



Protecting Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8291

August 18, 2005

Carol Kvidt, Administrator
Bethany Home Health Services
1020 Lark Street
Alexandria, MN 56308

Re: Licensing Follow Up Revisit

Dear Ms. Kvidt:

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 July 8, 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 Lundblad, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Douglas 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: BETHANY HOME HEALTH SERVICES

DATE OF SURVEY: 07/06/2005

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: Janice Doebber, RN; Brittany Streng, Resident Assistant.

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSE

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on December 17, 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 4668.0860 Subp. 2

Corrected.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 2255

January 2, 2005

Gary Brink, Administrator
Bethany Home Health Services
1020 Lark Street
Alexandria, MN 56308

Re: Licensing Follow Up Revisit

Dear: Mr. Brink

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 (Date).

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, Gary Brink, President Governing Board
Case Mix Review File
Kelly Crawford, Minnesota Department of Human Services
Douglas County Social Services
Sherilyn Moe, Office of Ombudsman
Jocelyn F. Olson, Assistant Attorney General

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: BETHANY HOME HEALTH SERVICES

DATE OF SURVEY: December 17, 2004

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: Janice Doebber, RN; Shanna Hubenette, Universal Worker; Rosella Johnson, client.

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X _____

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 July 19, 20, 23 and 26, 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 4668.0800, Subp. 3** Corrected
 2. **MN Rule 4668.0815, Subp. 2** Corrected
- 2) Although a State licensing survey was not due at this time, correction orders were issued.



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: BETHANY HOME HEALTH SERVICES
 HFID # (MDH internal use): 22032
 Date(s) of Survey: December 17, 2004
 Project # (MDH internal use): QL22032001

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 type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ 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 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.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 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.</p>	<p><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 Follow-up #1</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 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.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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) <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 type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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:
8	MN Rule 4668.0860 Subp. 2 Prescriber's orders.	X Follow-up #1	X	<p>Based on record review and interview the licensee failed to have prescriber's orders for medications used for two of four clients (#3 and #4) reviewed who received assistance with self-administration of medication or medication administration. The findings include:</p> <p>Client #3's Service Plan December 8, 2004 indicated that the client was to receive "medication management and Reminders I." The housing with services contract indicated that "Medication Management & Medication Reminders I", consisted of "weekly medication set-ups in medication box in apartment, refills called to pharmacy, monitoring for side effects and up to twice a day staff will verbally remind resident to take medication." Client #3 received medications including Prozac 20 mg, every morning; Zestoretic 20 12.5mg, every morning; and '1 pain reliever PM', every night at bedtime". On December 17, 2004, the registered nurse stated that she had taken the orders from the prescription bottles' labels that the client was using on December 13, 2004 and she was currently in the process of obtaining orders from the physician.</p> <p>Client #4's Service Plan, October 15, 2004, indicated that the client was to receive "medication administration." "The Medication Administration Record" indicated that the client had been receiving medication administration since October 16, 2004.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>The licensee's registered nurse stated on December 17, 2004 that she had called the clinic on October 15, 2004 to fax over a current list of medications the client was receiving. The record contains a faxed copy of "Chronic Medication List", dated October 15, 2004, for the client. The list of medications included: ASA, 81mg daily; multivitamin with iron daily; Diovan 160mg, every day; Atenolol 50mg, twice daily; Buspar 15mg. Two tablets twice daily; Zoloft 25mg., every day; Lasix 40mg, every day; KCl 20 meq. one every day and milk of magnesium, as needed. The physician had not signed the "Chronic Medication List". The facility faxed the physician an updated medication list that he signed on November 15, 2004 and returned to the licensee. On December 17, 2004, the licensee stated that this signed, faxed copy of the medication orders was the first physician signed orders received by the licensee.</p> <p><u>Education:</u> Provided.</p>

A draft copy of this completed form was left with Janice Doebber, RN and Patti Carey at an exit conference on December 17, 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)



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0668

September 23, 2004

Gary Brink, Administrator
Bethany Home Health Services
1020 Lark Street
Alexandria, MN 56308

Re: Results of State Licensing Survey

Dear Mr. Brink:

The above agency was surveyed on July 19, 20, 23, and 26, 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: Gary Brink, 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: BETHANY HOME HEALTH SERVICES
 HFID # (MDH internal use): 22032
 Date(s) of Survey: July 19, 20, 23, and 26, 2004
 Project # (MDH internal use): QL22032001

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 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 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 <input type="checkbox"/> 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 <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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statute 144D.065; 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 <input type="checkbox"/> 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 Subd.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.</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 <input type="checkbox"/> 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:

<p>Indicator of Compliance: # <u>1</u></p>	<p>Regulation: MN Rule 4668.0800, Subp. 3</p>	<p><u>X</u> Correction Order Issued <u>X</u> Education provided</p>
<p>Statement(s) of Deficient Practice: #1</p> <p>Education: #1</p>	<p>Based on observation, interview, and record review the licensee did not provide all the services required by the client's service plan for one of three active client records (#1) reviewed.</p> <p>Client #1's current service plan, October 2003, indicated that the client was to have, "a monthly skilled nurse visit, monitoring of exercise and blood sugars. The latest documented registered nurse (RN) visit was June 30, 2004. The previous skilled nursing visit was April 30, 2004. A physician order dated October 31, 2003 ordered accu-checks to be done twice weekly. Client #1's record had documentation of blood sugar testing on June 1, 8, 15, 22, 30, and July 16, and 20, 2004. On interview, July 20, 2004, the RN stated she was unaware that client #1's service plan required monthly skilled nursing visits and that she thought the accu-checks were to be done weekly. June 1, 2004 the service plan was modified with "continue with breakfast preparation, receive noon and supper meal in dining room and staff to do dishes each AM after breakfast." When interviewed July 23, 2004, a direct care staff stated that they did client #1's dishes if they had time, which was not every day but that they did do them at least every Monday on his housekeeping day. Staff indicated that because the daily log had one line to initial for "breakfast prep and daily dishes" it was initialed if breakfast prep alone was completed. During a home visit with interview, Friday July 23, 2004, client #1 stated that staff clean up his dishes one to two times per week and sometimes he does them himself. While visiting, this reviewer observed his kitchen sink stacked full of dishes. When interviewed, July 23, 2004, the RN stated that she had informed the staff that they were to do his breakfast preparation and clean-up daily. She said and the "Resident Services Delivery Records" indicated that staff have been initialing daily from July 1, 2004 to the present (July 23, 2004) that Lester is receiving "Breakfast prep and dishes-daily".</p> <p>Education was provided on the need to provide services as stated in the service plan.</p>	

Indicator of Compliance: # <u>1</u>	Regulation: MN Rule 4668.0815, Subp. 4 Contents of Service Plan	<u> </u> Correction Order Issued <u>X</u> Education provided
Education: #1	The service plan on client #1 lacked the fees for services. The service plan had been modified February 2004 and June 2004 without evidence of change in fees. The service plan stated that the payer source was "Douglas County PH". Client #1 stated that he could not remember that he had seen the fees for services or informed of them. On July 23, 2004 education was provided to the registered nurse and Manager on the need to have the fees in the service plan and authenticated by the licensee and client and updated with modifications. The Administrator was also educated on this on this requirement on exit day.	
Indicator of Compliance: # <u>6</u>	MN Rule 4668.0815, Subp. 2 Revaluation of Service Plan	<u>X</u> Correction Order Issued <u>X</u> Education provided
Statement(s) of Deficient Practice: #6 Education #6	<p>Based on observation, interview, and record review the licensee did not have the registered nurse (RN) review and revise a service plan when there was a change in client condition for one of three active client records (#2) reviewed.</p> <p>The April 2004 service plan for client #2 indicated services to be provided included medication administration and monitoring of blood sugars. The May 12 through May 18, 2004 medication administration record (MAR) indicated insulin that of to be administered at 8:30PM there were four syringes of Lantus, and ten syringes of Humalog insulin, to be administered before meals, left in the resident's refrigerator, unused. According to the service plan and RN supervisory notes of April 26, 2004 and June 24, 2004, staff was to observe the client taking her medications including injecting her insulin. A physician's order, May 4, 2004, stated to monitor blood sugars before breakfast and supper. Client #2's care plan stated she preferred to check blood sugars herself. The agency provides staffing from 7am to 8pm daily. If medications are to be taken later than 8pm the agency does not have staff on duty to observe the administration of medication. During home visits with interviews July 23, and July 26, 2004, it was observed that client #2 had not been recording her blood sugars twice daily and had missed recording any on several days. Client #2 stated, "I'm so forgetful and I don't always remember to check my blood sugar." When interviewed July 20, 2004 two universal workers stated the client was often in another client's room visiting. When client #2 was not in her room they stated they left her medications including insulin in her room with a note. Both stated they were unaware of the care plan change directing staff "must observe her injections of insulin and ingest oral medications." On July 26, 2004, the RN stated that she "was not aware that resident was failing to check her blood sugars as ordered." Rule reviewed with nurse and limitation of service agency provides.</p>	

Indicator of Compliance: # <u>NA</u>	Regulation: CLIA Waiver	<input type="checkbox"/> Correction Order Issued <input checked="" type="checkbox"/> Education provided
Other Education:	Licensee provides assistance with glucose monitoring with client's own monitoring device. CLIA waiver required. Administrator unable to find waiver. He will apply for one. Education provided on need for waiver when assisting with glucose monitoring.	

A draft copy of this completed form was left with Gary Brink, Administrator at an exit conference on July 26, 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)