



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9971 7728

December 19, 2008

Beverly Marcy, Administrator
4 Seasons at Moorhead
2921 6th Avenue North
Moorhead, MN 56560

Re: Results of State Licensing Survey

Dear Ms. Marcy:

The above agency was surveyed on November 10, 12, and 13, 2008 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 initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Clay 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: 4 SEASONS AT MOORHEAD

HFID #: 23403

Date(s) of Survey: November 10, 12, and 13, 2008

Project #: QL23403005

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>

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 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 # <input type="checkbox"/></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 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 # <input type="checkbox"/></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><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>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><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>

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><input checked="" type="checkbox"/> Met</p> <p><input 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>
<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><input 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>

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 4668.0840 Subp. 4

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed assisted living home care services successfully demonstrated competency in the required topics, for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was hired April 09, 2008, as a caregiver who performed assisted living home care services. There was no record of competency testing in her personnel records. When interviewed, November 12, 2008, the registered nurse stated she had trained employee B but did not do a competency testing of the core curriculum topics.

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 one client (#1) record reviewed. The findings include:

Client #1's service plan, dated October 31, 2007, noted the client had received daily administration of medication. The last supervisory visit documented was on August 15, 2008.

During interview November 12, 2008, the registered nurse confirmed that supervisory and/or monitoring visits had not been done every 62 days for the client.

3. MN Statute §144A.44 Subd. 1(2)**INDICATOR OF COMPLIANCE: # 2**

Based on observation and interview, the licensee failed to provide home care services according to accepted medical and nursing standards for one of one client (#1) reviewed. The findings include:

On November 13, 2008, employee B was observed instilling eye drops to client #1's eyes. She then proceeded to make the client's bed without washing her hands. After that she went to the medication room to set up oral medications for client #1 without washing her hands.

When interviewed, November 13, 2008, employee B indicated that she did not have to wash her hands because she was not touching the pills she was setting up.

When interviewed, November 13, 2008, the registered nurse indicated that the unlicensed personnel were instructed to wash their hands before and after medication administration.

A draft copy of this completed form was left with Susan Bala, CEO, at an exit conference on November 13, 2008. 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 # 7005 0390 0006 1222 1804

August 4, 2006

Keli Cox, Administrator
4 Seasons at Moorhead
2921 6th Avenue North
Moorhead, MN 56560

Re: Licensing Follow Up visit

Dear Ms. Cox:

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 July 17, 18, and 19, 2006.

The documents checked below are enclosed.

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

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.

Feel free to call our office if you have 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 initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Clay County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Mary Henderson, Program Assurance

06/06 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1804

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR ASSISTED LIVING HOME CARE PROVIDERS**

August 4, 2006

Keli Cox, Administrator
4 Seasons at Moorhead
2921 6th Avenue North
Moorhead, MN 56560

RE: QL23403002

Dear Ms. Cox:

On July 17, 18, and 19, 2006, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on January 30, 31, and February 1, 2, and 7, 2006, with correction orders received by you on March 29, 2006.

The following correction orders were not corrected in the time period allowed for correction:

3. MN Rule 4668.0805 Subp. 2 \$100.00

Based on record review and interviews, the licensee failed to ensure each employee received orientation to home care requirements before providing home care services to clients for five of five employees (A, B, C, D, and E) records reviewed. The findings include:

Employees' A, B, C, D, and E, began providing direct client care at the facility April 28, 2005, October 1, 2005, May 19, 2005, April 18, 2005, and August 18, 2005, respectively. There was no evidence that employees' A, B, D, or E had received orientation to home care requirements prior to providing home care services. Employee C had only completed part of the home care orientation. Employees' A, B, D, and E files had documents outlining the mandatory home care requirements, which were left blank. When interviewed, January 30, and February 1, 2006, the registered nurse and administrator confirmed that training had not been provided.

TO COMPLY: The orientation required under subpart 1 must contain the following topics:

- A. an overview of this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#);
- B. handling emergencies and using emergency services;
- C. reporting the maltreatment of vulnerable minors or adults under Minnesota Statutes,

sections [626.556](#) and [626.557](#);

D. the home care bill of rights, Minnesota Statutes, section [144A.44](#);

E. handling of clients' complaints and how clients and staff may report complaints to the Office of Health Facility Complaints; and

F. the services of the ombudsman for older Minnesotans.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$100.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$100.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

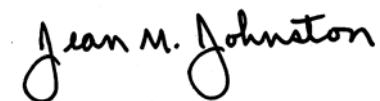
Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your Facility's Governing Body.

**4 Seasons at Moorhead
2921 6th Avenue North
Moorhead, MN 56560
August 4, 2006**

Page 3 of 3

If you have any questions, please feel free to give me a call 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 initial "J" and "M".

Jean Johnston
Program Manager
Case Mix Review Program

cc: Clay County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Mary Henderson, Program Assurance

06/06 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: 4 SEASONS AT MOORHEAD

DATE OF SURVEY: July 17, 18 and 19, 2006

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Beverly Marcy, RN
Tammy Docker, Care Giver
Suzanne Wagner, Care Giver
Donna Beall, Care Giver
John Nielson, Owner
Russ Johnson, Owner
Shana Vold, Care Giver
Sara McCord, Care Giver

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1

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 January 30, 31, and February 1, 2 and 7, 2006. 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 issued on January 30, 31 and February 1, 2 and 7, 2006 is as follows:

1. MN Rule 4668.0019	Corrected	
2. MN Rule 4668.0065 Subp. 1	Corrected	
3. MN Rule 4668.0805 Subp. 2	Not Corrected	\$100.00

Based on record review and interviews, the licensee failed ensure each employee received orientation to home care requirements before providing home care services to clients for two of eight employees' (F and G) records reviewed. The findings include:

Individual F & G, owners, began providing services in September 2004. There was no evidence that the owners had received orientation to home care requirements prior to providing home care services. When interviewed July 17, 2006, the owners stated that they are not caregivers, do not provide direct care and do not need this training. When interviewed July 17, 2006, employee I stated the owners maintain the homes, take care of the grounds and greet clients.

4. MN Rule 4668.0810 Subp. 5	Corrected
5. MN Rule 4668.0815 Subp. 4	Corrected
6. MN Rule 4668.0825 Subp. 4	Corrected
7. MN Rule 4668.0845 Subp. 2	Corrected
8. MN Rule 4668.0855 Subp. 2	Corrected
9. MN Rule 4668.0860 Subp. 2	Corrected
10. MN Rule 4668.0860 Subp. 7	Corrected
11. MN Statute §144A.44 Subd. 1(2)	Corrected
12. MN Statute §144A.46 Subd. 4(d)	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1231

March 24, 2006

Keli Cox, Administrator
4 Seasons at Moorhead
2921 6th Avenue North
Moorhead, MN 56560

Re: Results of State Licensing Survey

Dear Ms. Cox:

The above agency was surveyed on January 30, 31, February 1, 2, and 7, 2006, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: John Nielson, President Governing Body
Clay County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Paul Civello, Office of the Attorney General
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: 4 SEASONS AT MOORHEAD

HFID # (MDH internal use): 23403

Date(s) of Survey: January 30, 31, February 1, 2, and 7, 2006

Project # (MDH internal use): QL23403002

Indicators of Compliance	Outcomes Observed	Comments
<p>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)</p>	<p>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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><u>X</u> Met <u>X</u> Correction Order(s) issued <u>X</u> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><u> </u> Met <u>X</u> Correction Order(s) issued <u>X</u> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><u>X</u> Met <u> </u> Correction Order(s) issued <u>X</u> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><u> </u> Met <u>X</u> Correction Order(s) issued <u>X</u> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><u> </u> Met <u>X</u> Correction Order(s) issued <u>X</u> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff 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.</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 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.</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 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.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

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

Survey Results:

_____ All Indicators of Compliance listed above were met.

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0019 Advertising	X	X	<p>Based on review of the agency’s advertising pamphlet, observation, and interview the licensee failed to accurately advertise the staffing of interns and staff use of personal computers. The findings include:</p> <p>The agency’s advertising pamphlet stated, “A daytime staffing ratio of 2 to 10, and a minimum of 1 to 10 at night will be augmented with interns from the area education community...” “Each staff member will also use tablet personal computers for tracking and documentation, which will increase accountability and accuracy.” When medication pass and blood sugar monitoring by personnel was observed, February 1, 2006, only paper documentation for recording was utilized. There was no evidence that computerized documentation was utilized for tracking or documentation. During an interview, February 7, 2006, the owner indicated computer documentation was under consideration for the future. When interviewed, February 10, 2006, the owner stated interns had not been utilized for over a year, and when previously there were there on a voluntary status.</p> <p>Education: Provided</p>
1.	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	X	X	<p>Based on record review and interview, the licensee failed to ensure that tuberculosis screening was completed before employees had direct contact with clients for four of five employees (A, B, C, E) reviewed. The findings</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>include:</p> <p>Employees' A, B, C and E began having direct client contact at the facility April of 2005, October of 2005, May of 2005 and August of 2005 respectively. Employee As' record contained the results of a negative Mantoux obtained five months later. Employee Bs' record contained the results of negative Mantoux obtained nineteen days later. Employee Cs' record contained the results of negative Mantoux obtained four months later. Employee Es' record contained the results of negative Mantoux obtained three weeks later. There was no prior tuberculosis screening present.</p> <p>When interviewed January 30, and February 1, 2006, the administrator and the registered nurse confirmed that employees A, B, C, and E provided direct care for clients before tuberculosis screening was obtained.</p> <p><u>Education:</u> Provided</p>
3.	MN Rule 4668.0805 Subp. 2 Orientation to home care requirements	X	X	<p>Based on record review and interviews, the licensee failed to ensure each employee received orientation to home care requirements before providing home care services to clients for five of five employees (A, B, C, D, and E) records reviewed. The findings include:</p> <p>Employees' A, B, C, D, and E, began providing direct client care at the facility April of 2005, October of 2005, May of 2005, April of 2005, and August of 2005, respectively. There was no evidence that employees' A, B, D, or E had received orientation to home care requirements prior to providing home care services. Employee C had only completed part of</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the home care orientation. Employees' A, B, D, and E files had documents outlining the mandatory home care requirements, which were left blank. When interviewed, January 30, and February 1, 2006, the registered nurse and administrator confirmed that training had not been provided.</p> <p><u>Education:</u> Provided</p>
5.	MN Rule 4668.0810 Subp. 5 Form of entries	X	X	<p>Based on record review and interview, the licensee failed to ensure that entries in the client record were authenticated with the title of the person making the entry for one of seven current clients' (B1) records reviewed at site B. The findings include:</p> <p>Client B1s' progress notes for December 2005 through January 2006 contained information about the client's general well-being, activities, vital signs, and health complaints. The notes did not contain the title of the employee making the entry in the client's record. When interviewed, February 1, 2006, the registered nurse and administrator verified that the progress notes were a permanent part of the client record and did not contain the title of the employee making the entry.</p> <p><u>Education:</u> Provided</p>
6.	MN Rule 4668.0815 Subp. 4 Contents of service plan	X	X	<p>Based on record review and interview, the licensee failed to provide a complete service plan for three of ten current clients' (A1, B1, B2) records reviewed. The findings include:</p> <p>Client A1's service plan was revised November of 2005. The service plan did not include supervision of delegated nursing tasks, description of services, frequency of services, or fees for assistance with bathing, and exercise.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client B1's service plan was signed by the client's representative on October of 2005. The service plan did not identify the frequency of supervision of delegated tasks, or the fees for assistance with toileting, bathing, or the central storage of medications</p> <p>Client B2 's service plan dated March of 2005 did not include supervision of delegated nursing tasks, a description or frequency of services, or fees for assistance with dressing, grooming, ambulation, blood sugar monitoring or medication set up. When interviewed, January 31 and February 1, 2006, the administrator and the registered nurse confirmed the service plans were incomplete.</p> <p><u>Education:</u> Provided</p>
6.	MN Rule 4668.0825 Subp. 4 Performance of delegated routine nursing procedures	X	X	<p>Based on record review and interview, the licensee failed to ensure the registered nurse documented the demonstration of competency for delegated nursing tasks performed for three of four unlicensed direct care staff (C, D, E) records reviewed. The findings include:</p> <p>On February 1, 2006, employee C was observed performing blood sugar monitoring on client A4. Employee D was observed administering a nebulizer (breathing) treatment for client B9. Employee E was observed performing blood sugar monitoring for client B2. When interviewed, February 1, 2006, employees' C, D, and E each stated they had been instructed by a registered nurse on how to do the respective blood sugar monitoring and inhalation therapy techniques. There was no documentation of training or demonstrated competency for employee</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>D for the nebulizer or employees C and E for the blood sugar monitoring.</p> <p><u>Education:</u> Provided</p>
1.	<p>MN Rule 4468.0845 Subp. 2 Services that require supervision by a registered nurse</p>	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse supervised unlicensed personnel who performed services that required supervision for three of ten current clients' (A1, B1, B2) records reviewed. The findings include:</p> <p>Client A1 began receiving services January of 2005. Her revised service plan of November of 2005 indicated she received assistance with oxygen and with bathing. Her record contained "Assisted Living Facility Skilled Nurse Visit Note" forms dated September 12, 2005 and January 11, 2006. The bottom right side of the form contained an area titled "supervisory visit." This area was left blank. There was no evidence of supervisory visits in the client record.</p> <p>Client B1 began receiving services in May of 2005. Her service plan indicated she received assistance with oxygen, with her activities of daily living, and central medication storage. Her record contained four documents titled "Assisted Living Facility Skilled Nurse Visit Note" dated July 5, 2005, September 1, 2005, November 3, 2005 and January 4, 2006. The bottom right hand side of the form contained an area titled "aide supervisory visit." This area was blank. There was no evidence of supervisory visits in the client record.</p> <p>Client B2 began receiving services April of 2005. His service plan indicated he received blood sugar monitoring and medication administration. His record contained</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>two documents titled “Assisted Living Facility Skilled Nurse Visit Note” dated October 4 and December 6, 2005. The bottom right side of the form contained an area titled “aide supervisory visit.” This area was left blank. There was no evidence of supervisory visits in the client record.</p> <p>When interviewed, February 1, 2006, the registered nurse stated she completed a skilled nursing visit every sixty days, but she was unaware she was also required to complete a supervisory visit.</p> <p><u>Education:</u> Provided</p>
8.	MN Rule 4668.0855 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) assessed the clients’ need for assistance with self-administration or medication administration for two of seven current clients’ (B1, B2) records reviewed at site B. The findings include:</p> <p>Client B1 was admitted May of 2005. The client received medication administration since admission. The client’s record contained an undated document titled “RN/Assessment/Evaluation.” The document indicated the client “takes too many (medications) to keep track of” and that the client’s roommate had dementia. There was no other assessment information related to the client’s need for medication administration by staff. When interviewed, February 1, 2006 the registered nurse stated there was no other documentation related to an assessment of a client’s need for assistance with medications.</p> <p>Client B2 was admitted April of 2005.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>The client's record indicated the client resided in the dementia unit, and received medication administration. There was no documentation in the client records that the registered nurse conducted a nursing assessment of the client's functional status and need for medication administration prior to providing the service. When interviewed, February 1, 2006, the registered nurse confirmed the assessment had not been done.</p> <p><u>Education:</u> Provided</p>
8.	MN Rule 4468.0860 Subp. 2 Prescriber's order required	X	X	<p>Based on record review, interview, and observation, the licensee failed to have written prescriber orders for medications for three of ten current clients' (A3, B4, B7) records reviewed. The findings include:</p> <p>Client A3's record did not contain a prescriber's order for Warfarin Sodium 2.5 mg at supper on Tuesday, Thursday, Saturday and Sunday which was listed and documented as given on the clients' January 2006 medication administration record. When brought to the attention of the registered nurse by this reviewer, February 1, 2006, the registered nurse reviewed the client record and was unable to find a prescriber order for this medication. The registered nurse stated she would follow up on this medication.</p> <p>A medication pass for client B4 was observed at 8:20 am on February 1, 2006. The client was administered 10 mg. of Aricept. There was no prescriber's signed order in client B4s' record for the 10mg. dose of Aricept. The only signed order in the client chart was dated July 5, 2005, for 5 mg. of Aricept. When brought to the attention of the registered nurse by this</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>reviewer, February 1, 2006, the registered nurse contacted the client's physician and verified the client was to be receiving 10 mg. of Aricept daily. The registered nurse then requested a signed order from the physician to reflect the physician's current order.</p> <p>Client B7 was admitted to the agency on May of 2005. There were no signed prescriber's orders for Detrol LA, Docusate, Atenolol, Nexium and Ostecal which were listed on client B7s', February 2006 medication administration record and signed by staff as given. When interviewed, February 1, 2006, the registered nurse stated the client had been admitted from another agency and signed physician orders had not accompanied the client. The registered nurse then contacted the client's physician to obtain a physician signed listing of the client's current medications.</p> <p><u>Education:</u> Provided</p>
8.	MN Rule 4468.0860 Subp. 7 Electronically transmitted orders	X	X	<p>Based on record review and interview, the licensee failed to ensure that orders received by facsimile or other electronic means were communicated to the supervising registered nurse (RN) within one hour of receipt for two of seven current clients, (B1, B6) records reviewed at site B. The findings include:</p> <p>Client B1's record contained a faxed physician order dated January of 2006 to increase the client's Lasix to 40 mg. twice daily and an order dated January of 2006, to give the client Metolazone 5 mg. on January 27, 28, and 29, 2006. There was no evidence the orders had been communicated to a RN within one hour of receipt. When interviewed, February 1, 2006, the registered nurse</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>indicated she reviewed these faxes on January 30, 2006 with her dated signature on the faxes.</p> <p>Client B6's record contained a clinical referral form dated December of 2005 to administer Tobra eye drops to the client. The registered nurse signed the order as reviewed on December 13, 2005. A clinic referral form dated January of 2006, increased the clients' Celebrex to 200 mg. per day and ordered warm packs to the client's hip. The registered nurse signature on the referral form was dated January 30, 2006. There was no evidence the orders had been communicated to a RN within one hour of receipt.</p> <p>When interviewed, February 1, 2006, the RN stated she reviewed the faxed orders and clinic referrals during her routine scheduled workdays on Tuesday, Wednesday, and Thursday. She was unaware orders were to be communicated to her within the hour of their receipt.</p> <p><u>Education:</u> Provided</p>
2.	MN Statute §144A.44 Subd. 1(2) Bill of Rights	X	X	<p>Based on record review and interview, the licensee failed to provide home care services according to accepted medical and nursing standards for one of one current clients with blood sugar monitoring (B2) at site B. The findings include:</p> <p>Client B2 contracted to receive services from the licensee that included blood sugar monitoring by staff twice daily. The December 2005 medication administration record indicated blood sugar monitoring was completed twice daily with results of 67 to 234. Blood sugar monitoring was a delegated nursing procedure</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>completed by unlicensed personnel. The licensee had a policy for unlicensed staff to call the registered nurse when blood sugars were outside predetermined norms established by the licensee.</p> <p>The medication administration record listed ranges for blood sugars. When interviewed, February 1, 2006, employee E, an unlicensed caregiver, stated she would report high or low blood sugars to the nurse. When interviewed, January 30, and February 1, 2006, the registered nurse stated she was hired to work for the licensee nineteen to twenty hours per week. She stated she provided fifteen to sixteen hours directly for assisted living clients and staff, and the remaining four hours, she was hired for marketing tasks. She stated she worked at the agency Tuesday, Wednesday, and Thursday, and added she was not “on call” after she left the agency. She stated it was the licensee’s policy for direct care staff to contact “Ask a Nurse” which is a hospital based licensed nurse call center, whenever she was not in the facility. The licensee had clients that received delegated nursing services such as medication administration, oxygen, and blood sugar monitoring. When interviewed, February 2, 2006, the supervisor at “Ask a Nurse” expressed concerns to the reviewer about the calls to the “Ask a Nurse” call center received from the staff at this assisted living home. The “Ask a Nurse” supervisor stated the nurses’ at the call center did not know the clients and were unaware of their medical needs. The supervisor indicated unlicensed caregivers who called, expected the call center nurses to make decisions based only on the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>limited information provided by the unlicensed caregivers.</p> <p>When interviewed, January 30, and February 6, 2006, the licensee's administrator confirmed the agency's unlicensed caregivers call "Ask a Nurse" for direction regarding client's pain symptoms, and medication errors when the registered nurse is not on duty and when local medical clinics are closed.</p> <p><u>Education:</u> Provided</p>
1	MN Statute §144A.46 Subd 4(d) Disclosure	X	X	<p>Based on record review and interview the licensee failed to have a written disclosure for their special care unit. The findings include:</p> <p>On February 1, 2006, a disclosure statement for the special care unit was requested of the administrator. The administrator provided this reviewer with a copy of the agency brochure. The licensee's marketing brochure advertised they provided "memory and enhanced care" and care for "resident's needing early dementia care." The administrator stated the licensee did not have a disclosure statement.</p> <p><u>Education:</u> Provided</p>
3	4668.0065 Subp. 3 Infection control in service training every 12 months for all employees		X	<p><u>Education:</u> Provided</p>
5	4668.0810 Subp. 1-6 Client records written procedure.		X	<p><u>Education:</u> Provided</p>
8	4668.0860 Subp. 2 Prescribers orders		X	<p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
	4668.0815 Subp. 3 Modifications of service plan		X	<u>Education:</u> Provided
	CLIA waiver		X	<u>Education:</u> Provided
	Websites and resources handouts		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Keli Cox at an exit conference on February 7, 2006. 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)