



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9878

January 23, 2006

Hongjoo Lee, Administrator
Golden Nest LLC
2769 Eagle Valley Drive
Woodbury, MN 55129

Re: Licensing Follow Up Revisit

Dear Mr. Lee:

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 5, 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

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Junghee Yun, President Governing Board
Washington County Social Services
Gloria Lehnertz, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: GOLDEN NEST LLC

DATE OF SURVEY: January 5, 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:

HongJoo Lee, Owner/Administrator
InHwa Hwang, Home Health Aide

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

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 September 26, 27, 29, and 30, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

1. MN Rule 4668.0065 Subp. 1	Corrected
2. MN Rule 4668.0810 Subp. 5	Corrected
3. MN Rule 4668.0815 Subp. 4	Corrected
4. MN Rule 4668.0855 Subp. 2	Corrected
5. MN Rule 4668.0855 Subp. 9	Corrected
6. MN Rule 4668.0865 Subp. 2	Corrected
7. MN Rule 4668.0865 Subp. 3	Corrected
8. MN Rule 4668.0865 Subp. 8	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7713

November 23, 2005

Hongjoo Lee, Administrator
Golden Nest LLC
2769 Eagle Valley Drive
Woodbury, MN 55129

Re: Results of State Licensing Survey

Dear Mr. Lee:

The above agency was surveyed on September 26, 27, 29 and 30, 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: Junghee Lee, President Governing Board
Gloria Lehnertz, Minnesota Department of Human Services
Washington County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

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

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

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

Name of ALHCP: GOLDEN NEST LLC:

HFID # (MDH internal use) 23665:

Date(s) of Survey: September 26, 27, 29, and 30, 2005

Project # (MDH internal use): QL23665002

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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> 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 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> 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.	<input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input checked="" type="checkbox"/> N/A ***No clients discharged since licensed
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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> 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. 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>Client #1's service plan, dated September of 2005, indicated that the client received personal care services twenty-four hours a day by the home health aides. Observations and interviews with employees A, B, C and individual E on September 26, 27 and 29, 2005 indicated that the client received medication set-up by the nurse, assistance with self-administration of medications by the home health aides, central storage of medications, blood sugar checks four times a day, insulin injections daily, and nebulizer treatments. These services were not included on the client's service plan.</p> <p>Client #2's service plan, dated September of 2005, indicated that the client received personal care services twenty-four hours a day by the home health aides. Observations and interviews with employees A, B, C, and individual E on September 26, 27 and 29, 2005 indicated that the client received medication set-up by the nurse, assistance with self-administration of medications by the home health aides, and central storage of medications. These services were not included on the client's service plan.</p> <p>Client #3's service plan, dated August of 2005, indicated that the client received personal care services twenty-four hours a day by the home health aides. Observations and interviews on September 26 and 27, 2005 indicated that the client received medication reminders daily. This service was not included on the client's service plan.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed September 27 and 29, 2005, employee A and individual E confirmed client #1, #2 and #3s' service plans did not include a description of all the services that were being provided.</p> <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 that employees had tuberculosis screening before providing direct care to clients for three of three employees (A, B and C) reviewed. The findings include:</p> <p>Employees A, B and C, were hired to provide direct care to clients August of 2005, and employee C, July of 2005, respectively. Their records did not include documentation of tuberculosis screening. When interviewed September 27 and 29, 2005, employee A, manager/owner, verified that Mantoux tests had not been done on herself or employees B and C.</p> <p><u>Education:</u> Provided</p>
#5	MN Rule 4668.0810 Subp. 2 Security		X	<p>Based on record review and interview, the licensee failed to ensure that all entries in the client record were authenticated with the name and title of the person making the entry for two of three clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's medication administration record (MAR) for September 17, 2005 through September 27, 2005 included initials of staff who administered the client's medications at specified times. The entries were not authenticated with the name and title of the person making the entry. Client #1's Diabetic Flow sheets for September 7 through September 20, 2005 had recordings of the client's blood sugar. There were no signatures and titles of the staff persons who performed the client's blood sugar check.</p> <p>Client #2 had a flow sheet with entries dated September 17 and 24, 2005 that recorded the client's blood pressure, pulse and respiration. There were no signatures</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>and titles of the staff persons who made the entries. When interviewed September 29, 2005, employee A verified the preceding findings related to client #1 and #2.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0830 Subp. 2 Other services		X	<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 conducted an assessment of the client's functional status and need for assistance with self-administration of medications for one of two clients' (#2) records reviewed. The findings include:</p> <p>When interviewed September 27 and 29, 2005, employees A, B and individual E indicated that client #2 received assistance with self-administration of her medications on a daily basis. Client #2's Vulnerable Adult Assessment, dated September of 2005, included a statement that the client was able to self-administer her medications. When interviewed September 29, 2005, employee A and individual E verified the discrepancy in the assessment and confirmed the client received assistance with self-administration of her medications.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0855 Subp. 9 Medication records	X	X	<p>Based on record review and interview, the licensee failed to ensure medication records were complete for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>When interviewed September 27 and 29, 2005, employee A and individual E indicated that client #1 received assistance from staff with self-administration of her medications. The client's Medication Administration Record (MAR) did not include the dosages and method of administration for some of the medications such as, Warfarin, Glipizide, and Lisinopril.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>When interviewed September 26 and 29, 2005, employee A and individual E indicated that client #2 received assistance from staff with self-administration of her medications. The client's record did not include the name of the medications, the date, time, quantity of dosage or method of administration of the medications that client was being assisted with. Employees A and E confirmed the lack of documentation on the medication records for client #1 and #2.</p> <p>Education: Provided</p>
#8	MN Rule 4668.0865 Subp. 2 Nursing assessment and service plan	X	X	<p>Based on observations, record review and interviews, the licensee failed to ensure that the registered nurse conducted a nursing assessment of the client's functional status and need for central storage of medications for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Observations on September 26, and 27, 2005 indicated that client #1 and #2's medications were centrally stored in a drawer in the dining room.</p> <p>Client #1's record contained a Vulnerable Adult Assessment, dated August 30, 2005, which contained a statement that indicated the client required central storage of medications because of "insulin." The client not only had insulin centrally stored, but also twelve other medications including inhalers. There was no assessment of the client's functional status, or reasons for the need for central storage of medications other than the "insulin."</p> <p>Client #2's record contained a Vulnerable Adult Assessment, dated September 7, 2005, which included a statement that the client did not require central storage of medications.</p> <p>When interviewed September 29, 2005, employee A and individual E confirmed the lack of a complete assessment of the client # 1's functional status and need for</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>central storage of medications, and the discrepancy regarding the assessment and central storage of medications for client #2.</p> <p>Education: Provided</p>
#8	MN Rule 4668.0865 Subp. 3 Control of medications	X	X	<p>Based on record review and interview, the licensee failed to established a system that addressed the control of medications for one of one client (#2) record reviewed. The findings include:</p> <p>Client #2 was seen by a physician September of 2005 and the following medication changes were ordered: Increase antiulcer medication to 40 milligrams two times a day; discontinue the antihypertensive medication and start another antihypertensive medication 25 mg. a day and start a bronchodilator two puffs every four hours as needed for cough.</p> <p>These medication changes were not communicated to a RN until September 27, 2005, when an RN/individual (F) from an outside agency came to set-up client #2's medications. When interviewed September 27, 2005, individual (F) stated that client #2 went to the physician's visit with an interpreter, and the interpreter kept the prescription with her until she came to the assisted living home care provider to interpret for the nurse/client on September 27, 2005. Individual F stated she was not aware of the medication changes prior to September 27, 2005, when she came to set up the client's medications. In addition, the medication changes were not communicated to the licensees' contracted nurse until September 27, 2005. There was no system in place for medication changes to be communicated to the licensees' RN and implemented in a timely manner.</p> <p>In addition, client #2's medication administration record was not changed to the reflect the September of 2005 medication changes until six days later, when the licensees' contracted nurse, individual (E) came to the agency. When interviewed September 27, 2005, individual (F) stated that her responsibility was to set-up client #2's medications, and that she did not make any changes in the</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>client's record. When interviewed September 29, 2005, individual (E) confirmed there was no system in place to handle client's medication changes in a timely manner.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 8 Storage of drugs	X	X	<p>Based on observations, and interview, the licensee failed to ensure that medications that were centrally stored, were locked for two of two clients (#1 and #2) whose medications were centrally stored. The findings include:</p> <p>On September 26, 27, and 29, 2005 client #1 and #2s' medications were observed to be stored in an unlocked drawer in the dining room, an unlocked cupboard in the kitchen and an unlocked cupboard in the dining room. Client #1's insulin was observed to be stored in an unlocked container in a refrigerator which was unlocked in the kitchen.</p> <p>When interviewed on September 29, 2005, employee A and individual E confirmed that client #1 and #2's medications were not locked.</p> <p><u>Education:</u> Provided</p>
#10	MN Rule 4668.0012 Subp. 8 Notification of changes in information		X	<p><u>Education:</u> Provided</p>
	CLIA Waiver		X	<p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Hongjoo Lee, Mgr/Owner at an exit conference on September 30, 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).