



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 2919

December 5, 2006

Beth Balenger, Administrator
Unity Health Care
5517 Penn Avenue South
Minneapolis, MN 55419

Re: Results of State Licensing Survey

Dear Ms. Balenger:

The above agency was surveyed on October 10, 12, 13, 16, and 17, 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 Johnston" with a stylized flourish at the end.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Hennepin 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: UNITY HEALTH CARE

HFID #: 23694

Date(s) of Survey: October 10, 12, 13, 16 and 17, 2006

Project #: QL23694003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0050 • MN Rule 4668.0800 Subp. 3 • MN Rule 4668.0825 Subp. 2 • MN Rule 4668.0845 	<ul style="list-style-type: none"> • 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 understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" 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>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus 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>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input 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>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel 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>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input 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>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0065 • MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0840 • MN Rule 4668.0070 • MN Statute §144D.065 	<ul style="list-style-type: none"> • 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. 	<p>Focus Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ 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>6. Changes in a client's condition are recognized and acted upon. Medications are stored and administered safely.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" 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>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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"> • 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) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input 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>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 	<ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input 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, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0810 Subp. 5

AREA OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to ensure that entries in the client record were authenticated with the name, date and title of the person making the entry in six of six current clients (#A1, #A2, #B1, #B2, #C1 and #C2) records reviewed. The findings include:

The records for clients' #A1, #A2, #B1, #B2, #C1 and #C2 had progress notes with entries lacking dates and titles of the persons making the entries. All six clients had daily medication logs with only the time entered for when the medication was given. There were no initials or signatures to indicate the staff person who gave the medication. The instructions on the daily log form indicated to initial each entry. When interviewed October 12, 2006 the administrator agreed that the staff are not using their title after their name as they should and that many entries lacked a date. She also agreed that staff need to initial each entry on the daily logs and that they are not doing this.

2. MN Rule 4668.0810 Subp. 6

AREA OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to assure a discharge summary was completed for two of two discharged clients' (#A3 and #B3) records reviewed. The findings include:

Clients' A3 and B3 were hospitalized June of 2006 and August of 2006 respectively. Neither client returned to the facility. There was no summary following discontinuation of services or documentation of the clients' condition at discharge in either client record. When interviewed October 12, 2006, the administrator agreed that there was no discharge summary in either record.

3. MN Rule 4668.0815 Subp. 1

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to have a registered nurse (RN) complete an individualized evaluation of the clients needs and establish a service plan for one of two current clients' (#B2) records reviewed at site B. The findings include:

Client B2's initial nursing assessment was completed by a licensed practical nurse (LPN) September of 2006. Client B2 began receiving services including administration of medication September of 2006. Client B2's record lacked evidence an RN had completed an individualized evaluation of the clients needs and there was no service plan in the record. When interviewed October 12, 2006 the administrator verified that the service plan for client B2 was missing and that the client intake assessment had been done by the LPN.

4. MN Rule 4668.0815 Subp. 4

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure complete service plans for two of two current clients' (C1 and C2) records reviewed at site C. The findings include:

Clients' C1 and C2 began receiving services including medication administration March of 2006, and July of 2006, respectively. The service plans for clients C1 and C2 were signed by the clients March of 2006, and August of 2006, respectively. Both service plans referenced a care plan for services. There were no care plans for either client. When interviewed, October 12, 2006, the administrator verified that the care plan was a part of the service plan. She confirmed that the service plans for clients C1 and C2 were not complete.

5. MN Rule 4668.0845 Subp. 2

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to assure that a registered nurse (RN) supervised services that require supervision one of two current clients' (#A2) records reviewed at site A. The findings include:

Client A2 began receiving services from unlicensed persons including medication administration January of 2004. Client A2 had a supervisory visit dated June of 2006. There was evidence of subsequent supervisory or monitoring visits. When interviewed October 13, 2006 the administrator agreed that she couldn't locate any more recent visit either.

6. MN Rule 4668.0855 Subp. 2

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration for three of six current clients' (#B2, #C1 and #C2) records reviewed. The findings include:

Clients' B2, C1, and C2 received administration of medication. There was no assessment by a registered nurse for the need for medication administration for clients' B2, C1, and C2. Client C1's record contained a blank form, not filled out, for medication administration. When interviewed October 16, 2006 the administrator agreed that the assessment for client C1 had not been completed. She stated the other assessments may have been done and for some reason was not in the record. No additional documentation was provided during the survey.

7. MN Rule 4668.0855 Subp. 9

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to assure that there was documentation of each instance of medication administration for two of two current clients' (#B1, #B2) records reviewed at site B and one of two current client's (#C2) records reviewed at site C. The findings include:

Client B1 received medication administration. The daily medication administration records (MAR) for September and October 2006 had blank spaces for 10 pm medication on four dates in September and three dates in October. Client B2 received medication administration. The September and October 2006 MAR had blank spaces for the 4pm and 8pm medications on one date in September and two dates in October. Client C2 received medication administration. The August, September, and October 2006 MARs had blank spaces for the 4pm and 8pm medications on one date in August, September, and October of 2006. There was no documentation in client B1, B2, or C2's records as to why the medications were not given or any follow up procedures that were provided. When interviewed October 13, 2006 the administrator stated that the staff are supposed to indicate a refusal or if the client is out of the house. She agreed that there was no documentation as to why the medications were not documented.

8. MN Rule 4668.0870 Subp. 3

AREA OF COMPLIANCE: # 6

Based on record review and interview, the agency failed to indicate the disposition of medications for two of two discharged client's (#A3 and #B3) record reviewed. The findings include:

Clients' A3 and B3 received medication administration. Clients' A3 and B3 were hospitalized June of 2006 and August of 2006 respectively. Neither client returned to the facility. There was no notation of the destruction of the medications in either client record. When interviewed October 17, 2006 the administrator stated that they destroyed the medications for client A3. She stated that they gave client B3's medications to the receiving agency. She confirmed there was no documentation of the disposition of the medications in client A3 or B3's records.

A draft copy of this completed form was left with Beth Belanger, Administrator, at an exit conference on October 17, 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).