



**Protecting, Maintaining and Improving the Health of Minnesotans**

November 3, 2009

Jennifer Altenhofen  
North Country Care  
1212 Gunn Road  
Grand Rapids, MN 55744

Dear Ms. Altenhofen:

After review of the materials you sent to the Minnesota Department of Health subsequent to the my letter of October 5, 2009, I find that you are in substantial compliance with the class F home care regulations. I have enclosed a copy of the Informational Memorandum (2620) which reflects that the seven correction orders found uncorrected in July 2009 have now been corrected.

Please feel free to call me or Janet Nicol, the Case Mix Educator (651-201-4302) if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large initial "J" and "M".

Jean Johnston, RN  
Program Manager Section  
Case Mix Review Section  
Division of Compliance Monitoring  
Fax: 651-215-9691

Cc: Itasca County Social Services  
Sherilyn Moe, Department of Human Services  
Ron Drude, Office of the Ombudsman  
Mary Henderson, MDH, Program Assurance

Minnesota Department of Health  
Division of Compliance Monitoring  
Case Mix Review Section

INFORMATIONAL MEMORANDUM

**PROVIDER:** NORTH COUNTRY CARE

**DATES OF SURVEY:** October 30 and November 3, 2009

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER: CLASS F  
X

**NAMES AND TITLES OF PERSONS INTERVIEWED:**

Jennifer Altenhofen, Manager/Owner

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

**ITEMS NOTED AND DISCUSSED:**

- 1) A review of materials submitted pursuant to the October 5, 2009, letter was conducted on October 30, 2009, to follow-up on the status of state licensing orders issued as a result of a visit made on April 28, 29 and 30, 2008, and subsequent follow-up visits made on April 14, 15, 16 and 17, 2009, and July 27 and 29, 2009. The results of the review were delineated during a telephone interview on November 3, 2009.

The status of the correction orders issued as a result of a visit made on April 28, 29 and 30, 2008, and not corrected at subsequent follow-up visits conducted on April 14, 15, 16 and 17, 2009, and July 27 and 29, 2009, is as follows:

- 1. MN Rule 4668.0815 Subp. 1 Corrected
- 3. MN Rule 4668.0815 Subp. 4 Corrected
- 4. MN Rule 4668.0825 Subp. 4 Corrected
- 5. MN Rule 4668.0835 Subp. 2 Corrected
- 7. MN Rule 4668.0855 Subp. 2 Corrected

**8. MN Rule 4668.0855 Subp. 4**

**Corrected**

**10. MN Rule 4668.0865 Subp. 2**

**Corrected**



**Protecting, Maintaining and Improving the Health of Minnesotans**

October 5, 2009

Jennifer Altenhoven  
North Country Care #21748  
1212 Gunn Road  
Grand Rapids, MN 55744  
Page 1 of 2

Dear Ms. Altenhoven:

Enclosed are the results from the July 27 and 29, 2009, re-inspection of North Country Care by the survey staff of the Minnesota Department of Health. Seven correction orders remained uncorrected from previous surveys resulting in fines totaling \$3900. The penalty assessment letter is enclosed.

MDH will not renew your class F license which expires on November 19, 2009, until you have completed the following actions for all uncorrected orders:

- Provide satisfactory proof of making corrections by submitting, via mail or fax, documentation including copies of client and staff records to support compliance and the written policies and procedures you have put into place to assure continued compliance.  
Mail: Minnesota Department of Health  
Case Mix Review  
85 East 7<sup>th</sup> Place, Suite 220  
St. Paul, MN 55164-0938  
Fax: 651-215-9691  
Attn: Jean Johnston, Case Mix Review
- Participate in a call with Minnesota Department of Health staff to review the actions you have taken to correct the uncorrected orders.
- Pay or make arrangements to pay the penalty assessment resulting from the April 2009 re-inspection in the amount of \$2900 and resolve the penalty from the July 2009 re-inspection in accordance with the enclosed penalty assessment notice.
- Complete the renewal application and pay the application fee.

The deadline for completing the above steps is November 12, 2009. MDH reserves the right to conduct an on site re-inspection to verify your compliance

**North Country Care  
1212 Gunn Road  
Grand Rapids, MN 55744  
October 5, 2009**

**Page 2 of 2**

October 5, 2009

Jennifer Altenhoven  
North Country Care #21748  
1212 Gunn Road  
Grand Rapids, MN 55744  
Page 2 of 2

Please contact Jean Johnston at 651-201-4301 if you have any questions about the steps you need to take to come into compliance with the requirements of your class F home care license and to renew your license.

Sincerely,

Jean Johnston, RN  
Program Manager

cc: Itasca 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



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2258 0385

October 5, 2009

Jennifer Altenhofen, Administrator  
North Country Care  
1212 Gunn Road  
Grand Rapids, MN 55744

Re: Licensing Follow Up visit

Dear Ms. Altenhofen:

This is to inform you of the results of a facility subsequent re-visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on July 27 and 29, 2009.

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,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style.

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Itasca 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

01/07 CMR1000



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2258 0385

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

October 5, 2009

Jennifer Altenhofen, Administrator  
North Country Care  
1212 Gunn Road  
Grand Rapids, MN 55744

RE: QL21748005

Dear Ms. Altenhofen:

1. On July 27 and 29, 2009, 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 a class F survey completed on April 28, 29, and 30, 2008; a previous re-inspection, April 14, 15, 16, and 17, 2009, findings were that the correction orders were uncorrected, fines were issued and additional correction orders were also issued. The additional correction orders were also inspected on July 27 and 29, 2009.

As a result of correction orders remaining uncorrected on the April 14, 15, 16, and 17, 2009 re-inspection, a penalty assessment in the amount of **\$2900.00** was imposed on June 10, 2009.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on July 27 and 29, 2009:

**1. MN Rule 4668.0815 Subp. 1 \$500.00**

Based on record review and interview the licensee failed to have the 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 for one of one clients (B1) record reviewed. The findings include:

Client B1 began receiving services on May 1, 2004. Client B1's record contained an evaluation dated May 1, 2004 that was completed by the owner who is not a RN. When interviewed on April 28, 2008 the owner confirmed the RN had not completed the evaluation.

**TO COMPLY:** No later than two weeks after the initiation of class F 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 class F 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.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$500.00 .**

**3. MN Rule 4668.0815 Subp. 4**

**\$100.00**

Based on record review and interview, the licensee failed to provide a complete service plan for one of one client (B1) record reviewed. The findings include:

Client B1's service plan dated May 1, 2004 did not include central storage of medications that client B1 received, the schedule or frequency of supervisory visits, or a contingency plan. When interviewed on April 28, 2008 the owner confirmed the service plan was not complete.

**TO COMPLY:** The service plan required under subpart 1 must include:

A. a description of the class F home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;

B. the identification of the persons or categories of persons who are to provide the services;

C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;

D. the fees for each service; and

E. a plan for contingency action that includes:

(1) the action to be taken by the class F 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 class F 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 class F 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.



**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$100.00**

**4. MN Rule 4668.0825 Subp. 4**

**\$700.00**

Based on observation, record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, demonstrated to the RN that he/she was competent to perform the procedure, and the RN had prepared written instructions for the delegated nursing procedures for one of one client (B1) records reviewed. The findings include:

Client B1's service plan dated May 1, 2004 indicated he received range of motion, tracheotomy care, and tube feedings. Employee BB, an unlicensed direct care staff, was observed on April 28, 2008 to provide tracheotomy care and tube feedings to client B1. Client B1's daily care sheet indicated employee BB provided range of motion for client B1 on April 27 and 28, 2008. There was no indication in client B1's record that the RN had prepared written instructions for these procedures. When interviewed on April 28, 2008 employee BB stated there were no written instruction on how to perform the procedures. Employee BB also stated that employee BC, another unlicensed direct care staff had trained her on how to do tracheotomy care, range of motion, and tube feeding instead of the RN. Employee BB's record lacked evidence employee BB had been trained by a registered nurse. When interviewed on April 28, 2008, employee BC confirmed she had trained employee BB. Employee BC stated she had been trained by an RN at the facility where client B1 had lived prior to coming to this home. Employee BC's record lacked evidence employee BC had been trained by the registered nurse. When interviewed on April 28, 2008, the owner confirmed employee BC had trained employee BB.

**TO COMPLY:** A person who satisfies the requirements of part [4668.0835](#), subpart 2, may perform delegated nursing procedures if:

A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;

B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;

C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;

D. the procedures for each client are documented in the client's record; and

E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$700.00**

**5. MN Rule 4668.0835 Subp. 2**

**\$600.00**

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed the training and passed a competency evaluation for one of two unlicensed employee (BB) record reviewed. The findings include:

Employee BB was hired February 14, 2007 as an unlicensed direct care staff. Employee BB's record lacked documentation that she had been trained and passed a competency evaluation. When interviewed on April 28, 2008 employee BB stated she had worked as a nursing assistant and received training from employee BC and the owner who are not a registered nurse. When interviewed on April 29, 2008 the owner confirmed that nursing services had been delegated without training and a competency evaluation having been done by the registered nurse.

**TO COMPLY:** An unlicensed person may offer to perform, or be employed to perform nursing services delegated to unlicensed personnel as provided under part [4668.0825](#), other services performed by unlicensed personnel as provided under part [4668.0830](#), or central storage of medications as provided under part [4668.0865](#), only if the person has:

- A. successfully completed the training and passed the competency evaluation according to part [4668.0840](#), subpart 2;
- B. successfully completed the training under part [4668.0840](#), subpart 3, and passed a competency evaluation according to part [4668.0840](#), subpart 4; or
- C. satisfied the requirements of part [4668.0100](#), subpart 5.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$600.00**

**7. MN Rule 4668.0855 Subp. 2**

**\$700.00**

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 one of one client (B1) record reviewed. The findings include:

Client B1's service plan, dated May 1, 2004, noted he received medication administration. There was no documentation in client B1's record that the RN conducted a nursing assessment of the client's functional status and need for assistance with medication prior to providing the service. When interviewed on April 28, 2008, the owner confirmed the RN had not done the assessment.

**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: \$700.00**

**8. MN Rule 4668.0855 Subp. 4**

**\$600.00**

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who administered medications to clients were competent to administer medications for one of two unlicensed personnel (BB) records reviewed. The findings include:

Employee BB was hired February 14, 2007, as an unlicensed direct care staff, and administered medications to clients. Employee BB's record lacked evidence that she had been instructed by the licensee's registered nurse in the procedures for performing medication administration. When interviewed on April 29, 2008, the owner confirmed the employee had not received medication administration training by the registered nurse.

**TO COMPLY:** Before the registered nurse delegates the task of assistance with self-administration of medication or the task of medication administration, a registered nurse must instruct the unlicensed person on the following:

- (1) the complete procedure for checking a client's medication record;
- (2) preparation of the medication for administration;
- (3) administration of the medication to the client;
- (4) assistance with self-administration of medication;
- (5) documentation, after assistance with self-administration of medication or medication administration, of the date, time, dosage, and method of administration of all medications, or the reason for not assisting with self-administration of medication or medication administration as ordered, and the signature of the nurse or authorized person who assisted or administered and observed the same; and
- (6) the type of information regarding assistance with self-administration of medication and medication administration reportable to a nurse.

**Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$600.00**

**10. MN Rule 4668.0865 Subp. 2**

**\$700.00**

Based on observation, record review and interview, the licensee failed to have the registered nurse conduct 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 one of one client (B1) who received central storage of medications. The findings include:

On April 28, 2008 client B1's medications were observed to be stored in the licenses central storage. Client B1's record lacked an assessment of the client's functional status and need for central storage and included the need for central storage on the service plan. When interviewed on April 28, 2008, the owner confirmed the assessment had not been completed and the need for central storage was not on the client's service plan.

**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: \$700.00**

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the** total amount you are assessed is: **\$3900.00**. 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.

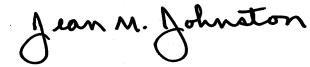
Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your Facility's Governing Body.

North Country Care  
1212 Gunn Road  
Grand Rapids, MN 55744  
October 5, 2009

Page 7 of 7

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

Sincerely,



Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Itasca 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

01/07 CMR 2<sup>nd</sup> VISIT 2697

**Minnesota Department of Health  
Division of Compliance Monitoring  
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

**PROVIDER:** NORTH COUNTRY CARE

**DATES OF SURVEY:** July 27 and 29, 2009

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER: CLASS F  
X

**NAMES AND TITLES OF PERSONS INTERVIEWED:**

Jennifer Altenhofen, Manager/Owner  
Tammy Savage, Unlicensed Staff  
Cheryl Fields, Beautician/Unlicensed Staff  
Valerie Imbleau, Unlicensed Staff  
Susan McCartney, Unlicensed Staff

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: # 2

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on April 28, 29 and 30, 2008, and a subsequent follow-up visit made on April 14, 15, 16 and 17, 2009. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on April 28, 29 and 30, 2008, and not corrected at a subsequent follow-up visit conducted on April 14, 15, 16 and 17, 2009, is as follows:

<b>1. MN Rule 4668.0815 Subp. 1</b>	<b>Not Corrected</b>	<b>\$500</b>
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Based on record review and interview, the licensee failed to have a registered nurse (RN) establish a service plan for two of two client's (A1 and B1) records reviewed. The findings include:

The service plans for clients A1 and B1, dated May 1, 2004, and August 15, 2008, respectively, had been established by the manager/owner who was not an RN.

When interviewed July 27, 2009, the manager/owner stated that she did not have an individualized service agreement and service plans for the clients. She further indicated that the RN did the nursing assessment for client A1, but not the service plan. The manager/owner also verified that the service plan had not been established by the RN since the April 2009 follow-up visit.

- 2. MN Rule 4668.0815 Subp. 2                      Corrected**
- 3. MN Rule 4668.0815 Subp. 4                      Not Corrected    \$100**

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

Clients A1 and B1 both received central storage of medications. Their service plans, dated May 1, 2004, and August 15, 2008, respectively, did not include central storage of medications, and also lacked the schedule or frequency of supervisory visits, a contingency plan, the person or persons who were to provide services and the fee for services.

When interviewed July 27, 2009, the manager/owner confirmed the service plans were incomplete. The manager/owner also verified that nothing had been done to correct the service plans since the April 2009 follow-up visit.

- 4. MN Rule 4668.0825 Subp. 4                      Not Corrected    \$700**

Based on observation, record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, demonstrated to the RN that he/she was competent to perform the procedure, and the RN had prepared written instructions for the delegated nursing procedures for one of one client (B1) record reviewed. The findings include:

Client B1's service plan, dated May 1, 2004, indicated he received range of motion, tracheotomy care, and tube feedings. Employee BA, an unlicensed direct care staff, was observed on July 29, 2009, to provide tracheotomy care and tube feedings to client B1. Client B1's daily care sheet indicated employee BA provided range of motion for client B1 from July 25 through 29, 2009.

Employee BA's training record did not include demonstrated competency of the procedures. In addition, there was no evidence in client B1's record that the RN had prepared written instructions for the range of motion procedures.

During an interview on July 27, 2009, the manager/owner stated that since the April 2009 follow-up visit, only the written instructions for the trach care and tube feedings had been done. When interviewed July 29, 2009, the unlicensed staff stated there were no written instructions on how to perform the range of motion procedures.

- 5. MN Rule 4668.0835 Subp. 2                      Not Corrected    \$600**

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed the training and passed a competency evaluation for one of two unlicensed employees (BA) records reviewed. The findings include:





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

On July 27 and 29, 2009, client A1's and B1's medications were observed to be stored in the licensee's central storage. Client A1's and B1's records lacked an assessment of the client's functional status and need for central storage and the need for central storage of medication was not included on the service plan.

When interviewed July 27, 2009, the manager/owner confirmed the assessment had not been completed and the need for central was not on the clients' service plans. She verified that nothing had been done regarding the assessment and service plans since the April 2009 follow-up visit.

**11. MN Statute §144A.46 Subd. 5(b) Corrected**

The status of the correction orders issued as a result of a follow-up visit made on April 14, 15, 16 and 17, 2009, is as follows:

- 1. MN Rule 4668.0855 Subp. 9 Corrected**
- 2. MN Rule 4668.0865 Subp. 3 Corrected**
- 3. MN Rule 4668.0865 Subp. 9 Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 1830 0003 8091 0754

June 10, 2009

Jennifer Altenhofen, Administrator  
North Country Care  
1212 Gunn Road  
Grand Rapids, MN 55744

Re: Licensing Follow Up visit

Dear Ms. Altenhofen:

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 April 14, 15, 16, and 17, 2009.

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,

A handwritten signature in cursive script that reads "Jean M. Johnston".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Itasca 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

01/07 CMR1000



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 1830 0003 8091 0754

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS FOR  
CLASS F HOME CARE PROVIDERS**

June 10, 2009

Jennifer Altenhofen, Administrator  
North Country Care  
1212 Gunn Road  
Grand Rapids, MN 55744

RE: QL21748005

Dear Ms. Altenhofen:

On April 14, 15, 16, and 17, 2009, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during a survey completed on April 28, 29, and 30, 2008, with correction orders received by you on June 30, 2008.

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

**1. MN Rule 4668.0815 Subp. 1 \$250.00**

Based on record review and interview the licensee failed to have the 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 for one of one clients (B1) record reviewed. The findings include:

Client B1 began receiving services on May 1, 2004. Client B1's record contained an evaluation dated May 1, 2004 that was completed by the owner who is not a RN. When interviewed on April 28, 2008 the owner confirmed the RN had not completed the evaluation.

**TO COMPLY:** No later than two weeks after the initiation of class F 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 class F 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.

June 10, 2009

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

**2. MN Rule 4668.0815 Subp. 2**

\$250.00

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed client's evaluation and service plan at least annually or more frequently when there was change in the client's condition that required a change in service for one of one client (B1) record reviewed. The findings include:

Client B1's evaluation and service plan was dated May 1, 2004. There was no indication that the RN had reviewed and/or revised the client B1's evaluation or service plan. When interviewed on April 28, 2008 the owner confirmed the RN had not reviewed the evaluation or the service plan.

**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.

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

**3. MN Rule 4668.0815 Subp. 4**

\$50.00

Based on record review and interview, the licensee failed to provide a complete service plan for one of one client (B1) record reviewed. The findings include:

Client B1's service plan dated May 1, 2004 did not include central storage of medications that client B1 received, the schedule or frequency of supervisory visits, or a contingency plan. When interviewed on April 28, 2008 the owner confirmed the service plan was not complete.

**TO COMPLY:** The service plan required under subpart 1 must include:

A. a description of the class F home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;

B. the identification of the persons or categories of persons who are to provide the services;

C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;

D. the fees for each service; and

E. a plan for contingency action that includes:

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

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(2) the method for a client or responsible person to contact a representative of the class F 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 class F 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.

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

**4. MN Rule 4668.0825 Subp. 4**

**\$350.00**

Based on observation, record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, demonstrated to the RN that he/she was competent to perform the procedure, and the RN had prepared written instructions for the delegated nursing procedures for one of one client (B1) records reviewed. The findings include:

Client B1's service plan dated May 1, 2004 indicated he received range of motion, tracheotomy care, and tube feedings. Employee BB, an unlicensed direct care staff, was observed on April 28, 2008 to provide tracheotomy care and tube feedings to client B1. Client B1's daily care sheet indicated employee BB provided range of motion for client B1 on April 27 and 28, 2008. There was no indication in client B1's record that the RN had prepared written instructions for these procedures. When interviewed on April 28, 2008 employee BB stated there were no written instruction on how to perform the procedures. Employee BB also stated that employee BC, another unlicensed direct care staff had trained her on how to do tracheotomy care, range of motion, and tube feeding instead of the RN. Employee BB's record lacked evidence employee BB had been trained by a registered nurse. When interviewed on April 28, 2008, employee BC confirmed she had trained employee BB. Employee BC stated she had been trained by an RN at the facility where client B1 had lived prior to coming to this home. Employee BC's record lacked evidence employee BC had been trained by the registered nurse. When interviewed on April 28, 2008, the owner confirmed employee BC had trained employee BB.

**TO COMPLY:** A person who satisfies the requirements of part [4668.0835](#), subpart 2, may perform delegated nursing procedures if:

A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;

B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;

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C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;

D. the procedures for each client are documented in the client's record; and

E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

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

**5. MN Rule 4668.0835 Subp. 2**

**\$300.00**

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed the training and passed a competency evaluation for one of two unlicensed employee (BB) record reviewed. The findings include:

Employee BB was hired February 14, 2007 as an unlicensed direct care staff. Employee BB's record lacked documentation that she had been trained and passed a competency evaluation. When interviewed on April 28, 2008 employee BB stated she had worked as a nursing assistant and received training from employee BC and the owner who are not a registered nurse. When interviewed on April 29, 2008 the owner confirmed that nursing services had been delegated without training and a competency evaluation having been done by the registered nurse.

**TO COMPLY:** An unlicensed person may offer to perform, or be employed to perform nursing services delegated to unlicensed personnel as provided under part [4668.0825](#), other services performed by unlicensed personnel as provided under part [4668.0830](#), or central storage of medications as provided under part [4668.0865](#), only if the person has:

A. successfully completed the training and passed the competency evaluation according to part [4668.0840](#), subpart 2;

B. successfully completed the training under part [4668.0840](#), subpart 3, and passed a competency evaluation according to part [4668.0840](#), subpart 4; or

C. satisfied the requirements of part [4668.0100](#), subpart 5.

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

**6. 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 one of one client (B1) record reviewed. The findings include:

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Client B1's service plan dated May 1, 2004 indicated he received range of motion, tracheotomy care, and tube feedings. Employee BB, an unlicensed direct care staff, was observed on April 28, 2008 to provide tracheotomy care and tube feedings to client B1. Client B1's daily care sheet indicated employee BB provided range of motion for client B1 on April 27 and 28, 2008. Client B1's record lacked evidence that supervisor visits by a RN had been completed. When interviewed on April 28, 2008, the owner indicated she was unaware that supervisory visits needed to be done.

**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 class F 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:

(1) within 14 days after initiation of class F 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.**

**7. 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 one of one client (B1) record reviewed. The findings include:

Client B1's service plan, dated May 1, 2004, noted he received medication administration.

There was no documentation in client B1's record that the RN conducted a nursing assessment of the client's functional status and need for assistance with medication prior to providing the service. When interviewed on April 28, 2008, the owner confirmed the RN had not done the assessment.

**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](#).

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

**8. MN Rule 4668.0855 Subp. 4**

**\$300.00**

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who administered medications to clients were competent to administer medications for one of two unlicensed personnel (BB) records reviewed. The findings include:

Employee BB was hired February 14, 2007, as an unlicensed direct care staff, and administered medications to clients. Employee BB's record lacked evidence that she had been instructed by the licensee's registered nurse in the procedures for performing medication administration. When interviewed on April 29, 2008, the owner confirmed the employee had not received medication administration training by the registered nurse.

**TO COMPLY:** Before the registered nurse delegates the task of assistance with self-administration of medication or the task of medication administration, a registered nurse must instruct the unlicensed person on the following:

(1) the complete procedure for checking a client's medication record;

(2) preparation of the medication for administration;

(3) administration of the medication to the client;

(4) assistance with self-administration of medication;

(5) documentation, after assistance with self-administration of medication or medication administration, of the date, time, dosage, and method of administration of all medications, or the reason for not assisting with self-administration of medication or medication administration as ordered, and the signature of the nurse or authorized person who assisted or administered and observed the same; and

(6) the type of information regarding assistance with self-administration of medication and medication administration reportable to a nurse.

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

**9. MN Rule 4668.0860 Subp. 2**

**\$350.00**

Based on observation, record review and interview, the agency failed to have a current prescriber order for medications for one of one client (B1) record reviewed. The findings include:

Client B1's record indicated on April 18, 2008 he had three small blisters on his right fore arm, staff



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applied triple antibiotic ointment to the areas. On April 28, 2008, employee BB was observed providing cares to client B1. There was a spray can of "Equate Athletes Foot Powder" sitting on client B1's dresser. When asked about the can, employee BB stated she sprayed the foot powder on the tube feeding stoma site. Employee BB stated it was being used because of a fungal infection to the stoma site. Client B1's record lacked a prescriber order for the triple antibiotic ointment or the athletes foot powder.

When interviewed on April 29, 2008, the owner confirmed there was no prescriber order for the above treatments.

**TO COMPLY:** There must be a written prescriber's order for a drug for which an class F home care provider licensee provides assistance with self-administration of medication or medication administration, including an over-the-counter drug.

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

**10. MN Rule 4668.0865 Subp. 2**

**\$350.00**

Based on observation, record review and interview, the licensee failed to have the registered nurse conduct 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 one of one client (B1) who received central storage of medications. The findings include:

On April 28, 2008 client B1's medications were observed to be stored in the licenses central storage. Client B1's record lacked an assessment of the client's functional status and need for central storage and included the need for central storage on the service plan. When interviewed on April 28, 2008, the owner confirmed the assessment had not been completed and the need for central storage was not on the client's service plan.

**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.**

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

**No Fine**

Based on record review and interview the license failed to assure a background study was completed for one of three employees (BB) records reviewed. The findings include:

Employee BB was hired February 14, 2007, as an unlicensed direct care staff. There was no background study for employee BB. When interviewed on April 29, 2008, the owner confirmed there was no

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background study completed on the employee.

**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.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$2900.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health 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, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

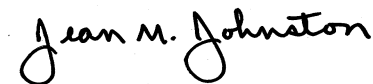
**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double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

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.

Sincerely,



Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Itasca 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

01/07 CMR 2697

**Minnesota Department of Health  
Division of Compliance Monitoring  
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

**PROVIDER:** NORTH COUNTRY CARE

**DATES OF SURVEY:** April 14, 15, 16 and 17, 2009

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER: CLASS F  
X

**NAMES AND TITLES OF PERSONS INTERVIEWED:**

Jennifer Altenhofen, Owner  
Mary Kay James Unlicensed staff  
Valerie Imbleau Unlicensed staff  
Cheryl Fields, Beautician  
Sandra Flakey, Unlicensed staff,

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: # 1

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on April 28, 29 and 30, 2008. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on April 28, 29 and 30, 2008, is as follows:

<b>1. MN Rule 4668.0815 Subp.1</b>	<b>Not Corrected</b>	<b>\$250</b>
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Based on record review and interview, the licensee failed to ensure a registered nurse (RN) established a service plan for two of two clients' (A1 and B1) records reviewed. The findings include:

The service plans for clients A1 and B1 dated May 1, 2004, and August 15, 2008, respectively were established by the manager who was not a registered nurse.

When interviewed April 15, 2009, the manager stated that she did not have an individualized service agreement and service plan for the clients and stated that the registered nurse had done the nursing assessment for client A1 but not the service plan.

**2. MN Rule 4668.0815 Subp. 2** **Not corrected** **\$250**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's evaluation and service plan at least annually or more frequently when there was change in the client's condition that required a change in service for one of one client's (B1) record reviewed who had received services greater than one year. The findings include:

Client B1's April 30, 2004, interagency referral report indicated that the client received suctioning p.r.n. (as needed) and was to have his Foley catheter irrigated with "30 to 60 ml." of normal saline p.r.n. for hematuria or when plugged. The initial service plan was dated May 1, 2004. On January 30, 2009, the RN reviewed the service plan and noted there were no changes.

When interviewed April 15, 2009, the manager and unlicensed staff indicated that the client had his catheter removed when he was first admitted to the agency and he had never been suctioned that she could remember.

**3. MN Rule 4668.0815 Subp. 4** **Not Corrected** **\$50**

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

Clients A1 and B1 both received central storage of medications. Their service plans, dated May 1, 2004 and August 15, 2008, respectively, did not include central storage of medications as a service being provided, and also lacked the schedule or frequency of supervisory visits, a contingency plan, the person or persons who were to provide the services and the fee for services.

When interviewed April 18, 2005, the manager confirmed the service plans were incomplete.

**4. MN Rule 4668.0825 Subp. 4** **Not Corrected** **\$350**

Based on observation, record review and interview, the licensee failed to ensure unlicensed personnel (ULP) were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated to the RN that he/she was competent to perform the procedure, and failed to ensure an RN had prepared written instructions for the delegated nursing procedures for one of one client's (B1) record reviewed who received delegated services. The findings include:

Client B1's May 1, 2004, service plan included range of motion, tracheotomy care, and tube feedings. Employee BA, an unlicensed direct care staff, was observed providing tracheotomy care and tube feedings to client B1 on April 15, 2009. Client B1's daily care sheet indicated employee BA provided range of motion for client B1 on April 4, 5, 7 and 8, 2009. There was no evidence in client B1's record of written instructions by an RN for these procedures. Employee BA's training record lacked evidence of demonstrated competency of the procedures.

When interviewed April 16, 2009, the manager stated there were no written instructions on how to perform the procedures.

**5. MN Rule 4668.0835 Subp.2****Not Corrected****\$300**

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed the training and passed a competency evaluation for one of two unlicensed employees' (BA) records reviewed. The findings include:

Employee BA was hired May 1, 2004, as an unlicensed direct care staff. Employee BA's record lacked documentation that she had passed a competency evaluation. When interviewed April 15, 2005, employee BA stated she had received training from the registered nurse.

When interviewed April 15, 2009, the owner confirmed that nursing services had been delegated, the employee had received training but a competency evaluation was not in place.

**6. MN Rule 4668.0845 Subp.2****Not Corrected****\$350**

Based on record review, observation and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for two of two clients' (A1 and B1) records reviewed. The findings include:

On April 15, 2009, client A1 was observed receiving oxygen. Client A1's weekly documentation indicated she had her blood pressure monitored two times a day.

Client B1's record dated April 2009 indicated he received range of motion, tracheotomy care and tube feedings.

When interviewed, April 15, 2009, employee BA, an unlicensed direct care staff, stated she provided tracheotomy care and tube feedings to client B1. Client B1's daily care sheet indicated employee BA provided range of motion for client B1 on April 4, 5, 7 and 8, 2009. Client B1's record lacked evidence that supervisory visits by an RN had been completed.

When interviewed on April 15, 2009, the owner stated the registered nurse completed an evaluation review, visited with clients but had not documented what he had been supervising.

**7. MN Rule 4668.0855 Subp. 2****Not Corrected****\$350**

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 two clients' (A1 and B1) records reviewed. The findings include:

Clients A1's and B1's April 2009 medication administration records indicated they received medication administration. There was no documentation in clients' A1's or B1's records that the RN conducted a nursing assessment of the client's functional status and need for assistance with medication prior to providing the service.

When interviewed, April 25, 2009, the owner stated that medication administration was part of the services received.

**8. MN Rule 4668.0855 Subp. 4** **Not Corrected** **\$300**

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who administered medications to clients were competent to administer medications for one of two unlicensed employees' (BA) records reviewed. The findings include:

Employee BA was hired May 1, 2004, as an unlicensed direct care staff, and administered medications to clients. Employee BA's record lacked evidence that she had been trained in the procedures for performing medication administration.

When interviewed on April 15, 2008, the owner confirmed that employee BA had not been trained for medication administration.

**9. MN Rule 4668.0860 Subp. 2** **Not Corrected** **\$350**

Based on observation, record review and interview, the agency failed to have a current prescriber order for medications and treatments for one of two clients' (A1) records reviewed. The findings include:

Client A1 was observed receiving oxygen on April 15, 2009. Client A1's record indicated on April 10, 2009, she had received oxygen. Client A1's record lacked a prescriber order for oxygen.

When interviewed on April 15, 2009, the owner verified there was no prescriber order for the oxygen.

Client A1's medication administration record indicated that Wellbutrin and Remeron were discontinued on April 8, 2009. It further indicated that lisinopril 10 mg was started on April 9, 2009. There was a note signed by the house coordinator (unlicensed staff) April 10, 2009, indicating "new med: Lisinopril 10 mg." The doctor's name was identified with "phone order" behind the physicians' name. There was also a form identified as "medication change" dated April 8, 2009, which included new medication "effexor" d/c medication wellbutrin and remeron signed by the "medical coordinator" (unlicensed staff).

When interviewed April 15, 2009, the owner stated that the orders are sent directly to the pharmacy and they have the orders. She further indicated that the medication change form is the system they use to alert the staff that there is an order change.

**10. MN Rule 4668.0865 Subp. 2** **Not Corrected** **\$350**

Based on observation, record review and interview, the licensee failed to have the registered nurse conduct 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 two of two clients' (A1 & B1) records reviewed who received central storage of medications. The findings include:

On April 14 and 15, 2009, client A1 and B1's medications were observed in the licensee's central

storage. Clients A1's and B1's records lacked assessments of the clients' functional status and need for central storage and lacked central storage of medications on the service plan.

When interviewed on April 15, 2009, the owner confirmed an assessment of the clients' functional status had not been completed and the need for central storage was not on the clients' service plans.

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

**Not Corrected**

**No Fine**

Based on record review and interview the license failed to ensure a background study was completed for one of three employees' (AB) records reviewed. The findings include:

Employee AB was hired May 1, 2004, as an unlicensed direct care staff. There was no evidence of a background study for employee AB.

When interviewed on April 15, 2009, the owner confirmed there was no blue background study completed on the employee. She further stated that she had a county background study. The form from the Adult Foster Care Licensing for the county was dated July 16, 2007, and included five other employee names

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



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: NORTH COUNTRY CARE

HFID #: 21748

Dates of Survey: April 14, 15, 16 and 17, 2009

Project #: QL21748005\_1

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0050</li> <li>• MN Rule 4668.0800 Subp. 3</li> <li>• MN Rule 4668.0825 Subp. 2</li> <li>• MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>• Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed.</li> <li>• The service plan accurately describes the client's needs.</li> <li>• Care is provided as stated in the service plan.</li> <li>• The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey # 1</b></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>



Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey # 1</b></p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey # 1</b></p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>Client personal information and records are secure.</li> <li>Any information about clients is released only to appropriate parties.</li> <li>Client records are maintained, are complete and are secure.</li> </ul>	<p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded            ___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Follow-up Survey # 1</b></p> <p>___ New Correction Order issued            ___ Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0820</li> <li>MN Rule 4668.0825</li> <li>MN Rule 4668.0840</li> <li>MN Rule 4668.0070</li> <li>MN Statute §144D.065</li> </ul>	<ul style="list-style-type: none"> <li>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>Nurse licenses are current.</li> <li>The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>Personnel records are maintained and retained.</li> <li>Staff meet infection control guidelines.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded            ___ Met            ___ Correction Order(s) issued            ___ Education Provided</p> <p><b>Follow-up Survey # 1</b></p> <p>___ New Correction Order issued            ___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey # 1</b></p> <p><input checked="" type="checkbox"/> New Correction Order issued</p> <p>___ Education Provided</p>
<p>7. The provider has a current license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<ul style="list-style-type: none"> <li>• The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey # 1</b></p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey # 1</b></p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

**SURVEY RESULTS:** \_\_\_ All Indicators of Compliance listed above were met.

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

**1. MN Rule 4668.0855 Subp. 9**

**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure the dosage of medication administered was documented for two of two clients’ (A1 and B1) records reviewed. The findings include:

Client # A1 began receiving services August 15, 2008, and received OxyContin, naproxen, Valium Zocor and metoprolol April 1 through April 14, 2009.

Client B1 began receiving services May 1, 2004. The medication administration record for April 2009, indicated he received phenobarbital and folic acid every day April 1 through 14, 2009. The dosage of medications the clients had received was not documented.

When interviewed April 15, 2009, the owner confirmed the preceding findings.

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

Based on observation, record review and interview, the licensee failed to establish and maintain a system for the control of medications for two of two clients' (A1 and B1) records reviewed. The findings include:

Client A1 was admitted August 15, 2008, and had received services including central storage of medications and medication administration since admission. Client A1's medication administration record for April 2009 indicated the client received medications including OxyContin, lisinopril and Effexor. The bubble pack from the pharmacy was observed to have tape across the daily individual packs from Wednesday evening on the pack for the week dated April 12 and also the week dated April 19, 2009. There was a note signed by an unlicensed staff on the outside front of the pack indicating "lisinopril added" Upon further study, noted that the medications Wellbutrin and Remeron had been removed from the bubble packs. There was an order to discontinue the medications on April 8, 2009.

Client B1 received Folic Acid 5 ml. everyday through a gastrostomy tube. On April 15, 2009, there were two bottles (150 ml) of folic acid (one unopened) stored in the door of the refrigerator in the kitchen.

When interviewed on April 15, 2009, the owner inquired about the need for separate refrigeration of the folic acid.

When interviewed April 15, 2009, the owner stated the pharmacy took care of all of the medication changes as the physician faxes the new orders to the pharmacist and the "medical coordinator" (an unlicensed staff member) contacts the registered nurse when there is a medication change. She added "we will not do that anymore" when asked about the tape on the back of the bubble packs.

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

Based on observation and interview, the licensee failed to provide a separately locked compartment that was permanently affixed to the physical plant or medication cart for storage of schedule II drugs. The findings include:

During a tour of the medication storage area on April 15, 2009, schedule II drugs including OxyContin were observed to be in a container inside a locked cupboard. The container was not permanently affixed inside the locked medication cupboard.

The findings were reviewed with the owner during an interview on April 15, 2009.

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A draft copy of this completed form was mailed to Jennifer Altenhofen, Owner, after an exit conference on April 17, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1350 0003 0567 2166

June 5, 2008

Jennifer Altenhofen, Administrator  
North Country Care  
1212 Gunn Road  
Grand Rapids, MN 55744

Re: Results of State Licensing Survey

Dear Ms. Altenhofen:

The above agency was surveyed on April 28, 29, and 30, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

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

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean Johnston". The signature is written in a cursive style and is positioned above the typed name.

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review  
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>

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Class F Home Care Provider

LICENSING SURVEY FORM

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

During an on-site visit, MDH nurses will interview staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class F Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

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

Name of CLASS F: NORTH COUNTRY CARE

HFID #: 21748

Date(s) of Survey: April 28, 29 and 30, 2008

Project #: QL21748005

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed.</li> <li>The service plan accurately describes the client's needs.</li> <li>Care is provided as stated in the service plan.</li> <li>The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>



Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

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

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>7. The provider has a current license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<ul style="list-style-type: none"> <li>• The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

**SURVEY RESULTS:**  All Indicators of Compliance listed above were met.

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

**1. MN Rule 4668.0815 Subp. 1**

**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview the licensee failed to have the 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 for one of one clients (B1) record reviewed. The findings include:

Client B1 began receiving services on May 1, 2004. Client B1’s record contained an evaluation dated May 1, 2004 that was completed by the owner who is not a RN. When interviewed on April 28, 2008 the owner confirmed the RN had not completed the evaluation.

**2. MN Rule 4668.0815 Subp. 2**

**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed client’s evaluation and service plan at least annually or more frequently when there was change in the client’s condition that required a change in service for one of one client (B1) record reviewed. The findings include:

Client B1's evaluation and service plan was dated May 1, 2004. There was no indication that the RN had reviewed and/or revised the client B1's evaluation or service plan. When interviewed on April 28, 2008 the owner confirmed the RN had not reviewed the evaluation or the service plan.

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

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

Based on record review and interview, the licensee failed to provide a complete service plan for one of one client (B1) record reviewed. The findings include:

Client B1's service plan dated May 1, 2004 did not include central storage of medications that client B1 received, the schedule or frequency of supervisory visits, or a contingency plan. When interviewed on April 28, 2008 the owner confirmed the service plan was not complete.

### **4. MN Rule 4668.0825 Subp. 4**

#### **INDICATOR OF COMPLIANCE: # 5**

Based on observation, record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, demonstrated to the RN that he/she was competent to perform the procedure, and the RN had prepared written instructions for the delegated nursing procedures for one of one client (B1) records reviewed. The findings include:

Client B1's service plan dated May 1, 2004 indicated he received range of motion, tracheotomy care, and tube feedings. Employee BB, an unlicensed direct care staff, was observed on April 28, 2008 to provide tracheotomy care and tube feedings to client B1. Client B1's daily care sheet indicated employee BB provided range of motion for client B1 on April 27 and 28, 2008. There was no indication in client B1's record that the RN had prepared written instructions for these procedures. When interviewed on April 28, 2008 employee BB stated there were no written instruction on how to perform the procedures. Employee BB also stated that employee BC, another unlicensed direct care staff had trained her on how to do tracheotomy care, range of motion, and tube feeding instead of the RN. Employee BB's record lacked evidence employee BB had been trained by a registered nurse. When interviewed on April 28, 2008, employee BC confirmed she had trained employee BB. Employee BC stated she had been trained by an RN at the facility where client B1 had lived prior to coming to this home. Employee BC's record lacked evidence employee BC had been trained by the registered nurse. When interviewed on April 28, 2008, the owner confirmed employee BC had trained employee BB.

### **5. MN Rule 4668.0835 Subp. 2**

#### **INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed the training and passed a competency evaluation for one of two unlicensed employee (BB) record reviewed. The findings include:

Employee BB was hired February 14, 2007 as an unlicensed direct care staff. Employee BB's record lacked documentation that she had been trained and passed a competency evaluation. When interviewed on April 28, 2008 employee BB stated she had worked as a nursing assistant and received training from employee BC and the owner who are not a registered nurse. When interviewed on April 29, 2008 the owner confirmed that nursing services had been delegated without training and a competency evaluation having been done by the registered nurse.

#### **6. MN Rule 4668.0845 Subp. 2**

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

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 one of one client (B1) record reviewed. The findings include:

Client B1's service plan dated May 1, 2004 indicated he received range of motion, tracheotomy care, and tube feedings. Employee BB, an unlicensed direct care staff, was observed on April 28, 2008 to provide tracheotomy care and tube feedings to client B1. Client B1's daily care sheet indicated employee BB provided range of motion for client B1 on April 27 and 28, 2008. Client B1's record lacked evidence that supervisor visits by a RN had been completed. When interviewed on April 28, 2008, the owner indicated she was unaware that supervisory visits needed to be done.

#### **7. MN Rule 4668.0855 Subp. 2**

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

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 one of one client (B1) record reviewed. The findings include:

Client B1's service plan, dated May 1, 2004, noted he received medication administration. There was no documentation in client B1's record that the RN conducted a nursing assessment of the client's functional status and need for assistance with medication prior to providing the service. When interviewed on April 28, 2008, the owner confirmed the RN had not done the assessment.

#### **8. MN Rule 4668.0855 Subp. 4**

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

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who administered medications to clients were competent to administer medications for one of two unlicensed personnel (BB) records reviewed. The findings include:

Employee BB was hired February 14, 2007, as an unlicensed direct care staff, and administered medications to clients. Employee BB's record lacked evidence that she had been instructed by the licensee's registered nurse in the procedures for performing medication administration. When interviewed on April 29, 2008, the owner confirmed the employee had not received medication administration training by the registered nurse.

**9. MN Rule 4668.0860 Subp. 2****INDICATOR OF COMPLIANCE: # 6**

Based on observation, record review and interview, the agency failed to have a current prescriber order for medications for one of one client (B1) record reviewed. The findings include:

Client B1's record indicated on April 18, 2008 he had three small blisters on his right fore arm, staff applied triple antibiotic ointment to the areas. On April 28, 2008, employee BB was observed providing cares to client B1. There was a spray can of "Equate Athletes Foot Powder" sitting on client B1's dresser. When asked about the can, employee BB stated she sprayed the foot powder on the tube feeding stoma site. Employee BB stated it was being used because of a fungal infection to the stoma site. Client B1's record lacked a prescriber order for the triple antibiotic ointment or the athletes foot powder. When interviewed on April 29, 2008, the owner confirmed there was no prescriber order for the above treatments.

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

Based on observation, record review and interview, the licensee failed to have the registered nurse conduct 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 one of one client (B1) who received central storage of medications. The findings include:

On April 28, 2008 client B1's medications were observed to be stored in the licenses central storage. Client B1's record lacked an assessment of the client's functional status and need for central storage and included the need for central storage on the service plan. When interviewed on April 28, 2008, the owner confirmed the assessment had not been completed and the need for central storage was not on the client's service plan.

**11. MN Statute §144A.46 Subd. 5(b)****INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview the license failed to assure a background study was completed for one of three employees (BB) records reviewed. The findings include:

Employee BB was hired February 14, 2007, as an unlicensed direct care staff. There was no background study for employee BB. When interviewed on April 29, 2008, the owner confirmed there was no background study completed on the employee.

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A draft copy of this completed form was left with Jennifer Altenhofen at an exit conference on April 30, 2008. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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