



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 8321

September 29, 2005

James Foster, Administrator  
Clinton Care Center  
322 South Highway 6, PO BOX 379  
Clinton, MN, 56225

Re: Licensing Follow Up Revisit

Dear Mr. Foster:

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 June 30, 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: Larry Kasten, President Governing Board  
Kelly Crawford, Minnesota Department of Human Services  
Big Stone, 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:** CLINTON CARE CENTER

**DATE OF SURVEY:** June 30, 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:**

Eda Stein, RN, Missy Sigler, Resident Services Coordinator

**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 December 21, 22, and 23, 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:

- |                                     |                  |
|-------------------------------------|------------------|
| <b>1. MN Rule 4668.0815 Subp. 1</b> | <b>Corrected</b> |
| <b>2. MN Rule 4668.0815 Subp. 2</b> | <b>Corrected</b> |
| <b>3. MN Rule 4668.0815 Subp. 4</b> | <b>Corrected</b> |
| <b>4. MN Rule 4668.0870 Subp. 2</b> | <b>Corrected</b> |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 2890

March 21, 2005

Allen Potvin, Administrator  
Clinton Care Center  
322 Co Highway 6, PO Box 379  
Clinton, MN 56225

Re: Results of State Licensing Survey

Dear Mr. Potvin:

The above agency was surveyed on December 21, 22, and 23, 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: Larry Kasten, 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: CLINTON CARE CENTER  
 HFID #: 23174  
 Date(s) of Survey: December 21, 22, and 23, 2004  
 Project #: QL23174001

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><u>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </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>  X  </u> Met  <u>    </u> Correction  <u>    </u> 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  <u>    </u> 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>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </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>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>    </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 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.</p>	<p><u>  X  </u> Met  <u>    </u> Correction Order(s) issued  <u>  X  </u> 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><u>  X  </u> Met  <u>    </u> Correction Order(s) issued  <u>  X  </u> Education provided  <u>    </u> 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><u>    </u> Met  <u>  X  </u> Correction Order(s) issued  <u>  X  </u> Education provided  <u>    </u> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)</p> <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><u>  X  </u> Met  <u>    </u> Correction Order(s) issued  <u>    </u> Education provided</p>

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

Survey Results:

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

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0815, Subp. 1 Evaluation; Documentation	X	X	<p>Based on record review and staff interview, the licensee failed to have a registered nurse establish a service plan for three of four clients (#1, #2, and #3) records reviewed. The findings include:</p> <p>The service plans for client # 1 dated June 16, 2004, client #2 dated November 27, 2004, and client #3 dated June 16, 2004 were all established by the licensed practical nurse (LPN), not a registered nurse. Upon interview, December 22, 2004, the LPN stated that she did the admission packet, service agreement and service plans for the clients.</p> <p><b><u>Education:</u></b> Provided.</p>
1	4668.0815 Subp. 2 Reevaluation	X	X	<p>Based on record review and staff interview, the licensee failed to have a registered nurse review and revise a client's service plan when a change in services was necessary for one of four clients' (#4) records reviewed. The findings include:</p> <p>Client # 4's record indicated that a change in her services from skilled nursing services one time of month, to skilled nursing services weekly was initiated on October 25, 2004. The change in service was initiated by the licensed practical nurse (LPN). Upon interview, December 22, 2004, the LPN stated that she was not aware that the registered nurse was required to do the reevaluation of the client's service plan.</p> <p><b><u>Education:</u></b> 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 staff interview, the licensee failed to ensure that the clients' service plans included a contingency plan for one of two client's (#1) records reviewed. The findings include:</p> <p>Client #1's service plan dated June 16, 2004 indicated, "If services are needed for medical or safety reasons and the agency is unable to keep the appointment, the agency shall make arrangements acceptable to the client and/ or responsible person to complete services. These arrangements are_____." The area where the arrangements were to be listed was left blank. Upon interview, December 21, 2004, the resident services coordinator confirmed that the contingency plan for client #1 was blank, and that the nurse from the nursing home side of the building was the backup person to consult with when needed.</p> <p><b><u>Education:</u></b> Provided.</p>
1	MN Rule 4668.0003 Subp. 2a Assistance with self-administration of medication		X	<b><u>Education:</u></b> Provided
1	MN Rule 4668.0003 Subp. 21a Medication Administration		X	<b><u>Education:</u></b> Provided
1	MN Rule 4668.0003 Subp 21b Medication Reminder		X	<b><u>Education:</u></b> Provided
3	MN Rule 4668.0805, Subp. 1 Orientation		X	<b><u>Education:</u></b> Provided.



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
7	MN Rule 4668.0835, Subp. 3 Inservice Training and Demonstration of Competency		X	<b><u>Education:</u></b> Provided.
8	MN Rule 4668.0855, Subp. 5 Administration of Medications		X	<b><u>Education:</u></b> Provided.
9	MN Rule 4668.0870, Subp. 2 Drugs given to discharged clients	X	X	Based on record review and interview, the licensee failed to document in the client's record, the disposition of the client's medications upon discharge from the agency for one of two discharged clients' (#3) records reviewed. The findings include:  Client #3 was discharged July 1, 2004. There was no documentation in the client's record regarding the disposition of her medications upon discharge. Upon interview, December 22, 2004, the licensed practical nurse confirmed that she had not documented the disposition of client #3s' medications upon discharge.  <b><u>Education:</u></b> Provided.

A draft copy of this completed form was left with Missy Sigler – Resident Service Coordinator at an exit conference on December 23, 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).