



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 1830 0003 8091 0280

March 24, 2009

Heidi Cunningham, Administrator  
Loving Care Cottage LLC  
7740 Hadley Avenue  
Cottage Grove, MN 55016

Re: Results of State Licensing Survey

Dear Ms. Cunningham:

The above agency was surveyed on February 23 and 24, 2009, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

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

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

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

01/07 CMR3199



Class F Home Care Provider

LICENSING SURVEY FORM

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

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

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

Name of CLASS F: LOVING CARE COTTAGE LLC

HFID #: 22037

Date(s) of Survey: February 23, and 24, 2009

Project #: QL22037006

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The service plan accurately describes the client’s needs.</li> <li>Care is provided as stated in the service plan.</li> <li>The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

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

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

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

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

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

## **SURVEY RESULTS:**

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

### **1. MN Rule 4668.0815 Subp. 2**

#### **INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client’s evaluation and service plan at least annually or more frequently when there was change in the client’s condition that required a change in service for one of one client (#1) record reviewed. The findings include:

Client #1’s home health aide monthly reports indicated the client had received total care and medication administration in December 2008 and January 2009. On January 2007 the RN reevaluated the client's need for total cares and medication administration. There was no evidence the RN had re-evaluated the client's needs related to the total cares and medication administration since then.

When interviewed February 23, 2009, the RN stated she was not aware it had been that long since the last re-evaluation.

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A draft copy of this completed form was left with Heidi Cunningham, Owner/ Administrator, at an exit conference on February 24, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 9687

December 29, 2005

Heidi Cunningham, Administrator  
Loving Care Cottages LLC  
7740 Hadley Avenue  
Cottage Grove, MN 55016

Re: Licensing Follow Up Revisit

Dear Ms. Cunningham:

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 December 20, 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: Heidi Cunningham, President Governing Board  
Washington County Social Services  
Gloria Lehnertz, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
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:** LOVING CARE COTTAGE LLC

**DATE OF SURVEY:** December 20, 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:**

Heidi Cunningham, RN, Administrator  
Lisa Zuniga, HHA, Assistant Administrator  
Betty Thompson, HHA

**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 July 5, 6, and 8, 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. 2        | Corrected |
| 2. MN Rule 4668.0065 Subp. 3        | Corrected |
| 3. MN Rule 4668.0805 Subp. 1        | Corrected |
| 4. MN Rule 4668.0815 Subp. 1        | Corrected |
| 5. MN Rule 4668.0835 Subp. 2        | Corrected |
| 6. MN Rule 4668.0835 Subp. 3        | Corrected |
| 7. MN Rule 4668.0845 Subp. 2        | Corrected |
| 8. MN Rule 4668.0855 Subp. 7        | Corrected |
| 9. MN Rule 4668.0860 Subp. 2        | Corrected |
| 10. MN Rule 4668.0865 Subp. 8       | Corrected |
| 11. MN Statute §626.557 Subd. 14(b) | Corrected |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 7768

November 9, 2005

Heidi Cunningham, Administrator  
Loving Care Cottage LLC  
7740 Hadley Avenue  
Cottage Grove, MN 55016

Re: Results of State Licensing Survey

Dear Ms. Cunningham:

The above agency was surveyed on July 7, 6 and 8, 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: Heidi Cunningham, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
Washington County Social 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: LOVING CARE COTTAGE LLC

HFID # (MDH internal use): 22037

Date(s) of Survey: July 5, 6, and 8, 2005

Project # (MDH internal use): QL22037003

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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction 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 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><b>Client personal information and records are secure.</b> <b>Any information about clients is released only to appropriate parties.</b> 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 checked="" 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 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 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 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 Evaluation; documentation	X	X	<p>Based on observation, record review and interview, the licensee failed to ensure the establishment of a service plan for three of three clients' (#1, #2) and #3) records reviewed. The findings include:</p> <p>Client #1 started receiving services July of 2004. Observations and interviews with staff on July 5 and 6, 2005 established that client #1 received assistance from staff with dressing, bathing, grooming, medication administration, and her medications were centrally stored. There was no service plan in client #1's record.</p> <p>Client #2 started receiving services February of 2005. Observations and interviews with staff on July 5 and 6, 2005 indicated that client #2 received assistance with medication administration, blood glucose monitoring, and her medications were centrally stored. There was no service plan in client #2's record.</p> <p>Client #3 started receiving services March of 2004, and expired August of 2004. Interviews with staff on July 5 and 6, 2005, and review of her record indicated that she required assistance with her activities of daily living, had an indwelling catheter, received assistance with medication administration and her medications were centrally stored. There was no service plan in client #3's record. When interviewed July 6, 2005, the administrator/RN confirmed that</p>

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				<p>clients #1, #2 and #3 did not have service plans.</p> <p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0815 Subp. 4 Contents of service plan		X	<p><b><u>Education:</u></b> Provided</p>
1	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse supervised unlicensed personnel who performed services that required supervision for one of one employee (#3) reviewed. The findings include:</p> <p>Clients #1, #2, and #3 received assisted living home care services from unlicensed personnel, such as medication administration, blood glucose monitoring, and assisted with bathing, dressing and grooming. There was no evidence that supervisory visits by the registered nurse had been done. When interviewed on July 6, 2005, the administrator/registered nurse confirmed that she had not conducted supervisory visits, and was unaware of the requirement.</p> <p><b><u>Education:</u></b> Provided</p>
2	MN Rule 4668.0030 Subp. 2 Notification of client	X	X	<p>Based on record review and interview, the licensee failed to provide complete information on the Minnesota Home Care Bill of Rights for three of three clients' (#1, #2 and #3) records reviewed. The findings include:</p> <p>Client #1, #2 and #3's records identified that the clients had been given a copy of the Minnesota Home Care Bill of Rights but it did not include the changes added in 2001. When interviewed, July 5, 2005, the administrator/registered nurse confirmed that the facility did not have</p>

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				<p>an updated copy of the Minnesota Home Care Bill of Rights to give to the clients.</p> <p><b><u>Education:</u></b> Provided</p>
3	MN Rule 4668.0065 Subp. 3 Infection control in-service training	X	X	<p>Based on record review and interview, the licensee failed to ensure infection control training was completed for two of three employees (#1 and #3) records reviewed. The findings include:</p> <p>Employees #1 and #3 began providing direct care to clients August of 2003 and January of 2004, respectively. There was no evidence that they had received training in infection control techniques since they were hired. When interviewed July 6, 2005, the administrator/director of nursing confirmed that employees #1 and #3 had not received training in infection control.</p> <p><b><u>Education:</u></b> Provided</p>
3	MN Rule 4668.0805 Subp. 1 Orientation	X	X	<p>Based on record review and interview, the licensee failed to ensure orientation to home care requirements before providing home care services to clients for three of three employees (#1, #2 and #3) records reviewed. The findings include:</p> <p>Employees #1, #2 and #3 were hired August of 2003, July of 2004, and January of 2004, respectively, to provide direct care to clients. There was no evidence they had received orientation to the home care requirements. When interviewed, July 6, 2005, the administrator/registered nurse, confirmed that an orientation to the home care requirements had not been provided to the employees.</p> <p><b><u>Education:</u></b> Provided</p>



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3	MN Statute §626.557 Subd. 14(b) Abuse prevention plans	X	X	<p>Based on record review and interview, the licensee failed to ensure an individualized assessment of the client's susceptibility to abuse was completed for three of three clients' (#1, #2 and #3) records reviewed. The findings include:</p> <p>Clients #1, #2 and #3's records did not contain an individualized assessment for their risk of abuse. When interviewed on July 6, 2005, the administrator/registered nurse confirmed an assessment had not been completed for clients #1, #2 and #3.</p> <p><b><u>Education:</u></b> Provided</p>
7	MN Rule 4668.0835 Subp. 2 Qualifications	X	X	<p>Based on observation, record review and interview, the licensee failed to ensure that unlicensed staff performing assisted living home care services and delegated nursing services were qualified to perform the services for two of two employees (#2 and #3) reviewed. The findings include:</p> <p>Employee #2 was hired July of 2004 and employee #3 was hired January of 2004. Neither employee had successfully completed the training and/or competency evaluation in the core training, which included an overview of the home care requirements, recognizing and handling emergencies, handling clients' complaints, the services of the ombudsman for older Minnesotans, communication skills, observing, reporting, and documenting client status and the care or services provided, basic infection control, maintaining a clean, safe and healthy environment, basic elements of body functions and changes, and the physical, emotional, and developmental needs of clients. When interviewed July 6, 2005, the administrator/registered nurse confirmed the above.</p>

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7	MN Rule 4668.0835 Subp. 3 In-service training and demonstration of competency	X	X	Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed assisted living home care services completed the required hours of in-service training for one of one employee (#3) reviewed. The findings include:  Employee #3 was hired as a direct caregiver January of 2004. There was no evidence in the record indicating that she had received at least eight hours of in-service training since she was hired. When interviewed July 6, 2005, the administrator/registered nurse confirmed the lack of in-service training for the employee.  <b><u>Education:</u></b> Provided
7	MN Rule 4668.0840 Subp. 3 Core training of unlicensed personnel		X	<b><u>Education:</u></b> Provided
7	MN Statute §144A.45 Subd. 5 Health care providers that serve persons with Alzheimer's disease or related disorders		X	<b><u>Education:</u></b> Provided
8	MN Rule 4668.0855 Subp. 7 Performance of routine procedures	X	X	Based on interview and record review, the licensee failed to ensure that the registered nurse documented in the client's record, the specific instructions for performing the procedures for each client, and the unlicensed staff person demonstrated to an RN their ability to assist with or administer the medications for two of two clients' (#1 and #2) records reviewed who were receiving medication administration. The findings include:

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				<p>Clients' #1 and #2 were observed on July 5 and 6, 2005 to have their morning oral medications administered by unlicensed personnel. In addition client #2 was observed to receive assistance with administration of her morning insulin injection. Employees #2 and #3 had documented on client #1 and #2s' medication administration records that they had administered client #1 and #2s' medications. There was no documentation that the RN specified in writing the specific instructions for performing medication administration for client #1 and #2, nor was the procedure for medication administration documented in the client's record. In addition, a review of employee #2 and #3s' personnel file lacked documentation that the unlicensed staff had demonstrated to the RN their ability to competently perform medication administration.</p> <p>When interviewed on July 6, 2005, the administrator/registered nurse confirmed that employees #2 and #3 had not demonstrated to the RN their ability to competently perform medication administration prior to administering medications to clients #1 and #2. In addition, the administrator/RN confirmed that she had not developed any written instructions on the procedures, nor were the procedures documented in the client's record.</p> <p><b><u>Education:</u></b> Provided</p>
8	MN Rule 4668.0860 Subp. 2 Prescriber's orders	X	X	Based on record review and interview, the licensee failed to have prescriber's orders for medications for two of two current clients' (#1 and #2) records reviewed. The findings include:

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				<p>Client #1 began receiving services July of 2004. Client #1's medication administration records for July, August, September, October and November, 2004 indicated that the client received the two cardiac medications. There was no written prescriber's order for these medications until November 26, 2004.</p> <p>Client #2 began receiving services February of 2005. Client #2's medication administration records for February 2005 indicated that the client received fourteen medications including insulin. There were no written prescriber's orders for these medications until February 28, 2005. When interviewed July 6, 2005, the administrator/registered nurse confirmed the preceding findings.</p> <p><b>Education:</b> Provided</p>
8	MN Rule 4668.0865 Subp. 3 Control of medications		X	<p><b>Education:</b> Provided</p>
8	MN Rule 4668.0865 Subp. 8 Storage of drugs	X	X	<p>Based on observation and interview, the licensee failed to ensure the proper storage of medications that were centrally stored for one of one clients (#2) records reviewed who received insulin. The findings include:</p> <p>Observations on July 5 and 6, 2005 indicated that client #2's insulin pens were stored in the door, on an open shelf of the refrigerator in the kitchen, which was not locked. Clients and staff used the refrigerator. In addition, a vial of Humalog insulin was also stored on this shelf. When interviewed July 6, 2005, the administrator/registered nurse confirmed client #2's insulin was not stored in a locked compartment.</p> <p><b>Education:</b> Provided</p>

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	CLIA Waiver Information		X	<b>Education:</b> Provided

A draft copy of this completed form was left with Heidi Cunningham, RN/Administrator at an exit conference on July 8, 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 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)