

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 2728

November 2, 2006

Mary Krueger, Administrator Parkview Court 300 SE 8th Avenue Glenwood, MN 56334

Re: Results of State Licensing Survey

Dear Ms. Krueger:

The above agency was surveyed on October 5, 6, and 9, 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,

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: PARKVIEW COURT

HFID #: 23780

Date(s) of Survey: October 5, 6 and 9, 2006

Project #: QL23780002

Indicators of Compliance	Outcomes Observed	Comments
 The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. Focus Survey MN Rule 4668.0815 Expanded Survey MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	 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. 	Focus Survey X Met Correction Order(s) issued X Education Provided Expanded Survey 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
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	 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. 	Focus Survey X Met Correction Order(s) issued X Education Provided Expanded Survey 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	 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. 	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

Indicators of Compliance	Outcomes Observed	Comments
 4. The clients' confidentiality is maintained. Expanded Survey MN Rule 4668.0810 	 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. 	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 X Met Correction Order(s) issued X Education Provided Expanded Survey Survey not Expanded Met Correction Order(s) issued Education Provided Follow-up Survey # New Correction Order issued Education Provided Education Provided

Indicators of Compliance	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	 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. 	Focus Survey Met XCorrection Order(s) issued XEducation Provided Expanded SurveySurvey 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.	 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. 	Focus Survey X Met Correction Order(s) issued Education Provided Expanded Survey 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	To a second seco	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 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 4668.0855 Subp. 2

AREA OF COMPLIANCE: #6

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) indicated the client's need for assistance with medication administration for one of two current clients' (#1) records reviewed. The findings include:

Client #1's service plans dated September of 2005 and January of 2006, indicated that the client received weekly medication set-up by the nurse and medication administration by the care attendants. Client #1's record contained a nursing assessment of the clients' functional status dated January of 2006 that did not indicate the need for assistance with medication administration. It indicated no physical or cognitive deficits to impair independence with medication set-up and medication administration. It stated "Intelligent, wants to be independent, very pleasant, appreciates everything." When interviewed on October 5, 2006, the registered nurse stated that she had not completed a nursing assessment of this clients' functional status and need for assistance with medication administration.

2. MN Rule 4668.0855 Subp. 9

AREA OF COMPLIANCE: #6

Based on record review, observation, and interview, the licensee failed to have complete medication records for two of two clients' (#1 and #2) records reviewed, and failed to ensure that medications were administered as prescribed for one of two (#1) client's records reviewed. The findings include:

Clients #1 service plan dated January of 2006 indicated that he was to receive weekly medication set-up by the nurse and assistance with medication administration by the unlicensed staff. The client's records contained medication administration records until June of 2006. After June of 2006, the licensed staff that performed the weekly set-up of medications did not document the name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications that she set-up nor did the unlicensed staff who were administering the medications on a daily basis, document each medication that was administered to the client. When interviewed on October 5, 2006, the registered nurse stated that since June of 2006, the assisted living discontinued the use of the medication administration records, stating she was unaware they needed to be done.

Observations on October 6, 2006, discovered that client #1's October 5, 2006 8:00 a.m. medications were still in the client's medication box. When interviewed, October 6, 2006, the registered nurse (RN) and the licensed practical nurse (LPN) stated that client #1's medications that were set-up for October 11, 2006 at 8:00 a.m. were inadvertently given to the client on October 5, 2006. The medications set-up for October 5th and 11th were the same medications, except that the client was to receive Prednisone 5 milligrams on October 5, 2006, which the client did not receive. Client #1's record lacked documentation as to why the medications were not administered as prescribed. The RN stated in interview on October 6, 2006, that the physician would be notified of the error in medication administration.

Client #1 had a clinic referral sheet, signed by the physician August of 2006 that indicated to apply Betamethasone cream two times a day on Monday, Wednesday and Friday. Client #1 had a clinic referral sheet, signed by the physician September of 2006 ordered Lamisol cream twice a day until clear. Unlicensed personnel used a form called "Resident Care Plan" to document care and services provided. Documentation for the week of September 17 through September 23, 2006, indicated that client #1 received Diprolene (also known as Betamethasone) ointment to a rash every day, twice daily at 5:30 a.m. and 8:00 p.m rather than twicedaily three times weekly as ordered. When questioned as to the frequency of application of the Betamethasone, the LPN stated that she verbally instructed the unlicensed staff to hold the Betamethasone after the client's clinic visit September of 2006, and indicated that the staff were not applying the ointment even though the documentation in the client's record reflected that they were applying the ointment twice a day, every day.

3. MN Rule 4668.0860 Subp. 6

AREA OF COMPLIANCE: #6

Based on record review and interview, the licensee failed to ensure that when a nurse received a verbal order from a prescriber, that the verbal order was recorded, signed and forwarded to the prescriber for the prescriber's signature for one of two (#1) records reviewed, of clients whose medications were to be administered by the licensee. The findings include:

Client #1's listing of "Current Medications" as of September 25, 2006, indicated that starting August of 2006, Betamethasone was to be applied topically two times daily on Monday, Wednesday, and Fridays. When interviewed, October 6, 2006, the licensed practical nurse (LPN) stated that she accompanied client #1 to his physician visit September of 2006 and that the client's physician verbally told the LPN to "hold" the Betamethasone and to apply Lamisil cream two times a day instead. The verbal order to "hold" the Betamethasone was not recorded, signed and forwarded to the client's physician for a signature.

4. MN Statute §144A.46 Subd. 5(b)

AREA OF COMPLIANCE: #3

Based on record review and interview the licensee failed to have a background study performed for one of two-licensed employee's (#A) records reviewed. The findings include:

The licensee hired employee #A July of 2005 to provide direct client care. The employee record lacked a background study. When interviewed, October 6, 2006, employee A stated she thought a background study had been submitted for her, however, when the licensee contacted the Department of Human Services, no background study was found for employee A.

5. MN Statute §626.557 Subd. 14(b)

AREA OF COMPLIANCE: #3

Based on record review and interview the licensee failed to develop an individual abuse prevention plan for three of three client's (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3 began receiving services from the licensee on September of 2005. All three clients' records lacked an individualized assessment of clients' susceptibility to abuse, and specific measures to minimize the risk of abuse to the clients. When interviewed, October 5, 2006, the registered nurse stated she had not completed assessments of the clients' susceptibility to abuse nor developed plans to minimize the risk of abuse to the clients.

A draft copy of this completed form was left with <u>Helen Stafsholt, RN and Mary Krueger, CEO</u>, at an exit conference on <u>October 9, 2006</u>. 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).