



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6130

May 4, 2010

Kari Everson, Administrator  
Zumbrota Care Center Home Care  
433 Mill Street  
Zumbrota, MN 55992

Re: Results of State Licensing Survey

Dear Ms. Everson:

The above agency was surveyed on April 7 and 8, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order 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) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is located below the "Sincerely," text.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Goodhue County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Deb Peterson, Office of the Attorney General

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program  
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273  
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*

**CERTIFIED MAIL #:** 7009 1410 0000 2303 6130

**FROM:** Minnesota Department of Health, Division of Compliance Monitoring  
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900  
Home Care and Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	KARI EVERSON	DATE: May 4, 2010
PROVIDER:	ZUMBROTA CARE CENTER HOME CARE	COUNTY: GOODHUE
ADDRESS:	433 MILL STREET	HFID: 22850
	ZUMBROTA, MN 55992	

On April 7 and 8, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

.....

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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 may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

### 1. MN Rule 4668.0845 Subp. 2

#### INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed persons who performed assisted living home care services that required supervision for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving services, including medication administration on January 2, 2006. There was no documentation in the client's record that supervisory visits were being done.

When interviewed April 7, 2010, employee A/RN indicated they were not doing supervisory visits. She indicated that unlicensed direct care staff met every month and the RN watched them perform cares on each other, but not on the clients.

**TO COMPLY:** A. After the orientation required under part [4668.0835](#), subpart 5, a registered nurse must supervise, or a licensed practical nurse under the direction of a registered nurse must monitor, unlicensed persons who perform assisted living home care services that require supervision by a registered nurse at the housing with services establishment, to verify that the work is being performed adequately, identify problems, and assess the appropriateness of the care to the client's needs. Supervision or monitoring must be provided no less often than the following schedule:

(1) within 14 days after initiation of assisted living home care services that require supervision by a registered nurse; and

(2) at least every 62 days thereafter, or more frequently if indicated by a nursing assessment and the client's individualized service plan.

B. If the unlicensed person is monitored by a licensed practical nurse, the client must be supervised by a registered nurse at the housing with services establishment at least every other visit and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections [148.171](#) to [148.285](#).

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

cc: Goodhue County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Deb Peterson, Office of the Attorney General



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 9694

January 3, 2006

Amanda Johnson, Administrator  
Zumbrota Care Center Home Care  
433 Mill Street  
Zumbrota, MN 55992

Re: Licensing Follow Up Revisit

Dear Ms. Johnson:

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, 2005.  
The documents checked below are enclosed.

- X   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

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Bill Klyve, President Governing Board  
Goodhue County Social Services  
Gloria Lehnertz, Minnesota Department of Human Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Case Mix Review File

10/04 FPC1000CMR

**Minnesota Department Of Health  
Health Policy, Information and Compliance Monitoring Division  
Case Mix Review Section**

**INFORMATIONAL MEMORANDUM**

**PROVIDER:** ZUMBROTA CARE CENTER HOME CARE

**DATE OF SURVEY:** December 19, 2005

**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:**

Jill Hess-Kollasch, Administrator  
Tamara Beebe, Social Worker  
Eleanor Fay Cain-Albers, RN  
Carol Fredrickson, HHA

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up   X  

**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 April 7, 8, and 11, 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 is as follows:

1. MN Rule 4668.0065 Subp. 1	Corrected
2. MN Rule 4668.0065 Subp. 3	Corrected
3. MN Rule 4668.0815 Subp. 3	Corrected
4. MN Rule 4668.0815 Subp. 4	Corrected
5. MN Rule 4668.0825 Subp. 4	Corrected
6. MN Rule 4668.0855 Subp. 7	Corrected
7. MN Rule 4668.0865 Subp. 3	Corrected



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 8925

October 13, 2005

Amanda Johnson, Administrator  
Zumbrota Care Center Home Care  
433 Mill Street  
Zumbrota, MN 55992

Re: **AMENDED** Results of State Licensing Survey

Dear Ms. Johnson:

On October 11, 2005 you were sent a letter with State Licensing deficiencies delineated on a correction order form in relation to a survey that was conducted on April 7, 8 and 11, 2005. **Please disregard the information that was mailed to you.** Subsequent to that mailing, an error was noted in the information that was mailed to you.

The corrected State licensing deficiencies are delineated on the attached **amended** Minnesota Department of Health (MDH) correction order form. The amended information that has been corrected is underscored and the stricken [~~stricken~~] information has been removed.

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: Bill Klyve, President Governing Body  
Kelly Crawford, Minnesota Department of Human Services  
Goodhue County Social Services  
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: ZUMBROTA CARE CENTER HOME CARE

HFID # (MDH internal use): 22850

Date(s) of Survey: April 7, 8, and 11, 2005

Project # (MDH internal use): QL22850002

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

Indicators of Compliance	Outcomes Observed	Comments
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)	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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided
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)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	<b>Client personal information and records are secure.</b>  <b>Any information about clients is released only to appropriate parties.</b>  Permission to release information is obtained, as required, from clients and/or their representatives.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided



Indicators of Compliance	Outcomes Observed	Comments
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)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
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)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <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.	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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> 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 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:
#1	MN Rule 4668.0815 Subp. 4 Contents of Service Plan	X	X	<p>Based on observations, interview and record review, the licensee failed to ensure that service plans were being complete for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1's record indicated that he was provided breakfast daily by the assisted living home care provider, which was a service not included in the client's rent with the Housing with Services. In addition, observation on April 7, 2005 and an interview with the registered nurse on April 8, 2005 indicated that the client's medications were centrally stored in a separate compartment in a locked charting room. Client #1's service plan dated May of 2004, did not include central storage of medication nor did it include that the breakfast meal was provided daily.</p> <p>Observation on April 7, 2005, and an interview with the registered nurse April 8, 2005, indicated that client #2's medications were centrally stored in a separate compartment in a locked charting room. Client #2's service plan dated July of 2003 did not include central storage of medications.</p> <p>Client #3 began receiving services and had a service plan dated January of 2004. Client #3's record indicated that unlicensed staff were assisting the client with self-administration of medications on a daily basis since the start of care. In addition client #3's record indicated that she was provided with breakfast on a daily basis. Client #3's current service plan, dated January of 2004, did not include these services.</p> <p>When interviewed April 8, 2005, the registered nurse confirmed that client #1, #2, and #3's service plans did not include a description of all the services the assisted</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>living home care provider was providing for them</p> <p><b><u>Education:</u></b> Provided</p>
#3	MN Rule4668.0065 Subp. 1 Tuberculosis Screening	X	X	<p>Based on record review and interview, the licensee failed to ensure that staff had tuberculin screening prior to providing direct care for four of four employee (#1, #2, #3, and #4) records reviewed. The findings include:</p> <p>Employee #1, started providing direct care to clients December of 2003. The only tuberculin screening test on file for this employee was a negative Mantoux test dated August 6, 2004.</p> <p>Employee #2, started providing direct care to clients December of 2003. The only tuberculin screening negative Mantoux test on file for this employee was a negative Mantoux test dated August 2, 2004.</p> <p>Employee #3, a registered nurse (RN), started providing direct care to clients December of 2003. The only tuberculin screening negative Mantoux test on file for this employee was a negative Mantoux test dated August 9, 2004.</p> <p>Employee #4, an RN, started providing direct care to clients September of 2004. The only tuberculin screening test on file for this employee was a negative Mantoux test dated October 20, 2004.</p> <p>During an interview, April 8, 2005, the apartment manager, the RN confirmed the employees' start dates and stated these Mantoux tests results were the only ones they had on file for employees #1, #2, #3, and #4.</p> <p><b><u>Education:</u></b> Provided</p>
#3	MN Rule4668.0065 Subp. 3 Infection Control In-Service Training	X	X	<p>Based on record review and interview, the licensee failed to ensure infection control training completion, for three of three employees' (#1, #2, and #3) records reviewed who had been with the agency greater than a year. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Employees #1, #2 and #3 began providing services to clients in December of 2003. There was no evidence of infection control training for these employees.</p> <p>When interviewed, April 8, 2005, employee #3, an RN, verified the lack of evidence of infection control training.</p> <p><b><u>Education:</u></b> Provided</p>
#3	MN Rule 4668.0805 Subp. 1 Orientation		X	<b><u>Education:</u></b> Provided
#3	MN Statute §144A.46 Subd 5 (b) Background checks		X	<b><u>Education:</u></b> Provided
#4	MN Rule 4668.0040 Subp. 2 Informing Clients		X	<b><u>Education:</u></b> Provided
#6	MN Rule 4668.0815 Subp. 3 Service Plan Modifications	X	X	<p>Based on interview and record review, the licensee failed to ensure that modifications to the clients' service plans were in writing and authenticated by the client or the client's responsible person for two of three clients' (#1 and #3) records reviewed. The findings include:</p> <p>Client #1's service plan dated May of 2004 indicated that on January of 2005 the service plan was "updated" to include wound care by the registered nurse (RN) one time a week, and dressing changes by the home health aide three times a week. The additions of wound care and dressing changes to client #1's service plan were not authenticated by the client or the client's responsible person.</p> <p>Client #3s' service plan dated January of 2004 indicated that unlicensed staff were assisting the client with a shower and shampoo two to three times a week. Client #3's record indicated that the unlicensed staff were assisting client #3 with her TED stockings every a.m. and p.m. in January 2005. Client #3's service plan did not include the additional service of assisting the client with her TED stockings every a.m. and p.m.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed April 8, 2005, the registered nurse confirmed the preceding findings.</p> <p><b><u>Education:</u></b> Provided</p>
#7	MN Rule 4668.0825 Subp. 4 Performance of Routine Procedures	X	X	<p>Based on interview and record review, the licensee failed to ensure that the registered nurse (RN) had unlicensed staff demonstrate their ability to follow a procedure before delegating the nursing procedure for two of two client (#1 and #2) receiving wound care who's records were reviewed. The findings include:</p> <p>Client #1's service plan was modified in January 2005, to include dressing changes by the unlicensed staff three times a week. Client #1's physician's orders dated December of 2004 indicated a dressing change which included the application of medication to the client's toes before covering with a dressing. Client #1's record indicated that employees #1 and #2, both unlicensed staff, completed client #1's dressing changes. There was no evidence in client #1's record or in employee #1 and #2s' files that they had demonstrated to the RN their ability to competently perform the dressing change procedure.</p> <p>Client #2's service plan was modified in March of 2005 to include daily wound care of her toes by the unlicensed staff. The client's service record indicated that employees #1 and #2, both unlicensed staff, completed client #2's wound care to her toes. There was no evidence in client #2's record or employee #1 and #2s' files that they had demonstrated to the RN their ability to competently perform the wound care to client #2's toes.</p> <p>When interviewed, April 8, 2005, employee #2 stated that she had been performing client #1 and client #2's wound care and dressing changes. Employee #2 stated that she had been given the procedures on how to perform client #1 and client #2's wound care and dressing</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>changes to read, but indicated that she had not demonstrated to a RN that she could competently perform the procedures.</p> <p>When interviewed on April 8, 2005, the RN confirmed employees #1 and #2 had not demonstrated to her that they could competently perform client #1 and client #2's wound care or dressing changes.</p> <p><b><u>Education:</u></b> Provided</p>
#7	MN Rule 4668.0855 Subp. 7 Performance of Routine Procedures	X	X	<p>Based on interview and record review, the licensee failed to ensure that the registered nurse (RN) documented in the client's record, the specific instructions for performing the procedures for each client, and the unlicensed staff person demonstrated to an RN their ability to assist with or administer the medications for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1's service plan dated May of 2004, indicated that an unlicensed staff person was to assist the client with self-administration of medications on a daily basis. Client #1's record indicated that employees #1 and #2, both unlicensed staff, assisted the client with self-administration of his medications. There were no specific written instructions documented in the client's record for the unlicensed staff to follow when performing the procedure. In addition, there was no evidence that employees #1 and #2 had demonstrated to a RN their ability to competently perform assistance with self-administration of medications.</p> <p>Client #2's service plan dated July of 2003 indicated that an unlicensed staff person assisted the client with self-administration of her medications, including her insulin injection on a daily basis. Client #2's record indicated that employees #1 and #2, both unlicensed staff, assisted the client with self-administration of her medications</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>and her insulin injection. There were no specific written instructions documented in the client's record for the unlicensed staff to follow when performing the procedures. In addition, there was no evidence that employees #1 and #2 had demonstrated to a RN their ability to competently perform assistance with self-administration of medications.</p> <p>Client #3's record indicated that employees #1 and #2, had assisted the client with self-administration of her medications, including administering a vaginal cream daily in June of 2004. There were no specific written instructions documented in the client's record for the unlicensed staff to follow when performing the procedures. In addition, there was no evidence that employees #1 and #2 had demonstrated to a RN their ability to competently perform assistance with self-administration of medications.</p> <p>When interviewed on April 8, 2005, employee #2 stated that she had administered client #3's vaginal cream. Employee #2 stated that she had been instructed how to insert the vaginal cream, but indicated that she had not demonstrated to a RN that she could competently perform the procedures.</p> <p>When interviewed on April 8, 2005, the RN confirmed there were no specific written instructions documented in client #1, #2 or #3s' records for the unlicensed staff to follow when performing assistance with self-administration of medications, insulin injections, or for administering a vaginal cream. In addition the RN confirmed employees #1 and #2 had not demonstrated to her their ability to competently perform these procedures.</p> <p><b><u>Education:</u></b> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0003 Subp. 2 Assistance with self-administration of medication		X	<u>Education:</u> <b>Provided</b>
#8	MN Rule 4668.0003 Subp. 21 Medication Reminder		X	<u>Education:</u> <b>Provided</b>
#8	MN Rule 4668.0860 Subp. 2, 5, and 3 Medication and Treatment Orders		X	<u>Education:</u> <b>Provided</b>
#8	MN Rule 4668.0865 Subp. 3 Controll of medication	X	X	<p>Based on observations, record review and interview, the licensee failed to maintain a system for the storage of medications for one of two current clients' (#1) records reviewed. The findings include:</p> <p>Client #1 started service with the assisted living home care provider on May of 2004. A "Comprehensive Adult Nursing Assessment" completed by the registered nurse dated one day later indicated that the client was able to take medications at the correct time if: "individual dosages are prepared in advance by another person; OR given daily reminders; OR someone develops a drug diary or chart." The client's service plan dated May of 2004 indicated that the client received central storage of medication, the RN set up the client's medications weekly, and the unlicensed personnel assisted the client with self-administration of medications daily. During a home visit, April 7, 2005, this reviewer observed a bottle of Acetaminophen and Senna located on the client's table in his apartment. Client #1 stated in interview that he took the Acetaminophen and the Senna as needed independently. When interviewed, April 8, 2005, the RN stated she was not aware that client #1 was using Acetaminophen.</p> <p><u>Education:</u> <b>Provided</b></p>



A draft copy of this completed form was left with Jill Hess-Kollasch, Administrator at an exit conference on April 11, 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)