



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6079

April 27, 2010

Anneya Berg, Administrator
Truman Senior Living Inc
400 North Avenue East
Truman, MN 56088

Re: Results of State Licensing Survey

Dear Ms. Berg:

The above agency was surveyed on February 18 and March 1, 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 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) 201-4309.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>
An equal opportunity employer



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: TRUMAN SENIOR LIVING INC

HFID #: 22125

Date(s) of Survey: February 18 and March 1, 2010

Project #: QL22125006

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>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> 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 understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</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>Follow-up Survey # _____</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</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>Follow-up Survey # <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>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel 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>Focus Survey</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>Expanded Survey</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>Follow-up Survey # <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>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0810 	<ul style="list-style-type: none"> Client personal information and records are secure. Any information about clients is released only to appropriate parties. Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</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 checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</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>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0065 MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0840 MN Rule 4668.0070 MN Statute §144D.065 	<ul style="list-style-type: none"> 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 that 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. Personnel records are maintained and retained. Staff meet infection control guidelines. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</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>Follow-up Survey # _____</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Focus Survey</p> <p>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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"> • 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. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</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>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 	<ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</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>Follow-up Survey # <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 for one of one client’s (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving services June 4, 2007. An RN evaluation had been done May 31, 2007, however there was no evidence that a RN evaluation was done in 2008 or 2009.

When interviewed March 1, 2010, a RN indicated she had just began employment in January 2010, and did not know the evaluation and service plan had to be reviewed and revised every year.

2. MN Rule 4668.0855 Subp. 2**INDICATOR OF COMPLIANCE: # 6**

Based on record review, observation and interview, the licensee failed to ensure that medications were administered according to the service plan for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving assistance with oral medication administration June 4, 2007. The client's service plan, dated September 17, 2009, indicated the client was to receive medication set up and administration of medications.

When interviewed March 1, 2010, employee B, an unlicensed direct care staff, stated the client's 8:00 p.m. medications were given to him, but the next day's medications were left with him in a medi-set to take at the designated times the next day and that he self-administered the nebulizers. When interviewed March 1, 2010, client #1 showed the surveyor his array of inhalers and nebulizers and stated staff bring in his pills each evening and he takes the pills the next day. When interviewed March 1, 2010, a RN thought staff was administering the medications at the designated times.

3. MN Rule 4668.0855 Subp. 9**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have complete medication records for one of one client's (#1) record reviewed. The findings include:

Client #1 had four medications set-up by a registered nurse (RN) and administered by unlicensed direct care staff daily. The RN did not document the set-up of each medication and the unlicensed staff did not document each medication that was administered to the client.

Documentation on the medication administration record included: 7 AM dosage box, 11 AM dosage box and 5 PM dosage box. The medication profile listed the medication, dosage, and the number of times per day to administer the medication, however there was no way to verify what medication had been administered.

When interviewed February 18, 2010, a RN verified she set up dose box medications every day using the medication profile and staff administered the medications from the dose box daily. She did not know that documentation was to include the name, date, and time, quantity of dosage and method of administration of each medication.

4. MN Rule 4668.0865 Subp. 2**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to develop a service plan which included central medication storage for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving central storage of medications June 4, 2007. The client's most recent assessment for central storage of medications, dated May 31, 2007, indicated the client needed central storage of medications. The service plan, dated September 17, 2009, did not include central storage of medications.

When interviewed March 1, 2010, a registered nurse confirmed the service plan did not include central storage.

5. MN Statute §144A.44 Subd. 1(2)

INDICATOR OF COMPLIANCE: # 2

Based on observation and interview, the licensee failed to assure appropriate infection control procedures were performed for one of one client's (#1) cares observed. The findings include:

During observation of medication administration on March 1, 2010, employee B was observed to wash her hands in the office, push the medication cart down to client #1's room, open the door to the client's room and put on gloves, without washing or using hand gel. With the gloves on she then performed glucose monitoring on the client, opened the medication administration record book and handled the client's medication box. She then took the gloves off and started to push the cart out of the client's room at which time the surveyor reminded her to use the hand gel.

When interviewed March 1, 2010, employee B said this was not her usual practice and that she had been trained and knew better. A registered nurse confirmed that employee B did not follow the facility's infection control practice.

6. MN Statute §144A.441

INDICATOR OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers to one of one client (#1) reviewed. The findings include:

Client #1 was admitted and began receiving services June 4, 2007. Client #1 was provided a copy of the Minnesota Home Care Bill of Rights on May 31, 2007, but the content did not include the current language for assisted living clients in clause 16, which included the right to at least a 30 day advance notice of termination of a service by the provider.

When interviewed March 1, 2010, a registered nurse verified that client #1 did not have the current bill of rights and stated she would get the current bill of rights distributed to all the clients.

A draft copy of this completed form was left with Jessica Raad, Interim Administrator, at a phone exit conference on March 2, 2010. 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) 201-5273. 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 9717

January 3, 2006

Rodney Dahlberg, Administrator
Lutheran Retirement Home of So MN
400 North Avenue East
Truman, MN 56088

Re: Licensing Follow Up Revisit

Dear Mr.Dahlberg:

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 14 and 15, 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: Arnold Bentz, President Governing Board
Martin County Social Services
Gloria Lehnertz, Minnesota Department of Human 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: LUTH RET HOME OF SO MN

DATE OF SURVEY: December 14 and 15, 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:

Candy Becker RN

Rodney Dahlberg Administrator

SUBJECT: Licensing Survey _____ Licensing Order Follow Up _____ #1 _____

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 April 4, 5, 6, and 7, 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 4668.0805 Subp. 1 | Corrected |
| 2. MN Rule 4668.0815 Subp. 4 | Corrected |
| 3. MN Rule 4668.0825 Subp. 4 | Corrected |
| 4. MN Rule 4668.0840 Subp. 3 | Corrected |
| 5. MN Rule 4668.0840 Subp. 4 | Corrected |
| 6. MN Rule 4668.0860 Subp. 4 | Corrected |
| 7. MN Rule 4668.0865 Subp. 2 | Corrected |
| 8. MN Rule 4668.0865 Subp. 9 | Corrected |

- | | |
|-------------------------------------|-----------|
| 9. MN Rule 4668.0870 Subp. 2 | Corrected |
| 10. MN Statute §144A.44 Subd. 1 (2) | Corrected |
| 11. MN Statute §144A.46 Subd. 5 (b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3170

October 14, 2005

Rodney Dahlberg, Administrator
Lutheran Retirement Home of So MN
400 North Avenue East
Truman, MN 56088

Re: Results of State Licensing Survey

Dear Mr. Dahlberg:

The above agency was surveyed on April 4, 5, 6 and 7, 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: Arnold Bentz, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Martin 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: LUTH RET HOME OF SO MN

HFID # (MDH internal use): 22125

Date(s) of Survey: April 4, 5, 6, and 7, 2005

Project # (MDH internal use): QL22125001

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>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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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)</p> <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>	<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 4 Contents of service plan	X	X	<p>Based on record review and interview, the facility failed to provide a complete service plan for two of three clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's current service plan dated January of 2005 indicated client #1 contracted for bathing service. The service plan did not include frequency of supervision for service or the persons providing bathing. Client #2's current service plan dated August of 2004 indicated client #2 contracted for medication set up. The service plan did not include the identification of the person or category of the person providing services, or the frequency of supervision or monitoring the services. On April 7, 2005, the registered nurse confirmed the service plans were not complete.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0865 Subp. 2 Central storage	X	X	<p>Based on record review and interview, the facility failed to ensure that a registered nurse conducted a nursing assessment of the client's functional status and the need for central storage of medication for one of two clients (#1) records reviewed. The findings include:</p> <p>Client #1 was admitted in January of 2005. The record contained a form used for the assessment of central storage of medications. The form was blank except it was signed and dated by the registered nurse (RN) January 14, 2005. When interviewed April 6, 2005, the RN indicated the client was started on central storage of medication per his request and confirmed the above.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0865 Subp. 9 Locked compartment	X	X	<p>Based on observation and interview, the facility failed to provide a separately locked compartment, which was permanently affixed to the physical plant for storage of controlled drugs. The findings include:</p> <p>On April 5, 2005 during the medication room tour the surveyor observed the medication room to be locked. The surveyor observed the medication bottle, which stated "Propox-APAP 100 1 tab q 4-6 hours PRN" to be in the Client #4's bin. There was no compartment for storage of any controlled drug. On April 5, 2005 the Registered Nurse (RN) stated, "there is no box, I have asked for a lock box several times, but haven't gotten it yet."</p> <p><u>Education:</u> Provided</p>
#2	MN Statute §144A.44 Subd 2 Nursing standards	X	X	<p>Based on observation, record review and interview, the facility failed to provide care and services according to acceptable medical and nursing standards for two of two clients (#1 and #2). The findings include:</p> <p>On February 22, 2005, employee #2, a personal care attendant, documented in client #1's record, "at 10:30 I did a Bld (blood) sugar check. It was high, so he ate a couple of cookies." On April 6, 2005, per a phone interview, employee #2 stated to the reviewer, "he said he was going to eat some cookies since it was high, so I said that should be ok since it was high." On April 6, 2005, the Registered Nurse (RN) confirmed the above.</p> <p>Client #2 had a diagnosis of diabetes. Client # 2's record contained doctors orders dated October 14, 2004, that indicated to notify the RN when blood sugar levels were greater than 300 and to</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>give orange juice and call the RN if blood sugars were below 80. From March 8, 2005, through April 3, 2005, client #2 had eleven recorded incidents of blood sugars above 301 and twelve episodes of blood sugars being below 80 or "low."</p> <p>Examples include; March 3, 2005 client #2s' blood sugar was 68. The PCA note indicated the client was given orange juice (OJ) and sugar with a peanut butter sandwich. On March 7, 2005 a PCA note stated, "client had a blood sugar of 56 @ 4:30 gave OJ and sugar." On March 20, 2005, a note stated "it was low at 77 so we gave him 2/3 c" (cup) "OJ with 1 1/2 tsp" (teaspoons) "sugar." March 26, 2005, "the blood sugar check was low so we gave him 2/3 glass orange juice & 2 tsp sugar." There was no evidence of notification of the nurse for any of the incidents. On March 8, 13, 24 (twice), and April 2, 2005, recorded blood sugars ranged from "low" to 77. There was no evidence that staff gave orange juice or called the RN as ordered by the physician.</p> <p>Client #2s' PCA notes of March 7, 2005, stated, "Client had BS 56 @ 4:30 gave OJ and sugar. Had super @ 6pm, BS was 122. Client had BS of 422 @ 8:30 pm. Wife gave 1 lu (units) Humalog /pen." and "Went to take BS @ 9:15, BS was 464." Client had nothing to eat, PCA called doctor. "He said could give another 10u and check BS every hour to keep it from going too low." PCA checked BS again @ 9:45. BS was 467. Wife gave 10u Humalog /pen." When interviewed, April 7, 2005, the RN stated, "When she called me, I told her to call the doctor." PCA documentation March 8, 2005, "B.S. at 3:45am was 93. I gave client peanut butter sandwich and glass of O.J." The record did not contain an order to give client #2 a peanut butter sandwich or a glass of orange juice for blood sugar levels greater than 79. There was no evidence of notification of the nurse for this incident.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed, April 6, 2005, and asked about staff notifying her of client #2's high or low blood sugar levels the RN confirmed the above.</p> <p><u>Education:</u> Provided</p>
#2	MN Statute §144A.46 Subd. 5b Background checks	X	X	<p>Based on record review and interview, the facility failed to complete a background study for one of three employees (#2) reviewed. The findings include:</p> <p>Employee #2 was hired February 2, 2005, to provide direct client care. The background study in employee #2's file was dated December 18, 1995. When interviewed, April 6, 2005, the registered nurse confirmed no background study had been done upon employment.</p> <p><u>Education:</u> Provided</p>
#3	MN Rule 4668.0805 Subp.1 Orientation	X	X	<p>Based on record review and interview, the facility failed to assure orientation to home care requirements before providing home care services to clients for one of two unlicensed employees (#1) reviewed. The findings include:</p> <p>Employee #1 was hired January of 2005. There was no evidence in the employee's record indicating she had received the required orientation to home care prior to providing home care services. On April 6, 2005, the registered nurse confirmed that orientation had not been done.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0825 Subp.4 Delegated nursing	X	X	<p>Based on observation, record review and interview, the facility failed to ensure that a registered nurse (RN) documented instructions for delegated nursing procedures for two of two client (#1 and #2) records reviewed who were receiving delegated nursing procedures. The</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>findings include:</p> <p>Clients' #1 and #2 records lacked documentation of the procedures for medication administration, bathing and Accuchecks (blood sugar level monitoring) that the unlicensed staff did for the clients as delegated nursing tasks. When interviewed, April 6, 2005, the RN confirmed the above.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0840 Subp. 3 Core training	X	X	<p>Based on record review and interview, the facility failed to ensure that unlicensed persons were trained or competency evaluated for one of two (#1) employees reviewed. The findings include:</p> <p>Employee #1's personnel lacked documentation of training or competency to provide assisted living home care services. When interviewed April 6, 2005, the registered nurse confirmed the above.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0840 Subp. 4 Competency evaluation	X	X	<p>Based on record review and interview, the facility failed to ensure that unlicensed personnel demonstrated competency to perform assisted living home care services for one of two employees (#2) reviewed. The findings include:</p> <p>Employee #2 began working providing client care, February of 2005. On April 6, 2005, the facility social worker located an undated competency test related to the employee's training. The registered nurse (RN) had not corrected the competency test to determine competency. When interviewed April 6, 2005, the RN indicated that she thought she had lost the test. The competency test had not yet been evaluated as of April 7, 2005.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education:</u> Provided
#8	MN Rule 4668.0860 Subp. 4 Content of Medication orders	X	X	Based on record review and interview, the facility failed to assure that the prescriber dated orders for one of two clients (#2) reviewed. The findings include: Client #2 had an undated physician order that was signed by the registered nurse (RN) March 25, 2005. When interviewed April 5, 2005, the RN indicated the order was written the same day that she signed it. <u>Education:</u> Provided
#9	MN Rule 4668.0870 Subp. 2	X	X	Based on record review and interview, the facility failed to document the disposition of medications upon the client's discharge for one of one discharged client record (#3) reviewed. The findings include: Client #3 was discharged to the attached nursing home December of 2004. The client received central storage of medication from the licensee. There was no documentation regarding the disposition of client's medications. On April 6, 2005, the Registered Nurse stated, "They went with her." <u>Education:</u> Provided
	Provider Resources, CMR web site, Schedule of drugs		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Candy Becker RN at an exit conference on April 7, 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)