

#### Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # <del>7004 1350 0003 0567 0919</del> 7004 1350 0003 0567 1398

February 6, 2008 February 15, 2008

Cheryl Heikkila, Administrator McKinney Lake House 2304 McKinney Lake Road Grand Rapids, MN 55744

Re: Results of State Licensing Survey

Dear Ms. Heikkila:

The above agency was surveyed on January 7, 8, and 9, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

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

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

Jean Johnston, Program Manager Case Mix Review Program

Enclosures

cc: Itasca County Social Services

Ron Drude, Minnesota Department of Human Services

Sherilyn Moe, Office of the Ombudsma

01/07 CMR3199



Class F Home Care Provider

## LICENSING SURVEY FORM

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

During an on-site visit, MDH nurses will interview staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class F Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

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

#### Name of CLASS F: MCKINNEY LAKE HOUSE

HFID #: 23682

Date(s) of Survey: January 7, 8 and 9, 2008

Project #: QL23682002

| Indicators of Compliance   | Outcomes Observed  | Comments  |
|--|--|---|
| <ol> <li>The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</li> <li>Focus Survey         <ul> <li>MN Rule 4668.0815</li> </ul> </li> <li>Expanded Survey         <ul> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul> </li> </ol> | <ul> <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 understand what care will be provided and what it costs.</li> </ul> | Focus Survey  X Met  Correction Order(s) issued  X Education Provided  Expanded Survey  X Survey not Expanded  Met  Correction Order(s) issued Education Provided  Follow-up Survey #  New Correction Order issued Education Provided |

| <b>Indicators of Compliance</b>  | <b>Outcomes Observed</b>  | Comments   |
|--|---|--|
| 2. The provider promotes the clients' rights.  Focus Survey  MN Rule 4668.0030  MN Statute §144A.44  Expanded Survey  MN Rule 4668.0040  MN Rule 4668.0170  MN Statute §144D.04  MN Rule 4668.0870 | <ul> <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 clients who are discharged from the agency.</li> </ul>  | Focus Survey  X Met  Correction Order(s) issued  X Education Provided  Expanded Survey  X Survey not Expanded Met  Correction Order(s) issued Education Provided  Follow-up Survey #  New Correction Order issued Education Provided |
| 3. The health, safety, and well being of clients are protected and promoted.  Focus Survey  MN Statute §144A.46  MN Statute §626.557  Expanded Survey  MN Rule 4668.0035  MN Rule 4668.0805        | <ul> <li>Clients are free from abuse or neglect.</li> <li>Clients are free from restraints imposed for purposes of discipline or convenience.         Agency 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> | Focus Survey Met XCorrection Order(s)     issued XEducation Provided Expanded Survey XSurvey not ExpandedMetCorrection Order(s)     issuedEducation Provided Follow-up Survey #New Correction     Order issuedEducation Provided     |

| Comments |
|----------|

# 4. The clients' confidentiality is maintained.

**Indicators of Compliance** 

# **Expanded Survey**

• MN Rule 4668.0810

 Client personal information and records are secure.

**Outcomes Observed** 

- Any information about clients is released only to appropriate parties.
- Client records are maintained, are complete and are secure.

# This area does not apply to a Focus Survey

#### **Expanded Survey**

- X Survey not Expanded
- Met
  - \_\_Correction Order(s) issued
- \_\_\_\_Education Provided
- Follow-up Survey # New Correction
  - Order issued
    Education Provided

5. The provider employs (or contracts with) qualified staff.

## **Focus Survey**

- MN Rule 4668.0065
- MN Rule 4668.0835

# **Expanded Survey**

- MN Rule 4668.0820
- MN Rule 4668.0825
- MN Rule 4668.0840
- MN Rule 4668.0070
- MN Statute §144D.065

- Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.
- Nurse licenses are current.
- The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.
- The process of delegation and supervision is clear to all staff and reflected in their job descriptions.
- Personnel records are maintained and retained.
- Staff meet infection control guidelines.

## Focus Survey

- Met
- \_\_\_Correction Order(s) issued
  - **Education Provided**

## **Expanded Survey**

- Survey not Expanded
- Met
- X Correction Order(s) issued
- X Education Provided

Follow-up Survey #

- \_\_New Correction
  Order issued
- Education Provided

| <b>Indicators of Compliance</b>  | Outcomes Observed   | Comments   |
|--|---|--|
| 6. Changes in a client's condition are recognized and acted upon. Medications are stored and administered safely.  Focus Survey  MN Rule 4668.0855  MN Rule 4668.0860  Expanded Survey  MN Rule 4668.0800  MN Rule 4668.0815  MN Rule 4668.0820  MN Rule 4668.0865  MN Rule 4668.0870                                    | <ul> <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 agency 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> | Focus Survey Met XCorrection Order(s)     issued XEducation Provided  Expanded Survey XSurvey not ExpandedMetCorrection Order(s)     issuedEducation Provided  Follow-up Survey #New Correction     Order issuedEducation Provided |
| 7. The provider has a current license.  Focus Survey  MN Rule 4668.0019  Expanded Survey  MN Rule 4668.0008  MN Rule 4668.0012  MN Rule 4668.0016  MN Rule 4668.0220  Note: 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. | <ul> <li>The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided.</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>   | Focus Survey  X Met  Correction Order(s) issued Education Provided  Expanded Survey  X Survey not Expanded Met  Correction Order(s) issued Education Provided  Follow-up Survey #  New Correction Order issued Education Provided  |

| Indicators of Compliance  | Outcomes Observed   | Comments                                    |
|---|---|---|
| 8. The provider is in compliance with MDH waivers and variances | • Licensee provides services within the scope of applicable MDH | This area does not apply to a Focus Survey. |
| Expanded Survey • MN Rule 4668.0016                             | waivers and variances   | Expanded Survey  X Survey not Expanded  Met |
|   |   | Correction Order(s) issued                  |
|   |   | Education Provided Follow-up Survey #       |
|   |   | New Correction Order issued                 |
|   |   | Education Provided                          |

<u>Please note</u>: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.

| An indicators of compitance instead above were in | <b>SURVEY RESULTS:</b> All Indicators of Compliance listed above we |
|---|---|
|---|---|

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

# 1. MN Rule 4668.0825 Subp. 4

## **INDICATOR OF COMPLIANCE: #5**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) had trained unlicensed personnel in the proper methods to perform delegated nursing procedures prior to performing the procedures for two of three clients' (A2 and A3) records reviewed. The findings include:

Client A2's December 2007 and January 2008 medication administration record indicated she had received range of motion by employee AD, an unlicensed person.

Client A3's December 2007 and January 2008 service delivery record indicated she received a daily splint application and hot packs to her knee two times per shift by employee AD. There was no documentation that the RN had trained employee AD prior to performing the delegated nursing procedures. When interviewed January 7, 2007, employee AD indicated she was trained by another unlicensed staff person on how to perform the range of motion for client A2. When interviewed January

8, 2008, the owner confirmed there was no documentation that the RN had provided training to employee AD.

# 2. MN Rule 4668.0855 Subp. 5

#### **INDICATOR OF COMPLIANCE: #6**

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) was notified within 24 hours after administration when unlicensed personnel administered a pro re nata (PRN, as needed) medication for two of two clients' (A2 and A3) records reviewed. The findings include:

Client A2's PRN Medication Administration Record indicated she received Ambien 5 milligrams (mg.) on November 27 and December 17, 2007. Client A2's record lacked evidence the RN was notified when the medication was given.

Client A3's PRN Medication Administration Record indicated she received Tylenol 500 mg., one or two, on December 6, 7, 14, 17, 23, 24, 25 and 26, 2007 and January 4 and 6, 2008. Client A3's record lacked evidence that the RN was notified when the medication was given. When interviewed January 8, 2008, employee AD indicated she did not notify the RN prior to giving the PRN medications. The owner also confirmed the RN was not notified prior to administration of the PRN medications.

# 3. MN Rule 4668.0855 Subp. 9

### **INDICATOR OF COMPLIANCE: #6**

Based on record review and interview, the licensee failed to have complete medication records for two of three clients' (A2 and A3) records reviewed. The findings include:

Client A2's medication administration record indicated she received "cough syrup" on December 21, 22, 23, 24 and 25, 2007.

Client A3's medication administration record indicated she received "Hydrocodone" on November 12, 17, 21 and 22, 2007. The clients' medication records lacked the quantity of dosage for the medications that were administered. When interviewed January 8, 2008, the owner confirmed the dosage of the medication that the clients received had not been recorded.

### 4. MN Statute §144A.46 Subd. 5(b)

### **INDICATOR OF COMPLIANCE: #3**

Based on record review and interview, the licensee failed to ensure a background study was completed on three of three employees' (AA, AC and AD) records reviewed. The findings include:

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Employees AA, AC and AD were hired May 2007, November 2006 and October 2006, respectively. Their records lacked evidence that a background study had been completed. When interviewed January 8, 2008, the owner confirmed the background studies had not been completed.

A draft copy of this completed form was left with <u>Cheryl Heikkila</u> at an exit conference on <u>January 9</u>, <u>2008</u>. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html

Regulations can be viewed on the Internet: <a href="http://www.revisor.leg.state.mn.us/stats">http://www.revisor.leg.state.mn.us/stats</a> (for MN statutes) <a href="http://www.revisor.leg.state.mn.us/arule/">http://www.revisor.leg.state.mn.us/arule/</a> (for MN Rules).