



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1220 2933

December 7, 2006

Lori Schaust, Administrator  
5 Star Senior Living  
1241 Sparrow Road  
Waconia, MN 55387

Re: Results of State Licensing Survey

Dear Ms. Schaust:

The above agency was surveyed on October 26 and 27, 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 M. Johnston". The signature is written in a cursive style with a large, looped "J" and "M".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

cc: Carver County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman

CMR 3199 6/06



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: 5 STAR SENIOR LIVING

HFID #: 23851

Date(s) of Survey: October 26 and 27, 2006

Project #: QL23851002

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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <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>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></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>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes the clients' rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <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>	<p><b>Focus Survey</b></p> <p><u>  X  </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>      </u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>  X  </u> Survey not Expanded</p> <p><u>      </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>      </u> Education Provided</p> <p>Follow-up Survey # <u>      </u></p> <p><u>      </u> New Correction Order issued</p> <p><u>      </u> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <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>	<p><b>Focus Survey</b></p> <p><u>  X  </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>      </u> Education Provided</p> <p><b>Expanded Survey</b></p> <p><u>  X  </u> Survey not Expanded</p> <p><u>      </u> Met</p> <p><u>      </u> Correction Order(s) issued</p> <p><u>      </u> Education Provided</p> <p>Follow-up Survey # <u>      </u></p> <p><u>      </u> New Correction Order issued</p> <p><u>      </u> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>Client personal information and records are secure.</li> <li>Any information about clients is released only to appropriate parties.</li> <li>Client records are maintained, are complete and are secure.</li> </ul>	<p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0820</li> <li>MN Rule 4668.0825</li> <li>MN Rule 4668.0840</li> <li>MN Rule 4668.0070</li> <li>MN Statute §144D.065</li> </ul>	<ul style="list-style-type: none"> <li>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>Nurse licenses are current.</li> <li>The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>Personnel records are maintained and retained.</li> <li>Staff meet infection control guidelines.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></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>

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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0855</li> <li>MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0800</li> <li>MN Rule 4668.0815</li> <li>MN Rule 4668.0820</li> <li>MN Rule 4668.0865</li> <li>MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <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>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></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>7. The provider has a current license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0008</li> <li>MN Rule 4668.0012</li> <li>MN Rule 4668.0016</li> <li>MN Rule 4668.0220</li> </ul> <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"> <li>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.</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>	<p><b>Focus Survey</b></p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></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
8. The provider is in compliance with MDH waivers and variances  <b>Expanded Survey</b> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<i>This area does not apply to a Focus Survey.</i>  <b>Expanded Survey</b> ___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

**SURVEY RESULTS:** \_\_\_ All Indicators of Compliance listed above were met.

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

**1. MN Rule 4668.0065 Subp. 3**

**AREA OF COMPLIANCE: # 5**

Based on record review and interview, the agency failed to ensure infection control training was completed for one of one licensed employees' (A) records reviewed. The findings include:

Employee A began working at the facility May of 2005 as a licensed care giver. Training records for employee A lacked documentation of infection control in-service within the past 12 months. During an interview October 27, 2006 employee A stated she had infection control in-service during the past year at her other job but had failed to place the documentation in her training record at this facility.

**2. 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 for three of three clients (#1, #2, and #3) records reviewed. The findings include:

Client #1, #2, and #3's daily log notes were entered in notebooks. All three notebooks contained numerous narrative entries made by care attendants that lacked the name and title of the person making the entry. The entries documented client health needs and concerns. The home care attendants signed the entries only using their initials. During an interview on October 27, 2006, the registered nurse/owner stated she did not realize that the entries must be authenticated with name and title of the person making the entry.

**3. MN Rule 4668.0815 Subp. 4**

**AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that service plans were complete for two of two current clients' (#1 and #2) records reviewed. The findings include:

Client #1 and client #2 had service plans, dated August of 2006 and March of 2006, respectively. Both clients received medication administration from unlicensed staff. Their service plans lacked the frequency of each service, identification of the persons who are to provide the service and the schedule of supervisory visits. When interviewed October 27, 2006, the registered nurse/owner stated she did not realize these components needed to be included on the service plan.

**4. MN Rule 4668.0840 Subp. 3**

**AREA OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed assisted living home care services completed training or demonstrated competency in the required topics, for two of two unlicensed employees (B and C) records reviewed. The findings include:

Employees' B and C were hired May of 2005 and March of 2006, respectively, as unlicensed direct care staff. There was no record of core training or competency evaluations in either of their personnel records. When interviewed October 27, 2006, the registered nurse/owner stated that both unlicensed employees had received this training before working with clients. She confirmed that there was no documentation in their personnel files to validate the training and competency.

**5. MN Rule 4668.0845 Subp. 2**

**AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to assure registered nurse (RN) supervisory visits every sixty-two days for two of two current clients' (#1 and #2) records reviewed. The findings include:

Client #1 and #2 were admitted August of 2005 and March of 2006, respectively. Both clients received delegated nursing services including medication administration. There was no documentation in either client record of supervisory or monitoring visits. When interviewed October 27, 2006, the RN/owner stated she did not realize that she needed to do supervisory visits and document the visit in the client record.

**6. MN Rule 4668.0860 Subp. 2**

**AREA OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to have a written prescriber's order for medication for one of two current clients' (#1) records reviewed who received medication administration. The findings include:

Client #1's record indicated he received an over-the-counter multivitamin daily administered by the care attendants. There was no current, signed prescriber's order for the medication on the client record. When interviewed October 27, 2006 the registered nurse showed me a physicians visit form that indicated the multivitamin should be given daily. The visit form was dated August 2005 and lacked a physician signature. She also stated she did not realize she needed an order for over-the-counter medications.

**7. MN Rule 4668.0865 Subp. 8**

**AREA OF COMPLIANCE: # 6**

Based on observation and interview, the licensee failed to store medications in locked compartments for two of two current clients (#1 and #2) records reviewed. The findings include:

The facility provides central storage of medications and medication administration for all clients. On October 26, 2006 the medication storage area was observed. An unlicensed staff person opened an unlocked cupboard door in the kitchen where containers of medications and pill boxes set up with medications were observed. The care attendant stated that the clients are not allowed in the kitchen; however there was no door to prevent clients from entering the area. When interviewed October 27, 2006, the registered nurse stated she did not realize that the medication cupboard needed to be locked.

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A draft copy of this completed form was faxed to Lori Schaust on October 30, 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).