



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 70043 2260 0000 9988 0323

June 14, 2005

Judy McNutt, Administrator  
Lakes Area Assisted Living  
1313 Couty Road 22 NW  
Alexandria, MN 56308

Re: Licensing Follow Up Revisit

Dear Ms, Mcnutt:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on March 3 and 4, 2005.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Assisted Living 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: Judy Mcnutt, President Governing Board  
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** LAKES AREA ASSISTED LIVING

**DATE OF SURVEY:** March 3, and 4, 2005

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
ALHCP

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

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

**ITEMS NOTED AND DISCUSSED:**

**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 October 13, 14, 15 and 21. 2004. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- |                              |           |
|------------------------------|-----------|
| 1. MN Rule 4668.0030 Subp. 2 | Corrected |
| 2. MN Rule 4668.0815 Subp. 1 | Corrected |
| 3. MN Rule 4668.0815 Subp. 3 | Corrected |
| 4. MN Rule 4668.0815 Subp. 4 | Corrected |
| 5. MN Rule 4668.0835 Subp. 3 | Corrected |
| 6. MN Rule 4668.0855 Subp. 2 | Corrected |
| 7. MN Rule 4668.0860 Subp. 2 | Corrected |
| 8. MN Rule 4668.0860 Subp. 9 | Corrected |
| 9. MN Rule 4668.0865 Subp. 3 | Corrected |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9988 0088

Date: November 24, 2004

Judy McNutt, Administrator  
Lakes Area Assisted Living  
1313 County Road 22 NW  
Alexandria, MN 56308

Re: Results of State Licensing Survey

Dear Ms. McNutt:

The above agency was surveyed on October 13, 14, 15, and 21, 2004 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: Judy Ann McNutt, 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: LAKES AREA ASSISTED LIVING

HFID # (MDH internal use): 23150

Date(s) of Survey: October 13, 2004, October 14, 2004, October 15, 2004 and October 21, 2004

Project # (MDH internal use): QL23150002

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promotes the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input 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 observes infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff is trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follows any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

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

Survey Results:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
1	MN Rule 4668.0815, Subp.1, Service Plan Evaluation	X	X	<p>Based on interview and client record review the licensee failed to have the Registered Nurse (RN) complete an individualized evaluation of the client's needs no later than two weeks after initiation of assisted living home care services for three of three clients (#1, #2, and #3) reviewed. The findings include:</p> <p>Clients #1, #2, and # 3 began receiving services December 2003; July 2003; and February 2003, respectively. On October 13, 2004, the licensee indicated that services provided were established by the requests of the family members of the clients. She also stated that they did not have a RN do individualized evaluations until April 2004.</p> <p><b><u>Education:</u></b> Education was provided.</p>
1	MN Rule 4668.0815, Subp.3 Service Plan Modifications.	X	X	<p>Based on interview and record review the licensee failed to modify the service plan in writing and have it authenticated by the client or the client's responsible person for three of three clients (#1, #2, and #3) reviewed. The findings include:</p> <p>Clients #1, #2, and # 3 began receiving services December 2003; July 2003; and February 2003, respectively. On October 14, 2004, the licensee stated that she had a fee increase on September 1, 2004. Clients #1, #2 and # 3's service plans did not identify any modification since their admission and did not include the new fee. When</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>interviewed, October 14, 2004, client #1's responsible person stated that he had been informed of the increase verbally. He stated client's fees were increased by \$200 per month and he had not signed any modification of the service plan or fee increase agreement. When interviewed, October 14, 2004, the licensee stated that she had sent out a letter to all of the client's responsible parties 30 days in advance of the increase. She did not have a copy of the letter on hand at the time of the survey nor did she have any letters signed by clients or their responsible parties.</p> <p><b><u>Education:</u></b> Education was provided.</p>
1	MN Rule 4668.0815, Subp. 4 Contents of service plan.	X	X	<p>Based on interview and client record review the licensee failed to have a contingency plan for services for three of three clients (#1, #2, and #3) reviewed. The findings include:</p> <p>Clients #1, #2, and # 3 began receiving services December 2003; July 2003; and February 2003, respectively. Client # 3's service plan was signed February 2003, client #2's service plan was signed July 2003 and client #1's service plan was signed March 2004. Each client's service had an area denoted "contingency plan" which was left blank on all the reviewed service plans. No other area of the service plans contained contingency information. The Service Plan also lacked the identification of the persons or categories of persons who are to provide the services. Client #1 and #2's service plans indicated that "staff" would provide their services, except for medication set-up by the RN, every four weeks. Client #3's service plan had not indicated who would provide services except that the RN would set</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>up the medications every 4 weeks. On October 13, 2004, the licensee, stated she worked at the agency, full time, or more, as an unlicensed care staff. On October 14, 2004, the licensee, indicated that a contingency plan had never been needed and that she was to be called if other staff were unable to provide essential services. However, she stated she did not know that she needed to have this on the service plan nor the categories of staff providing services.</p> <p><b><u>Education:</u></b> Education was provided.</p>
2	MN Rule 4668.0030 Subp. 2 Home Care Bill of Rights.	X	X	<p>Based on interview and record review, the licensee failed to provide the complete Bill of Rights to three of three clients (#1, #2, and #3) reviewed. The findings include:</p> <p>Client #3 was admitted February 2003. Client #1 was admitted December 2003. Client #2 was admitted July 2003. Clients #1, #2 and #3 had documentation in their records that the Bill of Rights had been received. Upon interview, October 14, 2004 at 2:30PM, the licensee stated that she had a copy of the current Bill of Rights, effective October 1, 2001 but had not been giving this latest version. She stated she was not aware of the changes. She confirmed that the copies given for client's #1, #2 and #3 were outdated versions of the Bill of Rights.</p> <p><b><u>Education:</u></b> Education was provided</p>
3	MN Rule 4668.0065, Subp. 1 Tuberculosis screening.		X	<p><b><u>Education:</u></b> Education was provided.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
7	MN Rule 4668.0835, Subp. 3 In-service training.	X	X	<p>Based on interview and record review the licensee failed to assure eight hours of in-service training in topics relevant to the provision of home care services, in the past 12 months for one of two unlicensed staff (#2) reviewed who performed delegated nursing services. The findings include:</p> <p>Employee #2 began employment May 2003. Employee #2 had a total of 5.5 hours of in-service training documented through May of 2004. On October 14, 2004 the licensee stated this was the total number of hours of in-service the employee had obtained.</p> <p><b><u>Education:</u></b> Education was provided.</p>
8	MN Rule 4668.0855, Subp. 2 Nursing Assessment.	X	X	<p>Based on interview and record review the licensee failed to have the registered nurse (RN) conduct an assessment for assistance with self-administration of medication or medication administration for three of three clients (#1, #2, and #3) reviewed. The findings include:</p> <p>Client #3 was admitted February 2003, client #2 was admitted July 2003 and client #1 was admitted December 2003. Client's #1, #2 and #3 received medication administration by unlicensed staff since admission. Clients #1, #2, and #3 did not have assessments for the need for assistance. On October 14, 2004, the licensee's RN confirmed the assessments had not been done. She stated she was not aware of the need for this assessment.</p> <p><b><u>Education:</u></b> Education was provided.</p>
8	MN Rule 4668.0860, Subp. 2 Prescriber's Orders.	X	X	<p>Based on record review and interview the licensee failed to have written prescriber's orders for medications for</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>one of three clients (#3) reviewed. The findings include:</p> <p>Client #3 was admitted February 2003. Client #3's initial service plan dated February 2003 included "meds set up and administered" as a service. Client #3's August 2004 medication administration record indicated the client had received ten medications including Trazadone. The record lacked any prescriber's orders for medications. When interviewed October 13, 2004, the owner/unlicensed staff stated the agency was providing assistance with all medication administration for client #3. She stated the prescriber orders for medications were written on prescription forms. These were taken to the pharmacy to be filled and no copy was retained. On October 14, 2004 the registered nurse confirmed there were no orders for medications and stated she did not realize this was a requirement.</p> <p><b><u>Education:</u></b> Education was provided.</p>
8	MN Rule 4668.0860, Subp. 9 Renewal of orders.	X	X	<p>Based on client record review and interview the licensee failed to renew medication or treatment orders every 12 months for one of three clients (#2) reviewed. Client #2 was admitted on July 8, 2003 with orders for medications. Client #2 had no renewal of medication orders. On October 14, 2004 the licensee's registered nurse stated she was unaware that the medication orders had to be renewed annually.</p> <p><b><u>Education:</u></b> Education was provided.</p>
#8	MN. Rule 4668.0865 Subp. 3 Control of Medication	X	X	<p>Based on record review and interview the facility failed to establish and maintain a system for the control of medications for three of three clients</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>(#1, #2, #3) reviewed. The findings include:</p> <p>Client #3 received services including central storage of medications and medication administration since admission February 2003. Client #3's service plan dated February 19, 2003 indicated "meds. Set up and administered as needed." And " meds set up q (every) 4 wks (weeks) by RN (registered nurse)." Client #3's medication administration record for August 2004, prepared by the agency RN, indicated the client received ten medications including Trazadone with unknown staff notations "Diovan 80 mg. Tab one daily DC'd "(discontinued) "on 8-5-04." Also Lasix was changed August 21, 2004 from 40mg tablet, one in the "AM" and at "12 noon" to Lasix 40 mg. "give two tabs AM." No orders for Diovan, was in the record. The medication administration records for August September and October indicated client #3 received medication administration three times daily. The record contained physician medication orders from prior to admission to the agency. The record contained one prescription order dated April 20, 2004 that stated, "increase Lasix to BID (twice daily) for one week." There was no order for what the Lasix had been prior to this, or to continue the Lasix after the April 20, 2004 order. Client #3 received central storage of medications since admission. This was not addressed anywhere in the record. The record did not indicate an attempt to clarify orders was made at any time.</p> <p>Client #2 received services including central storage of medications and medication administration since admission July 2003. Client #2's service plan dated July 9, 2003</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>indicated, “med administered as needed.” Also “ meds set up q (every) 4 wks (weeks) by RN (registered nurse).” The nursing assessment dated April 5, 2004 indicated the client required all medications administered. Client #2’s medication administration record for October 2004 indicated the client received fourteen medications including Zyprexa, Seroquil, Reminyl and Zoloft. The record contained no current prescriber medication orders. Client #2’s medicartons had not been renewed since admission. Client #2 received central storage of medications since admission. This was not addressed anywhere in the record. The record did not indicate an attempt to obtain orders or update the service plan was made at any time.</p> <p>Client #1 had received services including central storage of medications and medication administration since admission December 2003. Client #1’s service plan dated March 31, 2004 indicated “ med set up q (every) 4 wks (weeks) by RN (registered nurse).” Client #1’s medication administration record for October 2004 indicated the client received medications including Seroquil. Client #1 received central storage of medications since admission. This was not addressed anywhere in the record. The record did not indicate an attempt to update the service plan was made.</p> <p>When interviewed October 13. 2004 the owner stated that she takes prescriptions to the pharmacy to be filled and did not have copies of orders for the medications in the record. She also said that sometimes families take prescriptions in and she will call the physician to find out if there was a prescription written. If the family does</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice:
				<p>not fill the prescription in a timely manner she attempts to have it filled by the pharmacy. When interviewed October 13, 2004 the registered nurse (RN) confirmed this. The RN stated the owner handles most of the medication issues and “just tells me” if there is a problem. The RN stated she usually comes into the agency once a month to set up medications. On October 14, 2004 the RN stated she was not aware of the requirements for nursing assessment for medication assistance or administration, or the need for medication orders for medications administered to clients. There were no written policies or procedures for control, handling, disposition, medication containers, or medication records.</p> <p><b><u>Education:</u></b> Education was provided.</p>

A draft copy of this completed form was left with Judy McNutt, Licensee, and Toni Bartone, RN at an exit conference on October 21, 2004. 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)