



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail: # 7005 0390 0006 1222 1446

April 7, 2006

Cathy Kor, Administrator  
Falls Landing Assisted Living  
1101 North Hiawatha  
Pipestone, MN 56164

Re: Amended Licensing Follow Up Revisit

Dear Ms. Kor:

On April 6, 2006, you were sent a cover letter accompanying an Informational Memorandum, as the result of a follow-up visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program. Subsequent to that mailing, an error was noted in the information that was mailed. Enclosed is the corrected cover letter and an additional copy of the Informational Memorandum. The amended information in the cover letter that has been corrected is underscored and the stricken [~~stricken~~] information has been removed.

Feel free to call our office if you have any questions at (651) 201-4301

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: John Champion, President Governing Board  
Pipestone County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Case Mix Review File

10/04 FPC1000CMRAMMENDEED



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail: ~~#7005 0390 0006 1222 1408~~  
#7005 0390 0006 1222 1446

~~March 6, 2006~~  
April 7, 2006

Cathy Kor, Administrator  
Falls Landing Assisted Living  
1101 North Hiawatha  
Pipestone, MN 56164

Re: Licensing Follow Up Revisit

Dear Ms. Kor:

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 March 29, 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

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: John Campion, President Governing Board  
Pipestone County Social Services  
Ron Drude, Minnesota Department of Human 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:** FALLS LANDING ASSISTED LIVING

**DATE OF SURVEY:** March 29, 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:**

Shannon Brown, Director  
Leslie Staab, RN  
Kathy Kowalczyk, Unlicensed Assistive Personnel  
Kaye Purdue, Unlicensed Assistive Personnel

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up \_\_\_\_\_ #1 \_\_\_\_\_

**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 November 17, 21 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:

- |  |                  |
|--|------------------|
| <b>1. MN Statute §144A.46 Subd. 5(b)</b> | <b>Corrected</b> |
| <b>2. MN Rule 4668.0065 Subp. 1</b>      | <b>Corrected</b> |
| <b>3. MN Rule 4668.0840 Subp. 3</b>      | <b>Corrected</b> |
| <b>4. MN Rule 4668.0845 Subp. 2</b>      | <b>Corrected</b> |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 9045

December 19, 2005

Cathy Kor, Administrator  
Falls Landing Assisted Living  
1101 North Hiawatha  
Pipestone, MN 56164

Re: Results of State Licensing Survey

Dear Ms. Kor:

The above agency was surveyed on November 17, 21, 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

cc: John Champion, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
Pipestone County Social Services  
Sherilyn Moe, Office of the Ombudsman  
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: FALLS LANDING ASSISTED LIVING  
 HFID # (MDH internal use): 23333  
 Date(s) of Survey: November 17, 21, and 22, 2005  
 Project # (MDH internal use): QL23333002

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 observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><u>    </u> Met  <u>  X  </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><b>Client personal information and records are secure.</b> <b>Any information about clients is released only to appropriate parties.</b> 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>  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>  X  </u> Met  <u>    </u> Correction  <u>    </u> Order(s) issued  <u>  X  </u> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)	Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<input 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. 0845, Subp 2 Services that require supervision by a registered nurse.	X	X	<p>Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for three of three clients' (#1, #2 and #3) records reviewed. The findings include:</p> <p>Clients #1, #2 and #3 received services that required supervision including medication administration. There was no documentation in any of the client records of an RN supervisory visit within 14 days after initiation of services.</p> <p>Client #1s' initial service plan was dated November of 2004. There was one supervisory visit documented, April of 2005, (312 days later). There was no evidence of monitoring visits by a licensed practical nurse.</p> <p>Client 2s' initial service plan was dated February of 2005. His client record included three supervisory visits. One was dated September of 2005 (203 days later), and two "Supervision of Home Health Aide" forms had no dates. There was no evidence of monitoring visits by a licensed practical nurse.</p> <p>Client 3s' initial service plan was not dated. Client 3 began receiving services June of 2004. The client record included supervisory visits September of 2004 (82 days later), November 9, 2004, January 8, 2005 and April 5, 2005 (87 days later). There was no evidence of further supervisory visits.</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>There was no evidence of monitoring visits by a licensed practical nurse. Client 3 was discharged September of 2005 (154 days later). During an interview, November 21, 2005, the RN stated all three clients were admitted for services prior to her employment at the assisted living and there was no additional RN supervisory visit documentation.</p> <p><b><u>Education:</u></b> Provided</p>
3	MN Statute§ 144A.46 Subd. 5(b) Background study	X	X	<p>Based on record review and interview the licensee failed to have a background study completed for two of three employees (A and B) whose records were reviewed. The findings include:</p> <p>Employees' A and B files lacked background studies. During an interview, November 21, 2005, the resident director confirmed that background studies had not been submitted.</p> <p><b><u>Education:</u></b> Provided</p>
3	MN Rule 4668.0065 Subp.1 Tuberculosis screening	X	X	<p>Based on record review and interview, the licensee failed to assure tuberculosis screening was completed before employees had direct contact with clients for three of three employees (A, B, and C) whose records were reviewed. The findings include:</p> <p>Employees' A, B, and C were hired July of 2005, November of 2004, and May of 2004, respectively as direct care staff. There was no evidence of tuberculosis screening for employees' A or B. Employee C had a negative Mantoux test date of August 2, 2004; ten weeks after direct client contact. During an interview, November 21, 2005, employee #A stated she worked</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>at another health care agency that required annual tuberculosis screening and she had Mantoux testing there April 11, 2005. There was no documentation of testing in her record. According to the registered nurse (RN) when interviewed, November 21, 2005, Employee #B was also employed at another health care agency that required annual tuberculosis screening. There was no documentation of testing in her record. During an interview November 21, 2005 the RN and resident director confirmed the preceding findings.</p> <p><b><u>Education:</u></b> Provided</p>
7	MN Rule 4668.0840 Subp. 3 Core Training of Unlicensed Personnel	X	X	<p>Based on record review and interview, the licensee failed to ensure complete training for one of one unlicensed employees' (C) records reviewed. The findings include:</p> <p>Employee C was hired May of 2004, to provide direct care. Employee C's core training record lacked documentation that the following topics were included in her training: communication skills; observing, reporting, and documenting client status and care; basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; and physical, emotional and developmental needs of clients, ways to work with clients who have problems in these areas, including respect for the client, the client's property, and the client's family. When interviewed November 21, 2005, the registered nurse and resident director indicated their employment began a year after employee C and they thought everything was in place for training.</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	<b><u>Education:</u></b> Provided
5	MN Rule 4668.0810 Subp.5 Form of entries.		X	<b><u>Education:</u></b> Provided
6	MN Rule 4668.0825 Subp. 4 Performance of routine procedures.		X	<b><u>Education:</u></b> Provided
8	MN Rule 4668.0860 Subp.9 Renewal of orders.			<b><u>Education:</u></b> Provided
	CLIA Waiver		X	<b><u>Education:</u></b> Provided
	MN Board of Nursing Education Module		X	<b><u>Education:</u></b> Provided
	A Guide to Home Care Services			<b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Cathy Kor Resident Director at an exit conference on November 22, 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)