



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 2544

October 3, 2006

Holly Pedersen-Howell, Administrator
Golden Horizons Inc
1305 Eighth Street SW
Pine City, MN 55063

Re: Results of State Licensing Survey

Dear Ms. Pederson-Howell:

The above agency was surveyed on August 29, 30, and September 5, 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 Johnston, Program Manager
Case Mix Review Program

Enclosures

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

CMR 3199 6/06



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: GOLDEN HORIZONS INC

HFID #: 22193

Dates of Survey: August 29, 30, and September 5, 2006

Project #: QL22193004

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 <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____ <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> 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 	<p>Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Statute §144A.44 • MN Statute §144D.04 	<p>the provider.</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>_____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>_____Met</p> <p><input checked="" type="checkbox"/> 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>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>_____Met</p> <p><input checked="" type="checkbox"/> 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>

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 <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ 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 <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ 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 <input checked="" type="checkbox"/> Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ 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. 6

AREA OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to maintain a complete record for one of four client (#2) records reviewed. The findings include;

Client #2's record indicated he was prone to stasis ulcers of his lower legs. In January 2006, he had ulcers on his lower legs that required the protection of the application of Unna boots and daily dressing changes. A notation in the communication book regarding client #2 dated August 5, 2006, documented, "I noticed his right leg is red and warm to the touch." On August 6, 2006, documentation in the communication book recorded, "has a red warm area on right leg. Please have (nurse) check." Documentation in the communication book August 7, 2006, recorded, "right leg above ankle just above ankle (sic) is red and warm to the touch. Still looks about the same as yesterday. (nurse) needs to look at it." Client #2's medical record contained no notations regarding his reddened and warm leg as documented in the communication book on August 5, 6, and 7, 2006, by the care attendants. When interviewed, August 30, 2006, employee A stated she looked at the client's right leg after reading the communication book, but nothing was wrong and she did not document that she had observed the client's leg. Employee A stated that care attendants are not permitted to document client concerns directly in each client record progress notes, and only licensed staff members write in the progress notes. She stated the care attendants document areas of concern regarding the clients on each shift. She indicated she reviews the book whenever she is on duty and follows up on those concerns noted in the communication book.

When interviewed on August 30, 2006, the client stated he received pain medication (a Fentanyl patch applied every 72 hours) for pain in his lower legs and that the bottom half of his legs were purple because he had poor circulation. He stated he currently had no sores on his legs.

2. MN Rule 4668.0815 Subp. 2

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) reviewed clients' service plans at least annually for one of two client (#2) records reviewed of clients residing in the facility greater than one year. The findings include:

Client #2's service plan was signed April 25, 2005. There was no documentation that the RN had reviewed the clients' service plan after it was originally written in 2005. When interviewed August 30, 2006, the administrator stated she was aware that each client's service plan was to be reviewed annually, but was uncertain how the review should be documented and if there had been a modification in a client's service plan, how the modification would affect the annual review of the service plan. She did verify that client #2's service plan had not had a complete review by the RN since originally written in 2005.

3. MN Rule 4668.0825 Subp. 4

AREA OF COMPLIANCE: # 5

Based on record review and interview the licensee failed to ensure the registered nurse (RN) specified in writing the instructions for unlicensed personnel to follow when performing delegated nursing tasks, and failed to ensure unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated competency to the RN before performing the procedure for two of five clients' (#3 and #5) records reviewed. The findings include:

Client #3's medication administration record (MAR) for August 2006, indicated client #3 received a Spiriva inhaler treatment from unlicensed personnel every day. There were no written instructions available for review by the unlicensed employees performing the procedure. Additionally, there was no documentation unlicensed personnel had been instructed by and demonstrated competency to the RN for the procedure.

On August 29, and 30, 2006 client #5 was observed in the facility using liquid oxygen from a small portable tank via a nasal cannula. Client #5's record indicated facility staff refilled the oxygen tank for the client. When interviewed, August 30, 2006, employee B an unlicensed caregiver, stated she was instructed by another care attendant in July 2006, on the procedure to follow to fill the small portable tank from the large liquid oxygen tank in the client's room. She stated the RN did not instruct her nor had she been observed by the RN on the filling of the client's small oxygen tank.

When interviewed, August 30, 2006, the administrator verified written instructions were not available for the use of the liquid oxygen and Spiriva inhaler treatments. The administrator stated the company that supplies client #3's liquid oxygen provided a training session for some of the agency staff, but she had no documentation of this training. The administrator indicated she was unaware the unlicensed staff had not been trained by the RN on the use of the liquid oxygen and Spiriva inhaler.

4. MN Rule 4668.0855 Subp. 9

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to administer a medication as ordered by the physician in two of four client (#1, #4) records reviewed for clients that have central storage of their medications. The findings include:

Client #1 was admitted to the agency on June 6, 2006, with a physician's order for Epoetin Alfa 20,000 units per ml to be administered by facility staff subcutaneously every week. Since the client's admission to the agency, the client had not received the medication. There was no documentation as to why the medication was not given as ordered or any follow up procedures provided. When interviewed on August 29, 2006, the licensed practical nurse (LPN) stated a family member of the client buys the client's medications and brings them to the agency, but they had been unable to obtain the Epoetin from the local pharmacy. There was no evidence the agency notified the client's physician the client was not receiving the medication as ordered.

Client #4's record contained a physician order dated November 21, 2005, for Imdur 15 mg. to be administered daily. The medication was not documented as administered from January 1 through January 13, 2006 on client #4's January 2006 medication administration record. There was no documentation as to why the medication was not given as ordered or any follow up procedures provided. When interviewed, August 30, 2006, the LPN was unable to determine why the medication was not administered

A draft copy of this completed form was left with Sue Carlson, Administrator at an exit conference on September 5, 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).