



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2557 4216

March 12, 2010

Linda Hughes, Administrator
The Pointe Estates
PO Box 657
Floodwood, MN 55736

Re: Results of State Licensing Survey

Dear Ms. Hughes:

The above agency was surveyed on February 11, 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, 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) 201-5273.

Sincerely,

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

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

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>

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: THE POINTE ESTATES

HFID #: 21738

Date(s) of Survey: February 11, 2010

Project #: QL21738007

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</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 # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0810 	<ul style="list-style-type: none"> Client personal information and records are secure. Any information about clients is released only to appropriate parties. Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0065 MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0840 MN Rule 4668.0070 MN Statute §144D.065 	<ul style="list-style-type: none"> Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions. Personnel records are maintained and retained. Staff meet infection control guidelines. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input 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><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="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>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><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="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>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 # _____</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.

A draft copy of this completed form was left with Joyce Walsh at an exit conference on February 11, 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) 201-5273. 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 0122 2078

August 25, 2006

Linda Hughes, Administrator
The Pointe Estates
PO Box 477
Floodwood, MN 55736

Re: Licensing Follow Up visit

Dear Ms. Hughes:

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 August 8 and 9, 2006.

The documents checked below are enclosed.

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

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

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

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: St. Louis County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2078

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOLLOWING A SUBSEQUENT REINSPECTION FOR
ASSISTED LIVING HOME CARE PROVIDERS**

August 25, 2006

Linda Hughes, Administrator
The Pointe Estates
PO Box 477
Floodwood, MN 55736

RE: QL21738002

Dear Ms. Hughes:

On August 8 and 9, 2006, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of follow up visits to an original survey completed on June 30 and July 1, 2004, and subsequent follow up visits made on March 28 and 29, 2005, and February 21, 2006, with correction orders received by you on September 13, 2004, August 9, 2005, and March 30, 2006, and found to be uncorrected during an inspection completed on August 8 and 9, 2006.

The following correction orders, issued as a result of a follow up visit on February 21, 2006, remained uncorrected at the time of the subsequent re-inspection on August 8 and 9, 2006.

1. MN Rule 4668.0810 Subp. 5 \$50.00

Based on record review and interview, the agency failed to have all entries in the client record signed and dated for three of three clients' (#4, #6, and #7) records reviewed. The findings include:

Clients #4, #6, and #7's records contained a document titled "notes". The agency staff person used only their initials when signing the entries made in this document.

Clients #6 and #7's records contained assessments of vulnerability and safety that were not signed or dated by the person completing the assessment.

August 25, 2006

When interviewed, February 21, 2006, the manager confirmed the entries made in the client's records were not signed or dated.

TO COMPLY: Except as required by subpart 6, items F and G, documentation of an assisted living home care service must be created and signed by the staff person providing the service no later than the end of the work period. The documentation must be entered into the client record no later than two weeks after the end of the day service was provided. All entries in the client record must be:

A. legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry; or

B. recorded in an electronic media in a manner that ensures the confidentiality and security of the electronic information, according to current standards of practice in health information management, and that allows for a printed copy to be created.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

5. MN Rule 4668.0845 Subp. 2

\$350.00

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for three of three clients' (#4, #6, and #7) records reviewed. The findings include:

Client #4's service plan, dated February 26, 2003, included weekly shower assistance. The last supervisory visit was documented on November 6, 2004.

Client #6 began receiving services on December 17, 2005. Client #6's service plan, dated December 17, 2005, included medication administration and assistance with a shower. There were no RN supervisory visits documented in the record.

Client #7 began receiving services on December 19, 2005. Client #7's service plan, dated December 19, 2005, included medication administration and assistance with a shower. There were no RN supervisory visits documented in the record.

When interviewed, February 21, 2006, the manager confirmed the supervisory visits had not been completed.

TO COMPLY: A. After the orientation required under part [4668.0835](#), subpart 5, a registered nurse must supervise, or a licensed practical nurse under the direction of a registered nurse must monitor, unlicensed persons who perform assisted living home care services that require supervision by a registered nurse at the housing with services establishment, to verify that the work is being performed adequately, identify problems, and assess the appropriateness of the care to the client's needs. Supervision or monitoring must be provided no less often than the following schedule:

August 25, 2006

(1) within 14 days after initiation of assisted living home care services that require supervision by a registered nurse; and

(2) at least every 62 days thereafter, or more frequently if indicated by a nursing assessment and the client's individualized service plan.

B. If the unlicensed person is monitored by a licensed practical nurse, the client must be supervised by a registered nurse at the housing with services establishment at least every other visit and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

6. MN Rule 4668.0855 Subp. 2

\$350.00

Based on 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 two of three clients' (#6 and #7) records reviewed. The findings include:

Clients #6 and #7's service plans dated December 17, 2005, and December 19, 2005, respectively, included assistance with medication administration. Clients #6 and #7's records lacked evidence an RN had conducted a nursing assessment of the client's functional status and need for assistance with medication administration.

When interviewed, February 21, 2006, the manager confirmed the assessments had not been completed for clients #6 and #7.

TO COMPLY: For each client who will be provided with assistance with self-administration of medication or medication administration, a registered nurse must conduct a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration, and develop a service plan for the provision of 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](#), and 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: \$350.00.

7. MN Rule 4668.0865 Subp. 2

\$350.00

Based on observation, record review and interview, the licensee failed to ensure a registered nurse (RN)

August 25, 2006

conducted a nursing assessment of the client's need for central medication storage for two of three clients' (#6 and #7's) records reviewed. The findings include:

Clients #6 and #7's service plans dated December 17, 2005, and December 19, 2005, reflected that service was provided for assistance with medication administration and central storage of medication. Clients #6 and #7's records lacked evidence that an RN had conducted a nursing assessment of the client's functional status and the need for central storage of medications.

When interviewed, February 21, 2006, the manager confirmed the assessments had not been completed.

TO COMPLY: For a client for whom medications will be centrally stored, a registered nurse must conduct a nursing assessment of a client's functional status and need for central medication storage, and develop a service plan for the provision of that service 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 central storage of medication 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: \$350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$1100.00. 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 MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 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.

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.

If you have any questions, please feel free to give me a call at 651-201-4301.

**The Pointe Estates
PO Box 477
Floodwood, MN 55736**

Page 5 of 5

August 25, 2006

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

cc: St. Louis County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

07/06 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: THE POINTE ESTATES

DATE OF SURVEY: August 8, and 9, 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:

Shari Anderson, Manager

Karen Gorch, RN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #3

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 follow up visit made on February 21, 2006. 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 4668.0810 Subp. 5	Not Corrected	\$50.00
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Based on record review and interview, the agency failed to have all entries in the client record signed for five of five client (#4, #6, #7, # 8 and #9) records reviewed. The findings include:

The June 2006 and July 2006 Medication Administration Record (MAR) for clients' # 4, #6, #7, and #8 indicated the clients' blood pressure and pulse were taken daily and weekly weights were done. The entries on the MAR were not signed or initialed by the person making the entry.

Client #4's record contained staff notes dated July 5, 14, and 16, 2006 that were not signed by the person making the entry in the client record.

Client #7's record contained a written note in the nurse documentation section of the client

record dated June 9, 2006 that was not signed by the person making the entry.

Client #8's record contained narrative notes dated April 23, 26, and 27, 2006 that were not signed by the person making the entry.

When interviewed, August 8, 2006, the manager confirmed the person(s) making the entry did not sign these entries on the MAR and in the client's records.

2. MN Rule 4668.0815 Subp. 1	Corrected	
3. MN Rule 4668.0815 Subp. 4	Corrected	
4. MN Rule 4668.0835 Subp. 2	Corrected	
5. MN Rule 4668.0845 Subp. 2	Not Corrected	\$350.00

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for two of five clients' (#8 and #9) records reviewed. The findings include:

Client #8 began receiving services that required supervision including medication administration on April 10, 2006. The first supervisory visit by the RN was dated April 28, 2006 (18 days later).

Client #9 began receiving services that required supervision including medication administration on March 7, 2006. The first supervisory visit by the RN was dated April 28, 2006 (52 days later).

When interviewed, August 9, 2006, the RN stated she was unaware that a fourteen-day supervisory visit needed to be completed and confirmed the fourteen-day supervisory visit had not been done.

6. MN Rule 4668.0855 Subp. 2	Not Corrected	\$350.00
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Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration for five of five clients' (#4, #6, #7, #8 and #9) records reviewed who received medication administration. The findings include:

Clients' #4, #6, #7, #8 and #9 had service plans dated February 26, 2003, December 17, 2005, December 19, 2005, April 10, 2006, and March 7, 2006 respectively. Clients' #4, #6, #7, #8, and #9's service plans all indicated that they received medication administration by the care giver. There was no assessment by the RN of the client's functional status and need for assistance with medication administration in these clients records. When interviewed, August 9, 2006, the RN confirmed the assessments had not been done.

7. MN Rule 4668.0865 Subp. 2	Not Corrected	\$350.00
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Based on record review and interview, the licensee failed to ensure a registered nurse (RN) conducted an assessment of the client's functional status and need for central medication storage and develop a service plan for the provision of central storage of medications for five of five clients (#4, #6, #7, # 8 and #9) who received central storage of medications. The findings include:

Clients' # 4, #6, #7, #8, and #9 began receiving central storage of medications February 26, 2003, December 17, 2005, December 19, 2005, April 10, 2006, and March 7, 2006 respectively. Clients' # 4, #6, #7, #8, and #9 records did not include an assessment for central storage of medications. When interviewed, August 9, 2006, the RN stated that the licensee provided central storage of medications for all of their clients and she was unaware of the need for the assessment and inclusion on the service plan.

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

- 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 ALHCP: THE POINTE ESTATES
 HFID # (MDH internal use): 21738
 Date(s) of Survey: August 8, and 9, 2006
 Project # (MDH internal use): QL21738002

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 type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 type="checkbox"/> Correction 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 type="checkbox"/> Correction Order(s) issued <input 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 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 checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	<input type="checkbox"/> Met <input 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 follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<input type="checkbox"/> Met <input 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:
5	MN Rule 4668.0810 Subp. 2 Security of records	X	X	<p>Based on record review and interview, the licensee failed to implement procedures for security of client records for three of five client's (#4, #8, and #9), records reviewed. The findings include:</p> <p>During interviews, August 8 and 9, 2006, the registered nurse (RN) indicated that she kept client documentation in her home. The RN indicated that she kept client information in a file folder on the living room table. On August 9, 2006 the RN brought hand written nursing notes for client #4, #8, and #9 to the facility that the RN had at her home. These notes were then incorporated into the client's permanent record.</p> <p>The facilities policy for security of client records indicated records were confidential and accessible only to authorized personnel. It also indicated that client records were to be kept in the nursing office and not to be off the premises.</p> <p>EDUCATION: Provided</p>
5	MN Rule 4668.0810 Subp. 6 Contents of Record	X	X	<p>Based on record review and interview, the licensee failed to maintain accurate information in one of five clients' (#6) records reviewed. The findings include:</p> <p>Client # 6's record contained a</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>registered nurse (RN) note dated March 2006. Client # 6's name was typed at the top of the RN note. The RN had documented that client #6 was on an psychotropic medication and that the dose had been increased however there was no physicians order for the psychotropic medication in client #6's record. When interviewed, August 8, 2006, the RN confirmed client #6 had never been on the psychotropic medication and stated she was unsure which client had their psychotropic medication increased as referred to in the note.</p> <p><u>EDUATION:</u> Provided</p>

A draft copy of this completed form was left with Shari Anderson at an exit conference on August 9, 2006. 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) 201-4301. 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 3/06)



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8864

March 28, 2006

Linda Hughes, Administrator
The Pointe Estates
810 Poplar Street
Floodwood, MN 55736

Re: Licensing Follow Up Revisit

Dear Ms. Hughes:

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 February 21, 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: Linda Hughes, President Governing Body
St. Louis County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
CMR File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: THE POINTE ESTATES

DATE OF SURVEY: February 21, 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

NAMES AND TITLES OF PERSONS INTERVIEWED:

Shari Anderson, Manager
Sue Sillanpaa, Assistant Manager

SUBJECT: Licensing Survey _____ Licensing Order Follow Up 2nd

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 30, 2004 and July 1, 2004, and the follow-up visit March 28 and 29, 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 30 and July 1, 2004 is as follows:

2. MN Rule 4668.0815 Subp. 4 (E) Corrected

- 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 ALHCP: THE POINTE ESTATES
 HFID # (MDH internal use): 21738
 Date(s) of Survey: February 21, 2006
 Project # (MDH internal use): QL21738002

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction 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 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 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 checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><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>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input type="checkbox"/> Met <input 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	X	X	<p>Based on record review and interview, the licensee failed to have a registered nurse complete an individualized evaluation of the client's needs no later than two weeks after the initiation of assisted living home care services for two of two clients' (#6 and #7) records reviewed. The findings include:</p> <p>Clients #6 and #7 began receiving services in December 2004. Clients #6 and #7's records lacked evaluations completed by the registered nurse.</p> <p>When interviewed, February 21, 2006, the manager verified the registered nurse had not completed evaluations on clients #6 and #7.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0815 Subp. 4 Contents of service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that service plans were complete for two of three clients' (#6 and #7) records reviewed. The findings include:</p> <p>Clients #6 and #7's service plans, both dated December of 2005, included assistance with bathing and medication administration. The service plans did not include the frequency of the service to be provided, the identity of the persons to provide the service or the frequency of supervision or monitoring of this delegated nursing task.</p> <p>When interviewed, February 21, 2006, the manager confirmed the service plans were not complete.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for three of three clients' (#4, #6, and #7) records reviewed. The findings include:</p> <p>Client #4's service plan, dated February 26, 2003, included weekly shower assistance. The last supervisory visit was documented on November 6, 2004.</p> <p>Client #6 began receiving services in December 2005. Client #6's service plan, dated December 17, 2005, included medication administration and assistance with a shower. There were no RN supervisory visits documented in the record.</p> <p>Client #7 began receiving services in December 2005. Client #7's service plan, dated December 19, 2005, included medication administration and assistance with a shower. There were no RN supervisory visits documented in the record.</p> <p>When interviewed, February 21, 2006, the manager confirmed the supervisory visits had not been completed.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0865 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on observation, record review and interview, the licensee failed to ensure a registered nurse (RN) conducted a nursing assessment of the client's need for central medication storage for two of three clients' (#6 and #7's) records reviewed. The findings include:</p> <p>Clients #6 and #7's service plans dated December 17, 2005, and December 19, 2005, reflected that service was</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>provided for assistance with medication administration and central storage of medication. Clients #6 and #7's records lacked evidence that an RN had conducted a nursing assessment of the client's functional status and the need for central storage of medications.</p> <p>When interviewed, February 21, 2006, the manager confirmed the assessments had not been completed.</p> <p><u>Education:</u> Provided</p>
2	MN Rule 4668.0030 Home Care Bill of Rights		X	<p><u>Education:</u> Provided</p>
3	MN Statute §626.577 Subd. 14(b) Abuse prevention plans	X	X	<p>Based on record review and interview, the licensee failed to ensure an individual abuse prevention plan was developed for two of three clients' (#6 and #7) records reviewed. The findings include:</p> <p>Clients #6 and #7's records contained assessments of vulnerability and safety. Although these assessments indicated clients #6 and #7 were vulnerable in several areas, the intervention areas on the assessments were left blank.</p> <p>When interviewed, February 21, 2006, the manager confirmed the clients' abuse prevention plans did not contain interventions to minimize the risk of abuse.</p> <p><u>Education:</u> Provided</p>
5	MN Rule 4668.0810 Subp. 5 Form of entries	X	X	<p>Based on record review and interview, the agency failed to have all entries in the client record signed and dated for three of three clients' (#4, #6, and #7) records reviewed. The findings include:</p> <p>Clients #4, #6, and #7's records</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>contained a document titled “notes”. The agency staff person used only their initials when signing the entries made in this document.</p> <p>Clients #6 and #7’s records contained assessments of vulnerability and safety that were not signed or dated by the person completing the assessment.</p> <p>When interviewed, February 21, 2006, the manager confirmed the entries made in the client’s records were not signed or dated.</p> <p><u>Education:</u> Provided</p>
7	MN Rule 4668.0835 Subp. 2 Qualifications	X	X	<p>Based on record review and interview, the licensee failed to ensure that unlicensed persons performing delegated nursing services were qualified for one of one employee (F) record reviewed who performed delegated nursing services. The findings include:</p> <p>When interviewed, February 21, 2006, employee F indicated s/he performed delegated nursing services when there were no other unlicensed staff available to perform the delegated nursing services. Employee F also stated that s/he had not been competency tested. Employee F’s personnel record lacked evidence s/he had been competency tested.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on 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 two of three clients’ (#6 and #7) records reviewed. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Clients #6 and #7's service plans dated December 17, 2005, and December 19, 2005, respectively, included assistance with medication administration. Clients #6 and #7's records lacked evidence an RN had conducted a nursing assessment of the client's functional status and need for assistance with medication administration.</p> <p>When interviewed, February 21, 2006, the manager confirmed the assessments had not been completed for clients #6 and #7.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Shari Anderson at an exit conference on February 21, 2006. 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 8715 0215

July 20, 2005

Danielle Lindquist, Administrator
The Pointe Estates
PO Box 477
Floodwood, MN 55736

Re: Licensing Follow Up Revisit

Dear Ms. Lindquist:

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 28 and 29, 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: Debra Lindquist, President Governing Board
Case Mix Review File

10/04 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8715 0215

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

July 20, 2005

Danielle Lindquist, Administrator
The Pointe Estates
PO Box 477
Floodwood, MN 55736

RE: QL21738002

Dear Ms. Lindquist:

On March 28 and 29, 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 found during an inspection completed on June 30 and July 1, 2004, with correction orders received by you on September 13, 2004.

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

2. MN Rule 4668.0815, Subp. 4 (E)

Fine \$50.00

Based on record review and interview the agency failed to provide contingency plans for service plans for three of three (#1, #2, #3) reviewed. The service plans did not include a plan for contingency.

Client # 1 began receiving services in 2003. Client #2, and #3 began receiving services in 2002. Their service plans did not include a plan for contingency. On July 1, 2004 the owner confirmed that the service plans did not include a plan for contingency.

TO COMPLY: a plan for contingency action that includes:

- (1) the action to be taken by the assisted living home care provider licensee, client, and responsible person if scheduled services cannot be provided;
- (2) the method for a client or responsible person to contact a representative of the assisted living home care provider licensee whenever staff are providing services;

a plan for contingency action that includes:

- (1) the action to be taken by the assisted living home care provider licensee, client, and responsible person if scheduled services cannot be provided;

- (2) the method for a client or responsible person to contact a representative of the assisted living home care provider licensee whenever staff are providing services;
- (3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;
- (4) the method for the assisted living home care provider licensee to contact a responsible person of the client, if any; and
- (5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

TIME PERIOD FOR CORRECTION: Thirty (30) days

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 50.00 .

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$ 50.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division, MN Department of Health**, and sent to this Department 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, 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: Jocelyn Olson, Assistant Attorney General
Debra Lindquist, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
St. Louis County Social Services
Mary Henderson, Program Assurance Unit
Licensing and Certification File
Case Mix Review File

12/05 CMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: THE POINTE ESTATES INC

DATE OF SURVEY: March 28, and 29, 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: Danielle Lindgust, Owner,
Karen Lace, Care Attendant, Sue Sillanpaa, Care Attendant

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 30 and July 1, 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 Statute § 114.A.46 Subd. 5 (b)	Corrected	
2. MN Rule 4668.0815 Subp. 4	Not Corrected	\$50.00

Based on record review and interview the licensee failed to assure the client's service plan contained a contingency plan for three of three client's (# 1, # 2, and # 3) reviewed. The findings include:

Client # 1 service plan dated and signed February 26, 2003 did not contain a contingency plan. This was the only service plan in Client # 1 record.
Client # 2 service plan dated and signed October 3, 2003 did not contain a contingency plan. This was the only service plan in client # 2 record.
Client # 3 service plan dated and signed December 20, 2002 did not contain a contingency plan. This was the only service plan in client # 3 record.

During an interview March 29, 2005, the owner indicated that she had developed a

contingency plan and showed the plan to the reviewer. The owner also indicated that she had not given or gone over the contingency plan with the client and/or family. The owner also confirmed the service plans in the record did not contain a contingency plan.

3. MN Rule 4668.0835 Subp. 5

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

September 10, 2004

Danielle Suonvieri, Administrator
The Pointe Estates Inc.
810 Poplar Street
Floodwood, MN 55736

Dear Ms. Suonvieri,

This letter notifies you that modifications were made to your Correction Order Form and Survey Results form that was already sent back to your agency. Please disregard the initial copies you received.

I apologize for your inconvenience. Please call me if you have any questions or concerns.

Jean M. Johnston
Program Manager
Case Mix Review Program



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9986 7461

August 13, 2004

Danielle Suonvieri, Administrator
Pointe Estates
810 Poplar Street
Floodwood, MN 55736

Re: Results of State Licensing Survey

Dear Ms. Suonvieri:

The above agency was surveyed on June 30, and July 1, 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: Danielle Suonvieri, President Governing Board
Case Mix Review File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

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

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

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

Name of ALHCP: THE POINTE ESTATES INC
 HFID # (MDH internal use): 21738
 Date(s) of Survey: June 30, 2004 and July 1, 2004
 Project # (MDH internal use): QL21738002

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, Subp. 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><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> </u> Met <u> X </u> Correction <u> </u> Order(s) issued <u> X </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 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 checked="" 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 checked="" type="checkbox"/> N/A No discharge records</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) <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:

Indicator of Compliance: # <u>1</u>	Regulation: MN Rule 4668.0815, Subp.4 (e)	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #1 Education: # 1	Based on record review and interview the agency failed to provide contingency plans for service plans for three of three (#1, #2, #3) reviewed. The service plans did not include a plan for contingency. Education: Went over the guidelines as to what needed to be included.	
Indicator of Compliance: # <u>3</u>	Regulation: MN Statute 144A.46 Subd. 5(b)	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #3 Education: # 3	Based on record review and staff interview, the licensee failed to have criminal background checks for one of three personnel records (#1) reviewed. Rule reviewed with owner.	
Indicator of Compliance: # <u>7</u>	Regulation: MN Rule 4668.0835, Subp. 5	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #7 Education: # 7	Based on record review and interview the agency failed to assure unlicensed personnel providing services delegated by a registered nurse have orientation prior to performing the task for one of one clients reviewed. Education: reviewed rule with agency.	
Other Education:	Regulation: CLIA Waiver The facility did not have a CLIA Waiver	<u> </u> Correction Order Issued <u>X</u> Education provided
Education:	Information and phone number left with owner.	

A copy of this completed form was left with Danielle Suonvieri at an exit conference on July 1, 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).