



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8715 0246

July 14, 2005

Jeanne Jaeckels, Administrator
Prairie View of Hector
1010 East Elm Avenue
Hector, MN 55342

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 14, 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: PRAIRIE VIEW OF HECTOR

DATE OF SURVEY: 04/14/2005

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:

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 November 18, 19 and 23, 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 4668.0810 Subp. 6 Corrected.

2. MN Rule 4668.0860 Subp. 2 Corrected.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0958

January 6, 2005

Jeanne Jaeckels, Administrator
Prairie View of Hector
1010 East Elm Avenue
Hector, MN 55342

Re: Results of State Licensing Survey

Dear Ms. Jaeckels:

The above agency was surveyed on November 18, 19, and 23, 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: PRAIRIE VIEW OF HECTOR
 HFID # (MDH internal use): 21943
 Date(s) of Survey: 11/18/2004, 11/19/04 and 11/23/04
 Project # (MDH internal use): QL21943001

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input 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 follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<input 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/Education:
8	MN Rule 4668.0810 Subp. 6 Content of record.	X	X	Based on record review, interview and observation the license failed to have accurate and up to date client records for one of two clients (#1) reviewed. The findings include: Client #1 was admitted June 23, 2003. Physician orders June 18, 2003 included medication orders for Dyazide, one every day; Digitek 0.25mg., one every day; and Reminyl 8mg., every day. Medication Administration Record of November, 2004 lists medications as HCTZ, one every day; Digitek 0.25mg. ½ tablet every day and Reminyl, ½ tablet twice a day. It was noted during observation of client's prescriptions that the medications being administered are Dyazide, one every day; Digitek 0.25mg, ½ tablet every day and Reminyl 4 mg. Twice a day. On November 18, 2004, the registered nurse (RN) stated that the client has received Dyazide, one a day, Reminyl 4mg. Twice a day, and Digitek 0.25 mg, ½ tablet since admission as per daughter's instructions. Client had been living with her daughter just prior to admission to facility and the daughter stated that these were the current medications and dosages for them at the time of admission. Client had received medication reminders only from June 23, 2003 through October 31, 2003. On November 1, 2003 the Service Plan was modified to include assistance with medication

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>administration. No new physician medication orders were obtained at the time of the modification of the Service Plan to include assistance with medication administration. On May 17, 2004 the RN faxed a list of the current medications to the physician for the annual renewal of medications, and asked that he look over the list and make sure it was correct. The form states that with the signature of the physician the list of medications becomes a legal physician order for their records. The list contains orders for HCTZ, one every day; Digitek 0.25mg, 1/2 tablet every day; Reminyl 1/2 tablet twice a day. On November 19, 2004, the RN obtained a clarification from the physician to give generic Dyazide 37.5/25, daily and on November 22, 2004 the RN received a signed physician faxed order indicating that the client was to receive Digitek 0.25 mg., 1/2 tablet every day and Reminyl 8mg., 1/2 tablet twice a day. <u>Education:</u> Provided</p>
8	MN Rule 4668.0860 Subp. 2 Physician order.	X	X	<p>Based on record review and interview the licensee failed to have physician orders for drugs and over the counter drugs that the licensee had assisted with self-administration of medication or medication administration in two of two records reviewed (#1, #2). The findings include: Client #1 was admitted on June 22, 2003. On July 9, 2003 physician gave an order for Tylenol #3, 2 tablets four times a day as necessary. On November 1, 2003, the service plan was modified to include medication administration for the client, prior to this she was on medication reminders. Medication administration record for</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>November, 2003 indicated client received Tylenol (plain) two tablets seven times; December, 2003, client received Tylenol (plain), ten times; January, 2004, client received Tylenol (plain), two times; February, 2004, client received Tylenol (plain), one time; and March, 2004 client received Tylenol (plain), 2 times. On May 17, 2004, during the annual renewal of medications the physician signed the renewal list of current medications, which included an order for Tylenol 325mg., two tablets, prn. On November 18, 2004 the Registered nurse stated she could not locate an order for Plain Tylenol for the client prior to May 17, 2004.</p> <p>Client #2 was admitted on December 26, 2003 with assistance with medication administration noted on the Service Plan. On January 7, 2003, the client was readmitted from the hospital with medication orders for Lantus, Glucovance, Spironolactone, Lasix, Colace, Fosamax, Zaroxolyn, Vitamin E, Vitamin C, Calcium, Multivitamin and Lipitor. Medication Administration Record for January, 2004 indicated client had received Advil, one tablet every day from January 7, through January 31, 2004. Medication Administration Record for February, 2004 indicated that the client received Aleve, one every day as necessary. MAR for February, 2004 indicted client received Aleve every day for the month of February. On March 17, 2004 the physician signed an order sheet which included all of the current medications, including Aleve, one whenever necessary, as needed. On January 7, 2004 the physician wrote</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				an order for client to receive Colace 100mg, two every day. The MAR for February indicated that the order for Colace was 100 mg., two every day, as necessary. On November 19, 2004, the registered nurse stated she could not find an order for either Advil or Aleve until March 17, 2004 and she could not find an order for "prn" for the Colace, originally ordered on January 7, 2004. <u>Education:</u> Provided.
8	MN Rule 4668.0860 Subp. 5 Content of Medication Orders.		X	<u>Education:</u> Provided.
1	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse.		X	<u>Education:</u> Provided.

A draft copy of this completed form was left with Carolyn Bargman, and Rosemary Brandt at an exit conference on November 23, 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)