



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0273

March 24, 2009

Grant Thayer, Administrator
Ostrander Assisted Living
309 Minnesota Street
Ostrander, MN 55961

Re: Results of State Licensing Survey

Dear Mr. Thayer:

The above agency was surveyed on February 18 and 19, 2009, 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: Fillmore County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199



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: OSTRANDER ASSISTED LIVING

HFID #: 23139

Date(s) of Survey: February 18, and 19, 2009

Project #: QL23139006

Indicators of Compliance	Outcomes Observed	Comments
1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. Focus Survey <ul style="list-style-type: none"> MN Rule 4668.0815 Expanded Survey <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. 	Focus Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided Follow-up Survey # _____ <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> Education Provided

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><u> X </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Expanded Survey</p> <p><u> X </u> Survey not Expanded</p> <p><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Follow-up Survey # <u> </u></p> <p><u> </u> New Correction Order issued</p> <p><u> </u> 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><u> X </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Expanded Survey</p> <p><u> X </u> Survey not Expanded</p> <p><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Follow-up Survey # <u> </u></p> <p><u> </u> New Correction Order issued</p> <p><u> </u> 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><u> X </u> Survey not Expanded</p> <p><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Follow-up Survey # <u> </u></p> <p><u> </u> New Correction Order issued</p> <p><u> </u> 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><u> </u> Met</p> <p><u> X </u> Correction Order(s) issued</p> <p><u> X </u> Education Provided</p> <p>Expanded Survey</p> <p><u> X </u> Survey not Expanded</p> <p><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Follow-up Survey # <u> </u></p> <p><u> </u> New Correction Order issued</p> <p><u> </u> 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><u> X </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Expanded Survey</p> <p><u> X </u> Survey not Expanded</p> <p><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Follow-up Survey # <u> </u></p> <p><u> </u> New Correction Order issued</p> <p><u> </u> 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><u> X </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Expanded Survey</p> <p><u> X </u> Survey not Expanded</p> <p><u> </u> Met</p> <p><u> </u> Correction Order(s) issued</p> <p><u> </u> Education Provided</p> <p>Follow-up Survey # <u> </u></p> <p><u> </u> New Correction Order issued</p> <p><u> </u> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
8. The provider is in compliance with MDH waivers and variances Expanded Survey <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 	<i>This area does not apply to a Focus Survey.</i> Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided Follow-up Survey # <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> Education Provided

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other 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:

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

1. MN Rule 4668.0065 Subp. 1

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that personnel providing services requiring direct contact with clients had tuberculosis screening every 24 months for two of two employee (A and B) records reviewed. The findings include:

Employees A and B had Mantoux testing May of 2004 and September of 2005 respectively. The screenings were both negative. There was no documentation of any subsequent tuberculosis screening.

When interviewed February 18, 2009, the registered nurse stated she did not have documentation of any further tuberculosis screening for employees A and B. She stated she thought they were in a low risk area and did not need further screening.

A draft copy of this completed form was left with Heidi Bucknell, Assisted Living Manager, at an exit conference on February 19, 2009. 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 0609

September 11, 2006

Grant Thayer, Administrator
Ostrander Assisted Living
309 Minnesota Street
Ostrander, MN 55961

Re: Licensing Follow Up visit

Dear Mr. Thayer:

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 17, 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, flowing style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: OSTRANDER ASSISTED LIVING

DATE OF SURVEY: August 17, 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:

Heidi Bucknell, Manager

Karen Trende, RN

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 visit made on March 3, 4, and 8, 2005 and a follow up visit made on October 18, 19, 20, and 21, 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 on March 3, 4, and 8, 2005 and not corrected during an October 18, 19, 20, and 21, 2005, follow up visit is as follows:

10. MN Rule 4668.0865 Subp. 2

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 004 8711 9151

December 20, 2005

Grant Thayer, Administrator
Ostrander Assisted Living
309 Minnesota Street
Ostrander, MN 55961

Re: Licensing Follow Up Revisit

Dear Mr. Thayer:

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 October 18, 19, 10, and 21, 2005.

The documents checked below are enclosed.

- X Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- X 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: Grant Thayer, President Governing Body
Fillmore County Social Services
Gloria Lehnertz, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
Mary Henderson, Program Assurance
Jocelyn Olson, Assistant Attorney General on Follow-Up
CMR File

10/04 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 004 8711 9151

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR ASSISTED LIVING HOME CARE PROVIDERS**

December 20, 2005

Grant Thayer, Administrator
Ostrander Assisted Living
309 Minnesota Street
Ostrander, MN 58961

RE: QL23139002

Dear Mr. Thayer:

On October 18, 19, 20, and 21, 2005 a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during a survey completed on March 3, 4, and 8, 2005 with correction orders received by you on April 18, 2005.

The following correction orders were not corrected in the time period allowed for correction:

10. MN Rule 4668.0865 Subp. 2

\$350.00

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) conducted a nursing assessment of the client's functional status and need for central storage of medications for one of one client's (#2) record reviewed, who had medications that were centrally stored. The findings include:

Client #2 began receiving services including central storage of medications on September 1, 2004. There was no evidence in the client's record that the RN conducted a nursing assessment of the client's functional status and need for central storage of medications. When interviewed on March 4, 2005, the RN confirmed there was no assessment of the client's need for central storage of medications and stated that she was not aware that the client's medications were stored in the office.

TO COMPLY: For a client for whom medications will be centrally stored, a registered nurse must conduct a nursing assessment of a client's functional status and need for central medication storage, and develop a service plan for the provision of that service according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of

the person providing the service for the client according to part [4668.0845](#). The service plan for central storage of medication must be maintained as part of the service plan required under part [4668.0815](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$ 350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$ 350.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to this Department within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

Cc: Grant Thayer, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Fillmore County Social Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Assistant Attorney General
Mary Henderson, L&C Program Assurance
CMR File

12/04 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: OSTRANDER ASSISTED LIVING

DATE OF SURVEY: October 18, 19, 20, and 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

NAMES AND TITLES OF PERSONS INTERVIEWED:

Carol Kohn, Assistant manager,
Karen Trende, RN,
Heidi Bucknell, Director,
Grant Thayer, Administrator

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X (#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 March 3, 4, and 8, 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 4668.0805 Subp. 1 | Corrected |
| 2. | MN Rule 4668.0815 Subp. 1 | Corrected |
| 3. | MN Rule 4668.0815 Subp. 4 | Corrected |
| 4. | MN Rule 4668.0840 Subp. 3 | Corrected |
| 5. | MN Rule 4668.0845 Subp. 2 | Corrected |
| 6. | MN Rule 4668.0855 Subp. 2 | Corrected |

- | | | | |
|------------|----------------------------------|----------------------|----------------------|
| 7. | MN Rule 4668.0855 Subp. 3 | Corrected | |
| 8. | MN Rule 4668.0855 Subp. 4 | Corrected | |
| 9. | MN Rule 4668.0855 Subp. 9 | Corrected | |
| 10. | MN Rule 4668.0865 Subp. 2 | Not corrected | Fine \$350.00 |

Based on record review and interview the facility failed to ensure that the registered nurse (RN) conducted a nursing assessment of the client's functional status and need for central storage of medications for one of three clients (#4) records reviewed who had medications who were centrally stored. The findings include:

Client #4 began receiving central storage of medication September 2, 2005. There was no nursing assessment of the client's functional status and need for central storage of medications for client #4. When interviewed, October 20, 2005, the RN stated the client had requested central storage of medication. There was no documentation of this request in the client record.

- | | | |
|------------|--|------------------|
| 11. | MN Rule 4668.0865 Subp. 3 | Corrected |
| 12. | MN Rule 4668. 0865 Subp. 8 | Corrected |
| 13. | MN Statute §144A.46 Subd. 5 (b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4139

April 15, 2005

Grant Thayer, Administrator
Ostrander Assisted Living
309 Minnesota Street
Ostrander, MN 55961

Re: Results of State Licensing Survey

Dear Mr. Thayer:

The above agency was surveyed on March 3, 4, and 8, 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: Grant Thayer, 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: OSTRANDER ASSISTED LIVING

HFID # (MDH internal use): 23139

Date(s) of Survey: March 3, 4, and 8, 2005

Project # (MDH internal use): QL23139002

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
2. Agency staff promotes the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)	No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided
3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)	Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff 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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.	<input 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
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 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.	<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 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.	<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 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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

Survey Results:

_____ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0815 Subp. 1 Evaluation; Documentation	X	X	<p>Based on record review and interview, the licensee failed to ensure that the clients' service plans were signed by the client or the client's responsible person for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1's service plan dated August 27, 2004, had not been signed by the client or the client's responsible person.</p> <p>Client #2's service plan dated September 1, 2004, had not been signed by the client or the client's responsible person.</p> <p>Client #3's service plan dated August 16, 2004, had not been signed by the client or the client's responsible person.</p> <p>When interviewed on March 3, 2005, the registered nurse (RN) stated she had only recently learned that the clients needed to sign their service plans and confirmed that clients #1, #2 and #3s' service plans were not signed by the client or the client's responsible person.</p> <p><u>Education:</u> Provided</p>

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 ensure that the fees for each service was included on the service plan for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's service plan dated August 27, 2004, did not include the fees for administration of her eye drops, which staff from the assisted living were providing. When interviewed on March 3, 2004, the registered nurse (RN) stated she was not aware that the fees for each service needed to be included in the service plan.</p> <p>Client #2's service plan did not include her fees for services. The assisted living staff were assisting the client with medication administration. When interviewed on March 3, 2005, the registered nurse (RN) stated she was not aware that the fees for each service needed to be included in the service plan.</p> <p><u>Education:</u> Provided</p>
#1	MN Rule 4668.0845 Subp. 2 Services that Require Supervision by a Registered Nurse	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) conducted supervisory visits of the unlicensed personnel for two of two clients' (#1 and #2) records reviewed who were receiving services that required supervision by a RN. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #1 began receiving services including medication administration on August 27, 2004. There was no evidence in the client's record that RN supervisory visits of the unlicensed personnel had been conducted. When interviewed on March 3, 2005, the RN stated she was not aware that she needed to conduct supervisory visits of the unlicensed personnel.</p> <p>Client #2 began receiving services including medication administration and central storage of medications on September 1, 2004. There was no evidence in the client's record that RN supervisory visits of the unlicensed personnel had been conducted. When interviewed on March 3, 2005, the RN stated she was not aware that she needed to conduct supervisory visits of the unlicensed personnel.</p> <p><u>Education:</u> Provided</p>
#3	MN Rule 4668.0805, Subp. 1 Orientation	X	X	<p>Based on personnel record review and interview, the licensee failed to ensure that employees completed an orientation to the home care requirements for three of three employees' (#1, #2, and #3) personnel records reviewed. The findings include:</p> <p>Employee #1 was hired on July 19, 2004 as an unlicensed staff. There was no record of orientation to the home care requirements in her personnel</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>record. When interviewed on March 3, 2005, the registered nurse (RN) stated she had not provided orientation to the home care requirements for employee #1.</p> <p>Employee #2 was hired June 27, 2000 as a licensed staff. There was no record of orientation to the home care requirements in her personnel record. When interviewed on March 3, 2005, the registered nurse (RN) stated she had not provided orientation to the home care requirements for employee #2.</p> <p>Employee #3 was hired October 18, 1983 as a licensed staff. There was no record of orientation to the home care requirements in her personnel record. When interviewed on March 3, 2005, employee #3 stated she had not had any orientation to the home care requirements.</p> <p><u>Education:</u> Provided</p>
#3	MN Statute 144A.46 Subd. 5(b) Prior Criminal convictions	X	X	<p>Based on record review and staff interview, the licensee failed to conduct a criminal background study in one of two licensed personnel (#2) files reviewed. The findings include:</p> <p>Employee #2 was hired June 27, 2000 as a licensed staff. There was no evidence in her personnel file of a criminal background study being conducted. When interviewed on March 4, 2005, the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>personnel manager stated that she did not know why there was not one in her personnel record.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 2 Nursing Assessment and Service Plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration for one of one client's (#2) records reviewed. The findings include:</p> <p>Client #2 began receiving services including medication administration on September 1, 2004. The client's record did not include a nursing assessment of the client's functional status and need for assistance with medication administration. When interviewed on March 3, 2005, the RN confirmed there was no assessment of client #2's need for assistance with medication administration and stated she was not aware that the client was receiving medication assistance.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 3 Delegation by a Registered Nurse	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) delegated medication administration to unlicensed personnel with the knowledge and skills of medication administration. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Employee #1 stated she administered Fosamax once a week to client #2. She stated that client #2's family set up the rest of her medication in a medication container that was dispensed when an alarm sounded. The Fosamax needed to be taken separate from the client's other medications so employee #1 administered it to her. When interviewed March 4, 2005, the RN stated she was not aware that employee #1 had administered client #1's Fosamax.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 4 Training for Assistance with Self-Administration of Medication or Medication Administration	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) instructed the unlicensed person on the procedures for medication administration for one of one client's (#2) reviewed. The findings include:</p> <p>Client #2 began receiving services on September 1, 2004, which included medication administration and central storage of medications. When interviewed on March 4, 2005, the RN stated that she was not aware that the client was receiving assistance with medication administration and stated that she had not trained the unlicensed personnel in the medication administration procedures for client #2.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0855 Subp. 9 Medication Records	X	X	<p>Based on record review and interview, the licensee failed to ensure that medication administration records were kept for two of two clients (#1 and #2) who were receiving assistance from staff with medication administration. The findings include:</p> <p>Client #1 received Xalatan eye drops 0.005% from the nursing staff at the attached nursing home each evening. When interviewed on March 4, 2005, the registered nurse stated a medication administration record was not kept for the eye drops.</p> <p>Client # 2 received Fosamax 70 mg. (milligrams), which was administered to her weekly by an unlicensed staff person of the assisted living. When interviewed on March 7, 2005, employee #1, an unlicensed staff stated a medication administration record was not kept for the client's Fosamax.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 2 Nursing Assessment and Service Plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) conducted a nursing assessment of the client's functional status and need for central storage of medications for one of one client's (#2) record reviewed, who had medications that were centrally stored. The findings include:</p> <p>Client #2 began receiving services including central</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>storage of medications on September 1, 2004. There was no evidence in the client's record that the RN conducted a nursing assessment of the client's functional status and need for central storage of medications. When interviewed on March 4, 2005, the RN confirmed there was no assessment of the client's need for central storage of medications and stated that she was not aware that the client's medications were stored in the office.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 3 Control of Medications	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) established and maintained a system that addressed the control of medications. The findings include:</p> <p>Client #2 began receiving services including central storage of medications on September 1, 2004. On March 3, 2005, employee #1, an unlicensed person, stated that she kept client #2's medications in her office. The RN had not established a system to address the control of medications. When interviewed on March 4, 2005, the RN stated she was not aware that the client's medications were stored in the office.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0865 Subp. 8 Storage of Drugs	X	X	<p>Based on record review and interview, the licensee failed to ensure that one of one client's (#2) medications that were centrally stored, were stored in a locked compartment. The findings include:</p> <p>On March 3, 2005, employee #1 stated she kept client #2's Fosamax in her office. The medication was inside a cabinet but was not locked. When interviewed on March 4, 2005, the registered nurse stated she was not aware the client's medication was kept in the office.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Carole Perkins, Housing Manager, at an exit conference on March 8, 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)