



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9971 7834

January 8, 2009

Judith Schaffer, Administrator
St Scholastica Convent
1845 20th Ave SE
St Cloud, MN 56304

Re: Results of State Licensing Survey

Dear Ms. Schaffer:

The above agency was surveyed on November 10, 12, and 13, 2008 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: Sherburne County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

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>
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Class F 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 Class F home care providers (Class F). Class F 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 Class F 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 Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: ST SCHOLASTICA CONVENT

HFID #: 23095

Date(s) of Survey: November 10, 12 and 13, 2008

Project #: QL23095005

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> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 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 understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<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. Agency 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>Focus 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>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</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><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0065 MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0840 MN Rule 4668.0070 MN Statute §144D.065 	<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>Focus 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>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • 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 agency 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>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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 CLASS F 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>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p>Expanded Survey</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><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input 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 rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

SURVEY RESULTS: All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

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 personnel who performed services that required supervision for one of one clients' (#1) record reviewed. The findings include:

Client #1's service plan, dated October of 2008, indicated that the client received the following services; medication set up, medication administration and assistance with bathing, toileting, and ambulation. The October 2008 care plan, bottom of the page, noted the following; the RN/LPN observed cares; this item was initialed October of 2008. There was no other documentation of RN supervisory visits within 14 days after initiation of services or of any other supervisory visits thereafter. When interviewed November 12, 2008, employee A stated the RN completed a monthly sample of observing cares by unlicensed personnel for 5 to 6 clients. If the care was done correctly it was assumed the cares were done in the same manner for all the other clients on the floor. Employee A also stated the nurse would then initial the care plan monthly as observed cares for all the clients living on the floor. When interviewed November 12, 2008, the RN confirmed the above information and said this is how they were instructed to complete the supervisory visits.

A draft copy of this completed form was faxed to Judith Schaffer after the exit conference on November 14, 2008. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent 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 review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2092

September 1, 2006

Sister Judith Schaffer, Administrator
St. Scholastica Convent
1845 20TH Avenue SE
St. Cloud, MN 56304

Re: Licensing Follow Up visit

Dear Sister Schaffer:

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 August 2 and 3, 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". The signature is written in a cursive style with a large initial "J" and "M".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: ST. SCHOLASTICA CONVENT

DATE OF SURVEY: August 2 and 3, 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:

Sister Judy Schaffer, Director of St. Scholastica
Laurie Johnson, RN
Kris Reiter, LPN
Lyndis Cully, LPN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1

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 visit made on November 7, 8, 9, and 10th, 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. 3	Corrected
2. MN Rule 4668.0065 Subp. 1	Corrected
3. MN Rule 4668.0810 Subp. 5	Corrected
4. MN Rule 4668.0810 Subp. 6	Corrected
5. MN Rule 4668.0815 Subp. 1	Corrected
6. MN Rule 4668.0815 Subp. 3	Corrected

7. MN Rule 4668.0815 Subp. 4	Corrected
8. MN Rule 4668.0825 Subp. 3	Corrected
9. MN Rule 4668.0825 Subp. 4	Corrected
10. MN Rule 4668.0840 Subp. 3	Corrected
11. MN Rule 4668.0840 Subp. 4	Corrected
12. MN Rule 4668.0855 Subp. 7	Corrected
13. MN Rule 4668.0855 Subp. 9	Corrected
14. MN Rule 4668.0865 Subp. 2	Corrected
15. MN Rule 4668.0870 Subp. 3	Corrected
16. MN Statute §144A.44 Subd. 1(2)	Corrected
17. MN Statute §144A.46 Subd. 5(b)	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9038

March 22, 2006

Sister Judy Schaffer, Administrator
St. Scholastica Convent
1845 10th Avenue SE
St. Cloud, MN 56304

Re: Results of State Licensing Survey

Dear Sister Schaffer:

The above agency was surveyed on November 7, 8, 9, and 10, 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: Sister Nancy Bauer, President Governing Body
Sherburne County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, 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: ST. SCHOLASTICA CONVENT

HFID # (MDH internal use): 23095

Date(s) of Survey: November 7, 8, 9, and 10, 2005

Project # (MDH internal use): QL23095002

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

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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" 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. 1 Evaluation and Service Plan	X	X	<p>Based on record review and interview, the licensee failed to have the registered nurse (RN) complete an individualized evaluation of the client's needs and establish a service plan for providing assisted living home care services no later than two weeks after initiation of assisted living home care services for four of four clients' (#1, #2 #3, and #4) records reviewed. The findings include:</p> <p>Clients #1, #2, #3, and #4 started receiving services when St. Scholastica Convent was licensed as an ALHCP on March 31, 2004. Individualized evaluations of the client's needs were completed for clients #1, #2, #3 and #4 on September 29, 2005, May 25, 2005, June 9, 2005, and July 29, 2005, respectively. The subsequent service plans lacked authentication by the clients or the clients' responsible persons agreeing to the services to be provided. When interviewed, November 8, 2005, the lead RN verified the preceding findings.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0815 Subp. 3 Service plan modifications	X	X	<p>Based on record review and interview, the licensee failed to ensure modifications to the client's service plan were authenticated by the client or the client's responsible person, for three of four clients' (#1, #2 and #3) records reviewed. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #1 had a physician's order dated October 13, 2005, for oxygen pro re nata (p.r.n., as needed). The service plan was not modified to include the service and the record lacked evidence it was agreed to and authenticated by the client or the client's responsible person prior to initiation of the service.</p> <p>Client #2's record indicated the physician reviewed the orders on July 6, 2005, and wrote "no change in medications. May decrease blood pressure checks to every month." A copy of the July 26, 2005, care plan in the client's record included weekly blood pressure checks and the current care plan at the nurses station did not include blood pressure checks. The July 26, 2005, care plan was reviewed September 27, 2005, and nursing assistant to assist with whirlpool and monitor for incontinence were both eliminated. Client #2's record lacked evidence of agreement or authentication of these modifications by the client or the client's responsible person.</p> <p>Client #3's initial registered nurse evaluation on June 9, 2005, indicated she was independent at that time. In July 2005, client #3 had a CVA. Client #3 returned from the with orders for a scopolamine patch, morphine to be given p.r.n. (as needed), Tylenol p.r.n. and oxygen. The client's record lacked evidence of agreement or authentication by the client or the client's responsible person for these modifications.</p> <p>When interviewed, November 8, 2005, the lead registered nurse stated she did not realize that some of the changes to physician's orders and to the care plan</p>

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				<p>needed to be agreed upon and authenticated by the client or the client's responsible person.</p> <p><u>Education:</u> Provided</p>
#1	<p>MN Rule 4668.0815 Subp. 4 Contents of service plan</p>	X	X	<p>Based on record review and interview, the licensee failed to provide complete contingency plans for four of four clients' (#1, #2, #3 and #4) records reviewed. The findings include:</p> <p>Client's #1, #2, #3 and #4 had service plans/care plans that did not include information on the method for a client or responsible person to contact a representative of the assisted living home care provider licensee whenever staff were providing services or the name or the telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition. When interviewed, November 8, 2005, the lead registered nurse verified the contingency plans were not complete.</p> <p><u>Education:</u> Provided</p>
#1	<p>MN Rule 4668.0825 Subp. 4 Performance of routine procedures</p>	X	X	<p>Based on record review and interview the licensee failed to ensure that unlicensed personnel were instructed by a registered nurse (RN) in the proper methods with respect to each client and demonstrated these procedures to an RN before performing the procedure; and failed to ensure that procedures were documented in each client's record; and failed to retain documentation by the RN regarding the unlicensed person's demonstrated competency for four of four clients' (#1, #2, #3, and #4) records reviewed. The findings include:</p> <p>Client #1's record and their care plan</p>

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				<p>stated the client was to have assistance with glucose monitoring, oxygen as needed for chest pain, and supervision with mobility. The medication administration record (MAR) indicated the client received medicated eye drops twice a day. There was no evidence that an RN had provided instruction to unlicensed personnel for these procedures and the written procedures were not available for review.</p> <p>Client #2's care plan dated July 26, 2005, indicated the client was to have assistance with the whirl pool bath. There was no evidence an RN had provided instruction to unlicensed personnel for the whirlpool bath and the written procedure for whirl pool bath was not available.</p> <p>Client #3's record included physician's orders for oxygen for comfort care, morphine and Tylenol to be given as rectal suppositories, and a scopolamine patch. The procedures for these cares were not available for review and there was no evidence that a registered nurse had instructed the unlicensed employees in these procedures.</p> <p>Client #4's record indicated that the family care team had requested a non-removable wheel chair belt on November 4, 2005, to prevent falls. The procedure for the application of the belt was not available.</p> <p>Employee B had been employed as a nursing assistant (NAR) at the St. Scholastica Convent since 1987, and continued employment when the convent was licensed as an ALHCP on March 31, 2004. Employee B's record contained training, competency testing, and evaluations beginning in June 1987</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>and most of these were documented as being completed by the licensed practical nurse (LPN).</p> <p>When interviewed, November 8, 2005, the LPN stated her responsibilities included instructing new employees in routine procedures and evaluating the competency of each employee to follow the procedures. When interviewed, November 8, 2005, the lead registered nurse (RN) verified the LPN did the training for routine procedures and competency evaluation of new employees.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0845 Subp. 2 Registered nurse supervision of services		X	<p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0865 Subp. 2 Nursing Assessment and Service Plan	X	X	<p>Based on record review and interview, the licensee failed to have the registered nurse 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 four of four clients' (#1, #2, #3, and #4) records reviewed who received central storage of medications. The findings include:</p> <p>Clients # 1, #2, #3, and #4 began receiving central storage of medications March 31, 2004. Clients #1, #2, #3, and #4's records did not include an assessment for central storage of medications. When interviewed, November 8, 2005, the registered nurse stated that the licensee provided central storage of medications for all of their clients and she was unaware of the need for the</p>

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				<p>assessment and inclusion of central medication storage in the service plan.</p> <p><u>Education:</u> Provided</p>
#2	<p>MN Rule 4668.0030 Subp. 3 Home Care Bill of Rights: Time of Notice</p>	X	X	<p>Based on record review and interview the licensee failed to ensure that the Minnesota Home Care Bill of Rights was provided to each client prior to services being initiated for four of four clients' (#1, #2, #3, and #4) records reviewed. The findings include:</p> <p>Clients #1, #2, #3, and #4 started receiving services when St. Scholastica Convent was licensed as an ALHCP on March 31, 2004. Clients #1, #2, #3 and #4 received the Minnesota Home Care Bill of Rights on July 8, 2005, June 7, 2005, June 7, 2005, and June 9, 2005, respectively. When interviewed, November 8, 2005, the lead registered nurse (RN) verified the Minnesota Home Care Bill of Rights had been delivered late.</p> <p><u>Education:</u> Provided</p>
#3	<p>MN Rule 4668.0065 Subp. 1 Tuberculosis screening</p>	X	X	<p>Based on record review and interview, the licensee failed to ensure that tuberculosis screening was completed every 24 months for two of three employees' (B and C) records reviewed. The findings include:</p> <p>Employees B and C were on staff when the convent converted to an ALHCP March 31, 2004. Their records contained documentation of negative Mantoux tests on April 24, 2003. There was no other documentation of tuberculosis testing. When interviewed, November 8, 2005, the housing with services director verified that employees B and C had been due for Mantoux tests in April</p>

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				<p>2005.</p> <p><u>Education:</u> Provided</p>
#3	<p>MN Statute §144A.44 Subd. 1(2) Bill of Rights</p>	X	X	<p>Based on record review and interview, the licensee failed to ensure care and services according to an up to date plan, and subject to accepted medical or nursing standards for one of four clients' (#4) records reviewed. The findings include:</p> <p>Client #4 returned from the hospital in October 2005. The family care team had requested a non-removable wheel chair belt in November 2005 to prevent falls. The procedure for the application of the belt was not available and a physician's order for the wheel chair restraint was not obtained prior to applying the belt.</p> <p><u>Education:</u> Provided</p>
#3	<p>MN Statute §144A.46 Subd. 5(b) Background studies</p>	X	X	<p>Based on interview and observation the licensee failed to ensure background studies were completed for two of three employees (B and C) records reviewed and one of one volunteer. The findings include:</p> <p>Employees B and C started working in the ALHCP March 31, 2004, and had been employed at the facility before it became an ALHCP. Their background studies were dated August 30, 2005.</p> <p>While touring the housing with services (HWS) site on November 7, 2005, the Director of the HWS pointed to a room with exercise equipment and stated they had a volunteer who facilitated a wellness program. When interviewed, November 8, 2005, the director of the HWS stated the volunteer with the wellness program did not have a</p>

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				<p>background check.</p> <p><u>Education:</u> Provided</p>
#5	MN Rule 4668.0810 Subp. 6 Discharge Summary	X	X	<p>Based on record review and interview, the licensee failed to ensure that a discharge summary was completed following the discontinuation of services for one of one discharged client (#3) record reviewed. The findings include:</p> <p>Client #3 expired in July 2005. The client's record lacked evidence of a discharge summary. When interviewed, November 8, 2005, the registered nurse (RN) confirmed the discharge summary for client #3 had not been completed.</p> <p><u>Education:</u> 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 ensure that all entries in the client record were legible, permanently recorded in ink and authenticated with the name and title of the person making the entry for four of four clients' (#1, #2, #3, and 4) records reviewed. The findings include:</p> <p>Client #1, #2, #3, and #4's records had several narrative notes that were not legible and the signatures of the persons making the entries were not legible and lacked a title. The medication administration record (MAR) sheets only had initials. The records did not contain a list of complete signatures or titles of the employees who administered or assisted with self- administration of medications. When interviewed, November 8, 2005, the lead registered nurse (RN) stated they had a signature sheet at the nurses' station but they did not retain a copy in the client's records.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #4's record had a basic information sheet dated and signed by the RN on September 26, 2005, that contained a section for appointments with the dates all recorded in pencil. When interviewed, November 10, 2005, the RN verified the dates of the appointments were recorded in pencil.</p> <p><u>Education:</u> Provided</p>
#6	<p>MN Rule 4668.0825 Subp. 3 RN delegation of nursing services to unlicensed personnel</p>	X	X	<p>Based on record review and interview, the licensee failed to assure that a registered nurse delegated nursing services to unlicensed personnel. The findings include:</p> <p>When interviewed, November 8, 2005, the licensed practical nurse (LPN) stated that she delegated nursing services to unlicensed personnel. The job description for the LPN included "responsible for the delivery of nursing care."</p> <p><u>Education:</u> Provided</p>
#7	<p>MN Rule 4668.0840 Subp. 3 Core training</p>	X	X	<p>Based on record review and interview the licensee failed to ensure that a registered nurse (RN) provided the training for unlicensed personnel for those topics that must be taught by an RN. The findings include:</p> <p>When interviewed, November 8, 2005, the licensed practical nurse (LPN) indicated that the RN delegated orientation of new employees to her. When asked what was used for the orientation, the LPN opened the policy/procedure book to the section on the core training and said the whole section was included. This section included items specifically to be taught by a registered nurse. The job</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>description for the LPN included “orientates new staff as needed” in the job summary.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0840 Subp. 4 Competency evaluation	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) completed and documented competency evaluations for unlicensed personnel. The findings include:</p> <p>Employee B had been employed as a nursing assistant (NAR) at the St. Scholastica Convent since 1987 and continued employment when the convent was licensed as an ALHCP on March 31, 2004. Employee B’s record contained evidence of training, competency testing, and evaluations beginning in June 1987 with most of these completed by the LPN.</p> <p>When interviewed, November 8, 2005, the LPN stated her responsibilities included instructing the new employees in the core training and evaluating and documenting the demonstration of competency for each employee. When interviewed, November 8, 2005, the lead registered nurse verified the LPN did the core training and competency evaluation of new employees.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 4 Medication administration		X	<p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 7 Performance of routine procedures	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed unlicensed personnel on the procedures for assistance with self-administration</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>of medications or medication administration for one of one unlicensed employee (B) record reviewed. The findings include:</p> <p>Employee B had been employed as a nursing assistant (NAR) at the St. Scholastica Convent since 1987 and continued employment when the convent was licensed as an ALHCP on March 31, 2004. The competency training record for employee B including training in medication administration and assistance with self-administration of medications was signed by the licensed practical nurse (LPN). When interviewed, November 8, 2005, the LPN stated her responsibilities included instructing the new employees in routine procedures and evaluating the competency of each employee to follow the procedures. When interviewed, November 8, 2005, the lead registered nurse verified the LPN did the training and competency evaluation of new employees for routine procedures including medication administration.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 9 Medication records	X	X	<p>Based on record review and interview, the licensee failed to ensure medication administration records were complete for four of four clients' (#1, #2, #3, and #4) records reviewed. The findings include:</p> <p>Clients #1, #2, #3, and #4 received assistance with medication administration or assistance with self-administration of medications. Staff initialed the medication administration records (MAR) when assisting or administering medications to these clients. The records of clients #1, #2,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				#3, and #4 did not have a current, up to date list of the signatures, titles and initials of all staff administering medications. <u>Education:</u> Provided
#9	MN Rule 4668.0870 Subp. 3 Disposition of drugs	X	X	Based on record review and interview, the licensee failed to ensure the proper disposition of drugs for one of one discharged client (#3) record reviewed. The findings include. Client #3's record indicated client #3 had received several medications including a scopolamine patch and Tylenol before expiring on July 22, 2005. The record did not address what happened to any of the medications the client had been receiving. When interviewed, November 7, 2005, the registered nurse (RN), case manager stated the unused portions of legend drugs had been returned to the pharmacist where they had been purchased. <u>Education:</u> Provided
	MN Rule 4668.0820 Subp. 2 Nurse Practice Act		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Sister Judy Schaffer, Director of HWS at an exit conference on November 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).