



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9144

November 17, 2005

John Campion, Administrator
Prairie Meadows Assisted Living
1255 Walnut Street
Dawson, MN 56262

Re: Licensing Follow Up Revisit

Dear Mr. Campion:

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 November 3, 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 Campion, President Governing Board
Gloria Lehnertz, Minnesota Department of Human Services
La Qui Parle 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: PRAIRIE MEADOWS ASSISTED LIVIN

DATE OF SURVEY: November 3, 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-16

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

Joyce Pearson, Housing Manager, Julie Erdmann, RN

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 February 1, 2, 3, and 4, 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 4668.0815 Subp. 2 | Corrected |
| 3. | MN Rule 4668.0815 Subp. 4 | Corrected |
| 4. | MN Rule 4668.0835 Subp. 3 | Corrected |
| 5. | MN Rule 4668.0855 Subp. 5 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4092

June 10, 2005

Mr. John Campion, Administrator
Prairie Meadows Assisted Living
1255 Walnut Street
Dawson, MN 56262

Re: Results of State Licensing Survey

Dear Mr. Campion:

The above agency was surveyed on February 1, 2, 3, and 4, 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 Campion, President Governing Board
Case Mix Review File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

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

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

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

Name of ALHCP: PRAIRIE MEADOWS ASSISTED LIVN
 HFID # (MDH internal use): 22054
 Date(s) of Survey: February 01, 02, 03, and 04, 2005
 Project # (MDH internal use): QL22054001

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

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

| Indicators of Compliance | Outcomes Observed | Comments |
|---|---|--|
| <p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p> | <p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p> | <p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p> |
| <p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p> | <p>The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p> | <p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p> |
| <p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p> | <p>Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p> |
| <p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p> | <p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p> |

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

Survey Results:

_____ All Indicators of Compliance listed above were met.

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

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--|-------------------------|--------------------|---|
| 1 | MN Rule 4668.0815 Subp.2 Service Plan Reevaluation | X | X | <p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) reviewed the client's service plan on an annual basis for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's initial service plan was dated September 30, 2003, and client #2's initial service plan was dated July 24, 2003. There was no evidence the RN had reviewed the clients' service plans since 2003.</p> <p>During an interview, February 2, 2005, the RN stated that she was unaware of the need to review the clients' service plans annually.</p> <p><u>Education:</u> Provided.</p> |
| 1 | MN Rule 4668.0815 Subp.4 Contents of Service Plan | X | X | <p>Based on record review and staff interview, the licensee failed ensure the clients' service plan included a contingency plan for services for two of two clients' (#1, and #2) records reviewed. The findings include:</p> <p>Client #1's service plan dated September 30, 2003 and client #2's service plan dated July 24, 2003 indicated, "Contingency Plan: Essential Services: If services are essential for medical or safety reasons, arrangements acceptable to the client or client's responsible person shall be made to complete the services as follows _____." The area where the services were to be listed was blank. The "Contingency Plan" for</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|--|-------------------------|--------------------|---|
| | | | | <p>clients #1 and #2 did not identify the action to be taken if scheduled services could not be provided. When interviewed, February 2, 2005, the registered nurse she stated that if she was not available, the staff would contact the hospital nurse from Johnson Memorial Hospital in Dawson.</p> <p><u>Education:</u> Provided.</p> |
| 2 | MN Rule 4668.0030 Subp. 2 Notification of Client | X | X | <p>Based on record review and staff interview, the licensee failed to provide the current MN Home Care Bill of Rights to three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1 began receiving services from the agency September 23, 2004. Client # 2 began receiving services from the agency July 16, 2003, and client #3 began receiving services from the agency May 12, 2004. There was documentation in client #1, #2, and #3s' records that they had received a copy of the Bill of Rights. The Bill of Rights the clients received did not include the modifications made by the State legislature in 2002. When interviewed February 1, 2005, the licensee stated that she did not have a copy of the current version of the MN Home Care Bill of Rights.</p> <p><u>Education:</u> Provided.</p> |
| 7 | MN Rule 4668.0835 Subp. 3 Inservice Training and Demonstration of Competency | X | X | <p>Based on record review and staff interview, the licensee failed to ensure that the unlicensed personnel who performed assisted living home care services, received eight hours of inservice training for each twelve months of employment for one of two unlicensed personnel (#3) records reviewed. The findings include:</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|---|-------------------------|--------------------|---|
| | | | | <p>Employee #3's date of hire was July 10, 2003. Her personnel file indicated she had 4.5 hours of inservice training from her date of hire through July of 2004. When interviewed, February 02, 2005, the licensee confirmed that employee #3 lacked the required inservice training hours, and stated that although the agency offered eight hours of inservice training each year, staff did not attend.</p> <p><u>Education:</u> Provided.</p> |
| 7 | MN Rule 4668.0840 Subp. 4 Competency Evaluation | | X | <p><u>Education:</u> Provided.</p> |
| 8 | MN Rule 4668.0855 Subp. 5 Administration of Medications | X | X | <p>Based on record review and staff interview, the licensee failed to ensure that when a pro re nata (PRN) medication was administered by an unlicensed person, the registered nurse (RN) was informed of the administration within twenty-four hours after its administration, or within a time period that was specified by a RN prior to the administration for two of two clients (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's medication administration record indicated that on January 16, 2005, an unlicensed person administered Bisacodyl two tablets from the physician's standing house orders for complaints of constipation. The client's record indicated that this medication had not been administered to the client before. Client #2 had an order for Tylenol 650 mgs by mouth every 4 hours PRN for pain. Documentation indicated that on December 30, 2004 at 5:30 PM, client #2 was administered 650 milligrams of Tylenol by an unlicensed person. The client's record indicated client #2 had</p> |

| Indicator of Compliance | Regulation | Correction Order Issued | Education provided | Statement(s) of Deficient Practice/Education: |
|-------------------------|------------|-------------------------|--------------------|---|
| | | | | <p>not received Tylenol PRN prior to this date. There was no evidence in the record that the RN had been notified of client #1 and #2's PRN medication use. When interviewed, February 02, 2005, the RN indicated that the licensed practical nurse (LPN) was usually in the facility everyday and that the LPN was informed of the PRN medication use. The agency's policy on the use of PRN medication indicated the following: "Unlicensed staff will call the nurse when a resident requests a PRN medication that has not been given for over 1 week or it is the first time the resident has requested the PRN med. The nurse will co – sign all PRN meds within 24 hours of administration. If the UAP has any doubts as to if the resident needs the PRN meds. they should call the nurse before administering the med."</p> <p>Education: Provided.</p> |

A draft copy of this completed form was left with Joyce Pearson at an exit conference on February 04, 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)