



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0951

October 9, 2006

Alice Karst, Administrator
Love and Care LLC
401 1st Avenue Southeast
Pelican Rapids, MN 56572

Re: Results of State Licensing Survey

Dear Ms. Karst:

The above agency was surveyed on September 14 and 15, 2006, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

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

Sincerely,

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

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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



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: LOVE AND CARE LLC

HFID #: 22147

Date(s) of Survey: September 14 and 15, 2006

Project #: QL22147002

Indicators of Compliance	Outcomes Observed	Comments
1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. <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. 	Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
2. The provider promotes the clients’ rights. <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Rule 4668.0040 	<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 	Annual Licensing Survey <u>X</u> Met ___ Correction Order(s) issued

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0170 • MN Rule 4668.0870 • MN Statute §144A.44 • MN Statute §144D.04 	<p>clients who are discharged from the provider.</p>	<p><input checked="" type="checkbox"/> 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> <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. 	<p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p>_____ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ New Correction Order issued</p> <p>_____ Education Provided</p>
<p>4. The clients' confidentiality is maintained.</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>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> 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>5. The provider employs (or contracts with) qualified staff.</p> <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. 	<p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other 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 4668.0815 Subp. 4**AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to provide a complete service plan for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1's service plan, dated September 15, 2004, indicated the client was to receive blood glucose monitoring, insulin draw-ups, and medication administration. The service plan did not identify the persons providing the service, the frequency of supervision or monitoring of the delegated nursing task or the fees for these services. In addition, the service plan did not include the action to be taken if the essential services could not be provided, or the name of the person and telephone number to contact in case of an emergency.

Client #2's service plan, dated June 1, 2006, indicated the client received medication set up and administration. The service plan did not identify the persons providing the service, the frequency of supervision or monitoring of the delegated nursing task or the fees for these services. In addition, the service plan did not include the action to be taken if the essential services could not be provided, or the name of the person and telephone number to contact in case of an emergency.

When interviewed September 14 and 15, 2006, the owner confirmed the service plans were incomplete for client #1 and client #2.

2. MN Rule 4668.0845 Subp. 2**AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who performed services that required supervision for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 began receiving services September 15, 2004 and June 1, 2006, respectively. Client #1 and #2 received services that required supervision including medication administration. There was no documentation in either of the client's records of a RN supervisory visit within 14 day of the initiation of services or of any supervisory monitoring visits thereafter. When interviewed September 14 and 15, 2006, the RN stated she has observed staff providing cares, however she had not been documenting the supervisory visits in the clients records.

A draft copy of this completed form was faxed to Alice Karst, Administrator, prior to the telephone exit conference on September 18, 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).