



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 8550

October 19, 2005

Connie Menne, Administrator  
REM South Central Sr Services  
903 HWY 71 NE  
Willman, MN 56201

Re: Licensing Follow Up Revisit

Dear Ms. Menne:

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 September 29, 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: Ned Murphy, President Governing Body  
Kelly Crawford, Minnesota Department of Human Services  
Kanihohi County Social Services  
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans  
CMR File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** REM SOUTH CENTRAL SR SERVICES

**DATE OF SURVEY:** 09/29/2005

**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:** Char Gunvalson, RN; Peg Dallman, Regional Director; Sarah Loe, Program Director

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

**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 April 11, 12, and 13, 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 Rule 4668.0815 Subp. 4</b> | Corrected |
| <b>2. MN Rule 4668.0855 Subp. 9</b> | Corrected |
| <b>3. MN Rule 4668.0865 Subp. 2</b> | Corrected |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 3217

August 24, 2005

Connie Menne, Administrator  
Rem South Central Sr Services  
903 HWY 71 NE  
Willmar, MN 56201

Re: Results of State Licensing Survey

Dear Ms. Menne:

The above agency was surveyed on April 11, 12, and 13, 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: Peg Dallman, President Governing Body  
Kelly Crawford, Minnesota Department of Human Services  
Kandiyohi 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: REM SOUTH CENTRAL SR SERVICES

HFID # (MDH internal use): 23336

Date(s) of Survey: April 11, 12, and 13, 2005

Project # (MDH internal use): QL23336001

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><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input 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 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><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> Order(s) issued  <input 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  <input type="checkbox"/> 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><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><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> 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  <input type="checkbox"/> Order(s) issued  <input type="checkbox"/> 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 checked="" type="checkbox"/> Met <input 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)	Clients are given information about other home care services available, if needed. Agency staff 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 4668.0865 Subp.2 Nursing Assessment and Service Plan for Central Storage.	X	X	<p>Based on record review and interview the licensee failed to have the registered nurse conduct an assessment of the client's functional status and need for central medication storage and develop a service plan for the provision of central storage of medications for two of two clients (#1 and #2) who received central storage of medications. The findings include:</p> <p>Clients # 1 and #2 began receiving central storage of medications March 1, 2005 and October 1, 2004 respectively. Client #1 and #2's records did not include an assessment for central storage of medications.</p> <p>When interviewed April 11, 2005, the registered nurse stated that the licensee provided central storage of medications for all of their clients and she was unaware of the need for the assessment.</p> <p><b><u>Education:</u></b> Provided.</p>
1	MN Rule 4668.0815 Subp. 4 Contents of Service Plan	X	X	<p>Based on record review and interview the licensee failed to have complete service plans for two of two clients (#1 and #2) reviewed. The findings include:</p> <p>Client #1 was admitted March 1, 2005 and the licensee and the client's responsible party signed her service plan March 1, 2005. Under the heading of "Description of Services," "Medication Administration" and "Medication Review" are listed as services but the frequency of each of</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>these services was not indicated. Under the heading "Supervision Schedule" the area was blank and no other area of the service plan indicated the schedule or frequency of sessions of supervision or monitoring. Under the heading of "Contingency Plan-Essential Services", it stated that "if services are essential for medical or safety reasons, arrangements acceptable to the resident or resident's responsible party shall be made to complete the services as follows:" and the area remains blank. Client #2 was admitted October 1, 2004 and the licensee and the client's responsible person signed her service plan on September 29, 2004. Under the heading of "Description of Services", "Medication Administration, and Medication Review" are listed as services. Under the heading of "frequency", the area was blank for the above listed services. Under the heading of "supervision schedule," the area was blank for the entire service plan and no other area of the service plan indicated the schedule or frequency of sessions of supervision or monitoring. Under the heading of "contingency plan, essential services" it stated, "if services are essential for medical or safety reasons, arrangements acceptable to the resident or resident's responsible party shall be made to complete the services as follows:" and the area was blank.</p> <p>When interviewed on April 11, 2005, the Registered Nurse stated that the Regional Director completes the Service Plan and she was not aware that the "frequency of services" and "supervision schedule" needed to be on the Service Plan.</p> <p>On April 11, 2005, the Regional Director stated that they have staff present 24 hours per day and would not need any contingency plan, as someone</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>would always be there to provide services. On April 11, 2005, the Registered Nurse stated that the Regional Director completes the Service Plan and was not aware that the supervision schedule and frequency of services needed to be included on the Service Plan.</p> <p><b><u>Education:</u></b> Provided.</p>
7	MN Rule 4668.0840 Subp. 3 Core Training of unlicensed personnel.		X	<p><b><u>Education:</u></b> Provided.</p>
8	MN Rule 4668.0855 Subp. 2 Nursing Assessment and Service Plan for Medication Administration.		X	<p><b><u>Education:</u></b> Provided.</p>
8	MN Rule 4668.0855 Subp. 9 Medication Records	X	X	<p>Based on record review and interview the licensee failed to maintain complete medication records for one of two clients (#1) reviewed who received medication administration. The findings include:</p> <p>Client #1 was admitted March 1, 2005 with the medication order for Ammonium Lactate 12 % cream, twice a day to affected area. The March Medication Administration Record (MAR) had initials for administration of the medication March 2, 2005 through March 9, 2005 twice a day with the exception of March 4, 2005 when the morning application was not initialed. From March 10, 2005 through March 31, 2005 the MAR indicated the medication was applied nine of forty-four possible times. The MAR for the Ammonium Lactate cream was changed to read “prn”(as needed) with no date to indicate when the change had occurred. From April 1, 2005 to April 11, 2005 the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>documentation for Ammonium Lactate cream was initialed as given on April 1 at 8pm, the morning application was X'd out as well as April 2 and 3, 2005. From April 4, 2005 through April 11, 2005 the administration record had eight entries with "ok" and staff initials. On April 12, 2005 a caregiver stated that when there was not a need for the medication she would document "ok" and initial the box on the MAR. The client's record did not contain a physician order to change Ammonium Lactate 12 % from the twice a day application to "prn." When interviewed April 11, 2005, the Registered Nurse stated that the medication was no longer needed on a regular schedule, but had not received a physician order to change it to "prn".</p> <p><b><u>Education:</u></b> Provided</p>

A draft copy of this completed form was left with Peg Dallman, Joyce Durfey, Sarah Loe at an exit conference on April 13, 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)