



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0896

January 24, 2008

Coleta Parenteau, Administrator
Plainview Estates Inc
46 Thomson Road
Esko, MN 55733

Re: Licensing Follow Up visit

Dear Ms.Parenteau:

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 15, 16, 17, 18, and 20, 2007.

The documents checked below are enclosed.

- X Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.

- X MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.

- X Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Carlton County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Mary Henderson, Program Assurance (Penalty Assessment Only)
Jocelyn Olson, Attorney General Office (For follow up uncorrected orders)
Attorney General's Office – MA Fraud 01/07 CMR1000



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0896

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOLLOWING A SUBSEQUENT REINSPECTION FOR
CLASS F HOME CARE PROVIDERS**

January 24, 2008

Coleta Parenteau, Administrator
Plainview Estates Inc
46 Thomson Road
Esko, MN 55733

RE: QL22142003

Dear Ms. Parenteau:

1. On December 15, 16, 17, 18, and 20, 2007, a subsequent re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a survey completed on November 7, 8, 9 and 10, 2005, with correction orders received by you on March 29, 2006, and found to be uncorrected during an inspection completed on August 18 and 21, 2006.

As a result of correction orders remaining uncorrected on the (date of first follow-up visit) re-inspection, a penalty assessment in the amount of **\$1850.00** was imposed on September 19, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on December 15, 16, 17, 18, and 20, 2007:

1. MN Rule 4668.0065 Subp. 1 **\$1000.00**

Based on record review and interview, the licensee failed to provide tuberculosis screening before employees had direct contact with clients for two of four employees' (A and C) records reviewed. The findings include:

Employees A and C were hired August 18, 2004, and March 19, 2004, respectively. Their records lacked evidence they had received tuberculosis screening before providing direct care to clients. When interviewed, November 8, 2005, the owner confirmed tuberculosis screening had not been done for these employees.

TO COMPLY: No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:

A. the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or

B. if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:

(1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or

(2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy; or

C. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy.

In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$1000.00.

2. MN Rule 4668.0805 Subp. 1

\$600.00

Based on record review and interview, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for two of four employees' (A and C) records reviewed. The findings include:

Employees A and C provided direct care to clients #1 and #2 during the month of November 2005. Their records lacked evidence they had received orientation to home care. When interviewed, November 7, 2005, the owner confirmed employees A and C had not received orientation to home care.

TO COMPLY: An individual applicant for an assisted living home care provider license and a person who provides direct care, supervision of direct care, or management of services for a

licensee must complete an orientation to home care requirements before providing home care services to clients. The orientation may be incorporated into the training of unlicensed personnel required under part [4668.0835](#), subpart 2. The orientation need only be completed once.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$600.00.

7. MN Rule 4668.0835 Subp. 2

\$600.00

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed the training and passed a competency evaluation for one of three unlicensed employees' (C) records reviewed. The findings include:

Client #2's record indicated employee C provided delegated nursing services to client #2 during the month of November 2005. Employee C's record lacked evidence employee C had completed the training and passed the competency evaluation. When interviewed, November 7, 2005, the owner verified the registered nurse had not trained employee C.

TO COMPLY: An unlicensed person may offer to perform, or be employed to perform nursing services delegated to unlicensed personnel as provided under part [4668.0825](#), other services performed by unlicensed personnel as provided under part [4668.0830](#), or central storage of medications as provided under part [4668.0865](#), only if the person has:

A. successfully completed the training and passed the competency evaluation according to part [4668.0840](#), subpart 2;

B. successfully completed the training under part [4668.0840](#), subpart 3, and passed a competency evaluation according to part [4668.0840](#), subpart 4; or

C. satisfied the requirements of part [4668.0100](#), subpart 5.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$600.00.

2. On December 15, 16, 17, 18, and 20, 2007, a re-inspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of the correction orders issued as a result of a survey completed on August 18 and 21, 2006, which were received by you on September 25, 2006.

The following correction orders remained uncorrected at the time of the subsequent re-inspection on December 15, 16, 17, 18, and 20, 2007:

1. MN Rule 4668.0810 Subp. 5

\$50.00

Based on record review and interview, the licensee failed to ensure that entries in the client record were authenticated with the name and title of the person making the entry in four of four clients' (#1, #2, #4, and #5) records reviewed. The findings include:

Client #1's record contained entries in the nurses' notes, dated May 1, 15, 29, June 5, 19, 26, and July 17, 2006, that did not include the title of the person making the entry. Client #1's record also contained entries in the weekly notes, dated July 12, 14, and 16, 2006, that were authenticated with only the first name of the person making the entry.

Client #2's record contained entries in the nurses' notes, dated May 15, 22, June 7, 10, and August 17, 2006, that did not include the title of the person making the entry. Client #1's record also contained entries in the weekly notes, dated July 26, 31, August 2, and 8, 2006 that were authenticated with only the first name of the person making the entry.

Client #4's record contained an entry in the weekly notes, dated August 4, 2006, that was not authenticated by the person making the entry.

Client #5's record contained entries in the weekly notes, dated August 8, 14, 15, and 17, 2006, that were authenticated with only the first name of the person making the entry.

When interviewed August 18, 2006, the owner confirmed the entries were not signed with the complete name and the title of the person making the entry.

TO COMPLY: Except as required by subpart 6, items F and G, documentation of an assisted living home care service must be created and signed by the staff person providing the service no later than the end of the work period. The documentation must be entered into the client record no later than two weeks after the end of the day service was provided. All entries in the client record must be:

A. legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry; or

B. recorded in an electronic media in a manner that ensures the confidentiality and security of the electronic information, according to current standards of practice in health information management, and that allows for a printed copy to be created.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

3. MN Rule 4668.0855 Subp. 4

\$350.00

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) instructed unlicensed personnel on the procedures for assistance with self-administration of

medications or medication administration for one of one new unlicensed employee's (F) record reviewed. The findings include:

Employee F was hired on April 12, 2006. Employee F's record contained a competency checklist form for medication administration that listed the owner, who is not an RN, as the evaluator. The form was signed and dated by employee F and the owner on April 16, 2006. When interviewed August 18, 2006, the owner confirmed that she and not the RN had trained employee F on medication administration.

TO COMPLY: Before the registered nurse delegates the task of assistance with self-administration of medication or the task of medication administration, a registered nurse must instruct the unlicensed person on the following:

- (1) the complete procedure for checking a client's medication record;
- (2) preparation of the medication for administration;
- (3) administration of the medication to the client;
- (4) assistance with self-administration of medication;
- (5) documentation, after assistance with self-administration of medication or medication administration, of the date, time, dosage, and method of administration of all medications, or the reason for not assisting with self-administration of medication or medication administration as ordered, and the signature of the nurse or authorized person who assisted or administered and observed the same; and
- (6) the type of information regarding assistance with self-administration of medication and medication administration reportable to a nurse.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the** total amount you are assessed is: **\$2600.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Division of Compliance Monitoring, within 15 days of the receipt of this notice.

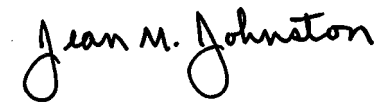
FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the correction orders have not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

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.

If you have any questions, please feel free to give me a call at 651-201-4301.

Sincerely,



Jean Johnston
Program Manager
Case Mix Review Program

cc: Carlton County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

01/07 CMR 2nd VISIT 2697

**Minnesota Department of Health
Division of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: PLAINVIEW ESTATES INC

DATE OF SURVEY: December 15, 16, 17, 18, and 20, 2007

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
CLASS F

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

Coleta Parenteau, Owner
Amber Swenson, Care Giver
Kristy Rose, Care Giver

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # 2

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 November 7, 8, 9 and 10, 2005, and a subsequent follow up visit made on August 18 and 21, 2006. 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 issued as a result of a visit made on November 7, 8, 9, and 10, 2005 and not corrected during an August 18 and 21, 2006 follow-up visit is as follows:

1. MN Rule 4668.0065 Subp. 1 Not Corrected \$1,000.00

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for one of two employees' (AG) records reviewed. The findings include:

Employee AG began working as a registered nurse on March 27, 2007. Employee AG's record indicated a Mantoux test was done on April 4, 2007. Client A5's record contained nurse's notes, dated March 28, 2007, indicating employee AG assessed client A5's legs and notified the physician on client A5's condition. When interviewed December 17, 2007, the owner verified that employee AG's Mantoux test had not been completed prior

When interviewed December 17, 2007, the owner confirmed the documentation had not been signed by the person making the entry.

2. MN Rule 4668.0835 Subp. 5	Corrected	
3. MN Rule 4668.0855 Subp. 4	Not Corrected	\$350.00

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) instructed unlicensed personnel on the procedures for assistance with self-administration of medications or medication administration prior to administering medications to a client for one of one recently hired unlicensed employee (AH) record reviewed. The findings include:

Employee AH was hired August 29, 2007. Client A2's September 2007 medication administration record contained documentation that on September 5, 9, and 23, 2007 employee AH administered medications to client A2. Employee AH's record indicated that the RN had not trained her in medication administration until September 26, 2007. When interviewed December 17, 2007, the owner verified that the employee had not been trained in medication administration prior to performing medication administration.

4. MN Rule 4668.0860 Subp. 2	Corrected
5. MN Rule 4668.0865 Subp. 3	Corrected

- 2) Although a State licensing survey was not due at this time, correction orders were issued.



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: PLAINVIEW ESTATES INC

HFID #: 22142

Date(s) of Survey: December 15, 16, 17, 18, and 20, 2007

Project #: QL22142003

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>___Met</p> <p>___Correction Order(s) issued</p> <p>___Education Provided</p> <p>Expanded Survey</p> <p>___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>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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ 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>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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # <u>2</u></p> <p><u>X</u> New Correction Order issued</p> <p><u>X</u> 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>___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>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>___Met</p> <p>___Correction Order(s) issued</p> <p>___Education Provided</p> <p>Expanded Survey</p> <p>___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>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 ___Correction Order(s) issued ___Education Provided</p> <p>Expanded Survey</p> <p>___Survey not Expanded ___Met ___Correction Order(s) issued ___Education Provided</p> <p>Follow-up Survey # <u>2</u></p> <p><input checked="" type="checkbox"/> ___New Correction Order issued <input checked="" type="checkbox"/> ___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>___Met ___Correction Order(s) issued ___Education Provided</p> <p>Expanded Survey</p> <p>___Survey not Expanded ___Met ___Correction Order(s) issued ___Education Provided</p> <p>Follow-up Survey # ___</p> <p>___New Correction Order issued ___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>___ 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>

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: ___ All Indicators of Compliance listed above were met.

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 observation, record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client’s service plan at least annually or more frequently when there was change in the client’s condition that required a change in service for four of four clients’ (A2, A7, A9 and A12) records reviewed. The findings include:

Client A2’s weight record indicated she weighed 140 pounds in April 2007, 138 pounds in May 2007, 135 pounds in June 2007, 132 pounds in July 2007, 133 pounds August 2007, and 125 pounds in September 2007. The client had lost 15 pounds since April 2007. The 62 day assessment completed by the registered nurse (RN) dated April 2007, June 14, 2007, October 11, 2007, and December 5, 2007 listed the client’s monthly weight; however the 62 day assessment lacked evidence that the RN had completed an assessment of the client’s nutritional needs and the client’s weight loss.

Client A7’s 62 day assessment completed by the RN, dated October 11, 2007, indicated the client’s weight was 149 pounds. On December 5, 2007 the assessment indicated the client’s weight was 139 pounds (10 pound weight loss). The 62 day assessment lacked evidence that the

RN had completed an assessment of the client's nutritional needs and weight loss. Facility documentation of the client's intake on December 15, 2007 indicated the client had eaten one half of a hamburger, a few bites of scalloped potatoes, a few bites of carrots, one cup of milk, one half cup of coffee, and small bowl of ice cream. During observation of the dinner meal on December 15, 2007, client A7 was observed to only eat one half of a hamburger, a glass of milk, coffee and ice cream. Client A7 said she did not like carrots because she ate so many when she was young and did not have much of an appetite. On December 16, 2007, client A7 indicated she did not eat much for lunch. Documentation by unlicensed staff on December 16, 2007, indicated client A7 ate a one half serving of roast, a few bites of potatoes, a few bites of corn, one cup of milk, and a half cup of coffee.

Client A9's 62 day assessments by the RN, dated August 2, 2007, indicated the client weighed 129 pounds; dated October 3, 2007, indicated the client weighed 123 pounds; and dated December 5, 2007, indicated the client weighed 123 pounds (6 pound weight loss). The 62 day assessments lacked evidence that the RN had completed an assessment of the client's nutritional needs and weight loss. When interviewed December 17, 2007, the owner confirmed the client's nutritional needs and weight loss had not been addressed by the RN.

Client A2's service plan was signed May 2006. The service plan indicated the client transferred with the assistance of one person for all transfers and was to walk twice a day as needed. Client A2 was observed on December 15 and 16, 2007 at approximately 5:00 p.m. to be transferred with one staff person and a standing lift. When interviewed December 12, 2007, employee AJ indicated that she used the standing lift because the client had not walked for sometime and needed two people to transfer. On December 17, 2007, client A2 was observed to be transferred with two people and use of a transfer belt.

Client A7's service plan was dated May 2006. Client A7's record lacked evidence that the RN had reviewed the service plan annually.

Client A12's service plan was dated August 2006. Client A12's record lacked evidence the RN had reviewed the service plan annually. When interviewed December 17, 2007, the owner confirmed the service plans had not been reviewed and/or revised by RN.

2. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to ensure individual abuse prevention plans included specific measures to be taken to minimize the risk of abuse for one of five current clients' (A8) records reviewed. The findings include:

Client A8's weekly notes, dated November 2007, indicated the client displayed inappropriate touching behavior of self and staff. Client A8's weekly notes also contained several entries indicating the client hit staff, was swearing, and rude to other clients. The Vulnerable Adult Assessment in the client's record, dated February 8, 2007, did not include the above behaviors nor was there a plan with specific measures to be taken to minimize the risk of abuse to others. When interviewed December 18, 2007, the owner confirmed that there was no assessment or plan for the client's behaviors.

A draft copy of this completed form was left with Colete Parenteau at an exit conference on December 20, 2007. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

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

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7105 0390 0006 1222 2115

September 19, 2006

Coleta Parenteau, Administrator
Plainview Estates Inc
46 Thomson Road
Esko, MN 55733

Re: Licensing Follow Up visit

Dear Ms.Parenteai:

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 August 18 and 21, 2006.

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

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Carlton County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2115

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR ASSISTED LIVING HOME CARE PROVIDERS**

September 19, 2006

Coleta Parenteau, Administrator
Plainview Estates Inc
46 Thomson Road
Esko, MN 55773

RE:QL22142003

Dear Ms. Parenteau:

On August 18 and 21, 2006, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on November 7 and 8, 2005, with correction orders received by you on March 29, 2006.

The following correction orders were not corrected in the time period allowed for correction:

1. MN Rule 4668.0065 Subp. 1 Not Corrected \$500.00

Based on record review and interview, the licensee failed to provide tuberculosis screening before employees had direct contact with clients for two of four employees' (A and C) records reviewed. The findings include:

Employees A and C were hired August 18, 2004, and March 19, 2004, respectively. Their records lacked evidence they had received tuberculosis screening before providing direct care to clients. When interviewed, November 8, 2005, the owner confirmed tuberculosis screening had not been done for these employees.

TO COMPLY: No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:

A. the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or

B. if the person has had a positive reaction to a Mantoux test upon employment or within

September 19, 2006

the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:

(1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or

(2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy; or

C. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy.

In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$500.00.

2. MN Rule 4668.0805 Subp. 1 Not Corrected \$300.00

Based on record review and interview, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for two of four employees' (A and C) records reviewed. The findings include:

Employees A and C provided direct care to clients #1 and #2 during the month of November 2005. Their records lacked evidence they had received orientation to home care. When interviewed, November 7, 2005, the owner confirmed employees A and C had not received orientation to home care.

TO COMPLY: An individual applicant for an assisted living home care provider license and a person who provides direct care, supervision of direct care, or management of services for a licensee must complete an orientation to home care requirements before providing home care services to clients. The orientation may be incorporated into the training of unlicensed personnel required under part [4668.0835](#), subpart 2. The orientation need only be completed once. +

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2.(4), you are assessed in the amount of: \$300.00.

3. MN Rule 4668.0810 Subp. 6 Not Corrected \$100.00

Based on observation, record review and interview, the licensee failed to maintain a complete record for three of three clients' (#1, #2 and # 3) records reviewed. The findings include:

September 19, 2006

Client #1 and #2's admission nursing assessments indicated clients #1 and #2 needed assistance with activities of daily living. Clients #1 and #2's records lacked documentation at least weekly of the client's status and the home care services provided. When interviewed, November 8, 2005, the owner confirmed there was no documentation in the client's record about the services provided to the client.

Client #3's record indicated client #3 expired on May 7, 2005. When interviewed, November 7, 2005, the owner indicated client # 3 became ill and was taken to the hospital. Client # 3's record lacked documentation of the clients change in condition and the transfer to the hospital.

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;

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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.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$100.00.

6. MN Rule 4668.0825 Subp. 4 Not Corrected \$350.00

Based on record review and interview, the licensee failed to retain documentation of demonstration of competency for delegated nursing tasks performed for two of two unlicensed employees' (B and D) records reviewed. The findings include:

Client #1's record indicated employees B and D had completed Accu-Chek on client #1 during the months of September, October, and November, 2005. Employees B and D's record lacked evidence they had demonstrated competency for performing Accu-Chek. When interviewed, November 7, 2005, the owner indicated the registered nurse had trained employees B and D, but there was no documentation to indicate the training had been completed.

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 assisted living home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency

September 19, 2006

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

7. MN Rule 4668.0835 Subp. 2 Not Corrected \$300.00

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed the training and passed a competency evaluation for one of three unlicensed employees' (C) records reviewed. The findings include:

Client #2's record indicated employee C provided delegated nursing services to client #2 during the month of November 2005. Employee C's record lacked evidence employee C had completed the training and passed the competency evaluation. When interviewed, November 7, 2005, the owner verified the registered nurse had not trained employee C.

TO COMPLY: An unlicensed person may offer to perform, or be employed to perform nursing services delegated to unlicensed personnel as provided under part [4668.0825](#), other services performed by unlicensed personnel as provided under part [4668.0830](#), or central storage of medications as provided under part [4668.0865](#), only if the person has:

- A. successfully completed the training and passed the competency evaluation according to part [4668.0840](#), subpart 2;
- B. successfully completed the training under part [4668.0840](#), subpart 3, and passed a competency evaluation according to part [4668.0840](#), subpart 4; or
- C. satisfied the requirements of part [4668.0100](#), subpart 5.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$300.00.

9. MN Rule 4668.0855 Subp. 9 Not Corrected \$300.00

Based on observation, record review and interview, the licensee failed to maintain a complete medication record for one of one client (#1) record reviewed whose medications were set up by the registered nurse. The findings include:

Client #1 received medication administration from the home health aides. Client #1's medications were observed on November 7, 2005, set up in a weekly medication container. When interviewed, November 7, 2005, the owner indicated the registered nurse (RN) comes weekly to set up the medications for the client in a weekly medication container. There was no documentation by the registered nurse on the MAR or in client #1s' record that the she had set up the medications for client #1.

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

September 19, 2006

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.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$300.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$1850.00.** This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

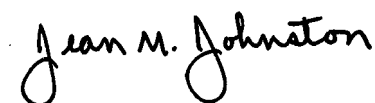
Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

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.

If you have any questions, please feel free to give me a call at 651-201-4301.

Sincerely,

Jean Johnston



Program Manager
Case Mix Review Program

**Plainview Estates Inc
46 Thomson Road
Esko, MN 55733**

Page 7 of 7

September 19, 2006

cc: Carlton County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPCCMR 2697

Minnesota Department Of Health
Division Of Compliance Monitoring
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: PLAINVIEW ESTATES INC

DATE OF SURVEY: August 18 and 21, 2006

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:

Coleta Parenteau, Owner
Valerie Bergett, RN
Tara Manickee, Care Giver

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

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 November 7, 8, and 9, 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 issued as a result of a visit made on November 7, 8, and 9, 2005, is as follows:

1. MN Rule 4668.0065 Subp. 1	Not Corrected	\$500.00
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Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for one of one new employee's (F) record reviewed. The findings include:

Employee F began working as a direct care aide on April 16, 2006. Employee F's record indicated a Mantoux test was done on May 21, 2006. When interviewed August 18, 2006, the owner confirmed employee F's Mantoux test was not done prior to providing direct care to clients.

2. MN Rule 4668.0805 Subp. 1	Not Corrected	\$300.00
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Based on record review and interview, the licensee failed to provide orientation to home care requirements for one of one licensed staff (A) reviewed. The findings include:

Employee A, registered nurse, was hired on August 14, 2004. Her personnel records did not include documentation of orientation to home care. When interviewed August 18, 2006, the owner confirmed employee A had not received orientation to home care requirements.

3. MN Rule 4668.0810 Subp. 6 **Not Corrected** **\$100.00**

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

Client #1's record indicated the client was taken to the emergency room on July 17, 2006. The record lacked documentation of the client's status on the day the client was taken to the emergency room. When interviewed August 18, 2006, the owner indicated the client was ill and confirmed the client's record lacked documentation regarding her/his status on July 17, 2006.

4. MN Rule 4668.0815 Subp. 1 **Corrected**

5. MN Rule 4668.0815 Subp. 2 **Corrected**

6. MN Rule 4668.0825 Subp. 4 **Not Corrected** **\$350.00**

Based on record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated to the RN that s/he was competent to perform the procedure for one of three current clients' (#3) records reviewed. The findings include:

Client #5's record indicated that on June 26, July 3, 10, 17, 24, 31, and August 4 and 18, 2006 unlicensed personnel applied Bacitracin (topical antibiotic ointment) and a dressing to the client's foot. The client's record lacked written instructions on how to perform the dressing change. When interviewed August 18, 2006, employee E indicated she had changed the dressing on client #5's foot on this date. Employee E also indicated the owner, who is not an RN, had instructed her on how to perform the dressing change. When interviewed August 21, 2006, the RN confirmed that there were no written instructions on how to perform the dressing change and that she had not instructed Employee E on the procedure.

7. MN Rule 4668.0835 Subp. 2 **Not Corrected** **\$300.00**

Based on record review and interview, the licensee failed to ensure that unlicensed persons performing delegated nursing services were qualified to perform the services for one of one new employee's (F) record reviewed. The findings include:

Employee F started providing direct care to clients on April 16, 2006. Employee F's record contained a home health aide competency evaluation form, dated April 16, 2006.

The form was not signed by the person providing the training. Employee F's record also contained a form titled "Delegated Nursing Tasks," which indicated the registered nurse (RN) had trained the owner, who is not an RN, and the owner now had the ability to properly train staff. When interviewed August 18, 2006, the owner confirmed that she had trained employee F and not the RN.

- | | | |
|-------------------------------------|----------------------|-----------------|
| 8. MN Rule 4668.0855 Subp. 5 | Corrected | |
| 9. MN Rule 4668.0855 Subp. 9 | Not Corrected | \$300.00 |

Based on record review and interview, the licensee failed to have complete medication records for two of three current clients' (#2 and #4) records reviewed. The findings include:

Client # 2 had a prescriber's order, dated June 26, 2006, for Bactrim DS two times a day for two weeks, then Sulfisoxazole every day. The client also had an order, dated August 3, 2006, for Amoxicillin 500 milligrams every day. Client #2 received medication administration by unlicensed staff. There was no documentation by the registered nurse (RN) on the client's medication administration record (MAR) and/or in the client's record that she had set up the medications for client #2. When interviewed August 21, 2006, the RN confirmed that she did not document when she added new medications to the weekly medication container.

Client #4's July 2006 MAR indicated the client received Milk of Magnesia on July 10, 2006. The amount of Milk of Magnesia administered to the client was not recorded on the MAR. When interviewed August 18, 2006, the owner confirmed that the amount of the medication administered to the client was not documented.

- | | |
|--------------------------------------|------------------|
| 10. MN Rule 4668.0860 Subp. 4 | Corrected |
| 11. MN Rule 4668.0860 Subp. 9 | Corrected |
| 12. MN Rule 4668.0865 Subp. 2 | Corrected |
| 13. MN Rule 4668.0870 Subp. 3 | Corrected |

- 2) Although a State licensing survey was not due at this time, correction orders were issued.



Assisted Living Home Care Provider
LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Assisted Living home care providers (ALHCP). ALHCP 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 Assisted Living 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 ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: PLAINVIEW ESTATES INC

HFID #: 22142

Date(s) of Survey: August 18 and 21, 2006

Project #: QL22142003

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> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0815 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 understands what care will be provided and what it costs. 	<p>Annual Licensing Survey</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>2. The provider promotes the clients' rights.</p> <ul style="list-style-type: none"> MN Rule 4668.0030 MN Rule 4668.0040 MN Rule 4668.0170 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 provider. 	<p>Annual Licensing Survey</p> <p>___Met</p> <p>___Correction Order(s) issued</p> <p>___Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> MN Statute §144A.44 MN Statute §144D.04 		Follow-up Survey # ____ ____ New Correction Order issued ____ Education Provided
3. The health, safety, and well being of clients are protected and promoted. <ul style="list-style-type: none"> MN Rule 4668.0035 MN Rule 4668.0805 MN Statute §144A.46 MN Statute §144D.07 MN Statute §626.557 	<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. Provider 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. 	Annual Licensing Survey ____ Met ____ Correction Order(s) issued ____ Education Provided Follow-up Survey # ____ ____ New Correction Order issued ____ Education Provided
4. The clients' confidentiality is maintained. <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. 	Annual Licensing Survey ____ Met ____ Correction Order(s) issued ____ Education Provided Follow-up Survey # <u>1</u> <u>X</u> New Correction Order issued <u>X</u> Education Provided
5. The provider employs (or contracts with) qualified staff. <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0830 MN Rule 4668.0835 MN Rule 4668.0840 MN Rule 4668.0065 MN Rule 4668.0070 MN Statute §144D.065 MN Statute §144A.45 MN Statute §144A.461 	<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. 	Annual Licensing Survey ____ Met ____ Correction Order(s) issued ____ Education Provided Follow-up Survey # <u>1</u> <u>X</u> New Correction Order issued <u>X</u> Education Provided

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> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0855 • MN Rule 4668.0860 • 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 provider 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>Annual Licensing Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # <u>1</u></p> <p><u>X</u> New Correction Order issued</p> <p><u>X</u> Education Provided</p>
<p>7. The provider has a current license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0019 • MN Rule 4668.0220 • MN Statute §144A.47 • MN Statute §144D.02 • MN Statute §144D.04 • MN Statute §144D.05 <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 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) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Annual Licensing Survey</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>8. The is in compliance with MDH waivers and variances</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>Annual Licensing Survey</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>

***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, list the rule or statute number and the findings of deficient practice noted.

1. MN Rule 4668.0810 Subp. 5

AREA OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to ensure that entries in the client record were authenticated with the name and title of the person making the entry in four of four clients' (#1, #2, #4, and #5) records reviewed. The findings include:

Client #1's record contained entries in the nurses' notes, dated May 1, 15, 29, June 5, 19, 26, and July 17, 2006, that did not include the title of the person making the entry. Client #1's record also contained entries in the weekly notes, dated July 12, 14, and 16, 2006, that were authenticated with only the first name of the person making the entry.

Client #2's record contained entries in the nurses' notes, dated May 15, 22, June 7, 10, and August 17, 2006, that did not include the title of the person making the entry. Client #1's record also contained entries in the weekly notes, dated July 26, 31, August 2, and 8, 2006 that were authenticated with only the first name of the person making the entry.

Client #4's record contained an entry in the weekly notes, dated August 4, 2006, that was not authenticated by the person making the entry.

Client #5's record contained entries in the weekly notes, dated August 8, 14, 15, and 17, 2006, that were authenticated with only the first name of the person making the entry.

When interviewed August 18, 2006, the owner confirmed the entries were not signed with the complete name and the title of the person making the entry.

2. MN Rule 4668.0835 Subp. 5

AREA OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to have the registered nurse (RN) orient unlicensed personnel to each client and their services for three of three unlicensed employees (C, E, and F) reviewed. The findings include:

A review of employees C, E, and F's records and client records (#1, #2, #4, and #5) lacked documentation that the RN had oriented the employees to each client. Employees C, E, and F's records contained a form titled "Delegated Nursing Tasks," which indicated the owner, who is not an RN, had oriented the employees to each client and their services. When interviewed August 18, 2006, the owner indicated she had oriented the unlicensed personnel and not the RN.

3. MN Rule 4668.0855 Subp. 4

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) instructed unlicensed personnel on the procedures for assistance with self-administration of medications or medication administration for one of one new unlicensed employee's (F) record reviewed. The findings include:

Employee F was hired on April 12, 2006. Employee F's record contained a competency checklist form for medication administration that listed the owner, who is not an RN, as the evaluator. The form was signed and dated by employee F and the owner on April 16, 2006. When interviewed August 18, 2006, the owner confirmed that she and not the RN had trained employee F on medication administration.

4. MN Rule 4668.0860 Subp. 2

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to have written prescriber's orders for medications for one of four clients' (#2) records reviewed. The findings include:

Client #2's medication administration record (MAR) indicated the client received the following medications: Bactrim DS two times a day from June 10 to June 19, 2006; Gantrisin Ped 500 milligrams (mg.), one teaspoonful, daily from July 11 to 17, 2006; Sulfamethoxazole DS two times a day from July 17 to July 31, 2006; and Cipro 500 mg. on August 17 and 18, 2006. Client #2's record did not contain prescriber's orders for the medications. When interviewed August 18, 2006, the owner confirmed that there were no prescriber's orders for the stated medications.

5. MN Rule 4668.0865 Subp. 3

AREA OF COMPLIANCE: # 6

Based on record review and interview, the facility failed to maintain a system to control medications for two of three (#2 and #4) current clients that receive central storage of medications. The findings include:

Client #2's medication administration record (MAR) indicated the client received the following medications: Bactrim DS two times a day from June 10 to June 19, 2006; Gantrisin Ped 500 milligrams (mg.), one teaspoonful, daily from July 11 to 17, 2006; Sulfamethoxazole DS two times a day from July 17 to July 31, 2006; and Cipro 500 mg. on August 17 and 18, 2006. Client #2's record did not contain prescriber's orders for the medications. When interviewed August 18, 2006, the owner confirmed that there were no prescriber's orders for the stated medications.

The registered nurse (RN) signs weekly when she fills the clients' weekly medication containers, however when new medications are ordered or medications are discontinued the RN does not document on the client's medication administration record (MAR) and/or in the client's record when she makes the changes to the client's weekly medication container. When interviewed August 21, 2006, the RN confirmed that she does not document medication changes in the client's record.

A draft copy of this completed form was left with Coleta Parenteau at an exit conference on August 21, 2006. 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. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the MDH 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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9021

March 24, 2006

Coleta Parenteau, Administrator
Plainview Estates Inc.
46 Thomson Road
Esko, MN 55733

Re: Results of State Licensing Survey

Dear Ms. Parenteau:

The above agency was surveyed on November 7, 8, 9, and 10, 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: Coleta Parenteau, President Governing Body
Carlton County Social Services
Ron Drude, Minnesota Department of Human 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: PLAINVIEW ESTATES INC

HFID # (MDH internal use): 22142

Date(s) of Survey: November 7, 8, 9, and 10, 2005

Project # (MDH internal use): QL22142003

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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>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.</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:
2	MN Rule 4668.0030 Bill of rights		X	<u>EDUCATION</u> : Provided
3	MN Rule 4668.0065 Subp.1 TB Testing	X	X	Based on record review and interview, the licensee failed to provide tuberculosis screening before employees had direct contact with clients for two of four employees' (A and C) records reviewed. The findings include: Employees A and C were hired in 2004. Their records lacked evidence they had received tuberculosis screening before providing direct care to clients. When interviewed, November 8, 2005, the owner confirmed tuberculosis screening had not been done for these employees. <u>EDUCATION</u> : Provided
3	MN Rule 4668.0805 Subp. 1 Orientation to Home Care	X	X	Based on record review and interview, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for two of four employees' (A and C) records reviewed. The findings include: Employees A and C provided direct care to clients #1 and #2 during the month of November 2005. Their records lacked evidence they had received orientation to home care. When interviewed, November 7, 2005, the owner confirmed employees A and C had not received orientation to home care. <u>EDUCATION</u> : Provided

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
5	MN Rule 4668.0810 Subp. 6 Client Record	X	X	<p>Based on observation, record review and interview, the licensee failed to maintain a complete record for three of three clients' (#1, #2 and # 3) records reviewed. The findings include:</p> <p>Client #1 and #2's admission nursing assessments indicated clients #1 and #2 needed assistance with activities of daily living. Clients #1 and #2's records lacked documentation at least weekly of the client's status and the home care services provided. When interviewed, November 8, 2005, the owner confirmed there was no documentation in the client's record about the services provided to the client.</p> <p>Client #3's record indicated client #3 expired in May 2005. When interviewed, November 7, 2005, the owner indicated client # 3 became ill and was taken to the hospital. Client #3's record lacked documentation of the clients change in condition and the transfer to the hospital.</p> <p><u>EDUCATION:</u> Provided</p>
1	MN Rule 4668.0815 Subp.1 Service Plan	X	X	<p>Based on record review and interview, the licensee failed to have a registered nurse (RN) establish a service plan for two of three clients' (#1, and #2) records reviewed. The findings include:</p> <p>Client #1 received services including medication administration and central storage of medications. Client #2 received services including medication administration, central storage of medications and assistance with activities of daily living. The service plans in clients # 1 and #2's records were blank except for name of the client and the responsible party. When interviewed, November 7, 2005, the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>owner confirmed that the service plans for clients #1 and #2 were not complete.</p> <p><u>EDUCATION:</u> Provided</p>
1	MN Rule 4668.0815 Subp. 2 Annual Review of Service Plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed the service plan at least annually for one of one client (#3) record reviewed who had been in the facility longer than a year. The findings include:</p> <p>Client # 3 started services in December 2003. The service plan in client #3's record was dated December 2003. There was no evidence in client #3's record to indicate the service plan had been reviewed annually. When interviewed, November 7, 2005, the owner confirmed the service plan had not been reviewed annually.</p> <p><u>EDUCATION:</u> Provided</p>
1	MN Rule 4668.0815 Subp. 4 Content of the Service Plan		X	<p><u>EDUCATION:</u> Provided</p>
7	MN Rule 4668.0825 Subp. 4 Performance of Routine Procedures	X	X	<p>Based on record review and interview, the licensee failed to retain documentation of demonstration of competency for delegated nursing tasks performed for two of two unlicensed employees' (B and D) records reviewed. The findings include:</p> <p>Client #1's record indicated employees B and D had completed Accu-Chek on client #1 during the months of September, October, and November, 2005. Employees B and D's record lacked evidence they had demonstrated competency for performing Accu-Chek. When interviewed, November 7, 2005,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the owner indicated the registered nurse had trained employees B and D, but there was no documentation to indicate the training had been completed.</p> <p><u>EDUCATION:</u> Provided</p>
7	MN Rule 4668.0835 Subp. 2 Competency Testing	X	X	<p>Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed the training and passed a competency evaluation for one of three unlicensed employees' (C) records reviewed. The findings include:</p> <p>Client #2's record indicated employee C provided delegated nursing services to client #2 during the month of November 2005. Employee C's record lacked evidence employee C had completed the training and passed the competency evaluation. When interviewed, November 7, 2005, the owner verified the registered nurse had not trained employee C.</p> <p><u>EDUCATION:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 5 PRN Medications	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) was informed within 24 hours of administration when unlicensed personnel administered pro re nata (PRN, as needed) medications for one of one client (#2) record reviewed who was receiving PRN medications. The findings include:</p> <p>Client #2's November 2005 medication administration record (MAR) indicated client #2 received a cough suppressant and a pain reliever for a cold in November 2005. There was no evidence an RN had been informed of the PRN medication use. When interviewed, November 7, 2005, the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>owner confirmed there was no evidence the RN had been notified.</p> <p><u>EDUCATION</u>: Provided</p>
8	MN Rule 4668.0855 Subp. 9	X	X	<p>Based on observation, record review and interview, the licensee failed to maintain a complete medication record for one of one client (#1) record reviewed whose medications were set up by the registered nurse. The findings include:</p> <p>Client #1 received medication administration from the home health aides. Client #1's medications were observed on November 7, 2005, set up in a weekly medication container. When interviewed, November 7, 2005, the owner indicated the registered nurse (RN) comes weekly to set up the medications for the client in a weekly medication container. There was no documentation by the registered nurse on the MAR or in client #1s' record that the she had set up the medications for client #1.</p> <p><u>EDUCATION</u>: Provided</p>
8	MN Rule 4668.0860 Subp. 4 Medication Orders signed and dated.	X	X	<p>Based on observation and interview the licensee failed to obtain a complete prescriber's orders for one of three clients' (#1) records reviewed. The findings include:</p> <p>Client #1 started receiving services in April 2005. The interagency referral form in the client's record included seven prescribed medications the client was to receive but was neither signed nor dated by the prescriber. Client #1 received the seven medications, routinely, beginning at admission. The facility did not receive written orders signed and dated by the prescriber until May 2005, when the client saw a</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>physician for gout. When interviewed November 7, 2005, the owner confirmed there was not signed and dated prescriber orders for the client's medications until May 2005.</p> <p><u>EDUCATION:</u> Provided</p>
8	MN Rule 4668.0860 Subp. 9 Medications Reviewed Annually	X	X	<p>Based on record review and interview, the licensee failed to ensure that medication and treatment orders were renewed at least every twelve months for one of one client (#3) record reviewed who had been in the facility for longer then twelve months. The findings include:</p> <p>Client #3 began receiving services in December 2003. Client # 3's record lacked evidence the medication and treatment orders had been renewed every twelve months by the prescriber. When interviewed, November 7, 2005, the owner confirmed the medication and treatment orders for client #3 had not been renewed every twelve months.</p> <p><u>EDUCATION:</u> Provided</p>
1	MN Rule 4668.0865 Subp. 2 Assessment and Service Plan for Central storage of medications	X	X	<p>Based on record review and interview, the licensee failed to have a registered nurse conduct an assessment of the client's functional status and need for central medication storage and develop a service plan for the provision of central storage of medications for two of two clients' (#1 and #2) records reviewed who received central storage of medications. The findings include:</p> <p>Clients # 1 and #2 received central storage of medications. Clients #1 and #2's records did not include an assessment for central storage of medications or a service plan for the provision of central medication storage. When interviewed, November</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>7, 2005, the owner confirmed there was not an assessment or a service plan that addressed the need for central medication storage. When interviewed, November 7, 2005, the registered nurse verified the assessment for central medication storage had not been done.</p> <p><u>EDUCATION:</u> Provided</p>
9	MN Rule 4668.0870 Subp. 3 Disposition of Medications	X	X	<p>Based on record review and interview, the licensee failed to ensure that the disposition of medications was properly documented for one of one client (#3) record reviewed who had expired. The findings include:</p> <p>Client #3 expired in May 2005. Client #3 had received central storage of medications while receiving services from the licensee and there was no documentation of the disposition of the medications after she expired. When interviewed, November 7, 2005, the owner verified there was no documentation related to the disposition of client #3's medication.</p> <p><u>EDUCATION:</u> Provided</p>
	CLIA Waiver		X	<u>EDUCATION:</u> Provided

A draft copy of this completed form was left with Coleta Parenteau at an exit conference on November 10, 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)