



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 4654

January 19, 2007

Julie Pitsenbarger, Administrator
Sunrise Assisted Living of Roseville
2555 Snelling Avenue North
Roseville, MN 55113

Re: Licensing Follow Up visit

Dear Ms. Pitsenbarger:

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 19 and 20, 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".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

01/07 CMR1000

Division of Compliance Monitoring • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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

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

INFORMATIONAL MEMORANDUM

PROVIDER: SUNRISE ASSTD LIV OF ROSEVILLE

DATE OF SURVEY: December 19 and 20, 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:

Anneliese Peterson, Executive Director

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

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on August 28, 29 and 31, 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 December 19 and 20, 2006 is as follows:

1. MN Rule 4668.0810 Subp. 5 Corrected
2. MN Rule 4668.0815 Subp. 1 Corrected
3. MN Rule 4668.0845 Subp. 2 Corrected
4. MN Rule 4668.0865 Subp. 2 Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2184

September 27, 2006

Julie Pitsenbarger, Administrator
Sunrise Assisted Living of Roseville
2555 Snelling Avenue North
Roseville, MN 55113

Re: Results of State Licensing Survey

Dear Ms. Pitsenbarger:

The above agency was surveyed on August 28, 29, and 31, 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, looped "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Ramsey 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: SUNRISE ASSTD LIV OF ROSEVILLE

HFID #: 22361

Date(s) of Survey: August 28, 29 and 31, 2006

Project #: QL22361004

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 ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ 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 	<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 	<p>Annual Licensing Survey <u>X</u> Met ___ Correction Order(s) issued <u>X</u> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0870 • MN Statute §144A.44 • MN Statute §144D.04 	<p>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><u>X</u> Met</p> <p>____ Correction Order(s) issued</p> <p><u>X</u> 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><u>X</u> Correction Order(s) issued</p> <p><u>X</u> 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 ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ 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 ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ 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 4668.0810 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 date and title of the person making the entry in two of three clients' (#1 and #3) records reviewed. The findings include:

Client #1's record contained an undated "monthly wellness visit" form/"14 day" supervisory visit. The client's record also contained a "resident assessment" form, dated August 4, 2005, which did not include the title of the person completing the assessment

Client #3's "medication return record" was signed, but did not include the title of the person making the entry. When interviewed August 29, 2006, the executive director confirmed the entries were not complete.

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 evaluation of the client's needs in two of three clients' (#1 and #2) records reviewed. The findings include:

Client #1 was admitted August 9, 2005. The client's initial evaluation, dated August 4, 2005, was completed by a licensed practical nurse (LPN).

Client #2 was admitted February 6, 2006. The client's initial evaluation, dated January 31, 2006, was completed by an LPN and cosigned by a RN.

When interviewed August 29, 2006, the executive director confirmed that a LPN performed the evaluations for client #1 and #2. When interviewed August 30, 2006 (per telephone), the RN stated that the data on the "resident assessment" form is thoroughly reviewed by the RN before it is cosigned by the RN. She also indicated that she was aware that LPNs can not perform assessments according to the Minnesota Nurse Practice Act.

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

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

Client #1 received assistance with medication administration by unlicensed staff. The client's record contained a "monthly wellness visit" form/ "14 day" supervisory visit. The undated form was completed by the licensed practical nurse (LPN). When interviewed August 29, 2006, the area director of resident care stated that the "monthly wellness visits" are supervisory visits.

Client #2 received assistance with medication administration by unlicensed staff. The client's record contained a "monthly wellness visit" form "14 day" supervisory visit, dated February 14, 2006, which was completed by the LPN. When interviewed by telephone August 30, 2006, the RN stated she was a new employee and was not employed at the time the supervisory visits were conducted for client #1 and #2.

4. 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. The findings include:

Client #1, #2 and #3 received central storage of medications. The client's medical records did not include an RN assessment of each client's need for central storage of medication. In addition, the clients' service plans did not address central storage of medication. When interviewed August 29, 2006, the executive director and Area Director of Resident Care confirmed the findings.

A draft copy of this completed form was left with Annaliese Peterson, Executive Director at an exit conference on August 31, 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).