



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2257 3950

January 13, 2010

Gigi Chollett, Administrator
Hugo COH LLC
5607 North 150th Street
Hugo, MN 55038

Re: Results of State Licensing Survey

Dear Ms. Chollett:

The above agency was surveyed on December 9, 10, and 11, 2009, 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 note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Washington County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>

An equal opportunity employer



Class F Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class F home care providers (Class F). Class F licensees may also use this 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 staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class F Home Care services. Completing this Licensing Survey Form in advance may facilitate 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 Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: HUGO COH LLC

HFID #: 23369

Date(s) of Survey: December 9, 10 and 11, 2009

Project #: QL23369006

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> 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 understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel 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>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0065 • MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0840 • MN Rule 4668.0070 • MN Statute §144D.065 	<ul style="list-style-type: none"> • 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 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. • Personnel records are maintained and retained. • Staff meet infection control guidelines. 	<p>Focus Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Focus Survey</p> <p>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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>	<ul style="list-style-type: none"> • The CLASS F 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) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 	<ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><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 rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

SURVEY RESULTS: All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0810 Subp. 5

INDICATOR OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to ensure that entries in the client record were authenticated with the name and title of the person making the entry for three of three clients' (#1, #2, and #3) records reviewed. The findings include:

Client #1's December 2009 medication administration record (MAR) indicated blood sugar checks were completed on December 8 and 9, 2009, at 8 a.m., and on December 7, 8, and 9, 2009, at 8:00 p.m. Client #1's MAR also indicated oxygen saturations were checked on December 8 and 9, 2009. These entries were not authenticated with the name and title of the person making the entry.

When interviewed December 9, 2009 the registered nurse confirmed the entries were not signed by the person making the entry.

The entries on client #2's November and December 2009 "PRN" medication notes were signed by the person making the entry but did not include the title of the person making the entry. Client #2's behavior monitoring sheet contained an entry dated December 3, 2009, that was signed by the person making the entry but did not include the title of the person making the entry.

Client #3's behavior monitoring sheets contained entries dated September 21, 23,25, 27, and 28, 2009, October 3, 4, 7, 8, 9, 13, 14, 20, 21, 25, 28, and 29, 2009, and November 2, 2009, that were signed by the person making the entry but did not include the title of the person making the entry.

When interviewed December 9, 2009, the registered nurse confirmed the title of the person making the entry was missing.

2. MN Rule 4668.0855 Subp. 5

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) was informed within 24 hours of administration when unlicensed personnel administered p.r.n.(as needed) medications for one of one client's (#1) record reviewed who received p.r.n. medications. The findings include:

Client #2's p.r.n. medication notes indicated the client received Haloperidol 1 or 2 mg on October 9, and 15, 2009, and November 9, 13, 14 and 25, 2009. There was no evidence the RN had been notified client #2 had received the p.r.n. medications.

When interviewed December 9, 2009, the RN stated the person who administered the PRN medication was to notify the RN by writing that the client received the medication on the 24 hour Report Board for Medical Issues and the RN reviewed the report board daily and initialed the report. The 24 hour Report Board for Medical Issues dated October 9, 15, November 9, 13, 14, and 25, 2009 lacked evidence the client had received the PRN medication on those dates.

When interviewed December 9, 2009, the RN confirmed PRN medications for these dates were not reported to the RN.

3. MN Rule 4668.0855 Subp. 7

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure a registered nurse (RN) instructed unlicensed staff before delegating the task of medicated patches for two of two unlicensed employees' (B and C) records reviewed who administered medicated patches. The findings include:

Client #1's December 2009 medication administration record (MAR) indicated employee C removed the client's Nitro Patch at 8:00 p.m. on December 8, 2009, and employee B applied the client's Nitro Patch at 8:00 a.m. on December 9, 2009. Employee B's and C's personnel records lacked evidence they had been instructed by an RN prior to assisting with client #1's Nitro Patch.

When interviewed December 10, 2009, the RN stated the application and removal of a medicated patch was not covered in the medication administration training.

4. MN Rule 4668.0855 Subp. 9**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to maintain a complete record for one of three clients' (#3) records reviewed. The findings include:

Client #3's behavior monitoring sheets indicated "medication" was used as an intervention for dealing with the client's behavior on October 3, 4, 7, 8, 9, 13, 14, 20, 28 and 29, 2009, and November 2, 2009. Client #3's medication administration record for October and November 2009 did not indicate the client received medication for behavior on the above mentioned days.

When interviewed December 9, 2009, the registered nurse confirmed there was not documentation regarding what medication was given in the client's record.

A draft copy of this completed form was left with Anita Kottsick at an exit conference on December 10, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0228

March 23, 2009

Gigi Chollett, Administrator
Hugo COH LLC
5607 North 150th Street
Hugo, MN 55038

Re: Results of State Licensing Survey

Dear Ms. Chollett

The above agency was surveyed on February 9, 10, and 11, 2009, 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 note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Washington County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

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Class F Home Care Provider

LICENSING SURVEY FORM

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Name of CLASS F: HUGO COH LLC

HFID #: 23369

Date(s) of Survey: February 9, 10 and 11, 2009

Project #: QL23369005

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> 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 understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

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<p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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>	<ul style="list-style-type: none"> • The CLASS F 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) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 	<ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><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 rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

SURVEY RESULTS: All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0825 Subp. 4

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform oxygen therapy, and demonstrated to the RN that they were competent to perform the procedure for one of one client (#1) record reviewed who received oxygen therapy. The findings include:

Client #1 had a prescriber’s order dated June of 2008, to administer oxygen as needed to keep her oxygen saturation level greater than 90 percent. There were no written instructions for the unlicensed staff to follow on when and how to administer the oxygen, nor did it include what oxygen flow rate they should use. The client’s January and February 2009 medication administration records indicated that employees D and E administered client #1’s oxygen. There was no documentation that an oxygen saturation level was taken before the oxygen was administered.

When interviewed on February 9, 2009, employee D stated she administered client #1’s oxygen when she was “wheezing” or “seemed short of breath.” Employee D stated she was a certified nursing assistant and had been trained on how to apply oxygen and check an oxygen saturation level at her previous employment. Employee D stated that another caregiver/home health aide trained her on how to administer oxygen to client #1.

When interviewed on February 9, 2009, employee E, an unlicensed direct care staff, stated she administered client #1's oxygen when she "seemed like she was having trouble breathing." Employee E stated that she was trained by another caregiver/home health aide on how to administer client #1's oxygen and how to check her oxygen saturation level.

There was no evidence in employee D or E's personnel/training records that they had been trained by the RN in how to administer oxygen, nor was there evidence that they had demonstrated to a RN their ability to competently administer oxygen therapy and check an oxygen saturation level.

When interviewed February 9, 2009, the licensed practical nurse confirmed there was no evidence that employees D and E had been trained or demonstrated to a RN their ability to competently perform the delegated procedures.

2. MN Rule 4668.0845 Subp. 2

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for one of two client (#2) records reviewed. The findings include:

Client #2's service plan dated August of 2008, noted she received assistance with her activities of daily living and medication administration by unlicensed personnel. Client #2 had a supervisory visit by a RN on August 27, 2008, and a monitoring visit by a licensed practical nurse (LPN) on October 28, 2008. There were no supervisory and/or monitoring visits by a RN/LPN after October 28, 2008. There was a visit signed by a graduate nurse dated December 26, 2008.

When interviewed February 9, 2009, the graduate nurse stated she had been conducting supervisory visits of the unlicensed personnel since she was hired in December 2008. The graduate nurse stated she did not know she could not do that within the scope of her graduate nurse license.

3. MN Rule 4668.0855 Subp. 7

INDICATOR OF COMPLIANCE: # 6

Based on interview and record review, the licensee failed to ensure that the unlicensed staff person demonstrated to a registered nurse (RN) their ability to administer medications for one of one client (#1) record reviewed who had received assistance with medication administration from employee C. The findings include:

Client #1's service plan dated December of 2008, noted that unlicensed staff persons assisted the client with medication administration every day. Client #1's medication administration record for January, 2009 indicated that employee C, administered the client's medications on several shifts. There was no evidence in employee C's personnel/training records that she had demonstrated to a RN her ability to competently perform medication administration.

When interviewed, February 9, 2009, employee C verified that she had administered medications to clients since her hire in November of 2008. Employee C stated she was trained on the “paperwork” for medication administration by the licensed practical nurse, and then she shadowed another unlicensed staff person passing medications until she felt comfortable administering medications independently. Employee C confirmed she had not demonstrated to a RN her ability to administer medications since she was hired.

When interviewed February 10, 2009, the licensed practical nurse was unsure if a competency had been completed by a RN for employee C, and confirmed there was no evidence of a competency for medication administration in employee C’s personnel/training records.

4. MN Rule 4668.0855 Subp. 9

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that medications were administered as prescribed for one of two clients (#2) record reviewed. The findings include:

Client #2 had a prescriber order dated December 2008, to discontinue Tylenol 500 milligrams (mg) orally every four to six hours. Instead acetaminophen 650 mg (two 325 mg) orally every four hours was ordered. Client #2’s January and February 2009 medication administration record (MAR) indicated, Tylenol 500 mg orally every 4-6 hours. The “PRN Medication Sheet” indicated that on January 2 and 3, 2009 the client received two and one 500 milligram tablet(s) of Tylenol for a total dose of 1500 mg.

When interviewed February 9, 2009, the licensed practical nurse and graduate nurse confirmed that the client’s Tylenol dosage was given in error, and that the MAR did not reflect the correct prescriber’s order for acetaminophen.

5. MN Rule 4668.0860 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to have prescriber’s orders for medications that were administered for two of two client (#1 and #2) records reviewed. The findings include:

Client #1’s December 2008 and January and February 2009, medication administration record (MAR) indicated the client had received Albuterol nebulizer treatments every bedtime since December of 2008. Client #1’s February 2009 MAR also indicated that the client received a Biscodyl suppository at 7:00 p.m. for constipation. There was no prescriber order for the nightly Albuterol nebulizer treatment or for the for Biscodyl Suppositories for client #1.

When interviewed, February 9, 2009, the licensed practical nurse (LPN) confirmed there was no prescriber order for the Albuterol nebulizer treatment and stated she thought the hospice nurse had obtained the order. She confirmed there was no prescriber’s order The LPN stated that the agency stocked Biscodyl suppositories, but confirmed that Biscodyl suppositories were not on their standing house orders.

Client #2's March of 2008 assessment and service plan indicated that the client received assistance with medication administration and central storage of medications. During a home visit on February 10, 2009, client #2 was observed to have a bottle of aspirin which was three-fourths gone sitting on an open shelf next to her bed. Client #2 stated she took aspirin periodically when she had pain in her arm and shoulder. Client #2 did not have a prescriber's order for the aspirin. Documentation revealed that client #2 received Tylenol or Vicodin for complaints of pain in her shoulder and arm.

When interviewed, February 10, 2009, the licensed practical nurse confirmed that client #2 did not have a prescriber's order for the aspirin.

6. MN Rule 4668.0860 Subp. 7

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to ensure that an order received by electronic means other than a facsimile machine was countersigned by the prescriber within sixty-two days for one of two client (#1) records reviewed. The findings include:

Client #1 had the following prescriber's orders dated June of 2008, and July of 2008, respectively; oxygen as needed to keep oxygen saturation above 90%, Ensure supplement two times a day, and schedule a repeat chest x-ray. These prescriber's orders were obtained from a secured physician's group website on the internet. The prescriber's orders were not countersigned by the prescriber.

When interviewed February 9 and 10, 2009, the licensed practical nurse stated that the home care provider communicated with this physician group via a secured internet website. The LPN stated that they e-mailed the prescriber with a concern, and the prescriber communicated back via e-mail with an order that was electronically signed. The LPN confirmed there was no system in place to have the prescriber countersign the orders after received.

7. MN Rule 4668.0865 Subp. 5

INDICATOR OF COMPLIANCE: # 6

Based on observation and interview, the licensee failed to ensure that legend drugs were kept in their original containers bearing the original prescription label for one of two client's (#1) medication storage reviewed. The findings include:

Client #1's central storage of medication was observed on February 9, 2009. Client #1's medication container contained three small white envelopes with the client's name on them in handwriting. One envelope was labeled in handwriting, "Cipro 250 milligrams BID (twice a day) x 7 days." The second envelope was labeled in handwriting, "11 Bactrim." The third envelope was labeled in handwriting,

"Bactrim DS 4 tabs." Client #1's medication storage container also contained a package of "Albuterol Sulfate 2.5 mg/3 ml." There was no prescription label on the packaging.

When interviewed, February 9, 2009, the licensed practical nurse stated she was unsure why the antibiotics were in the client's medication container without prescription labels on them, and stated they should be destroyed as the client did not have prescriber's orders for these medications. The LPN stated

that as long as she had been with the home care provider, the client's Albuterol did not have a prescription label on it.

8. MN Rule 4668.0865 Subp. 9

INDICATOR OF COMPLIANCE: # 6

Based on observation and interview, the licensee failed to ensure that a separate locked compartment that was permanently affixed to the physical plan or medication cart was provided for storage of schedule II medications. The findings include:

During a tour of the central medication storage area on February 10, 2009, it was observed that Morphine Sulfate Concentrate, a narcotic analgesic Schedule II medication was stored in a plastic container in the medication refrigerator along with Haldol concentrate, Compazine tablets, Acetaminophen and Compazine suppositories, and Atropine drops. The Morphine Sulfate was not in a separate locked container, permanently affixed to the physical plant.

When interviewed on February 10, 2009, the licensed practical nurse and graduate nurse confirmed that the Morphine Sulfate was not in a separate locked container permanently affixed to the physical plant.

A draft copy of this completed form was left with Anita Kottsick, Housing Director, at an exit conference on February 11, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8338

September 26, 2005

Barbara Ellingson, Administrator
Hugo COH LLC
5607 North 150th Street
Hugo, MN 55038

Re: Licensing Follow Up Revisit

Dear Ms. Ellinson:

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 August 11, 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: Charles Rothstein, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Washington 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: HUGO COH LLC

DATE OF SURVEY: August 11, 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:

Phyllis Barkeim, Housing Director
Julie Bohmert, RN
Pam Paist, LPN
Danielle Schlepiv, Resident Caregiver
Lynne Wright, Dietary

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on February 2, 3, and 8, 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 4668.0030 Subp. 3 | Corrected |
| 2. MN Rule 4668.0030 Subp. 5 | Corrected |
| 3. MN Rule 4668.0065 Subp. 1 | Corrected |
| 4. MN Rule 4668.0805 Subp. 1 | Corrected |
| 5. MN Rule 4668.0810 Subp. 5 | Corrected |
| 6. MN Rule 4668.0815 Subp. 1 | Corrected |
| 8. MN Rule 4668.0825 Subp. 4 | Corrected |
| 9. MN Rule 4668.0835 Subp. 2 | Corrected |
| 10. MN Rule 4668.0835 Subp. 5 | Corrected |
| 11. MN Rule 4668.0845 Subp. 2 | Corrected |
| 12. MN Rule 4668.0855 Subp. 2 | Corrected |

- | | |
|--------------------------------------------|------------------|
| 13. MN Rule 4668.0855 Subp. 4 | Corrected |
| 14. MN Rule 4668.0855 Subp. 5 | Corrected |
| 15. MN Rule 4668.0860 Subp. 2 | Corrected |
| 16. MN Rule 4668.0865 Subp. 2 | Corrected |
| 17. MN Rule 4668.0865 Subp. 3 | Corrected |
| 18. MN Statute §144A.45 Subd. 5 | Corrected |
| 19. MN Statute §626.557 Subd. 14(b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4160

June 10, 2005

Ms. Rhonda K Schillinger, Administrator
Hugo COH LLC
5607 North 150th Street
Hugo, MN 55038

Re: Results of State Licensing Survey

Dear Ms. Schillinger:

The above agency was surveyed on February 2, 3, and 8, 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: Charles Rothstein, 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: HUGO COH LLC

HFID # (MDH internal use): 23369

Date(s) of Survey: February 2, 3, and 8, 2005

Project # (MDH internal use): QL23369001

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.	_____ Met <u> X </u> Correction Order(s) issued <u> X </u> 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 type="checkbox"/> Met <input checked="" 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 checked="" 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 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 checked="" type="checkbox"/> Met <input 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)</p> <p>Note: 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 4668.0815 Subp. 1 Evaluation and Service Plan	X	X	<p>Based on record review and interview the licensee failed to developed a service plan no later than two weeks after initiation services for six of six clients (client #1, #2, #3, #4, #5, and #6) reviewed. The findings include:</p> <p>Clients #1, #2, #3, #4, #5, and #6 all received assisted living services. Client #1 was admitted to the facility on October 30, 2004 with diagnoses of Multiple Sclerosis, Major Depression, and Dementia. Client #2 was admitted to the facility on December 27, 2004 with of Congested Heart Failure (CHF). Client #3 was admitted to the facility on December 1, 2004 with diagnoses of CHF, and Paranoid Ideation. Client #4 was admitted to the facility on November 26, 2004 with a diagnosis of Lung Cancer. Client #5 was admitted to the facility on December 19, 2004 with a diagnosis of Diabetes Type 2. Client #6 was admitted to the facility on January 9, 2005 with diagnoses of Parkinsonism, and Dementia. Clients #1, #2, #3, #4, #5, and #6 records lacked evidence that a registered nurse (RN) had evaluated the client and a service plan had been developed. During an interview, February 3, 2005, the RN indicated that she was aware the evaluations and service plans need to be done but she had not done them.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0825, Subp. 2 Nursing Assessment and Service Plan	X	X	<p>Based on record review and interview, the licensee failed to have Registered Nurse (RN) conduct a nursing assessment of the client's functional status and need for nursing services before initiating delegated nursing services for a client for six of six clients (client #1, #2, #3, #4, #5, and #6) reviewed. The findings include:</p> <p>Client #1 began receiving delegated nursing services when admitted to the facility October 30, 2004 with diagnoses of Multiple Sclerosis, Major Depression, and Dementia. There was no registered nurse assessment the client's functional status and need for service for initiating delegated nursing service.</p> <p>Client #2 began receiving delegated nursing services when admitted to the facility December 27, 2004 with a diagnosis of Congested Heart Failure (CHF). There was no registered nurse assessment the client's functional status and need for service for initiating delegated nursing service.</p> <p>Client #3 began receiving delegated nursing services when admitted to the facility December 1, 2004 with diagnoses of CHF, and Paranoid Ideation. There was no registered nurse assessment the client's functional status and need for service for initiating delegated nursing service.</p> <p>Client #4 began receiving delegated nursing services when admitted to the facility November 26, 2004 with a diagnosis of Lung Cancer. There was no registered nurse assessment the client's functional status and need for service for initiating delegated nursing service.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #5 began receiving delegated nursing services when admitted to the facility December 19, 2004 with a diagnosis of Diabetes Type 2. There was no registered nurse assessment the client's functional status and need for service for initiating delegated nursing service.</p> <p>Client #6 began receiving delegated nursing services when admitted to the facility January 9, 2005 with diagnoses of Parkinsonism, and Dementia. There was no registered nurse assessment the client's functional status and need for service for initiating delegated nursing service. During an interview, February 3, 2005, the RN indicated that she was not aware of the need to do the assessments.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0845 Subp. 2 Nurse supervisory visits	X	X	<p>Based on interview and record review, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform assisted living homecare services that require for five of five clients (#1, #2, #3, #5, and #6) records reviewed. The findings include:</p> <p>Client #1 began receiving services including medication administration October 30, 2004. There was no evidence in her record that the RN supervised the unlicensed personnel fourteen days after the initiation of services, nor was there evidence that the RN supervised the unlicensed personnel sixty-two days thereafter.</p> <p>Client #2 began receiving services including medication administration December</p> <p>Client #3's record was reviewed and revealed that she began receiving services including medication</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>administration on December 1, 2004, and was discharged on January 18, 2004. There was no evidence in her record that the RN supervised the unlicensed personnel fourteen days after the initiation of services.</p> <p>Client #5's record was reviewed and revealed that she began receiving services including medication administration on December 19, 2004. There was no evidence in her record that the RN supervised the unlicensed personnel fourteen days after the initiation of services.</p> <p>Client #6's record was reviewed and revealed that she began receiving services including medication administration on January 9, 2005. There was no evidence in her record that the RN supervised the unlicensed personnel fourteen days after the initiation of services.</p> <p>Employee #3, a registered nurse, was interviewed on February 3, 2005 at 10:00 a.m. and confirmed that the RN supervision of unlicensed personnel was not done on any of the clients</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4668.0855 Subp.2 Nursing assessment and service plan for medication administration	X	X	<p>Based on record review and interview, the licensee failed to ensure the Registered Nurse (RN) conducted a nursing assessment of each client's functional status and need for assistance with medication administration and develop a service plan according to the client's needs and preferences for six of six clients (client #1, #2, #3, #4, #5, and #6) reviewed. The findings include:</p> <p>Client #1 was admitted to the facility on October 30, 2004 with a diagnosis of Multiple Sclerosis, Major Depression</p>

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				<p>and Dementia. The client's record lacked evidence that a RN had conducted a nursing assessment of the client's functional status and need for assistance with medication administration.</p> <p>Client #2 was admitted to the facility on December 27, 2004 with a diagnosis of Congested Heart Failure (CHF). The client's record lacked evidence that a RN had conducted a nursing assessment of the client's functional status and need for assistance conducted a nursing assessment of the client's functional status and need for assistance with medication administration.</p> <p>Client #3 was admitted to the facility on December 1, 2004 with a diagnosis of CHF and Paranoid Ideation. The client's record lacked evidence that a RN had conducted a nursing assessment of the client's functional status and need for assistance with medication administration</p> <p>Client #4 was admitted to the facility on November 26, 2004 with a diagnosis of Lung Cancer. The client's record lacked evidence that a RN had conducted a nursing assessment of the client's functional status and need for assistance with medication administration</p> <p>Client #5 was admitted to the facility on December 19, 2004 with a diagnosis of Diabetes Type 2. The client's record lacked evidence that a RN had conducted a nursing assessment of the client's functional status and need for assistance with medication administration.</p> <p>Client #6 was admitted to the facility on January 9, 2005 with a diagnosis of</p>

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				<p>Parkinsonism and Dementia. The client's record lacked evidence that a RN had conducted a nursing assessment of the client's functional status and need for assistance with medication administration.</p> <p>During an interview, February 3, 2005, the RN indicated that she was not aware of the need to do the assessments.</p> <p><u>Education:</u> Provided</p>
1	MN Rule 4688.0815 Subp 3, 4, Modification and Contents of Service Plan		X	<p><u>Education</u> Provided</p>
1	MN Rule 4668.0865 Subp. 2 Central Storage of Medication Nursing Assessment	X	X	<p>Based on staff interview and record review, the licensee failed to have a registered nurse conduct an assessment of the client's functional status and need for central medication storage for six of six clients' (#1, #2, #3, #4, #5, #6) records reviewed, who had their medications centrally stored. The findings include:</p> <p>Clients #1, #2, #3, #4, #5 had their medications centrally stored. There was no evidence in their records that the RN conducted a nursing assessment of their need for central storage of medication. When interviewed February 3, 2005 the registered nurse confirmed that she had not completed an assessment of the clients' need for central storage of medication.</p> <p><u>Education:</u> Provided</p>
2	MN Rule 4668.0030 Subp. 3 Bill of Rights timely notice	X	X	<p>Base on record review and interview the licensee failed to provide the Bill of Rights before or at the time services were initiated for one of six clients (client 4) reviewed. The findings include:</p>

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				<p>Client 4 began receiving services November 26, 2004. The bill of rights was not signed as received by the client, until December 3, 2004. When interviewed on February 2, 2005 the house manager confirmed that the bill of rights was provided and signed December 3, 2004.</p> <p><u>Education:</u> Went over regulation with House Manager and registered Nurse.</p>
2	MN Rule 4668.0030 Subp. 5 Bill of Rights acknowledgment of receipt	X	X	<p>Based on staff interview and record review, the licensee failed to obtain written acknowledgment of the client's receipt of the Bill of Rights for one of six client (#1) records reviewed. The findings include:</p> <p>Client #1 began receiving service with the licensee on October 30, 2004. There was no evidence in the client's record that she received a copy of the bill of rights upon start of care. When interviewed February 2, 2005, the House Manager confirmed there was no written acknowledgment of the client's receipt of the bill of rights and/or documentation as to why an acknowledgment could not be obtained.</p> <p><u>Education:</u> Went over regulation with House Manager and registered Nurse</p>
3	MN Rule 4668.0065 Subp. 1 Tuberculosis Screening	X	X	<p>Based on staff interview and record review, the licensee failed to ensure that three of three employees (1, 2, and 3) who provided services that required direct contact with clients, received tuberculin testing before providing direct care. The findings include:</p> <p>Employee #1 was hired January 2, 2005 to provide direct care to clients. Documentation revealed that a Mantoux test was not administered to employee</p>

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				<p>#1 until January 9, 2005.</p> <p>Employee #2 was hired October 24, 2004 to provide direct care to clients. There was no record of employee #2 receiving tuberculin testing prior to giving direct care to clients.</p> <p>Employee #3 was hired October 2004 to provide direct care to clients. There was no record of employee #3 receiving tuberculin testing prior to giving direct care to clients.</p> <p>When interviewed February 3, 2005, the House Manager confirmed that employee #1's Mantoux test was not done prior to employee #1 providing direct care to clients and that there was no documentation of employee #2 or #3 receiving tuberculin testing prior to giving direct care.</p> <p><u>Education:</u> Provided</p>
3	MN Rule 4668.0805 Subp. 1 Orientation to Home Care	X	X	<p>Based on employee record review and interview, the licensee failed to provide orientation to home care requirements for three of three employees (employee # 1, #2, and #3) before providing home care for clients. The findings include:</p> <p>Employees # 1, #2, and #3 records lacked evidence they had been oriented to the home care requirements. When interviewed, February 3, 2005 the house manager and registered nurse confirmed employees # 1, #2, and #3 had not received orientation to the home care requirements.</p> <p><u>Education:</u> Provided</p>
3	MN Statute § 626.557 Subd. 14 (b) Abuse Prevention Plan	X	X	<p>Based on staff interview and record review, the licensee failed to develop an individual abuse prevention plan for six of six clients' (#1, #2, #3, #4, #5, #6)</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>records reviewed. The findings include:</p> <p>Client #1, #2, #3, #4, #5, and #6s' records lacked an individual abuse prevention plan. When interviewed February 3, 2005 the registered nurse and house manager both confirmed that individual abuse prevention plans had not been developed.</p> <p><u>Education:</u> Provided</p>
5	MN Rule 4668.0810 Subp. 5 Client Record form of entries	X	X	<p>Based on interview and record review, the licensee failed to ensure that entries were dated and signed by the person making the entry in six of six client records (#1, #2, #3, #4, #5, #6) reviewed. The findings include:</p> <p>Client's #1, #2, #3, #4, #5, and #6 records contained a completed document titled, "Resident Status Sheet". This document described the clients' physical and mental functioning. The document was not signed, nor was it dated as to when it was completed. When interviewed, February 2, 2005 the house manager confirmed that she had completed the Resident Status Sheets, and acknowledged they were not dated or signed.</p> <p><u>Education:</u> 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 the Registered Nurse (RN) specified in writing, specific instructions for performing delegated nursing procedures for two of two clients (client #4 and #5) reviewed. The findings include:</p> <p>Client # 4 had a physicians order dated November 26, 2004 for oxygen two liters per nasal cannula. The client's record did not include written</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>instructions by the RN for Oxygen use.</p> <p>Client #5 record indicated the client was being assisted by unlicensed staff to do Accu Checks (blood sugar level monitoring). The client's record did not include written instructions by the RN on how to do the Accu Checks. During interview on February 3, 2005 the RN indicated there were no written procedures for the clients mention above.</p> <p><u>Education:</u> Provided</p>
7	MN Rule 4668.0835 Subp.2 Qualifications of unlicensed staff	X	X	<p>Based on observations, staff interview, and personnel file review, the licensee failed to ensure that two of two unlicensed employees (#1, #2), who were performing delegated nursing functions, had successfully completed training and passed a competency evaluation. The findings include:</p> <p>Employee #1 was hired January 2, 2005 to perform direct care duties for clients, and perform delegated nursing functions. There was no evidence in her file of any training or competency evaluation. Employee #2 was hired October 24, 2004 to perform direct care duties for clients and perform delegated nursing functions. There was no evidence in her file of any training or competency evaluation. Employees #1 and #2 were observed February 2, and February 3, 2005 providing personal care assistance to the clients. When interviewed February 3, 2005 the registered nurse confirmed that employees #1 and #2 had not had a competency evaluation.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
7	MN Rule 4668.0835 Subp. 3 In-Service Training		X	<u>Education:</u> Provided
7	MN Rule 4668.0835 Subp. 5 Initiation of Services by Unlicensed personnel.	X	X	<p>Based on record review and interview, the licensee failed to have the Registered Nurse (RN) orient two of two unlicensed employees (employee # 1 and #2) to each client and to the assisted living home care services to be performed. The findings include:</p> <p>Employee #1 and #2 personnel records lacked evidence the RN had oriented the employees to each client. The client records (#1, #2, #3, #4, #5, and #6) lacked evidence each employee had been oriented to each client. When interviewed February 2, 2005 employee #2 indicated the families sometimes write up information about the client's needs for staff use. The unlicensed staff will go in the client's room in the morning and see what they need help with. Then if the client needs help they help them.</p> <p><u>Education:</u> Provided</p>
7	MN Statute §144A.45 Subd. 5 Alzheimer's Training	X	X	<p>Based on record review and interview, the licensee failed to ensure three of three employees (#1, #2, and #3) who provide direct care in a dementia unit, were trained in dementia care. The findings include:</p> <p>Employee #1, #2, and #3s' personnel records lacked evidence they had been trained in dementia care. When interviewed February 3, 2005 the registered nurse and house manager both indicated that they had not done any training on dementia care at this time, but they had scheduled training for later in February 2005.</p> <p><u>Education:</u> Provided</p>

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7	MN Rule 4668.0840 Training and Competency Evaluation		X	<u>Education:</u> Provided
8	MN Rule 4668.0855 Subp. 4 Training for assistance with self medication of medication or medication administration	X	X	<p>Based on observation, record review, and interview, the licensee failed to have a registered nurse (RN) provide training on medication administration for one of one unlicensed employees (employee #2) prior to administering medications. The findings include:</p> <p>On February 2 and 3, 2005 employee #2 was observed passing medication to the client's during the day shift. Employee #2s' personnel record lacked evidence the employee had received training on medication administration from the RN prior to giving the medication. When interviewed February 2, 2005, employee #2 indicated she was a "TMA"(trained medication aide). During an interview February 3, 2004 the RN indicated employee #2 told her that she was a "TMA" and that she would bring documentation of this. The RN indicated they did not have any information of her being a "TMA." The RN also indicated she did not follow up to verify that employee #2 was a "TMA."</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 5 PRN Medications	X	X	<p>Based on staff interview and record review, the licensee failed to have the registered nurse (RN) notified when an unlicensed personnel administered a pro re nata (PRN) medication for two of two client (#1, #3) records reviewed, who received PRN medications. The findings include:</p> <p>Client #1 received Ibuprofen (an anti-inflammatory) medication, and Acetaminophen (an analgesic) medication on a PRN (as needed) basis.</p>

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				<p>There was no evidence in the record that the RN was informed when the unlicensed staff administered the PRN.</p> <p>Client #3 received Tylenol (an analgesic) medication on a PRN basis. There was no evidence in the record that the RN was informed when the unlicensed staff administered the PRN medication to client #3.</p> <p>When interviewed February 2, 2005, employee #2, an unlicensed personnel who administered medications to clients, stated the process for administering PRN medications to clients was if a client had a physician's order for a PRN medication, and requested it, she would administer it. If the client did not obtain effective results after administration of the medication, she would notify the RN. When interviewed February 3, 2005 the registered nurse stated that staff sometimes notified her when they were going to administer a PRN medication, but not always. She stated there was no system in place for unlicensed personnel to follow when administering PRN medications.</p> <p>Education: Provided</p>
8	MN Rule 4668.0860 Subp. 2 Prescriber's order required	X	X	<p>Based on record review and interview, the licensee failed to have physicians orders for one of six clients (client #5) reviewed. The findings include:</p> <p>Client #5s' record indicated the unlicensed employees were assisting the client with doing Accu Checks (blood sugar level monitoring). The client's record did not have a physicians order for the Accu Checks.</p> <p>When interviewed February 3, 2004 the registered nurse confirmed there was not a physicians order for the Accu Checks.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				Education: Provided
8	MN Rule 4668.0865 Subp. 3 Control of medication	X	X	<p>Based on record review and interview the licensee failed to establish a system for control of medications, handling of medications, medication containers, medication records, and disposition of medications. The findings include:</p> <p>Clients #1, #2, #3, #4, #5, and #6 all had their medications centrally stored and assistance with medication administration. There was no evidence that the RN conducted a nursing assessment of their need for central storage of medication or of the client's functional status and need for assistance with medication administration.</p> <p>Client #1 received Ibuprofen (an anti-inflammatory) medication, and Acetaminophen (an analgesic) medication on a PRN (as needed) basis. Client #3 received Tylenol (an analgesic) medication on a PRN basis. There was no evidence in the record that the RN was informed when an unlicensed staff administered PRN medication to clients #1 or #3.</p> <p>Client 4's record did not include written instructions by the RN for Oxygen use that had been ordered.</p> <p>Client #5 was being assisted by unlicensed staff to do Accu Checks (blood sugar level monitoring). The client's record did not include written instructions by the RN on how to do the Accu Checks nor was there a physicians order for the Accu Checks.</p> <p>Employee #2 was observed February 2 and 3, 2005 administering medications to the client's during the day shift. Employee #2s' personnel record lacked evidence the employee had received training on medication administration from the RN prior to giving the medication.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				When interviewed February 3, 2005 the registered nurse and housing manager both indicated there was not a system established for the handling of medications. <u>Education:</u> Provided
8	MN Rule 4668.0860, Subp. 8 and 9 Implementation and Renewal of orders		X	<u>Education:</u> Provided
9	MN Rule 4668.0870, Subp. 2 Disposition of Medications		X	<u>Education:</u> Provided
	CLIA Waiver		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Phyllis Barkeim at an exit conference on February 8, 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)