



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2085

August 25, 2006

Laurel Lamb, Administrator
The Lamb House Inc
4878 Hwy #31 PO Box 322
Brookston, MN 55711

Re: Licensing Follow Up visit

Dear Ms. Lamb:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on August 7 and 8, 2006.

The documents checked below are enclosed.

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

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

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

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: THE LAMB HOUSE INC

DATE OF SURVEY: August 7 and 8, 2006

BEDS LICENSED:

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

CENSUS:

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

BEDS CERTIFIED:

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

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

Laurel Lamb, RN/Owner

Carlene Jatkola, Support 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 November 15, 16, and 17, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- | | |
|------------------------------|-----------|
| 1. MN Rule 4668.0030 Subp. 3 | Corrected |
| 2. MN Rule 4668.0835 Subp. 2 | Corrected |
| 3. MN Rule 4668.0855 Subp. 2 | Corrected |
| 4. MN Rule 4668.0855 Subp. 5 | Corrected |
| 5. MN Rule 4668.0865 Subp. 2 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8365

March 23, 2006

Laurel Lamb, Administrator
The Lamb House Inc.
4878 Hwy #31 PO Box 322
Brookston, MN 55711

Re: Results of State Licensing Survey

Dear Ms. Lamb:

The above agency was surveyed on November 15, 16, and 17, 2005, 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: Danny Lamb, President Governing Body
St. Louis County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

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

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

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

Name of ALHCP: THE LAMB HOUSE INC

HFID # (MDH internal use): 21969

Date(s) of Survey: November 15, 16, and 17, 2005

Project # (MDH internal use): QL21969003

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)</p> <p><u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

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

Survey Results:

_____ All Indicators of Compliance listed above were met.

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
2	MN Rule 4668.0030 Subp. 3 Bill of Rights timely	X	X	<p>Based on record review and interview, the licensee failed to ensure clients received a copy of the Minnesota Home Care Bill of Rights before services were initiated for two of three clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 began receiving services in July 2003, and received a copy of the bill of rights in August 2003.</p> <p>Client #2 began receiving services August 2, 2004, and received a copy of the bill of rights on September 18, 2004.</p> <p>When interviewed, November 15, 2005, the registered nurse confirmed clients #1 and #2 had not been given the bill of rights prior to services being initiated.</p> <p><u>EDUCATION:</u> Provided</p>
7	MN Rule 4668.0835 Subp. 2 Competency Training	X	X	<p>Based on record review and interview, the licensee failed to ensure that unlicensed persons performing delegated nursing services were qualified to perform the services for two of two employees' (A and B) records reviewed. The findings include:</p> <p>Employees A and B were hired in October 2005, and January 2004, respectively, as unlicensed direct caregivers who performed delegated nursing services. There was no evidence they had received training for performing delegated nursing services. When interviewed, November 15,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>2005, the registered nurse verified these employees had not received training prior to performing delegated nursing services.</p> <p><u>EDUCATION</u>: Provided</p>
7	MN Rule 4668.0835 Subp. 5 Orientation to clients		X	<p><u>EDUCATION</u>: Provided</p>
8	MN Rule 4668.0855 Subp. 2 Assessment/Medication Administration	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) conducted a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration for two of two clients' (#1 and #2) records reviewed who received medication administration. The findings include:</p> <p>Clients #1 and #2's service plans dated November 2003, and August 2004, respectively, each included medication administration. There was no evidence of an assessment by the RN of the client's functional status and need for assistance with medication administration in these client's records. When interviewed, November 15, 2005, the RN confirmed the assessments had not been done.</p> <p><u>EDUCATION</u>: Provided</p>
8	MN Rule 4668.0855 Subp. 5 PRN Medications	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) was informed within 24 hours of administration when unlicensed personnel administered pro re nata (PRN, as needed) medications for one of one client (#1) record reviewed who received PRN medications. The findings include:</p> <p>Client # 1's medication administration</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>records indicated that client #1 received Tylenol six times in August 2005 and once in September 2005. Client #1's record lacked evidence the RN had been notified of client #1's PRN medication use.</p> <p>When interviewed, November 15, 2005, the RN indicated she is at the facility daily and the staff let her know of the client's condition if there are changes. The RN confirmed there was nothing documented in the record.</p> <p><u>EDUCATION:</u> Provided</p>
1	MN Rule 4668.0865 Subp. 2 Assessment/ Central storage	X	X	<p>Based on observation, record review and interview, the licensee failed to have a registered nurse (RN) conduct a nursing assessment of the client's need for central medication storage for two of two current clients' (#1 and #2) records reviewed. The findings include:</p> <p>Clients #1 and #2's service plans dated November 2003 and August 2004, respectively included central storage of medications. Clients # 1 and #2's records lacked evidence the RN had assessed clients #1 and #2's functional status and need for central storage of medications. When interviewed, November 15, 2005, the RN confirmed the assessments had not been completed.</p> <p><u>EDUCATION:</u> Provided</p>
	CLIA Waiver		X	<u>EDUCATION:</u> Provided

A draft copy of this completed form was left with Laurel Lamb at an exit conference on November 17, 2005 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)