



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2257 3981

January 13, 2010

Jeanne Jaeckels, Administrator
Arbor Gardens
535 Canyon Drive NW
Eyota, MN 55934

Re: Results of State Licensing Survey

Dear Ms. Jaeckels:

The above agency was surveyed on December 29 and 30, 2009, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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

01/07 CMR3199



Class F Home Care Provider

LICENSING SURVEY FORM

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

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

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

Name of CLASS F: ARBOR GARDENS

HFID #: 21810

Date(s) of Survey: December 29 and 30, 2009

Project #: QL21810007

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

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

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

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

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

A draft copy of this completed form was left with Mary Michenfelder, RN Manager, at an exit conference on December 30, 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 1160 0004 8715 0222

July 14, 2005

Jeanne Jaeckels, Administrator
Arbor Gardens
535 Canyon Drive NW
Eyota, MN 55934

Re: Licensing Follow Up Revisit

Dear Ms. Jaeckels:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on April 27, 2005.

The documents checked below are enclosed.

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

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

Cc: Howard, Groff, President Governing Board
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: ARBOR GARDENS

DATE OF SURVEY: 04/27/2005

BEDS LICENSED:

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

CENSUS:

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

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

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

Rosemary Brandt- Consultant RN (by telephone), Connie Hammel- acting Housing Manager

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on October 5, 6, 8, 12, 21, and 22/2004. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

1. MN Rule 4668.0070 Subp. 2	Corrected
2. MN Rule 4668.0070 Subp. 3	Corrected
3. MN Rule 4668.0805 Subp. 1	Corrected
4. MN Rule 4668.0810 Subp. 5	Corrected
5. MN Rule 4668.0815 Subp. 4	Corrected
6. MN Rule 4668.0835 Subp. 3	Corrected
7. MN Rule 4668.0855 Subp. 4	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 703 1010 0000 7683 6978

Date: December 13, 2004

Jeanne Jaeckles, Administrator
Arbor Gardens
535 Canyon Drive NW
Eyota, MN 55934

Re: Results of State Licensing Survey

Dear Ms. Jaeckles:

The above agency was surveyed on October 5, 6, 7, 8, 12, 21, and 22, 2004 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Howard Groff, President Governing Board
Case Mix Review File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

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

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

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

Name of ALHCP: ARBOR GARDENS

HFID # (MDH internal use): 21810

Date(s) of Survey: October 5, 6, 8, 12, 21, and 22, 2004

Project # (MDH internal use): QL21810001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided
2. Agency staff promotes the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)	No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observes infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><u> </u> Met <u> X </u> Correction Order(s) issued <u> X </u> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><u> X </u> Met <u> </u> Correction Order(s) issued <u> </u> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><u> </u> Met <u> X </u> Correction Order(s) issued <u> X </u> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><u> X </u> Met <u> </u> Correction Order(s) issued <u> </u> Education provided</p>
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff has received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><u> </u> Met <u> X </u> Correction Order(s) issued <u> X </u> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff is trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input checked="" type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)	Clients are given information about other home care services available, if needed. Agency staff follows any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided

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

Survey Results:

_____ All Indicators of Compliance listed above were met.

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
#1	MN Rule 4668.0815, Subp.4 Service Plan	X	X	Based on record review and interview, the agency failed to have a complete service plan for one of four clients (#2) reviewed. The findings include:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>Client #2's service plan dated July 2004 indicated he "needed assist with medications." No frequency of assistance was indicated. The registered nurse (RN) assessment for the need for medication assistance done July 2004 indicated that client #2 needed assistance with "medication set ups, assistance with self administration of medications, and administration of medications."</p> <p>On October 12, 2004 the registered nurse confirmed the frequency of assistance had not been included on the service plan.</p> <p>Education: Provided</p>
#3	MN Rule 4668.0805, Subp. 1 Orientation to home care	X	X	<p>Based on record review and interview, the licensee failed to provide orientation to home care for one of two unlicensed staff (#3) reviewed. The findings include:</p> <p>Employee #3 began employment at the agency January 2003. There was no record of orientation to home care for employee #3 in the agency. When interviewed, October 12, the registered nurse (RN) stated the documentation of training was in her office and she would bring it for review. Approximately 1.5 hours later she returned to the reviewers and stated all training information and documentation for the agency was at her home. When interviewed, October 21, 2004, employee #3 stated she had never received orientation to home care. When interviewed, October 22, the RN stated she oriented employee #3 to home care but had not documented it. The RN indicated she was unable to recall the content of the orientation.</p> <p>Education: Provided.</p>
#5	MN Rule 4668.0810, Subp. 5 Client Record Entries	X	X	Based on record review and interview, the agency failed to have entries

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>permanently recorded in client records for two of four clients (#1 and #2) reviewed. The findings include:</p> <p>On July 29, 2004 client #2's medication administration record indicated a change in dosage of Coumadin. An entry dated July 29, 2004 indicated the previous dosage "Coumadin Warfin 40 mg 1 tab" (tablet) "on Tuesday, Thursday, Saturday, and Sunday" was obscured with white out to indicate, "Coumadin Warfin 4 mg 1 tab on Tuesday, Thursday, Saturday, and Sunday. Also an entry on July 29, 2004 for "Coumadin Warfin 40 mg 1 1/2 tab on Monday, Wednesday, and Friday (60mg)" was obscured with white out to indicate "Coumadin Warfin 40 mg 1 1/2 tab on Monday, Wednesday, and Friday (6mg)." Client #2's August 2004 medication administration record had an entry dated July 29, 2004 for "Coumadin Warfin 40 mg 1 tab on Tuesday, Thursday, Saturday, and Sunday" that was obscured with white out to indicate "Coumadin Warfin 4 mg 1 tab on Tuesday, Thursday, Saturday, and Sunday," An entry on the August medication administration record dated July 29, 2004 for "Coumadin Warfin 40 mg 1 1/2 tab on Monday, Wednesday, and Friday (60mg) was obscured with white out to indicate "Coumadin Warfin 40 mg 1 1/2 tab on Monday, Wednesday, and Friday (6mg)." Each original entry was visible beneath the white out.</p> <p>Client #3 had entries of medications administered July 17, 19, and 20, 2004 on the July medication administration record documented in pencil. When interviewed October 12, 2004, the registered nurse confirmed the entries had been covered and remade using white out and other entries had been made in pencil.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<u>Education:</u> Provided
#7	MN Rule 4668.0700, Subp.2 Personnel Records	X	X	<p>Based on record review and interview the licensee failed to maintain personnel records for three of three employees (#1, #2, and #3) reviewed. The findings include:</p> <p>Employee #2 was hired December 16, 2002 as a licensed staff. Employees #1 and #3 were both hired January 20, 2003 as universal workers. On October 11, 2004 the personnel files for employees #1, #2, and #3 were not in the agency. When interviewed October 11, 2004 the registered nurse (RN) stated she had no personnel files within the agency and that all personnel files were kept at corporate headquarters in another town. Upon interview October 12, 2004, at the managing corporate headquarters site and at the fiscal headquarters site, each site manager stated the personnel files had never been at corporate headquarters and were to be exclusively kept by the RN at the housing with services site. October 12, 2004, the manager of corporate headquarters received a faxed copy of the professional license for Employee # 2 and background checks for Employees #1, #2, and #3. No further information was available. When interviewed October 12, 2004 the RN stated she had obtained the faxed information that day and faxed it to corporate headquarters, She stated there were no other personnel files at the housing with services site and that what she had faxed was all she had for personnel file information. There were no other personnel files available during the survey and no further information was provided.</p> <p><u>Education:</u> Provided</p> <p>Education given regarding the rule that</p>

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				<p>the agency must have a current license in the record for all licensed staff. The license is available on the web at the board of nursing web site.</p>
#7	MN Rule 4668.0700, Subp.3 Job descriptions	X	X	<p>Based on record review and interview the licensee failed to maintain job descriptions for three of three employees (#1, #2, and #3) reviewed. The findings include:</p> <p>Employee #2 was hired December 16, 2002 as a licensed staff. Employees #1 and #3 were both hired January 20, 2003 as universal workers. On October 11, 2004 the personnel files for employees #1, #2, and #3 were not in the agency. When interviewed October 11, 2004 the registered nurse (RN) stated she had no personnel files within the agency and that all personnel files were kept at corporate headquarters in another town. Upon interview October 12, 2004, at the managing corporate headquarters site and at the fiscal headquarters site, each site manager stated the personnel files had never been at corporate headquarters and were to be exclusively kept by the RN at the housing with services site. October 12, 2004, the manager of corporate headquarters received a faxed copy of the professional license for Employee # 2 and background checks for Employees #1, #2, and #3. No further information was available. When interviewed October 12, 2004 the RN stated she had obtained the faxed information that day and faxed it to corporate headquarters, She stated</p>

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				<p>there were no other personnel files at the housing with services site and that what she had faxed was all she had for personnel file information. She indicated she had gotten a job description for her duties when hired but was unsure where it was. She was unable to establish if the other employees had job descriptions or where any job descriptions might be. There were no other personnel files available during the survey and no further information was provided.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0835, Subp.3 In-service training	X	X	<p>Based on record review and interview, the licensee failed to verify that employees received in-service training for two of two (#1 and #3) unlicensed staff. The findings include:</p> <p>Employees #1 and #3 both began employment with the agency January 20, 2003 as unlicensed direct care staff. There was no record of in-service training for employees #1 and #3. When interviewed October 12 the registered nurse stated the documentation of training was at her home. On October 21, 2004 employee #3 stated she had not had any in-service training since she was hired. On October 22, the RN provided papers titled In-service Training Record for employees #1 and #3. The papers listed the employee name, class title and a date. Some dates on the paper were incomplete. Date of training include "6/10/03 Diabetes-Type 1+2" a Sunday class. There were no signatures by employees #1 or #3 indicating attendance. There was no record of the content of the training. When interviewed, October 22, the RN stated she had written all information on the paper and that she had no other documentation to indicate content of</p>

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				<p>orientation. She stated she provided training on weekdays. The RN indicated she was unable to recall the content of the classes.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855, Subp.4 Medication training	X	X	<p>Based on record review and interview, the agency failed to have a registered nurse (RN) adequately train staff before delegating assistance with medication for one of two unlicensed personnel (#1) reviewed. The findings include:</p> <p>Client #2's service plan July 2004 indicated he received assistance with medications. During an interview October 21, 2004, the licensed practical nurse (LPN) stated that unlicensed staff gives client #2 pre set up medication cartridges. They also reminded the client to take his medication and check to see if the client had taken his medication. Client #2's medication administration records indicated he had medication reminders and medication handed to him by employee #1 since August 2004. When interviewed October 12, 2004 at approximately 4 PM, the registered nurse (RN) stated she was unsure of what staff had had training. At approximately 5 PM, the RN stated she had all the training records at her home. On October 22, the RN provided a paper In-service Training Record for employee #1. The paper listed the employee name, class title and a date. Some dates on the paper were incomplete. Date of training include "5/19/04 Med Administration." There was no signature by employee #1 indicating attendance or proficiency.</p>

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				<p>There was no record of the content of the training. When interviewed, October 22, the RN stated she had written all information on the paper and that she had no other documentation to indicate training content. The RN indicated she was unable to recall what had been the content of the classes.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Bonnie Sheridan, RN – Housing Director at an exit conference on October 22, 2004. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

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

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

(Form Revision 7/04)