



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 4609

January 10, 2007

Ann Nowrang, Administrator
Gemini Manor
20752 Gemini Trail
Lakeville, MN 55044

Re: Licensing Follow Up visit

Dear Ms. Nowrang:

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 December 8, 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".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Dakota 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: GEMINI MANOR

DATE OF SURVEY: December 8, 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 AND TITLE OF PERSONS INTERVIEWED:

Ann Norwang, Administrator

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: # 2

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 October 6, 7 and 10, 2005 and a subsequent follow-up visit made on August 17 and 18, 2006. 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 October 6, 7 and 10, 2005, and not corrected during an August 17 and 18, 2006 follow-up visit is as follows:

4. MN Rule 4668.0840 Subp. 3	Corrected
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The status of the correction orders issued as a result of a visit made on August 17 and 18, 2006, is as follows:

1. MN Rule 4668.0845 Subp. 2	Corrected
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2. MN Rule 4668.0855 Subp. 2	Corrected
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3. MN Rule 4668.0860 Subp. 3	Corrected
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Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0593

September 12, 2006

Ann Nowrang, Administrator
Gemini Manor
20752 Gemini Trail
Lakeville, MN 55044

Re: Licensing Follow Up visit

Dear Ms. Nowrang:

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 17 and 18, 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, flowing style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Dakota County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0593

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR ASSISTED LIVING HOME CARE PROVIDERS**

September 12, 2006

Ann Nowrang, Administrator
Gemini Manor
20752 Gemini Trail
Lakeville, MN 55044

RE:QL23850001

Dear Ms. Nowrang:

On August 17 and 18, 2006, a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on October 6, 7, and 10, 2005, with receipt of correction orders confirmed by phone on April 6, 2006.

The following correction orders were not corrected in the time period allowed for correction:

4. MN Rule 4668.0840 Subp. 3

\$300.00

Based on record review and interview, the licensee failed to ensure each unlicensed person completed core training for four of four employees (A, B, C and D) reviewed. The findings include:

Employees A, B, C and D, were hired by the agency on August 16, 2005. Each employee's training record lacked documentation that they had received the required core training. When interviewed October 7, 2005, the administrator stated she was unaware of the core training requirements for the employees. She said that all of the employees were registered nursing assistants, and she thought that was the only training requirement for the staff.

TO COMPLY: An unlicensed person performing assisted living home care services must successfully complete training or demonstrate competency in the topics described in subitems (1) to (12). The required topics are:

- (1) an overview of this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#);
- (2) recognizing and handling emergencies and using emergency services;
- (3) reporting maltreatment of vulnerable minors or adults under Minnesota Statutes,

September 12, 2006

sections [626.556](#) and [626.557](#);

- (4) the home care bill of rights, Minnesota Statutes, section [144A.44](#);
- (5) handling clients' complaints and reporting complaints to the Office of Health Facility Complaints;
- (6) the services of the ombudsman for older Minnesotans;
- (7) communication skills;
- (8) observing, reporting, and documenting client status and the care or services provided;
- (9) basic infection control;
- (10) maintaining a clean, safe, and healthy environment;
- (11) basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; and
- (12) physical, emotional, and developmental needs of clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property, and the client's family.

B. The core training of unlicensed personnel must be taught by a registered nurse with experience or training in home care, except that item A, subitems (1) to (7), may be taught by another instructor under the direction of the registered nurse.

C. The core training curriculum must meet the requirements of this chapter and Minnesota Statutes, sections [144A.43](#) to [144A.47](#).

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$300.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$300.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

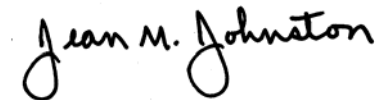
September 12, 2006

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

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.

If you have any questions, please feel free to give me a call 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" and "M".

Jean Johnston
Program Manager
Case Mix Review Program

cc: Dakota County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Office of the Attorney General
Mary Henderson, Program Assurance

06/06 FPCCMR 2697

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

INFORMATIONAL MEMORANDUM

PROVIDER: GEMINI MANOR

DATE OF SURVEY: August 17 and 18, 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

NAMES AND TITLES OF PERSONS INTERVIEWED:

Ann Nowrang, Nursing Assistant
Martha Pooran, Nursing Assistant

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: #1 _____

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 October 6, 7, and 10, 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 October 6, 7, and 10, 2005, is as follows:

1. MN. Rule 4668.0030 Subp. 2	Corrected	
2. MN. Rule 4668.0070 Subp. 2	Corrected	
3. MN. Rule 4668.0815 Subp. 4	Corrected	
4. MN. Rule 4668.0840 Subp. 3	Not Corrected	\$300.00

Based on record review and interview, the licensee failed to ensure each unlicensed person completed core training for four of four employees (A, B, C, D). The findings include:

Employees A, B, C, and D, were hired by the agency August 16, 2005 as unlicensed direct care staff. The training records of employees' A, B, C, and D did not contain any evidence they received core training. When interviewed, August 17, 2006, the owner/administrator

stated she was unaware of the core training requirements for the employees. She stated all of the employees had received infection control training and was unaware any further home care training was required.

5. MN. Rule 4668.0865 Subp. 9

Corrected

- 2) Although a State licensing survey was not due at this time, correction orders were issued.



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: GEMINI MANOR

HFID #: 23850

Date of Survey: August 17, and 18, 2006

Project #: QL23850001

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> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0815 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 understands what care will be provided and what it costs. 	<p>Annual Licensing 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>Follow-up Survey # <u>1</u></p> <p><input checked="" type="checkbox"/> New Correction Order issued</p> <p><input checked="" type="checkbox"/> Education Provided</p>
<p>2. The provider promotes the clients' rights.</p> <ul style="list-style-type: none"> MN Rule 4668.0030 MN Rule 4668.0040 MN Rule 4668.0170 MN Rule 4668.0870 MN Statute §144A.44 	<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 provider. 	<p>Annual Licensing 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>Follow-up Survey # <u> </u></p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> MN Statute §144D.04 		___New Correction Order issued ___Education Provided
3. The health, safety, and well being of clients are protected and promoted. <ul style="list-style-type: none"> MN Rule 4668.0035 MN Rule 4668.0805 MN Statute §144A.46 MN Statute §144D.07 MN Statute §626.557 	<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. Provider 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. 	Annual Licensing Survey ___Met ___Correction Order(s) issued ___Education Provided Follow-up Survey #___ ___New Correction Order issued ___Education Provided
4. The clients' confidentiality is maintained. <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. 	Annual Licensing Survey ___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. <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0830 MN Rule 4668.0835 MN Rule 4668.0840 MN Rule 4668.0065 MN Rule 4668.0070 MN Statute §144D.065 MN Statute §144A.45 MN Statute §144A.461 	<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. 	Annual Licensing Survey ___Met ___Correction Order(s) issued ___Education Provided Follow-up Survey #___ ___New Correction Order issued ___Education Provided

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> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0855 • MN Rule 4668.0860 • 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 provider 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>Annual Licensing Survey <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided</p> <p>Follow-up Survey #<u>1</u> <input checked="" type="checkbox"/> New Correction Order issued <input checked="" type="checkbox"/> Education Provided</p>
<p>7. The provider has a current license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0019 • MN Rule 4668.0220 • MN Statute §144A.47 • MN Statute §144D.02 • MN Statute §144D.04 • MN Statute §144D.05 <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>Annual Licensing Survey <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided</p> <p>Follow-up Survey #<u> </u> <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> Education Provided</p>
<p>8. The is in compliance with MDH waivers and variances</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>Annual Licensing Survey <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided</p> <p>Follow-up Survey #<u> </u> <input type="checkbox"/> New Correction Order issued <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, list the rule or statute number and the findings of deficient practice noted.

1. MN Rule 4668.0845 Subp. 2

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to have a registered nurse (RN) supervise unlicensed personnel who perform services that require supervision for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients' #1, #2, and #3 began receiving services on September 30, 2005, December 15, 2005, and on December 1, 2005 respectively. Clients #1, #2 and #3 received services that required supervision including medication administration. There was no documentation in client #1, #2 or #3's records of an RN supervisory visit within 14 days after initiation of services or of any supervisory or monitoring visits thereafter. When interviewed August 17, 2006, the owner/administrator stated the RN was in the facility every two weeks to set up medications and was unaware the RN was required to conduct any type of supervisory or monitoring services.

2. 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 each client's functional status and need for assistance with self-administration of medication or medication administration for two of two clients' (#2 and #3) records reviewed who received medication administration. The findings include:

Clients #2 and #3 had service plans dated March 31, 2006, and April 16, 2006, respectively. Client #2 and #3's service plans indicated they received medication administration by the home health aide. There was no assessment by the RN of the client's functional status and need for assistance with medication administration in these clients records. When interviewed August 17, 2006, the owner/administrator confirmed the assessments had not been done.

3. MN Rule 4668.0860 Subp. 3

AREA OF COMPLIANCE: # 6

Based on record review and interview, unlicensed staff administered client #2 medications without the direction and supervision of a registered nurse. The findings include:

Client #2 was admitted on December 15, 2005, with an adult foster care contract with the licensee. The adult foster care contract indicated the client's family member could set up the client's medications in a daily med box and the unlicensed staff could administer the medications to the client. The client record also contained a physician's order dated February 24, 2006, indicating, "Family will order and set up all scheduled medications." When interviewed, August 17, 2006, the owner/administrator stated since the client's family setting up the medications was in the foster care contract, she thought that the practice would also comply with the assisted living rules.

A draft copy of this completed form was left with Ann Nowrang, Owner, at an exit conference on August 18, 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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 8499

March 17, 2006

Ann Nowrang, Administrator
Iceland Manor
20541 Iceland Avenue
Lakeville, MN 55044

Re: Results of State Licensing Survey

Dear Ms. Nowrang:

The above agency was surveyed on October 6, 7, and 10, 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 feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Ann Nowrang, President Governing Body
Ron Drude, Minnesota Department of Human Services
Dakota County Social Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
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: ICELAND MANOR

HFID (MDH internal use): #23850

Dates of Survey: October 6, 7, and 10, 2005

Project (MDH internal use): #QL23850001

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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input 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
<p>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)</p>	<p>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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>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)</p>	<p>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.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input checked="" type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)</p> <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>	<p>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).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" 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 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 agency failed to have a complete service plan for one of one client (#1) whose record was reviewed. The findings include:</p> <p>Client #1 had a “resident agreement,” signed and dated by her guardian and public health nurse on September 30, 2005. The agreement did not identify the categories of persons providing the services, the frequency of supervisory visits and the frequency of services for medication administration and bathing. When interviewed, October 6, 2005, the administrator stated she was unaware that the service plan for each client was to contain these items.</p> <p><u>Education:</u> Provided</p>
#2	MN Rule 4668.0030 Subp. 2 Notification of client	X	X	<p>Based on record review and interview, the agency failed to provide a copy of the Minnesota Home Care Bill of Rights to one of one client (#1) whose record was reviewed. The findings include:</p> <p>Client #1 was admitted to the facility September 2005. The client’s record lacked documentation that s/he was provided with the Minnesota Home Care Bill of Rights. When interviewed, October 7, 2005, the administrator stated the client was provided with an Adult Foster Care Bill of Rights and she was unaware the client was also to receive the Minnesota Home Care Bill of Rights.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#7	MN Rule 4668.0070 Subp. 2 Personnel records	X	X	<p>Based on record review and interview, the agency failed to maintain a personnel record for their registered nurse (RN) contractor. The findings include:</p> <p>The agency had a contract with an RN to provide services for their agency. The licensee did not have a record, which included the contract RN's current license. When interviewed, October 7, 2005, the administrator stated she did not have a personnel record for the contracted RN and also had not verified her licensure.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0840 Subp. 3 Core training of unlicensed personnel	X	X	<p>Based on record review and interview, the licensee failed to ensure each unlicensed person completed core training for four of four employees (A, B, C and D) reviewed. The findings include:</p> <p>Employees A, B, C and D, were hired by the agency on August 16, 2005. Each employee's training record lacked documentation that they had received the required core training. When interviewed October 7, 2005, the administrator stated she was unaware of the core training requirements for the employees. She said that all of the employees were registered nursing assistants, and she thought that was the only training requirement for the staff.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp. 9 Storage of Schedule II drugs	X	X	<p>Based on record review and interview, the agency failed to provide adequate locked storage of schedule II drugs. The findings include:</p> <p>The agency provided central storage for client #1's medications. Client #1</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>received a schedule II drug, three times per day. During observation of the medication storage area on October 6, 2005 it was noted that the schedule II drug was stored with the client's other medications on a shelf in a locked kitchen cabinet. When interviewed October 6, 2005, the administrator indicated she was unaware that schedule II drugs were to be stored differently than the client's regular medications.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Ann Nowrang, Administrator at an exit conference on October 10, 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)