



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 2153

September 20, 2006

Dan Will, Administrator  
Field Crest Home Care  
318 Second Street NE  
Hayfield, MN 55940

Re: Licensing Follow Up visit

Dear Mr. Will:

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

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** FIELD CREST HOME CARE

**DATE OF SURVEY:** August 31, 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:**

Dan Will, Administrator

Alice Severson, RN

**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 December 1, 5, and 6, 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 December 1, 5, and 6, 2005 is as follows:

- |                                     |                  |
|-------------------------------------|------------------|
| <b>1. MN Rule 4668.0815 Subp. 1</b> | <b>Corrected</b> |
| <b>2. MN Rule 4668.0815 Subp. 4</b> | <b>Corrected</b> |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1378

March 23, 2006

Dan Will, Administrator  
Field Crest Home Care  
318 Second Street NE  
Hayfield, MN 55940

Re: Results of State Licensing Survey

Dear Mr. Will:

The above agency was surveyed on December 1, 5, and 6, 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: Mike Stevens, President of Governing Board  
Dodge County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: FIELD CREST HOME CARE

HFID # (MDH internal use): 23661

Date(s) of Survey: December 1, 5, and 6, 2005

Project # (MDH internal use): QL23661002

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 style="text-align: center;"><u>  X  </u> Met            _____ Correction            _____ Order(s) issued            _____ 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 style="text-align: center;"><u>  X  </u> Met            _____ 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 style="text-align: center;"><u>  X  </u> Met            _____ Correction            _____ Order(s) issued            _____ Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p><b>Client personal information and records are secure.</b> <b>Any information about clients is released only to appropriate parties.</b> Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p style="text-align: center;"><u>  X  </u> Met            _____ Correction            _____ Order(s) issued            _____ 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 style="text-align: center;"><u>  X  </u> Met            _____ Correction            _____ Order(s) issued            _____ Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	<u>X</u> Met ___ Correction Order(s) issued <u>X</u> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<u>X</u> Met ___ Correction Order(s) issued ___ Education provided ___ N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)	Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<u>X</u> Met ___ Correction Order(s) issued ___ Education provided ___ N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).	<u>X</u> Met ___ Correction Order(s) issued ___ Education provided

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

Survey Results:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

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

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0815 Subp. 1 Evaluation; documentation	X	X	<p>Based on record review and interview, the licensee failed to ensure that the service plan for providing home care services was dated for one of two clients' (#1) records reviewed. The findings include:</p> <p>Client #1 began receiving services in April 2005. The initial service plan was completed and signed by the client but was undated.</p> <p>When interviewed, December 1, 2005, the RN confirmed client #1's service plan did not include a date.</p> <p><b><u>Education:</u></b> Provided</p>
#1	MN Rule 4668.0815 Subp. 4 Contents of service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that service plans were complete for two of two clients' (#1, and #2) records reviewed. The findings include:</p> <p>Client # 1 began receiving services in April 2005, including medication administration, blood glucose monitoring, and bathing. The service plan for client #1 did not identify the staff person or category of person that was responsible for these tasks.</p> <p>Client #2 began receiving services in October 2005, including assistance with medication administration, blood glucose monitoring, dressing, grooming, and bathing. The service plan did not include the frequency of the services nor did it identify the staff person or category of persons that was</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				responsible for the tasks.  When interviewed, December 1, 2005, the registered nurse verified the service plans were incomplete.  <b><u>Education:</u></b> Provided
#3	MN Rule 4668.0065 Subp. 3 Infection control in-service training		X	<b><u>Education:</u></b> Provided
#7	MN Rule 4668.0070 Subp. 3 Job descriptions		X	<b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Nancy (Emerick) DeCoux, RN at an exit conference on December 6, 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)