO COMPLY:** Employees, contractors, and volunteers of a home care provider are subject to the background study required by section [144.057](#). These individuals shall be disqualified under the provisions of chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

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

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

Client #1 was admitted and began receiving home care services November 8, 2003. The client had a diagnosis of diabetes and dementia. The client's record did not contain a vulnerable adult assessment and abuse prevention plan.

When interviewed March 3, 2010, the licensed practical nurse/owner could not find a vulnerable adult assessment.

**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: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

cc: Rice County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Mary Henderson, Program Assurance (Penalty Assessment Only)  
Deb Peterson, Office of the Attorney General



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7000 1670 0005 7581 7897

July 7, 2004

Julie Bendel, Administrator  
Heritage House Elder Care  
1415 Northwest 7<sup>th</sup> Street  
Faribault, Minnesota 55021

Re: Results of State Licensing Survey

Dear Ms. Bendel:

The above agency was surveyed on June 06, 09, and 10, 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: Julie Bendal, 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: Heritage House Elder Care  
 HFID # (MDH internal use): 21721  
 Date(s) of Survey: June 09, and 10, 2004  
 Project # (MDH internal use): QL21721002

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 checked="" type="checkbox"/> Met <input 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800, 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>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 <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012, Subd.17)</p> <p><u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>

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

Survey Results:

  X   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: # <u>  1  </u>	Regulation: 4668.0845 Subpart 2. A. Services that require supervision by a registered nurse.	<u>      </u> Correction Order Issued <u>  X  </u> Education provided
Education:	Two of two client records lacked nursing assessment by RN every 62 days in the past year however current for the past 2 months. Service plans monitored routinely by LPN. Gave the LPN the nurse practice act module and went over the regulation.	
Indicator of Compliance: # <u>  9  </u>	Regulation: MN Statue 144D.04 Subd.2 Elderly housing with services contracts.	<u>      </u> Correction Order Issued <u>  X  </u> Education provided
Education:	Contents of contract lacked #2, 4, 14, and 16. LPN has been working on assuring contracts contain all points. Had parts of these points in various places. Regulation discussed with the LPN/ owner/administrator, business manager, and Supervisor. They are compiling for easier use.	

(Add boxes, if needed)

A copy of this completed form was left with   Julie Bendel   at an exit conference on (date)   June 10, 2004  . Any correction orders issued as a result of the on-site visit will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

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

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