Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0968

October 20, 2006

Roxanne Repp, Administrator
Glenwood Estates
500 North Franklin Street
Glenwood, MN 56334

Re: Results of State Licensing Survey

Dear Ms. Repp:

The above agency was surveyed on September 19, 20, and 21, 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,

Jean M. Johnston

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Pope 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: GLENWOOD ESTATES

HFID #: 22168

Date(s) of Survey: September 19, 20 and 21, 2006

Project #: QL22168003

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. • MN Rule 4668.0050 • MN Rule 4668.0800 Subp. 3 • MN Rule 4668.0815 • MN Rule 4668.0825 Subp. 2 • MN Rule 4668.0845	• 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 _X_Correction Order(s) issued _X_Education Provided Follow-up Survey #___ ____New Correction Order issued ____Education Provided
2. The provider promotes the clients' rights. • MN Rule 4668.0030 • MN Rule 4668.0040	• 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 _X_Met ____Correction Order(s) issued

Indicators of Compliance	Outcomes Observed	Comments
• MN Rule 4668.0170 • MN Rule 4668.0870 • MN Statute §144A.44 • MN Statute §144D.04	clients who are discharged from the provider.	_X_ Education Provided Follow-up Survey #___ ____New Correction Order issued ____Education Provided
3. The health, safety, and well being of clients are protected and promoted. • MN Rule 4668.0035 • MN Rule 4668.0805 • MN Statute §144A.46 • MN Statute §144D.07 • MN Statute §626.557	• 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 _X_ Correction Order(s) issued _X_ Education Provided Follow-up Survey #___ ____New Correction Order issued ____Education Provided
4. The clients' confidentiality is maintained. • MN Rule 4668.0810	• 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 _X_ Met ____Correction Order(s) issued ____Education Provided Follow-up Survey #___ ____New Correction Order issued ____Education Provided

Indicators of Compliance	Outcomes Observed	Comments
5. The provider employs (or contracts with) qualified staff. • 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	• 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 _X_Correction Order(s) issued _X_Education Provided Follow-up Survey _#___ ____New Correction Order issued ____Education Provided
6. Changes in a client's condition are recognized and acted upon. Medications are stored and administered safely. • 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	• 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.	Annual Licensing Survey ____Met _X_Correction Order(s) issued _X_Education Provided Follow-up Survey _#___ ____New Correction Order issued ____Education Provided

Indicators of Compliance	Outcomes Observed	Comments
7. The provider has a current license. • 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 Note: MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	• The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency.	Annual Licensing Survey ____Met _X_Correction Order(s) issued _X_Education Provided Follow-up Survey _#___ ____New Correction Order issued ____Education Provided
8. The is in compliance with MDH waivers and variances • MN Rule 4668.0016	• Licensee provides services within the scope of applicable MDH waivers and variances	Annual Licensing Survey _X_Met ____Correction Order(s) issued ____Education Provided Follow-up Survey _#___ ____New Correction Order issued ____Education Provided

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

SURVEY RESULTS: ___ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, list the rule or statute number and the findings of deficient practice noted.

1. MN Rule 4668.0065 Subp. 3

AREA OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure annual infection control in-service

training was provided for two of three employees (B and C) reviewed who had direct contact with clients. The findings include:

Employee C was hired June 14, 2003. Employee C's record lacked evidence of infection control training in the past 12 months. When interviewed September 21, 2006, employee C stated that she thought she had received infection control training by the registered nurse in the past 12 months, however she could not find verification of the training.

Employee B began providing services for the licensee November 2003. Employee B's record lacked evidence of infection control training in the past 12 months. When interviewed September 21, 2006, the Health Care Manager stated that employee B thought she had infection control training in the past twelve months and was going to provide documentation of the training to the licensee. The licensee had not obtained verification of infection control training from employee B at the time of the exit conference.

2. MN Rule 4668.0815 Subp. 1

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to have a registered nurse (RN) complete an individualized evaluation of the client's needs no later than two weeks after the initiation of assisted living home care services and establish a suitable and up-to-date service plan in two of two current client's (#1 and #2) records reviewed. The findings include:

Client #1 began receiving services November 1, 2005. Client #1's record contained an evaluation by the RN dated July 11, 2006 (eight months after the initiation of services), but lacked a service plan with the licensee. When interviewed September 21, 2006, the Health Care Manager stated that client #1 had been receiving medication set-up, mediation reminders and weekly assistance with his shower since November 1, 2005.

Client #2's record indicated the client began receiving services May 30, 2006. The client's record contained an evaluation by the RN, dated July 11, 2006, but there was no service plan.

When interviewed September 20, 2006, the Health Care Manager stated that since client #1 and #2 signed an agreement with the county, she did not know that she had to establish a service plan with the clients. The RN stated that he clients had a Resident Plan of Care, which was their service plan. The Resident Plan of Care indicated the service and frequency of services, but lacked the other components of the service plan.

3. MN Rule 4668.0855 Subp. 2

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration and developed a service plan for the provision of these services for two of three clients' (#2 and #3) records reviewed. The findings include:

Client #2 began receiving services May 30, 2006. The Daily Resident Care Schedule forms for May 30, 2006 through September 21, 2006, indicated that client #2 received assistance with medication administration.

Client #3 began receiving services November 2, 2005. The Daily Resident Care Schedule forms for November 2, 2005 through July 23, 2006, indicated that client #3 received assistance with medication administration.

Client #2 and #3's records lacked an assessment by the RN of the their functional status and need for assistance with self-administration of medications or medication administration. Also, the clients' service plans did not include the provision of medication administration.

When interviewed September 20, 2006, the RN stated she had modified the Resident Plan of Care, which is the client's service plan, to include the type of assistance with medication administration that the client was receiving.

4. MN Rule 4668.0855 Subp. 9

AREA OF COMPLIANCE: # 6

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

Client #1 began receiving services November 1, 2005. The client's Resident Plan of Care, dated July 25, 2006, indicated the licensed practical nurse (LPN) set up the client's medications weekly in labeled containers and the client managed his medications with medication reminders from staff.

Client #2 began receiving services May 30, 2006. The client's Resident Plan of Care, dated July 25, 2006, indicated the LPN set up the client's medications weekly in labeled containers and the client received assistance with self administration of medications.

Client #3 began receiving services November 2, 2005. The client's Resident Service Agreement/Plan of Care, dated December 1, 2005, indicated the client was to have assistance with self administration of medication.

When interviewed September 19, 2006, the Health Care Manager stated that client #2 and #3's assistance with administration of medications consisted of the LPN filling the medication boxes with the medications on a weekly basis and the unlicensed staff bringing the medications to the client at the designated times, giving the medications and monitoring that the client took them. After administration of the medications the unlicensed staff documented their initials on the Daily Resident Care Schedule indicating that they had assisted with the administration of the medications.

The records for clients #1, #2 and #3 lacked documentation of the name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration. When interviewed September 19, 2006, the LPN stated she filled the medication boxes from the Drug Regimen Review form which indicated the medication, dosage, route of administration, date ordered, date discontinued, and comments. She would then

document on the skilled nursing visit note that the medications had been "filled one time weekly."

5. MN Rule 4668.0865 Subp. 2

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to have the registered nurse (RN) 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 three of three clients' (#1, #2 and #3) records reviewed who received central storage of medications. The findings include:

Clients #1, #2 and #3 began receiving services from the licensee on November 1, 2005, May 30, 2006, and November 2, 2005, respectively. Clients #1, #2 and #3's Resident Plan of Care, dated July 25, 2006, July 25, 2006 and December 1, 2005, respectively, indicated that these clients would have their medications centrally stored in a locked cabinet. The records for clients #1, #2 and #3 lacked nursing assessments of the client's functional status and need for central medication storage and their service plans did not include the frequency of supervision of the task or the person providing the service for the client. When interviewed September 20, 2006, the RN stated that she had included central storage of medications on the clients' Resident Plan of Care and was unaware she needed to have an assessment of the need for central storage of medications.

6. MN Rule 4668.0865 Subp. 3

AREA OF COMPLIANCE: # 6

Based on observation, record review and interview, the facility failed to establish a system to control medications for one of three clients' (#2) records reviewed that received central storage of medications. The findings include:

Client #2's Resident Plan of Care, dated July 25, 2006, indicated the LPN set up the client's medications weekly in labeled containers, the client received assistance with self administration of medications and the client's medications were centrally stored. During observation of the central storage of medications on September 20, 2006 it was noted that one of the medications for client #2 was not set-up in the medication box that the unlicensed staff used for assistance with self administration of medications for the client. The licensed practical nurse (LPN) had filled the medication boxes on September 19, 2006 for seven days. When interviewed September 20, 2006, the Health Care Manager stated client #2 was to have seven pills in the AM medication box and five pills in the evening medication box. However, she remembered that the evening of September 19, 2006 and the morning of September 20, 2006 there were only six pills in the AM medication box and four pills in evening medication box. The Health Care Manager stated she should have caught that the one medication was missing, but she hadn't.

Client #2's record contained a Home Health Certification and Plan of Care form, which was signed by the physician on July 25, 2006. The form listed the client's medications including Zoloft 50 milligrams (mg.) one tablet every day (a medical visit form signed by the physician 6/19/06 noted the Zoloft was decreased to 25 mg.). A note by the physician on the backside of the form indicated the Zoloft should have been discontinued. A Home health Certification and Plan of Care form signed and dated by the physician on August 2, 2006 noted the client's medications including Zoloft 25 mg. one tablet every day. A Drug Regimen Review form, which listed the medications, order date, discontinued date, dosage

and route, was faxed to the physician on August 14, 2006 at 9:05 p.m. The Health Care Manager had included a note on the backside of the form asking the physician if the medication Zoloft 25 mg. was to be discontinued. A notation was made that the Zoloft was discontinued in "July 06." The form also noted that the Zoloft was discontinued on "7/1/06." Documentation indicated the LPN reviewed the form on August 15, 2006. There was no physician's order in the record indicating the Zoloft was discontinued on July 1, 2006. The record only contained the order on July 25, 2006 from the physician which stated that the Zoloft should have been discontinued and another order from the physician on August 2, 2006 noting the order for the Zoloft. When interviewed September 19, 2006, the LPN stated she had taken the Drug Regimen Review form to the clinic to find out when the Zoloft had been discontinued and that the clinic nurse had inserted the date of July 1, 2006. When interviewed September 20, 2006, the RN stated that they have problems getting orders from some physicians.

The records for clients #1, #2 and #3 lacked documentation of the name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration.

When interviewed September 21, 2006, the Health Care Manager stated that the licensee does not have any written policies and procedures on the control of medications. The Health Care Manager stated that the RN had verbally instructed staff that they should call her if any problems with medication administration should occur.

7. MN Statute §626.557 Subd. 14(b)

AREA OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for two of three clients' (#2 and #3) records reviewed. The findings include:

Clients #2 and #3 began receiving services from the licensee on May 30, 2006 and November 2, 2005, respectively. Their records lacked a vulnerable adult assessment and plan. When interviewed September 21, 2006, the Health Care Manager stated that the assessment and plan had not been done on these clients.

A draft copy of this completed form was left with Roxanne Repp, Health Care Manager, at an exit conference on September 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).