



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 0982

October 20, 2006

Carol Vanderweyst, Administrator  
A Touch of Country Assisted Living Plus  
300 John Street  
Starbuck, MN 55381

Re: Results of State Licensing Survey

Dear Ms. Vanderweyst:

The above agency was surveyed on September 19, 20, and 21, 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 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 initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

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



Assisted Living 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 Assisted Living home care providers (ALHCP). ALHCP 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 Assisted Living 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 ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: A TOUCH OF CNTRY AST LVNG PLUS

HFID #: 23617

Date(s) of Survey: September 19, 20, and 21, 2006

Project #: QL23617003

Indicators of Compliance	Outcomes Observed	Comments
1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. <ul style="list-style-type: none"> <li>• MN Rule 4668.0050</li> <li>• MN Rule 4668.0800 Subp. 3</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0825 Subp. 2</li> <li>• MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The service plan accurately describes the client’s needs.</li> <li>• Care is provided as stated in the service plan.</li> <li>• The client and/or representative understands what care will be provided and what it costs.</li> </ul>	Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided
2. The provider promotes the clients’ rights. <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Rule 4668.0040</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for</li> </ul>	Annual Licensing Survey <u>X</u> Met ___ Correction Order(s) issued

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Rule 4668.0170</li> <li>• MN Rule 4668.0870</li> <li>• MN Statute §144A.44</li> <li>• MN Statute §144D.04</li> </ul>	<p>clients who are discharged from the provider.</p>	<p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ New Correction Order issued</p> <p>_____ Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> <li>• MN Statute §144A.46</li> <li>• MN Statute §144D.07</li> <li>• MN Statute §626.557</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Provider personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p>Annual Licensing Survey</p> <p>_____ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ New Correction Order issued</p> <p>_____ Education Provided</p>
<p>4. The clients' confidentiality is maintained.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>• Client personal information and records are secure.</li> <li>• Any information about clients is released only to appropriate parties.</li> <li>• Client records are maintained, are complete and are secure.</li> </ul>	<p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> 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>5. The provider employs (or contracts with) qualified staff.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0825</li> <li>• MN Rule 4668.0830</li> <li>• MN Rule 4668.0835</li> <li>• MN Rule 4668.0840</li> <li>• MN Rule 4668.0065</li> <li>• MN Rule 4668.0070</li> <li>• MN Statute §144D.065</li> <li>• MN Statute §144A.45</li> <li>• MN Statute §144A.461</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>• Nurse licenses are current.</li> <li>• The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>• The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>• Personnel records are maintained and retained.</li> <li>• Staff meet infection control guidelines.</li> </ul>	<p>Annual Licensing Survey            ___Met  <u>X</u> Correction Order(s) issued  <u>X</u> Education Provided</p> <p>Follow-up Survey # ___            ___New Correction Order issued            ___Education Provided</p>
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The provider has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p>Annual Licensing Survey            ___Met  <u>X</u> Correction Order(s) issued  <u>X</u> Education Provided</p> <p>Follow-up Survey # ___            ___New Correction Order issued            ___Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The provider has a current license.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0019</li> <li>• MN Rule 4668.0220</li> <li>• MN Statute §144A.47</li> <li>• MN Statute §144D.02</li> <li>• MN Statute §144D.04</li> <li>• MN Statute §144D.05</li> </ul> <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"> <li>• 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.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p>Annual Licensing 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>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>8. The is in compliance with MDH waivers and variances</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>• Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p>Annual Licensing 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>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 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, list the rule or statute number and the findings of deficient practice noted.

**1. MN Rule 4668.0070 Subp. 2**

**AREA OF COMPLIANCE: # 5**

Based on record review and interview, the agency failed to ensure infection control training was

completed for one of four employees' (D) records reviewed. The findings include:

Employee D was a registered nurse who was contracted through another agency. Employee D did orientation training for unlicensed personnel of the facility and supervisory visit of unlicensed staff. There was no evidence of infection control in service for employee D. When interviewed, September 21, 2006, the owner indicated she did not have a copy. When interviewed via phone on September 21, 2006, employee D indicated that she had one done and would have a copy faxed to the facility.

## **2. MN Rule 4668.0815 Subp. 1**

### **AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to have a complete service plans for two of two current client's (#1, and #2) records reviewed. The findings include:

Clients' # 1 and #2 began receiving services January of 2006 and March of 2005 respectively. There were no service plans for clients' #1 and #2. The client records contained a "Service Agreement" with a form established date of "1/18/2005" that stated "Nursing Services: Nursing services provided by" (name of contracted agency) "will be paid at the scheduled fee-per-service, as established by" (name of contracted agency). Fee information is available by contacting them." The records also contained a county "Home Health Certification and Plan of Care" that contracted between the county and the contracted nursing services agency as payment authorization. There was no service plan between the client and the licensee or documentation of what is required in a service plan elsewhere in the records. When interviewed September 19 and 20, 2006, the owner stated she had clients #1 and #2 signed the housing with services agreement upon admission and thought that explained what would be provided and the cost.

## **3. MN Rule 4668.0845 Subp. 2**

### **AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for two of two current clients' (#1 and #2) records reviewed. The findings include:

Clients' # 1 and #2 began receiving services January of 2006 and March of 2005 respectively. Both clients received various delegated nursing services that required nursing supervision, which included assistance with medication administration. Client #1's supervisory notes dated January of 2006 stated observed employee A assist client with medication and insulin. The March of 2006, May of 2006, and July of 2006. RN supervisory notes indicated tasks that did not require RN supervision were the tasks that were supervised. The tasks were assisting the clients with activity, assist with medication reminder, observed by the RN to have good rapport /supportive, client denies any concerns, check staff performance (no indication of performance of what). There was no documentation of supervision of tasks that required supervision for the afore mentioned timeframes.

Client # 2's supervisory notes dated September of 2005 indicated the licensed practical nurse was observed to be competent with med set up by the RN. The November of 2005 supervisory note indicated an unlicensed staff was observed to assist with activity with client. The March of 2006,

supervisory note indicated unlicensed staff was observed to assist with appropriate redirection/cues. There was no documentation of supervision of tasks that required supervision for the afore mentioned timeframe. When interviewed September 20, 2006, the owner indicated that the contracted nurse did supervisory visit every 60 days and thought the visits were adequate.

#### **4. MN Rule 4668.0865 Subp. 2**

##### **AREA OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have the registered nurse conduct an assessment of the client's functional status and need for central medication storage and develop a service plan for the provision of central storage of medications for two of two current clients (#1 and #2) records reviewed who received central storage of medications. The findings include:

Clients # 1 and #2 began receiving central storage of medications January of 2006 and March of 2005, respectively. Client #1 and #2's records did not include an assessment for the need for central storage of medications. When interviewed September 20, 2006, the owner stated that the licensee provided central storage of medications for all clients and that she was unaware of the need for the assessment and service plan. She indicated the documentation in the resident care plan on March of and July of 2005 indicating that client #2's daughter agreed to the client's medication being centrally stored by the facility and the receipt of medication reminders and assist with medication self administration was all the documentation for central storage.

#### **5. MN Rule 4668.0865 Subp. 8**

##### **AREA OF COMPLIANCE: # 6**

Based on observation and interview, the licensee failed to store drugs in locked compartments for one of two current clients (#1) records reviewed. The findings include:

The facility provided central storage of medications. During observation of central storage of medication September 19, 2006, it was observed that Insulin belonging to client #1 was stored in an unlocked covered container in a refrigerator located in the pantry. When interviewed, September 19, 2006, the owner indicated that staff goes in and out of the pantry so she could not lock it and added it was out of the way for clients to get into.

#### **6. MN Statute §626.557 Subd. 14(b)**

##### **AREA OF COMPLIANCE: # 3**

Based on record review and interview the licensee failed to established a written abuse prevention plan for one of two current clients' (# 2) records review. The findings include:

Record review of client #2 record indicated that client was admitted to the facility March of 2005 with diagnoses of Hypertension, Dementia and Anxiety. There was no assessment for Individual abuse Prevention Plan in her record. When interviewed, the owner indicated that she did not get one done for the client because she was not sure when the client was to be admitted initially.

A draft copy of this completed form was left with Carol Vanderweyst, at an exit conference on September 21, 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. 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 supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the MDH 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).