



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 2685

September 29, 2005

April Anderson, Administrator
Andersons Alternative
175 Fourth Street South
Cokato, MN 55321

Re: Licensing Follow Up Revisit

Dear Ms. Anderson:

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 July 15, 2005.

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

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: April Anderson, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Wright, County Social 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: ANDERSONS ALTERNATIVE

DATE OF SURVEY: July 15, 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:

Larry Anderson/owner, April Anderson RN/owner

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 February 2, 3, 4, 7, 9, and 10, 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 4668.0030 Subp. 2 | Corrected |
| 2. MN Rule 4668.0860 Subp. 2 | Corrected |
| 3. MN Rule 4668.0865 Subp. 3 | Corrected |
| 4. MN Rule 4668.0870 Subp. 3 | Corrected |
| 5. MN Statute § 144A.46 Subd. 5 (b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4108

June 10, 2005

Ms. April Anderson, Administrator
Anderson LTC Consultants, Inc.
175 Fourth Street PO Box 487
Cokato, MN 55321

Re: Results of State Licensing Survey

Dear Ms. Anderson:

The above agency was surveyed on February 2, 3, 4, 8, 9, 10, and 11, 2005 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 feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: April Anderson, President Governing Board
Case Mix Review 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: ANDERSON L.T.C. CONSULTANTS, INC.

HFID # (MDH internal use): 23038

Date(s) of Survey: February 2, 3, 4, 7, 8, 9, 10, and 11, 2005

Project # (MDH internal use): QL23038001

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

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

Indicators of Compliance	Outcomes Observed	Comments
<p>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)</p>	<p>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.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>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)</p>	<p>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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)</p> <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>	<p>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).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" 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 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:
#2	MN Rule 4668.0030 Subp. 2 Notification of client	X	X	<p>Based on record review, and interview, the licensee failed to provide a current written copy of the MN Home Care Bill of Rights to five of five clients (A1, A2, A3, B1, and B2) records reviewed. The findings include:</p> <p>Client 1A was admitted January 1, 2004 and received a copy of the MN Home Care Bill of Rights of July 1999. Clients A2, A3, B1, and B2 were admitted between January 4, 2004 and July 23, 2004 and also received a copy of the Bill of Rights of July 1999. There was no evidence the clients had been given the current Bill of Rights that was updated by the State legislature in 2001. When interviewed on February 2, 2005 the registered nurse, who is the director of health services, confirmed that the clients were given the July 1999 Bill of Rights and had not received the 2001 updated Bill of Rights. legislature in 2002.</p> <p><u>Education:</u> Provided</p>
#3	MN Statute §144A.46 Subd. 5. (b) Prior criminal convictions	X	X	<p>Based on personnel record review and interview, the licensee failed to assure two of four employees (#1B and #2A) had a background study completed appropriate to their current employment. The findings include:</p> <p>Employee #1B's background study was completed March 9, 2004 while she was employed by a supplemental nursing services agency (pool agency).</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>There was no background study present for employment with the current licensee.</p> <p>Employee #2A's background study was completed July 8, 2004 while she was employed by the same pool agency. The pool agency was later sold and the employees were no longer providing services under the control of the pool agency as of July 1, 2004. There was no background study present for employment with the current licensee.</p> <p>When interviewed on February 4, 2005, the RN/owner stated she did not realize that the background studies were not transferable between agencies.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0070 Subp. 2 Personnel records		X	<p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0860 Subp. 6 Verbal orders	X	X	<p>Based on client record review and interview, the licensee failed to forward written orders to the prescriber for signature for three of three clients (#1A, #1B, and #2B) records reviewed. The findings include:</p> <p>Client #1A had cataract surgery on her right eye June 6, 2004 and the left eye June 16, 2004. The clinic sent client #1A back to the ALHCP with an instruction/schedule sheet to have the following medications administered and recorded: Econopred Plus and Vigamox. The prescriber's signature was lacking.</p> <p>Client #2B was administered Nasonex nasal spray for three days and Detrol for seven days in December 2004 according to the client's medication</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>administration record (MAR). The client's medical record did not contain a written order with a prescriber's signature for either of these medications.</p> <p>Client #1B received an order for artificial tears as needed on March 22, 2004 and continued to use them occasionally. The medication renewal list dated October 14, 2004 and the most current prescriber signed clinic copy of medications dated February 4, 2004 did not contain an order for the artificial tears.</p> <p>When interviewed February 4, and 8, 2005 the registered nurse verified there had been a "system's failure" and the orders were not obtained and/or did not have the prescriber's signature.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 3 Control of medications	X	X	<p>Based on client record review and interview, the registered nurse (RN) failed to maintain a system that addressed the control of medications for one of three clients (#2B) records reviewed. The findings include:</p> <p>A review of client #2B's record included conflicting orders for Ibuprofen and Xanax. The medication administration record (MAR) listed Ibuprofen 200 milligrams orally, with (Advil) written under the Ibuprofen to be given every four hours PRN (as needed) for headache or general discomfort. Physician's orders signed January 6, 2005 list Ibuprofen 200 mg. every four hours orally for muscle aches and pain and Advil prn for muscle aches and pain q 8 hrs. The list of medications from the clinic signed by the physician on February 4, 2005</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>ordered the Ibuprofen to be administered as 200 mg, take one tab every 4 hours as needed for headache or general discomfort. The original order for Xanax dated March 9, 2004 from the clinic stated "Xanax 0.25mg 10am and 6:30pm". When the list from the ALHCP was sent in for the physician's signature, (signed July 21, 2004) the ALHCP had written b.i.d. prn in error. When queried, the RN obtained a fax from the clinic on February 4, 2005 (during the survey) for Xanax 0.25 mg b.i.d.</p> <p>When interviewed on February 8, 2005, the RN stated she had "systems failure" with the conflicting orders.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 8 Storage of drugs	X	X	<p><u>Education:</u> Provided</p>
#9	MN Rule 4668.0870 Subp. 3 Disposition of Medications	X	X	<p>Based on observation, and record review, and interview, the licensee failed to have unused portions of legend drugs remaining in central medication storage destroyed for two of two discharged clients (#2A, and #3A) records reviewed. The findings are:</p> <p>Client #2A was discharged from the assisted living home care provider (ALHCP) June 24, 2004. Client #3A was discharged from the ALHCP October 14, 2004. During a tour of the ALHCP on February 2, 2005, the legend drugs prescribed for client #2A, #3A, were observed to be stored in the central storage medication cabinet.</p> <p>The above observations were verified during interview with the RN/Owner during the tour on February 2, 2005.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education:</u> Provided
#10	MN Rule 4668.0012 Subp. 12 Display of license		X	<u>Education:</u> Provided

A draft copy of this completed form was left with April A. Anderson RN/ owner/manager at an exit conference on February 10, 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)