



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 9816

March 17, 2006

Diane Eberle, Administrator  
Cornerstone Assisted Living  
3750 Lawndale Lane North  
Plymouth, MN 55446

Re: Licensing Follow Up Revisit

Dear Ms. Eberle:

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 21, 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: Robert Dahl, President Governing Board  
Hennepin County Social Services  
Ron Drude, 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:** Cornerstone Assisted Living

**DATE OF SURVEY:** December 21, 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:**

Gary Grell RN, Quality Assurance Elim Care Corporation  
Diane Eberle, Administrator

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up #2

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a survey on January 24, 25, and 27, 2005 and a follow up survey on July 6, 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 issued as a result of an on-site visit on January 24, 25, and 27, 2005, is as follows:

**3. MN Rule 4668.0810 Subp. 5** **Corrected**

**4. MN Rule 4668.0815 Subp. 4** **Corrected**

The status of the correction orders issued as a result of an on-site follow up visit on July 6, 2005 is as follows:

**1. MN Rule 4668.0810 Subp. 6** **Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 8284

September 29, 2005

Diane Eberle, Administrator  
Cornerstone Assisted Living  
3750 Lawndale Lane North  
Plymouth, MN 55446

Re: Licensing Follow Up Revisit

Dear Ms. Eberle:

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 6, 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: Robert Dahl, President Governing Body  
Kelly Crawford, Minnesota Department of Human Services  
Hennepin County Social Services  
Sherilyn Moe, Office of the Ombudsman  
Jocelyn Olson, Assistant Attorney General  
Mary Henderson, L&C Program Assurance  
CMR File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** CORNERSTONE ASSISTED LIVING

**DATE OF SURVEY:** July 6, 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:**

Diane Eberle, Administrator

Linda Letich RN, Elim Care Vice President of Quality Assurance

**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 January 24, 25 and 27, 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:

<b>1. MN Rule 4668.0040 Subp. 2</b>	<b>Corrected</b>
<b>2. MN Rule 4668.0065 Subp. 1</b>	<b>Corrected</b>
<b>3. MN Rule 4668.0810 Subp. 5</b>	<b>Not Corrected \$50.00</b>

Based on record review and interview the licensee failed to have client record documentation authenticated with the name, title, and date of the person making the entry for three of three clients (# 4, #5, #6) records reviewed. The findings include:

Clients' #4, #5, #6 records contained a form titled "Orientation to Plan of Care." The form lacked legible staff signatures and titles were not included for all staff that had signed the form. Client #5s' nursing assessment lacked the year it was completed. During an interview July 6, 2005 the administrator and nurse confirmed these findings when the aforementioned signature

pages were reviewed.

**4. MN Rule 4668.0815 Subp. 4** **Not Corrected** **\$50.00**

Based on record review and interview the licensee failed to have a complete service plan for correct client #1 service plan and failed to have a complete service plan for four of seven client (#1, #4, #5, and #6) records reviewed. The findings include:

Client #1s' current service plan dated December 4, 2004 lacked the frequency of medication administration performed by unlicensed personnel and the frequency of supervision of medication administration performed by unlicensed personnel. Client #4s' current service plan dated May 17, 2005, client #5s' current service plan dated April 5, 2005, and client #6s' current care plan/service plan dated March 20, 2005 lacked a description of the services provided, the frequency of each service, the person or categories of persons providing the services, the frequency of supervision of the persons providing service, the fees for each service and a complete contingency plan. During an interview, July 6, 2005, the administrator stated client #6s' care plan of March 20, 2005 was a service plan. She stated the form title was incorrect because the form "Resident Care Plan" was changed and retitled "Resident Service Plan." The administrator and registered nurse stated they stopped using the previous service plan and didn't realize so much information was absent on the current service plan.

**5. MN Rule 4668.0845 Subp. 2** **Corrected**

**6. MN Rule 4668.0855 Subp. 2** **Corrected**



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: CORNERSTONE ASSISTED LIVING  
 HFID # (MDH internal use): 23083  
 Date(s) of Survey: July 6, 2005  
 Project # (MDH internal use): QL23083002 Follow up #1

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 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 type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided Follow up #1</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 type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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>___ Met ___ Correction ___ Order(s) issued ___ 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>___ Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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>___ Met ___ Correction ___ Order(s) issued ___ Education provided ___ 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>___ Met ___ Correction ___ Order(s) 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 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:
5	MN Rule 4668.0810 Subp. 6 Content of client record	X	X	<p>Based on record review and interview the licensee failed to have a registered nurse assess the functional status and need for medication administration for one of two clients receiving medication administration (#1) reviewed. The findings include:</p> <p>Client #1s' current service plan dated December 4, 2004 indicated the client received medication administration. There was no evidence of a nursing assessment of the clients' functional status and need for assistance with medication administration or medication administration. When interviewed, July 6, 2005, the registered nurse and administrator indicated they were surprised that the nursing assessment for medication administration was not found in the record. They stated it had been done it right after the previous survey and currently were doing nursing assessments as needed. They confirmed the documentation for client #1 could not be located</p> <p><b>Education:</b> Provided</p>

A draft copy of this completed form was left with Diane Eberle Administrator at an exit conference on July 6, 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)



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 4115

March 31, 2005

Diane Eberle, Administrator  
Cornerstone Assisted Living  
3750 Lawndale Lane North  
Plymouth, MN 55446

Re: Results of State Licensing Survey

Dear Ms. Eberle:

The above agency was surveyed on January 24, 25, and 27, 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: Robert Dahl, 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: CORNERSTONE ASSISTED LIVING

HFID # (MDH internal use): 23083

Date(s) of Survey: January 24, 25, and 27, 2005

Project # (MDH internal use): QL23083002

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
<p>2. Agency staff promotes 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 checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input 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 observes 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  <input type="checkbox"/> 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 type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input checked="" 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 type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input checked="" 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  <input type="checkbox"/> 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 has 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 is 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 follows 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input 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 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:
1	MN Rule 4668. 0815, Subp. 4 Contents of Service Plan	X	X	<p>Based on record review and interview the licensee failed to have a complete service plan for three of four client records (#1, #3, and #4) reviewed. The findings include:</p> <p>Client #1's service plan, dated December 4, 2004, lacked the schedule or frequency of supervision for medication administration performed by unlicensed personnel and frequency of medication administration performed by unlicensed personnel.</p> <p>Client #3's service plan was modified, November 11, 2004. The modification did not include the fee for medication ordering and medication set up by the registered nurse.</p> <p>Client #4 was admitted April 22, 2004. Client #4's initial service plan, undated, lacked the correct frequency of medication administration performed by unlicensed personnel. The undated initial service plan stated "Medications: Daily administration by care assistant following set up by pharmacy and staff RN." Client #4's April and May 2004 medication administration record indicated client #4 received twice daily medication administration. During an interview, January 25, 2005, the registered nurse confirmed the frequency of medication administration, supervision of medication administration, and fees had not been included in the afore mentioned service plans.</p> <p><b>Education:</b> Provided</p>
1	MN Rule 4668.0845 Subp. 2	X	X	Based on record review and interview the agency failed to have a registered nurse

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
	Services that require supervision by a registered nurse			<p>(RN) supervise unlicensed personnel who perform services that require supervision for two of three client (#2, and #4) records reviewed. The findings include: Client #2 received medication administration by unlicensed personnel since admission June 28, 2004. Client #2 had the initial registered nurse supervisory visits of services performed by unlicensed personnel August 12, 2004, 45 days after the start of services and November 12, 2004, 92 days later. There were no subsequent supervisory visits documented when survey reviewed the record, January 25, 2005, 74 days later.</p> <p>Client #4 received medication administration by unlicensed personnel since admission April 22, 2004. Client #4 had the initial registered nurse supervisory visits of services performed by unlicensed personnel April 30, 2004. The next documented supervisory visit was September 5, 2004, 128 days later. During an interview, January 25, 2005, the registered nurse confirmed that no other supervisory visits or monitoring visits had been done.</p> <p><b>Education:</b> Provided</p>
3	MN Rule 4668. 0065 Subp.1 Tuberculosis Screening	X	X	<p>Based on record review and interview the licensee failed to provide documentation of a negative tuberculin test before working in direct client contact for one of three employees (#3) records reviewed. The findings include:</p> <p>Employee #3 was hired April 27, 2004 as a direct care staff. There was no evidence of tuberculin testing prior to providing direct care. Employee #3 s' file contained a negative Mantoux reading dated June 11, 2004. No earlier results were present. When interviewed January 25, 2005 employee #3 stated she began providing direct client care on May 2, 2004 and</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>confirmed that tuberculin testing was not done until June, after client contact.</p> <p><b>Education:</b> Provided</p>
4	MN Rule 4668.0040 Subp.2 Informing Clients	X	X	<p>Based on record review and interview the licensee's failed to provide clients with a statement within the complaint procedure that the provider will in no way retaliate because of a complaint. The findings include:</p> <p>On January 24, 2005 the administrator provided a copy of the facility's "Resident Handbook" and "Housing-With-Services Disclosure Information which client's receive. The complaint procedure listed did not contain a statement that the provider will in no way retaliate because of a complaint. On January 24, 2005 the administrator confirmed that reviewer was provided all client 'move in' information that the statement that the provider will in no way retaliate because of a complaint was not in the material. He stated he and was not aware that this component was absent.</p> <p><b>Education:</b> Provided</p>
5	MN Rule 4668.0810 Subp. 5 Form of Entries	X	X	<p>Based on record review and interview, the licensee failed to have the registered nurse sign and date the initial evaluation and service plan for four of four clients (#1, #2, #3, and #4) reviewed. The findings include:</p> <p>Clients' #1, #2, #3, and #4 all had a "Pre-admission Assessment Form" that did not include the date, name, or title of the person making the entry. The initial service plan for clients #1, #2, #3 and #4 were signed by the administrator and client's representative but had no date. When interviewed January 25, 2005 the registered nurse indicated she had evaluated each client and initiated the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>service plans. She confirmed she had not signed, dated or given her title on the initial evaluation form of the client's needs. On January 27, 2005 the administrator confirmed the initial service plans weren't dated.</p> <p><b>Education:</b> Provided</p>
7	MN Rule 4668.0840 Subp.3 Core Training		X	<b>Education:</b> Provided
8	MN Rule 4668.0855, Subp 2. Nursing Assessment and Service Plan	X	X	<p>Based on record review and staff interview the licensee failed to have a registered nurse assess each client's functional status and need for assistance with medication administration for two of three clients (#1, and #4) receiving medication administration. The findings include:</p> <p>Client #1's service plan, December 4, 2004, and Client #4 service plan since admission April 22, 2004 stated the clients received medication administration. There was no assessment for client #1 or #4 to determine the need for assistance with medication administration. On January 25, 2005 the registered nurse stated she didn't realize it was required.</p> <p><b>Education:</b> Provided</p>
	Registered Nurse Responsibilities and Delegation		X	Minnesota Board of Nursing Education Module Provided
	Other		X	MDH Website Resources Provided

A draft copy of this completed form was left with Diane Eberle, Administrator at an exit conference on January 27, 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)