MINNESOTA
MDH
DEPARTMENT OF HEALTH

*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 7007

October 1, 2010

Janet Green, Administrator
Emmanuel Community
1415 Madison Avenue
Detroit Lakes, MN 56501

Re: Results of State Licensing Survey

Dear Ms. Green:

The above agency was surveyed on August 17, 18, 19, and 20, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order 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) 201-4309.

Sincerely,

Patricia Nelson

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

**CERTIFIED MAIL #:** 7009 1410 0000 2303 7007

**FROM:** Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care & Assisted Living Program

Patricia Nelson, Supervisor - (651) 201-4309

| | | |
|---|---|---|
| TO: | JANET GREEN | DATE: October 1, 2010 |
| PROVIDER: | EMMANUEL COMMUNITY | COUNTY: BECKER |
| ADDRESS: | 1415 MADISON AVENUE<br>DETROIT LAKES, MN 56501 | HFID: 22058 |

On August 17, 18, 19 and 20, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed:_____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

**1. MN Rule 4668.0810 Subp. 6**

Based on record review and interview, the licensee failed to maintain a complete record for two of six clients (A1 and B3) reviewed. The findings include:

A review of agency incident reports indicated client A1 had fallen on July 1, 6, 12 and August 6, 2010. The client's record lacked documentation pertaining to the falls that occurred on July 1, 6, 12 and August 6, 2010. When interviewed August 18, 2010, employee AA (registered nurse) confirmed the falls were not documented in the client's record.

A review of agency incident reports indicated client B3's legs had "gave out" on August 13, 2010, and the ambulance was called. The client's record lacked documentation of the incident. When interviewed

August 19, 2010, employee BB (registered nurse) confirmed the incident was not documented in the client's record.

**TO COMPLY:** The client record must be accurate, up to date, and available to all persons responsible for assessing, planning, and providing assisted living home care services. The record must contain:

A. the following information about the client:

(1) name;

(2) address;

(3) telephone number;

(4) date of birth;

(5) dates of the beginning and end of services;

(6) names, addresses, and telephone numbers of any responsible persons;

(7) primary diagnosis and any other relevant current diagnoses;

(8) allergies, if any; and

(9) the client's advance directive, if any;

B. an evaluation and service plan as required under part 4668.0815;

C. a nursing assessment for nursing services, delegated nursing services, or central storage of medications, if any;

D. medication and treatment orders, if any;

E. the client's current tuberculosis infection status, if known;

F. documentation of each instance of assistance with self-administration of medication and of medication administration, if any;

G. documentation on the day of occurrence of any significant change in the client's status or any significant incident, including a fall or a refusal to take medications, and any actions by staff in response to the change or incident;

H. documentation at least weekly of the client's status and the home care services provided, if not addressed under item F or G;

I. the names, addresses, and telephone numbers of the client's medical services providers and other home care providers, if known;

J. a summary following the discontinuation of services, which includes the reason for the initiation and discontinuation of services and the client's condition at the discontinuation of services; and

K. any other information necessary to provide care for each individual client.

**TIME PERIOD FOR CORRECTION**: Thirty (30) days

**2. MN Rule 4668.0815 Subp. 3**

Based on record review and interview, the licensee failed to ensure that each client's service plan was modified to reflect the current services the client was receiving for three of three clients (A3, B1 and B2) reviewed whose services plans required modifications. The findings include:

Client A3's service plan, dated June 10, 2010, indicated the client received oxygen PRN (as necessary). The client's record contained a prescriber's order, dated June 17, 2010, that indicated the client was to wear the oxygen continuously. When interviewed August 19, 2010, employee AA (registered nurse) confirmed the service plan had not been up dated to reflect the change in oxygen use.

Client B1 began receiving services November 6, 2008. The client's service plan provided at the time of the survey, dated July 16, 2010, indicated the client only received meals. The client's service delivery record for June, July and August 2010 indicated the client received assistance with medication administration, meals, monthly vital signs and weight management. When interviewed August 19, 2010, employee BB (registered nurse) stated in June 2010 the client began receiving assistance with medication administration and vital signs and weight management. Employee AA went on to state the client's service plan did not reflect the changes in services.

Client B2's service plan, dated June 9, 2009, indicated the client received assistance with medication administration, meals, house keeping, bathing, dressing and grooming. When interviewed August 19, 2010, the client stated he received assistance with medication administration, meals and light house keeping. When interviewed August 19, 2010, employee BA (unlicensed personnel) stated she assisted the client with medication administration, meals and light housekeeping. When interviewed August 19, 2010, employee BB (registered nurse) stated the client are no longer received assistance with bathing, dressing and grooming and went on to say the client's service plan had not been updated to reflect the current services being provided to the client.

**TO COMPLY:** A modification of the service plan must be in writing and agreed to by the client or the client's responsible person before the modification is initiated. A modification must be authenticated by the client or the client's responsible person and must be entered into the client's record no later than two weeks after the modification is initiated.

**TIME PERIOD FOR CORRECTION**: Thirty (30) days

**3. MN Rule 4668.0825 Subp. 4**

Based on observation, record review and interview, the licensee failed to ensure that the registered nurse (RN) specified in writing specific instructions for performing delegated nursing procedures for two of two clients (A2 and A3) reviewed in housing with services A who received delegated nursing procedures. The findings include:

Employee AB (unlicensed personnel) was observed on August 17, 2010, to check client A2's blood sugar. There were no written instructions in the client's record for how the unlicensed personnel were to perform the blood sugar check. A review of the agency's blood sugar check policy indicated the unlicensed personnel were to follow the instructions on the client's care plan as each client used their own equipment. When interviewed August 18, 2010, employee AA (registered nurse) stated there were no written instructions for how unlicensed personnel were to perform the blood sugar check.

Client A3 was observed on August 19, 2010, at 9:00 a.m. in her apartment receiving oxygen per nasal cannula at two liters. The client's record indicated she received oxygen continuously and also nebulizer treatments four times a day. The client's record did not contain written instructions for the oxygen administration and nebulizer treatments. When interviewed August 19, 2010, employee AA verified they did not have written instructions for administration of the oxygen and nebulizer treatment in the client's record.

**TO COMPLY:** A person who satisfies the requirements of part 4668.0835, subpart 2, may perform delegated nursing procedures if:

A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;

B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;

C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;

D. the procedures for each client are documented in the client's record; and

E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

**TIME PERIOD FOR CORRECTION**: Fourteen (14) days

**4. MN Rule 4668.0855 Subp. 2**

Based on observation, record review and interview, the licensee failed to ensure that medications were administered according to the service plan for two of two clients (B1 and B2) reviewed in housing with services B. The findings include:

During observation of medication administration on August 18, 2010, at 11:00 a.m. in client B1's apartment the following medications were observed sitting out on the counter in the kitchen: hydroxyzine, ibuprofen, aspirin 325 milligrams (mg.), lorazepam (Ativan), Calcium and a vial of fluphenazine. Also the weekly medi set filled with medications was sitting out on the client's kitchen counter.

Client B1's assessment for the need for medication assistance, dated June 18, 2010, indicated the client needed assistance with medication administration and he takes medications inappropriately. The client's care plan in housing with services B for August 2010 indicated he received assistance with medication administration at 7:45 a.m., 11:15 a.m., 5:00 p.m. and 9:00 p.m. daily.

Client B1's record also contained a prescriber's order, dated June 18, 2010, for Ativan 1 mg. three times a day and Ativan 1 mg. PRN (as necessary) daily for a total of 4 mg. per day.

When interviewed August 18, 2010, client B1 stated that he takes the medications on his counter once in a while and that if he needs his PRN Ativan he takes the medication himself. When interviewed August 18, 2010, employee BA (unlicensed personnel) stated the medications are always left out on the counter and she does not think they should be left out for the client to take. Employee BA went on to state that she assists the client with taking the medications that are set up in the medi set box. Employee BA stated she does not assist the client with the PRN medications.

When interviewed August 19, 2010, employee BB (registered nurse) stated the client receives assistance with his scheduled medications and takes his PRN medications on his own. Employee BB went on to state she was aware that the medications were sitting out on the counter. She also said the only way that they would be able to administer the PRN medications was if the client would call the staff by phone when he needed the medication, as there is not staff in the building at all times.

Medication administration was observed on August 18, 2010, at 10:00 a.m. in client B2's apartment. Noted on the kitchen table was a bottle of allergy medication (expired December 2006), ranitidine that (expired April 2010) and Mapap (acetaminophen). When interviewed August 18, 2010, client B2 stated that he takes his own PRN medication. The client also stated that he takes Lortab and Vicodin and has those medications in a locked box on his dresser in the bedroom. The client went on to state the unlicensed personnel administer the other medications for him and they are in a locked box in the kitchen.

Client B2's service plan, dated June 9, 2010, stated he received assistance with medication administration. The client's assessment for the need of medication administration last reviewed June 9, 2009, indicated the client took his own medications.

When interviewed August 18, 2010, employee BA stated she administers client B2's scheduled medication daily, but does not assist the client with his PRN medications. When interviewed August 19, 2010, employee BB stated the client does receive assistance with medication administration as per his service plan. Employee BB went on to state the client's assessment of the need for medication administration needs to be updated to reflect the client's current needs. Employee BB went on to state the only way that they would be able to administer the PRN medications was if the client would call the staff by phone when he needed the medication, as there is not staff in the building at all times.

**TO COMPLY:** For each client who will be provided with assistance with self-administration of medication or medication administration, a registered nurse must conduct a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration, and develop a service plan for the provision of the services according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part 4668.0845, and must be maintained as part of the service plan required under part 4668.0815.

**TIME PERIOD FOR CORRECTION**: Seven (7) days

**5. MN Rule 4668.0855 Subp. 7**

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) specified in writing specific instructions for administering medications that were ordered on a PRN (pro re nata) basis for one of one client (A1) reviewed who was receiving PRN medications. The findings include:

Client A1 began receiving services on September 8, 2008, which included daily medication administration by unlicensed personnel. The client had a prescriber's order, dated November 2, 2008, for Ativan 0.5 to 1.0 milligrams (mg.) every eight hours PRN (as necessary). Documentation on the client's PRN medication sheet indicated the client received two Ativan on July 2, 5 and August 6, 2010. There were no written instructions by the RN for the unlicensed personnel to follow to determine whether to administer 0.5 mg. or 1.0 mg. of the Ativan. The client had prescriber's order, dated August 23, 2008, for Percocet one or two tablets every four to six hours PRN. Documentation on the client's PRN medication sheet indicated the client received Percocet June 23, 25 and 27, 2010. The amount of Percocet administered was not documented. There were no written instructions by the RN for the unlicensed personnel to follow to determine whether to administer one or two tables of the Percocet.

When interviewed August 18, 2010, employee AB (unlicensed personnel) stated she would see how many pills the client wanted and then notify the RN hat the medications had been given. When interviewed August 18, 2010, employee AA (registered nurse) stated the unlicensed personnel are to notify the RN when the medication is given. Employee AA also stated there were no written instructions for the unlicensed personnel to follow pertaining to administration of the client's PRN medications.

**TO COMPLY:** A person who satisfies the training requirements of subpart 4 may perform assistance with self-administration of medication or medication administration if:

A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;

B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;

C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;

D. the procedures for each client are documented in the client's records; and

E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

**TIME PERIOD FOR CORRECTION**: Seven (7) days

**6. MN Rule 4668.0855 Subp. 9**

Based on record review and interview, the licensee failed to ensure medications were administered as prescribed and failed to ensure the medication records were complete for two of six clients (A1 and B1) reviewed. The findings include:

Client A1's record contained a prescriber's order, dated July 21, 2010, for Macrobid 100 milligrams (mg.) daily. The medication sheet in the client's apartment, dated April 2010, which the unlicensed personnel referred to when administering medications to the client indicated Macrobid 100 mg. daily. There was no time indicated when the medication was to be given. When interviewed August 18, 2010, employee AA (registered nurse) verified the time the medication was to be administered was not included on the client's medication administration record.

The care plan book in housing with services B indicated that client B1 received assistance with medication administration at 7:45 a.m., 11:15 a.m., 5:00 p.m. and 9:00 p.m. The medication administration record in the client's apartment indicated the client was to receive a Multivitamin daily at 9:00 a.m., Ativan 1 mg. at 11:15 a.m., 5:00 p.m., and 9:00 p.m., Lamictal 200 mg. at 9:00 p.m., Lexapro 20 mg. at 9:00 p.m., and Triamcinolone 0.1% cream at 9: 00 a.m. and 8:00 p.m. The client's service delivery record indicated the client received assistance with medication administration on August 14, 2010, at 1:12 p.m. and August 15, 2010, at 1:36 p.m. and 1:40 p.m. The medications scheduled to be given at 5:00 p.m. and 9:00 p.m. were not documented as being given.

When interviewed August 19, 2010, employee BB (registered nurse) confirmed the medications were not documented as being administered to the client at the times indicated on the medication record in the client's apartment and on the client's care plan. Employee BB went on to state that there are no staff in the housing with services on the afternoon shift and that staff from housing with services C and D would have to come over to housing with services B to assist the client with medication administration and answer the response call system if the clients needed assistance.

**TO COMPLY:** The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.

**TIME PERIOD FOR CORRECTION**: Seven (7) days

**7. MN Rule 4668.0860 Subp. 9**

Based on interview and record review, the licensee failed to ensure that medication and treatment orders were renewed at least every twelve months for two of five clients (A1 and B2) reviewed.

Client A1 began receiving services on September 8, 2008. The last time the client's medications were reviewed by the physician was April 28, 2009.

Client B2 began receiving services on May 1, 2007. The last time the client's medications were

reviewed by the physician was on June 16, 2009.

When interviewed August 19, 2010, employee AA (registered nurse) stated the clients' medications were not renewed annually.

**TO COMPLY:** A medication or treatment order must be renewed at least every 12 months or more frequently as indicated by the nursing assessment required under part 4668.0855, subpart 2.

**TIME PERIOD FOR CORRECTION**: Seven (7) days

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

*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 0309

April 25, 2005

Steve Przybilla, Administrator
Emmanuel Community
1415 Madison Avenue
Detroit Lakes, MN 56501

Re: Licensing Follow Up Revisit

Dear Mr. Przybilla:

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 March 23, 2005.

The documents checked below are enclosed.

__X__ 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: Kathryn Roberts, President Governing Board
Case Mix Review File

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** EMMANUEL COMMUNITY

**DATE OF SURVEY:** March 23, 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:**
1. Shelley Vogt, RN/Manager

**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 October 13, and 14, 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 4668.0860 Subp. 2 Corrected.**

MINNESOTA
MDH
DEPARTMENT OF HEALTH

*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 1283

Date: November 24, 2004

Steve Pryzybilla, Administrator
Emmanuel Community
1415 Madison Avenue
Detroit Lakes, MN 56501

Re: Results of State Licensing Survey

Dear Mr. Pryzybilla:

The above agency was surveyed on October 13 and 14, 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: Kathyrn Roberts, 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: EMMANUEL COMMUNITY

HFID # (MDH internal use): 22058

Date(s) of Survey: October 13, and 14, 2004

Project # (MDH internal use): QL22058002

| 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.<br>The service plan accurately describes the client's needs.<br>Care is provided as stated in the service plan.<br>The client and/or representative understands what care will be provided and what it costs. | _X_ Met<br>____ Correction Order(s) issued<br>____ Education provided |

| Indicators of Compliance | Outcomes Observed | Comments |
|---|---|---|
| 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) | No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation.<br>Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated.<br>There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained). | _X_ Met<br>____ Correction Order(s) issued<br>____ Education provided |
| 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) | Clients are free from abuse or neglect.<br>Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observes infection control requirements.<br>There is a system for reporting and investigating any incidents of maltreatment.<br>There is adequate training and supervision for all staff.<br>Criminal background checks are performed as required. | _X_ Met<br>____ Correction Order(s) issued<br>____ Education provided |
| 4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040) | There is a formal system for complaints.<br>Clients and/or their representatives are aware of the complaint system.<br>Complaints are investigated and resolved by agency staff. | _X_ Met<br>____ Correction Order(s) issued<br>____ Education provided |
| 5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810) | Client personal information and records are secure.<br>Any information about clients is released only to appropriate parties.<br>Permission to release information is obtained, as required, from clients and/or their representatives. | _X_ Met<br>____ Correction Order(s) issued<br>____ Education provided |
| 6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825) | 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.<br>Emergency and medical services are contacted, as needed.<br>The client and/or representative are informed when changes occur. | _X_ Met<br>____ Correction Order(s) issued<br>____ Education provided |

| Indicators of Compliance | Outcomes Observed | Comments |
|---|---|---|
| 7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840) | Staff has received training and/or competency evaluations as required, including training in dementia care, if applicable.<br>Nurse licenses are current.<br>The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.<br>The process of delegation and supervision is clear to all staff and reflected in their job descriptions. | _X_ Met<br>____ Correction Order(s) issued<br>_X_ 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.<br>Staff is trained by a registered nurse prior to administering medications.<br>Medications and treatments administered are ordered by a prescriber.<br>Medications are properly labeled.<br>Medications and treatments are administered as prescribed.<br>Medications and treatments administered are documented. | ____ Met<br>_X_ Correction Order(s) issued<br>_X_ Education provided<br>____ 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.<br>Agency staff follows any Health Care Declarations of the client.<br>Clients are given advance notice when services are terminated by the ALHCP.<br>Medications are returned to the client or properly disposed of at discharge from a HWS. | _X_ Met<br>____Correction Order(s) issued<br>____ Education provided<br>____ 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)<br><br>Note: 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.<br>The agency operates within its license(s). | _X_ Met<br>____ Correction Order(s) issued<br>____ 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: |
|---|---|---|---|---|
| 7 | 4668.0835 Subp.3<br>In-service Training and Demonstration of Competency | | X | **Education:**<br>Education provided to the registered nurse, Rule and specifics reviewed. |
| 8 | 4668.0860 Subp.2<br>Prescriber's Order Required | X | X | Based on record review and interview the agency failed to have a current prescriber order for medication for one of three clients (#2) reviewed.<br><br>Client # 2 had an order for Hydrocodone (Lorcet) PRN (as needed). The medication was ordered discontinued September 27, 2004. September 28, 2004 the medication administration record indicated Hydrocodone (Lorcet) PRN was administered to client #2, no current order for the medication was noted. On October 13, 2004 the registered nurse (RN) verified the medication was given after the discontinuation date. She stated the initials on the Medication Administration Record indicated a nurse had countersigned the resident assistant's initial signifying that she gave her permission to give the PRN medication. The RN stated she would investigate what happened.<br><br>**Education:**<br>Education provided to the registered nurse, Rule reviewed. |

A draft copy of this completed form was left with Janet Green, Executive Director) at an exit conference on October 14, 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)