



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 4146

November 17, 2005

Sherry Gregor, Administrator  
Meadows on Fairview  
25565 Fairview Avenue  
Wyoming, MN 55092

Re: Licensing Follow Up Revisit

Dear Ms. Gregor:

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 November 7, 2005.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Mark Thomas, President Governing Board  
Gloria Lehnertz, Minnesota Department of Human Services  
Chisago County Social Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** MEADOWS ON FAIRVIEW

**DATE OF SURVEY:** November 7, 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:**

Sherry McGregor, Housing Manager  
Carol Grunwald, RN, Health Care Director  
Laura Bollin, RN

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

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on February 9, 10, 11, and 22, 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 4668.0065 Subp. 1	Corrected
2. MN Rule 4668.0805 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. 3	Corrected
6. MN Rule 4668.0825 Subp. 4	Corrected
7. MN Rule 4668.0845 Subp. 2	Corrected
8. MN Rule 4668.0855 Subp. 7	Corrected
9. MN Rule 4668.0860 Subp. 2	Corrected
10. MN Rule 4668.0870 subp. 2	Corrected
11. MN Statute 144A.45 Subd. 5	Corrected



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 3873

August 2, 2005

Sherry Gregor, Administrator  
Meadows on Fairview  
25565 Fairview Avenue  
Wyoming, MN 55092

Re: Results of State Licensing Survey

Dear Ms. Gregor:

The above agency was surveyed on February 9, 10, 11, and 22, 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  
Original-Facility

cc:

Mark Thomas, President Governing Board  
Case Mix Review File  
County Social Services  
Sherilyn Moe, Office of Ombudsman  
Kelly Crawford, Minnesota Department of Human Services

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: MEADOWS ON FAIRVIEW  
 HFID # (MDH internal use): 23170  
 Date(s) of Survey: February 9, 10, 11, and 22, 2005  
 Project # (MDH internal use): QL23170002

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><u>  X  </u> Met <u>    </u> Correction Order(s) issued <u>  X  </u> 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><u>    </u> Met <u>  X  </u> Correction Order(s) issued <u>  X  </u> 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><u>  X  </u> Met <u>    </u> Correction Order(s) issued <u>    </u> 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><u>    </u> Met <u>  X  </u> Correction Order(s) issued <u>  X  </u> 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><u>    </u> Met <u>  X  </u> Correction Order(s) issued <u>  X  </u> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff has received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

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

Survey Results:

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

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0845 Subp. 2 Periodic Supervision of Unlicensed Personnel	X	X	<p>Based on record review and interview the licensee failed to ensure the registered nurse (RN) conducted supervisory visits of unlicensed personnel who were performing delegated nursing services for four of eight clients (#2, #3, #7, and #8) reviewed who received services that required supervision. The findings include:</p> <p>Client #2 began receiving services September 3, 2004. When the record was reviewed February 9, 2004 there was one supervisory visit documented in the record. That visit was not dated. When interviewed February 9, 2005, the RN confirmed there was no date on the document, and that there were no other RN supervisory visits or licensed practical nurse monitoring visits completed.</p> <p>Client #3 began receiving services November 20, 2004. When the record was reviewed February 10, 2004 the only supervisory visit documented in the record was dated January 1, 2005 (42 days later). When interviewed February 10, 2005 the RN confirmed there had been no fourteen-day supervisory visit done nor had there been any other supervisory visits or licensed practical nurse monitoring visits for this client.</p> <p>Client #7 began receiving services June 18, 2004. When the record was reviewed February 10, there were RN supervisory visits documented August 23, 2004 (67 days later) and November 19, 2004. There was not a fourteen-day supervisory visit completed by the RN after the start of service. When interviewed, February 10, 2005, the RN confirmed there had been no fourteen-day supervisory visit done.</p> <p>Client #8 began receiving services July 13, 2004. A RN supervisory visit was</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>documented as being done July 27, 2004 and September 10, 2004. There were no other supervisory visits documented. The client was discharged from services on December 1, 2004 (82 days later). When interviewed, February 10, 2005, the RN confirmed there were no other supervisory visits for the client.</p> <p><b><u>Education:</u></b> Provided</p>
2	MN Rule 4668.0030 Subp. 5 Bill of Rights Acknowledgement of receipt		X	<p><b><u>Education:</u></b> Provided</p>
3	MN Rule 4668.0065 Subp 1 Tuberculosis Screening	X	X	<p>Based on interview and record review, the licensee failed to ensure tuberculin testing for three of six employees (#2, #5, and #6) with direct client contact. The findings include:</p> <p>Employee #2 was hired, September 28, 2004 as a care attendant. There was no documentation of Mantoux testing being done within twelve months prior to hire. There was a copy of a chest x-ray dated May 20, 2004, four months prior to being hired, which indicated it was normal. There was no evidence that she had had a positive Mantoux. On February 10, 2005 the housing manager confirmed the above.</p> <p>Employee #5 was hired June 2, 2005 as a care attendant. There was documentation that she received a Mantoux test June 4, 2004. It was not documented as a negative reaction to the Mantoux test until June 7, 2004. When interviewed February 10, 2005 the Housing Manager confirmed that employee #5 began providing direct care to clients on June 2, 2004, and that employee #5 had not a Mantoux screening completed until after she provided direct care services to clients.</p> <p>Employee #6 was hired October 14, 2004 as a care attendant There was no record employee #6 received a Mantoux test prior to providing care. When interviewed February 10, 2004 the housing manager confirmed there was no documentation of employee #6 receiving a Mantoux test prior</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>to providing direct care.</p> <p><b><u>Education:</u></b> Provided</p>
3	MN Rule 4668.0805 Subp. 1 Orientation to the Home Care Requirements	X	X	<p>Based on record review and interview, the licensee failed to ensure that four of six employees (#2, #3, #4, and #6) were oriented to the home care requirements. The findings include:</p> <p>Employee #2 was hired as an on-call registered nurse, September 28, 2004. Employee #3 was hired as a licensed practical nurse November 19, 2004. Employee #4 was hired as a care attendant June 29, 2004. Employee #6 was hired as a care attendant October 14, 2004. There was no evidence in the personnel or training files of employees #2, #3, #4, and #6 that they had received orientation to the home care requirements. During an interview, February 10, 2004, the housing manager confirmed that was no documentation that employees #2, #3, #4, and #6 received orientation to the home care requirements.</p> <p>When interviewed, February 10, 2005, the housing manager confirmed that employee #6 had not been oriented to the home care requirements. The Housing Manager stated that she questioned the nurse providing employee #6's orientation and the nurse reported that she had provided "General Orientation" which did not include orientation to the home care requirements.</p> <p><b><u>Education:</u></b> Provided</p>
5	MN Rule 4668.0810 Subp. 5 Client Records/Form of Entries Dated and Signed	X	X	<p>Based on staff interview and record review, the licensee failed to ensure that entries in the clients' records were dated and signed by the person making the entry in six of eight client records (#1, #2, #3, #5, #6, #8) reviewed. The findings include:</p> <p>Client #1's record contained a weight, vital sign, and blood pressure record. An entry dated February 2, 2004 was not signed. The "Care Attendant Service Record" for December 2004 contained entries dated</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>December 11, 12, 22, 25, 28, 29, and 30, 2004 that were not signed by the person making the entry. The Registered Nurse (RN) on February 9, 2005 confirmed the above entries were not signed.</p> <p>Client #2's record contained a "Supervisory Visit Sheet" that was not dated when completed. The "Medication Profile" completed by the RN was not dated. The weight, vital sign, and blood sugar record in the client's record contained entries dated December 23, 2004 and January 27, 2005 that were not signed by the person making the entry. The RN on February 9, 2005 confirmed the above entries were not dated and/or signed.</p> <p>Client #3's record contained a "Care Attendant Service Record" with entries dated January 7, 2005 at 4:30 AM and 10:00 AM, January 11, 12, 14, 18, 21, and 25, 2005 and February 2, and 4, 2005 that were not signed by the person making the entry. The weight, vital signs, and blood sugar record contained an entry dated November 20, 2004 which was not signed. The RN on February 11, 2005, confirmed the entries were not signed.</p> <p>Client #5's record was reviewed and revealed a form titled, "Care Attendant Service Record" This form was reviewed for the months of December 2004, and January, and February of 2005. Five narrative entries were noted on the client's December 2004 service record, three narrative entries were noted on the client's January 2005 service record, and three narrative entries were noted on the client's February 2005 service record. None of these narrative entries were signed by the person making the entry. The RN confirmed on February 11, 2005, that the above-mentioned entries were not signed by the person making the entry.</p> <p>Client #6's "Care Attendant Service Record" was reviewed for January 2005. An entry was made on January 24, 2005 at 3:00 PM that indicated the client took a shower at 3:00 PM. This entry was not signed by the person making the entry. An</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>interview with the RN on February 11, 2005 confirmed that the care attendant service entries were not signed by the person making the entry.</p> <p>Client #8's record was reviewed and revealed a form titled, "Assessment for Client Vulnerability and Safety." The assessment was signed by the RN, but was not dated as to when the assessment was completed. The RN was interviewed on February 11, 2005 and confirmed the assessment was not dated.</p> <p><b>Education:</b> Provided</p>
5	MN Rule 4668.0810 Subp 6 Content of Client Record	X	X	<p>Based on record review and interview, the licensee failed to provide a summary of the discontinuation of services, for one of two client records (#8) reviewed who were discharged from services. The findings include:</p> <p>Client #8 began services July 13, 2004. When reviewing the closed record, the latest progress note documented in the record was dated November 16, 2004 and described a phone contact to the client's family to request personal supplies for the client. Client #8s' medication administration record for December 2004 indicated that morning medications were administered to the client on December 1, 2004. The remaining dates and times on the December 2004 MAR were blank. There was no documentation of when services were discontinued, the reason for the initiation and discontinuation of services, nor was there documentation of the client's condition at the time of discharge.</p> <p>When interviewed, February 11, 2005, the RN stated that client #8 had been discharged from services on December 1, 2004. She confirmed that there was not a summary of the client's discontinuation of services that included the reason for the initiation and discontinuation of services nor was there documentation of the client's condition at the time of discharge.</p> <p><b>Education:</b> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
6	MN Rule 4668.0815 Subp 3 Service plan modification	X	X	<p>Based on record review and interview the licensee failed to ensure a service plan was modified for one of three clients (#1) records reviewed, who required a modification to their service plan. The findings include:</p> <p>Client #1's service plan dated December 8, 2004 indicated the client was to receive the following services: linen/personal laundry washed one time weekly and as necessary, registered nurse (RN) medication set-up, care attendant to administer medications, three meals a day and snacks, and encouraged activities. Also participation in a wellness clinic, offered one time monthly, and a foot clinic, offered one time per month by an outside agency. Client #1's December 2004, January 2005, and February 2005 "Care Attendant Service Records" indicated the care attendant assisted the client with a shower two times a week. The service plan had not been modified to include the assistance with showers. On February 10, 2004, the RN confirmed the service plan had not been modified to include assistance with showers.</p> <p><b><u>Education:</u></b> Provided</p>
7	MN Rule 4668.0825 Subp. 4 Performance of routine procedures	X	X	<p>Based on record review and interview, the licensee failed to ensure that before unlicensed personnel performed delegated nursing procedures they were instructed by a Registered Nurse (RN) in the proper methods on how to perform the procedures, and demonstrated to the RN that he/she was competent to perform the procedures, for two of two clients (#4, #5) who the RN had delegated nursing procedures to unlicensed personnel. The findings include:</p> <p>Client #4's service plan dated January 14, 2005 indicated that the care attendants were to assist the client with applying her Jobst stockings (a compression stocking) in the morning and assist with removing them in the evening. On January 28, 2005, the client's physician ordered that the client was to use compression bandages instead of the Jobst stockings everyday for her lower extremity edema. Client #4 was</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>interviewed February 10, 2005, and indicated that at times she had to call the care attendants for assistance after they had applied her compression bandages, because soon after the care attendants applied the compression bandages, they came undone, and had to be reapplied.</p> <p>Client #5's record indicated that the care attendants were assisting the client to apply TED stockings (a compression stocking) in the morning and remove them in the evening.</p> <p>There were no written instructions for the unlicensed personnel to follow on how to apply the Jobst stockings and/or compression bandages or TED stockings. There was no evidence that the unlicensed personnel had been instructed by the RN in the proper method to apply or remove the Jobst stockings, compression bandages, or TED stockings, or that the unlicensed personnel demonstrated to the RN their ability to perform the delegated nursing procedures.</p> <p>When interviewed, February 11, 2005, the RN indicated she had delegated to the unlicensed personnel to assist the client's #4 and #5 with application of Jobst stockings, and then the compression bandages twice a day, and also with the TED stockings. The RN confirmed there were no written instructions for the unlicensed personnel to follow on how to apply the Jobst stockings and/or compression bandages, or TED stockings. In addition, the RN confirmed that the unlicensed personnel had not been instructed by the RN in the proper method to use to perform the procedures, nor had the unlicensed personnel demonstrated to the RN their ability to perform the delegated nursing procedures.</p> <p>Employee #6, an unlicensed staff, was hired by the licensee October 14, 2004 to perform direct care duties for clients. February 11, 2005 employee #6 was observed providing personal care assistance to clients on the Memory Care Unit. There was no evidence of any training to tasks or competency evaluation for the delegated tasks.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed, February 10, 2005, the housing manager confirmed the lack of training to tasks and competency evaluation for employee #6.</p> <p><b><u>Education:</u></b> Provided</p>
7	MS 144A.45, Subp. 5 Training in Dementia Care	X	X	<p>Based on record review and interview, the licensee failed to ensure that two of eight employees (#2 and #3), who provide direct care to clients received training in dementia care. The findings include:</p> <p>Employee #2 began employment with the licensee September 28, 2004 as a direct care employee. Employee #3 began employment with the licensee November 19, 2004 as a direct care employee. Employees #2 and #3 were working in the licensee's Memory Care Unit. Employees #2 and #3's personnel records lacked evidence that she received training in dementia care. The housing manager when interviewed on February 10, 2005 thought these employees had received training in Dementia Care, but she was unable to find evidence indicating this.</p> <p><b><u>Education:</u></b> 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 unlicensed personnel who administered medications to clients were competent to administer medications for one of three unlicensed personnel (#4) reviewed who administered medications. The findings include:</p> <p>Employee #4, an unlicensed personnel, was hired June 29, 2004, and administered medications to clients. Her personnel record contained a certificate, dated May 13, 2004, from a community college, which indicated that she had completed a Trained Medication Aide course. The record lacked evidence that she had been instructed by the licensee's registered nurse (RN) in the procedures for performing medication administration with clients of the licensee. On February 10, 2005 the housing manager confirmed there was no</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>evidence of training for medication by the licensee's RN and was unable to substantiate if training had occurred.</p> <p><b>Education:</b> Provided</p>
8	MN Rule 4668.0860 Subp. 2 Medication and Treatment Orders	X	X	<p>Based on record review, and interview the licensee failed to have medication orders for three of eight clients (#3, #7, and #8) reviewed who received assistance with medication. The findings include:</p> <p>Client #3's November 2004 Medication Administration Record (MAR) indicated the client received nine medications, which included Coumadin 5 milligrams on November 20, 2004, and November 21, 2004. The record contained a physician's order dated November 22, 2004, for nine medications, which included Coumadin 5 milligrams daily on Monday, Tuesday, Thursday, Friday, Saturday, and Sunday, and Coumadin 8 mg on Wednesdays. There was no prior prescriber order for these medications in the record until November 22, 2004. On February 10, 2005 the registered nurse (RN) confirmed client #3 received Coumadin 5 milligrams until on November 20, 2004, and November 21, 2004 and that the physician's order for the medications was not received until November 22, 2004.</p> <p>Client #6's January 2005 MAR indicated that the client received Coumadin 2 mg one time daily. There was no prescriber order for the Coumadin in the client's record. An interview with the RN February 11, 2004, indicated that the client went to the Clinic, and the client returned with a postcard, that indicated the Coumadin dosage. The RN stated she implemented the Coumadin order based on the postcard. A prescriber had not sign the postcard.</p> <p>Client #8's July 2004 MAR indicated the client received Aricept 10 milligrams starting July 14, 2004. There was no prescriber order for this medication in the record until July 26, 2004 when the prescriber faxed the order to the licensee's RN. On February 10, 2005 the RN confirmed client #8 received Aricept</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>starting July 14, 2004 until July 25, 2004 without a prescriber order, and that an order was not received from the physician until July 26, 2004.</p> <p><b>Education:</b> Provided</p>
9	MN Rule 4668.0870 Subp. 2 Disposition of medications for discharged clients	X	X	<p>Based on record review and interview, the licensee failed to have documentation of the disposition of medications upon discharge for one of two discharged client records (#8) reviewed. The findings include:</p> <p>Client #8 was discharged from the facility on December 1, 2005. The client was receiving several medications while at the facility. There was no documentation in the client's record as to the disposition of medications upon the client's discharge from the agency. The registered nurse stated in interview on February 10, 2005, that the client's medications were given to the client's family upon discharge, and confirmed that this was not documented in the client's record.</p> <p><b>Education:</b> Provided</p>

A draft copy of this completed form was left with Sherry Gregor, Housing Manager at an exit conference on February 22<sup>nd</sup>, 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)