



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8253

August 24, 2005

John Wallgren, Administrator
Maplewood Homes
326 NW 7th Street
Faribault, MN 55021

Re: Licensing Follow Up Revisit

Dear Mr. Wallgren:

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 11, 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 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: John Wallgren, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Rice, County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
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: MAPLEWOOD HOMES

DATE OF SURVEY: August 11, 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

NAMES AND TITLES OF PERSONS INTERVIEWED:

John Wallgren, Owner/Licensee
Lisa Quernemoen, Director
Kristi Carpenter, LPN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) On August 11, 2005, an unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on March 28, 30 and 31, 2005, and April 1, 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 4668.0810 Subp. 2. | Corrected |
| 2. MN Rule 4668.0815 Subp. 1. | Corrected |
| 3. MN Rule 4668.0825 Subp. 2. | Corrected |
| 4. MN Rule 4668.0845 Subp. 2. | Corrected |
| 5. MN Rule 4668.0860 Subp. 2. | Corrected |

- | | |
|--|------------------|
| 6. MN Statute 626.557 Subd. 14. (a) | Corrected |
| 7. MN Statute 626.557 Subd. 14. (b) | Corrected |
- 3) The exit conference was not tape- recorded.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 000 9988 0293

April 19, 2005

John Wallgren, Administrator
Maplewood Homes
326 NW 7th Street
Faribault, MN 55021

Re: Results of State Licensing Survey

Dear Mr. Wallgren:

The above agency was surveyed on March 28, 30, 31, 2005 and April 1, 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: John Wallgren, 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: MAPLEWOOD HOMES

HFID # (MDH internal use): 22003

Dates of Survey: March 28, 30, 31, 2005 and April 1, 2005

Project # (MDH internal use): QL22003001

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 promotes 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 acknowledgment in the client's clinical record to show that the BOR was received (or why acknowledgment could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 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><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative are informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 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 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 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 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/Education:
1.	MN Rule 4668.0815 Subp. 1 Service Plan	X	X	<p>Based on record review and interviews, the licensee failed to have a registered nurse establish a service plan for four of four client (#1, #2, #3 and #4) record reviewed. The findings include:</p> <p>Client #3 was admitted on June 1, 2004. Client #1 was admitted on December 1, 2004. Client #2 was admitted on January 1, 2005. Client #4 was admitted on January 12, 2005. Client #1, #2, #3 and #4's records did not contain a service plan for the provision of assisted living home care services. When interviewed, March 28, 2005, the registered nurse reported she was unaware of the need to establish a written service plan for each client receiving services.</p> <p>Education: Provided</p>
1.	MN Rule 4668.0825 Subp. 2. Nursing assessment and service plan	X	X	<p>Based on record review and interview, the licensee failed to have a registered nurse conduct a nursing assessment of a client's functional status and need for nursing services before delegated nursing services were initiated for three of four client (#1, #3 and #4) records reviewed. The findings include:</p> <p>Client #4 was admitted January 12, 2005, and the delegated nursing service of medication administration assistance was initiated January 12, 2005. There was no documentation of an assessment of client #4's functional status until January 25, 2005.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #1 was admitted December 1, 2004, and the delegated nursing service of medication administration assistance was initiated December 1, 2004. There was no documentation of an assessment of client #4's functional status until December 2, 2004.</p> <p>Client #3 was admitted June 1, 2004, and the delegated nursing service of medication administration assistance was initiated June 1, 2004. There was no documentation of an assessment of client #4's functional status until June 2, 2004. When interviewed March 28, 2005, the registered nurse reported that an assessment of a client's functional status usually does not occur before or at the time of admission.</p> <p>Education: Provided</p>
1.	MN Rule 4665.0845 Subp. 2. Services that require supervision by a registered nurse	X	X	<p>Based on documentation and interviews, a registered nurse had not conducted supervisory visits to monitor unlicensed persons performing assisted living home care services in four of four client (#1, #2, #3 and #4) record reviews. Findings include:</p> <p>Medical records indicated clients #1, #2, #3 and #4, began receiving services between June 1, 2004 and January 12, 2005. The medical records for clients #1, #2, #3 and #4, did not contain supervisory visits by a registered nurse.</p> <p>During an interview on March 28, 2005, employee #2, a registered nurse, reported she did not realize she had to conduct supervisory visits and the supervisory visits were not conducted. On March 29, 2005, employee #2 conducted supervisory visits for twelve of the twelve clients currently receiving</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>nursing services from the ALHPC, which included clients #1, #2 and #4.</p> <p>Education: Provided</p>
3.	MN Statute 626.557 Subd. 14. (a) Abuse prevention plans	X	X	<p>Based on record review and interview, the provider failed to established a written abuse prevention plan for twelve of twelve clients residing within the housing with services establishment. The findings include:</p> <p>Client #1 was admitted December 1, 2004 with a diagnosis of Schizophrenia. Client #2 was admitted on January 1, 2005 with a diagnosis of schizoaffective disorder. Client #3 was admitted June 1, 2004 with a diagnosis of major depression. Client #4 was admitted January 12, 2005 with a diagnosis of paranoid schizophrenia. Observation, documentation, and interviews March 28, 2005, with employees #2 and #4, indicated the licensee provided care for twelve clients in the facility and all had been diagnosed with mental illness. When interviewed March 31, 2005, the director and the licensee indicated there was no established written abuse prevention plan.</p> <p>Education: Provided</p>
3.	MN Statute 626.557 Subd. 14. (b) Abuse prevention plans	X	X	<p>Based on record review and interview, the provider failed to established a written abuse prevention plan for four of four (1, 2, 3, and 4) client records reviewed. The findings include:</p> <p>Client #1 was admitted December 1, 2004 with a diagnosis of Schizophrenia. Client #2 was admitted on January 1, 2005 with a diagnosis of schizoaffective disorder. Client #3 was admitted June 1, 2004 with a diagnosis of major depression. Client #4 was admitted January 12, 2005 with a</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>diagnosis of paranoid schizophrenia. Medical records indicated clients #1, #2, #3 and #4 had mental illnesses that required assisted living home care services, including assistance with medication administration. In addition, clients #1, #2, #3 and #4, needed assistance with meal preparation and household chores. Clients #1, #2 and #4's medical records did not contain an individualized assessment of the client's vulnerabilities (a "Vulnerability Assessment" was completed by client #3's case manager) and an individualized abuse prevention plan was not established for clients #1, #2, #3 and #4. When interviewed March 31, 2005, the director and the confirmed that vulnerability assessments and individual abuse prevention plans were not established for clients #1, #2, #3 and #4.</p> <p>Education: Provided</p>
5.	MN Rule 4668.0810 Subp. 2 Client record security	X	X	<p>Based on interviews, the licensee did not establish and implement a written procedure for secure storage of closed client records. The findings include:</p> <p>During a telephone interview, March 28, 2005, the licensee indicated closed client records were stored in his personal home. (The licensee was not available to retrieve the client records.) The licensee reported he would provide direction to employee #4, on how to obtain five identified closed client records, for purposes of performing the ALHPC survey, which was initiated on March 28, 2005.</p> <p>On March 30, 2005, employee #4 provided this reviewer with one of the five identified closed client records. Employee #4 reported she was unable to locate the other four identified records in the licensee's</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>home. During an interview, March 31, 2005, the licensee reported he had not established a written procedure for secure storage of closed client records.</p> <p>Education: Provided</p>
8.	MN Rule 4668.0860 Subp. 2. Prescriber's order required	X	X	<p>Based on documentation and interviews, a written prescriber's order was not obtained before the drugs for two of four clients (#2 and #4) were administered to the clients, whom required assistance with self-administration of medications. Findings include:</p> <p>Medical records indicate client #4 was admitted on January 12, 2005, with physician's orders for Cogentin, Perphenazine, and Lorazepam that were signed by a physician on January 11, 2005. A note from the discharging facility stated, "has also been taking Prilosec OTC (over the counter) (symbol meaning one) tab daily. We had a verbal approval from (the physician's name) for this, but did not have a chance for written orders." Client #4's medication administration record dated January 2005, indicated Prilosec was administered on January 13 and 14, 2005, and a physician's order for the Prilosec OTC was not obtained until February 4, 2005. Client #4 was administered Tylenol 500 mg. (two tablets) on January 21, 2005, and Zantac 75 mg. on January 26, 29, 30, and 31, 2005. A physician's order for Tylenol 500 mg. and Zantac 75 mg. was not obtained.</p> <p>Client #2's medical record contained a list of multiple medications on a medication administration record provided by another facility, upon client #2's admission to Maplewood Home on January 1, 2005. Client #2</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>was also admitted with a supply of medications that were labeled and dated. The identified medications were administered to client #2 between January 1, 2005 and January 7, 2005, without obtaining a verbal or written order from a physician. A physician examined client #2 on January 7, 2005, and a physician's order for the identified medications was obtained.</p> <p>Education: Provided</p>

A draft copy of this completed form was left with John Wallgren, Licensee/Owner, at an exit conference on April 1, 2005. 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 web site. General information about ALHCP is also available on the web site:

<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)