



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 3367

February 13, 2007

Melanie Hopman, Administrator
The Plum House
300 Second Street SE
Morristown, MN 55052

Re: Licensing Follow Up visit

Dear Ms. Hopman:

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 January 26, 2007.

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".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

01/07 CMR1000

**Minnesota Department of Health
Division of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: THE PLUM HOUSE

DATE OF SURVEY: January 26, 2007

BEDS LICENSED:

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

CENSUS:

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

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER: CLASS F

NAME AND TITLE OF PERSONS INTERVIEWED:

Melanie Hopman, Owner, LPN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # 2

ITEMS NOTED AND DISCUSSED:

- 2) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on October 28, 31, and November 2, 2005, and found uncorrected during a subsequent follow up visit made on August 15, 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 as a result of a visit made on October 28, 31 and November 2, 2005, and found uncorrected at the site visit on August 15, 2006, is as follows:

- | | |
|---|------------------|
| 2. MN Rule 4668.0815 Subp. 4 | Corrected |
| 3. MN Rule 4668.0855 Subp. 2 | Corrected |
| 6. MN Statute §626.557 Subd. 14(b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0623

September 7, 2006

Melanie Hopman, Administrator
The Plum House
300 Second Street SE
Morristown, MN 55052

Re: Licensing Follow Up visit

Dear Ms. Hopman:

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 15, 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: Rice County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0623

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

September 7, 2006

Melanie Hopman, Administrator
The Plum House
300 Second Street SE
Morristown, MN 55052

RE: QL23434002

Dear Ms. Hopman:

On August 15, 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 October 28, 31, and November 2, 2005, with correction orders received by you on March 22, 2006.

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

2. MN. Rule 4668.0815 Subp. 4 \$50.00

Based on record review and interview, the licensee failed to ensure service plans were complete for three of three clients' (#1, #2, and #3) records reviewed. The findings include:

Clients #1, #2, and #3's service plans dated April 16, 2005, November 1, 2004, and May 13, 2005, respectively, all included medication administration. The service plans did not identify the persons providing the service or the frequency of supervision or monitoring of this delegated nursing task. In addition, the service plans did not include the action to be taken if essential services could not be provided. When interviewed, November 1, 2005, the owner/LPN confirmed the service plans were incomplete.

TO COMPLY: The service plan required under subpart 1 must include:

A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;

B. the identification of the persons or categories of persons who are to provide the services;

C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;

D. the fees for each service; and

E. a plan for contingency action that includes:

(1) the action to be taken by the assisted living home care provider licensee, client, and responsible person if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the assisted living home care provider licensee whenever staff are providing services;

(3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the assisted living home care provider licensee to contact a responsible person of the client, if any; and

(5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$50.00.

3. MN. Rule 4668.0855 Subp. 2

\$350.00

Based on record review and interview, the licensee failed to ensure a registered nurse (RN) conducted a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration for three of three clients' (#1, #2 and #3) records reviewed who were receiving medication administration. The findings include:

Clients #1, #2 and #3 had service plans dated April 16, 2005, November 1, 2004, and May 13, 2005, respectively. Clients #1, #2 and #3's service plans all indicated they received medication administration by the care attendant. There was no assessment by the RN of the client's functional status and need for assistance with medication administration in these clients' records. When interviewed, November 1, 2005, the owner/LPN confirmed the assessments had not been done.

TO COMPLY: For each client who will be provided with assistance with self-administration of

medication or medication administration, a registered nurse must conduct a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration, and develop a service plan for the provision of the services according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part [4668.0845](#), and must be maintained as part of the service plan required under part [4668.0815](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: **\$350.00**.

6. MN. Statute §626.557 Subd. 14(b)

No Fine

Based on record review and interview, the licensee failed to ensure a vulnerable adult assessment and individual abuse prevention plan were completed for three of three clients' (#1, #2, and #3) records reviewed. The findings include:

Clients #1, #2, and #3 began receiving services on April 16, 2005, November 1, 2004, and May 13, 2005, respectively and their records did not contain evidence of an assessment of each client's vulnerability or an abuse prevention plan.

When interviewed, November 1, 2005, the owner/LPN stated she was unaware each client's vulnerability was to be assessed and a plan implemented based on the assessment results.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of the person's susceptibility to abuse by other individuals, including other vulnerable adults, and a statement of the specific measures to be taken to minimize the risk of abuse to that person. For the purposes of this clause, the term "abuse" includes self-abuse.

No assessment is due for this uncorrected order.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$400.00.** 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 4668.0800 Subp. 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.

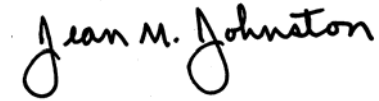
**The Plum House
300 Second Street SE
Morristown, MN 55052
September 7, 2006**

Page 4 of 4

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.

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, looped initial "J".

Jean Johnston
Program Manager
Case Mix Review Program

cc: Rice County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPCCMR 2697

**Minnesota Department Of Health
Division Of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: THE PLUM HOUSE

DATE OF SURVEY: August 15, 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

NAMES AND TITLES OF PERSONS INTERVIEWED:

Melanie Hoffman, Licensed Practical Nurse
Kelly Wenker, Care Attendant
Sarah Abukaff, Care Attendant

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # 1

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on October 28, 31, and November 2, 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 issued as a result of a visit made on October 28, 31, and November 2, 2005, is as follows:

1. MN. Rule 4668.0065 Subp. 1	Corrected	
2. MN. Rule 4668.0815 Subp. 4	Not Corrected	\$50.00

Based on record review and interview, the licensee failed to ensure service plans were complete for three of three clients' (#1, #4, and #5) records reviewed. The findings include:

Clients #1, #4, and #5's service plans dated April 16, 2006, June 5, 2006, and January 5, 2006, respectively, all included medication administration. The service plans did not identify the persons providing the service or the frequency of supervision or monitoring of this delegated nursing task. In addition, the service plans did not include the action to be taken if essential

services could not be provided. When interviewed, August 15, 2006, the owner/LPN confirmed the service plans were incomplete.

3. MN Rule 4668.0855 Subp. 2 Not Corrected \$350.00

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 self-administration of medication or medication administration for three of four clients' (#1, #4, and #5) records reviewed who were receiving medication administration. The findings include:

Clients #1, #4, and #5's service plans dated April 16, 2006, June 5, 2006, and January 5, 2006, respectively, all indicated that they received medication administration by the care attendant. There was no assessment by the RN of the client's functional status and need for assistance with medication administration in these clients records. When interviewed, August 15, 2006, the owner/Licensed Practical Nurse confirmed the assessments had not been done.

4. MN Rule 4668.0860 Subp. 4 Corrected

5. MN Rule 4668.0860 Subp. 6 Corrected

6. MN Statute §626.557 Subd. 14(b) Not Corrected No Fine

Based on record review and interview, the licensee failed to ensure a vulnerable adult assessment and individual abuse prevention plan were completed for three of four client's (#1, #4, and #5) records reviewed. The findings include:

Client's #1 # 4 and #5 were admitted to the agency on April 16, 2005, June 5, 2006, and January 4, 2006, respectively. The client records did not contain any information related to an assessment of each client's vulnerability and a subsequent abuse prevention plan.

When interviewed, August 15, 2006, the owner/LPN stated she thought the registered nurse had completed the vulnerable adult assessments, but the LPN was unable to locate the assessments.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8765

March 17, 2006

Melanie Hopman, Administrator
The Plum House
300 Second Street SE
Morristown, MN 55052

Re: Results of State Licensing Survey

Dear Ms. Hopman:

The above agency was surveyed on October 28, 31, and November 2, 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: Michael Hopman, President Governing Body
Rice County Social Services
Ron Drude, Kelly Crawford, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
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: THE PLUM HOUSE
 HFID # (MDH internal use): 23434
 Dates of Survey: October 28, 31, and November 2, 2005
 Project # (MDH internal use): QL23434002

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 promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction 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 observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input 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 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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)</p> <p><u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> 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. 4 Contents of service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure service plans were complete for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3's service plans dated April 2005, November 2004, and May 2005, respectively, all included medication administration. The service plans did not identify the persons providing the service or the frequency of supervision or monitoring of this delegated nursing task. In addition, the service plans did not include the action to be taken if essential services could not be provided. When interviewed, November 1, 2005, the owner/LPN confirmed the service plans were incomplete.</p> <p><u>Education:</u> Provided</p>
1.	MN. Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse		X	<p><u>Education:</u> Provided</p>
2.	MN. Rule 4668.0030 Subp. 2 Notification of client		X	<p><u>Education:</u> Provided</p>
3.	MN. Rule 4668.0065 Subp. 1 Tuberculosis screening	X	X	<p>Based on record review and interview, the licensee failed to ensure employees had tuberculosis screening prior to providing direct care to clients for two of four employees' (A and C) records</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>reviewed. The findings include:</p> <p>Employee A began working as a direct care attendant in November 2004. There was no evidence of tuberculosis screening in her record.</p> <p>Employee C began working as a licensed staff member providing direct care in November 2004. Employee C's Mantoux results were dated August 2005.</p> <p>When interviewed, November 1, 2005, the owner/LPN verified she had not obtained tuberculosis screening for employees A and C before they had direct client contact.</p> <p><u>Education:</u> Provided</p>
3.	MN. Statute §626.557 Subd. 14(b) Abuse prevention plans	X	X	<p>Based on record review and interview, the licensee failed to ensure a vulnerable adult assessment and individual abuse prevention plan were completed for three of three clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Clients #1, #2, and #3 began receiving services in April 2005, November 2004, and May 2005, respectively and their records did not contain evidence of an assessment of each client's vulnerability or an abuse prevention plan.</p> <p>When interviewed, November 1, 2005, the owner/LPN stated she was unaware each client's vulnerability was to be assessed and a plan implemented based on the assessment results.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
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 a registered nurse (RN) conducted a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration for three of three clients' (#1, #2 and #3) records reviewed who were receiving medication administration. The findings include:</p> <p>Clients #1, #2 and #3 had service plans dated April 2005, November 2004, and May 2005, respectively. Clients #1, #2 and #3's service plans all indicated they received medication administration by the care attendant. There was no assessment by the RN of the client's functional status and need for assistance with medication administration in these clients' records. When interviewed, November 1, 2005, the owner/LPN confirmed the assessments had not been done.</p> <p><u>Education:</u> Provided</p>
8.	MN. Rule 4668.0860 Subp. 4 Authorizations	X	X	<p>Based on record review and interview, the licensee failed to ensure medication and treatment orders were signed and dated by the prescriber in two of three clients' (#2, and #3) records reviewed. The findings include:</p> <p>Client #2 was transferred from a nursing home to the agency in November 2004. The transfer information accompanying the client included medication and treatment orders. The medication and treatment orders were instituted by the agency, but a prescriber had not signed the orders.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>Client #3 was transferred from a nursing home to the agency in May 2005. The transfer information accompanying the client included medication and treatment orders. The medication and treatment orders were instituted by the agency, but a prescriber had not signed the orders.</p> <p>When interviewed, November 1, 2005, the owner/LPN reviewed the admission orders for both clients and verified they had not been signed by a prescriber and stated she was unaware the orders had not been signed.</p> <p><u>Education:</u> Provided</p>
8.	MN. Rule 4668.0860 Subp. 6 Verbal orders	X	X	<p>Based on record review and interview, the licensee failed to forward verbal orders to the prescriber for signature within seven days for one of one client record (#1) reviewed containing verbal orders. The findings include:</p> <p>Client #1's record contained three prescriber verbal orders from June and July 2005, for medications. The three verbal orders had not been forwarded to the prescriber for the prescriber's signature.</p> <p>When interviewed, November 1, 2005, the owner/LPN stated she was not aware that verbal orders were to be sent to the prescriber for their signature.</p> <p><u>Education:</u> Provided</p>
8.	MN.Rule 4668.0855 Subp. 5 Administration of medications		X	<p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
8.	MN. Rule 4668.0860 Subp. 7 Electronically transmitted orders		X	<u>Education:</u> Provided
N/A	CLIA Waiver		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Melanie Hopman, owner at an exit conference on November 2, 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)