



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2258 0316

September 9, 2009

Delisa Collette, Administrator  
Senior Living Care LLC  
14505 Minnetonka Drive  
Minnetonka, MN 55430

Re: Licensing Follow Up visit

Dear Ms. Collette:

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 June 23, 24, and 25, 2009.

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 style with a large, looped "J" and "N".

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Hennepin 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

01/07 CMR1000



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**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOR CLASS F HOME CARE PROVIDERS**

September 9, 2009

Delisea Collette, Administrator  
Senior Living Care LLC  
14505 Minnetonka Drive  
Minnetonka, MN 55430

RE: QL23866004\_1

Dear Ms. Collette:

On June 23, 24, and 25, 2009, 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 a survey completed on April 9, 2009 with correction orders received by you on April 13, 2009.

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

**6. MN Rule 4668.0835 Subp. 2 \$300.00**

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed training and passed competency evaluations for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was employed hired as an unlicensed direct care staff September 4, 2007, through September 20, 2008, and on November 25, 2008, was rehired. Her record lacked evidence that she had been trained and passed the required competency evaluations. The hand washing in-service dated November 23, 2007, and four hours of in-service training had been provided by the administrator on December 17, 2007. No education was provided by the registered nurse for observing, reporting, and documenting client status and the care or services provided, maintaining a clean, safe and healthy environment, basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional, and the 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.

September 9, 2009

When interviewed on February 23, 2009, the registered nurse stated that she was not involved in the training provided by the licensee.

**TO COMPLY:** An unlicensed person may offer to perform, or be employed to perform nursing services delegated to unlicensed personnel as provided under part [4668.0825](#), other services performed by unlicensed personnel as provided under part [4668.0830](#), or central storage of medications as provided under part [4668.0865](#), only if the person has:

- A. successfully completed the training and passed the competency evaluation according to part [4668.0840](#), subpart 2;
- B. successfully completed the training under part [4668.0840](#), subpart 3, and passed a competency evaluation according to part [4668.0840](#), subpart 4; or
- C. satisfied the requirements of part [4668.0100](#), subpart 5.

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

**9. MN Rule 4668.0855 Subp 9**

**\$300.00**

Based on record review and interview, the licensee failed to have complete medication records for one of two client (#1) record reviewed. The findings include:

Clients #1 received medication administration and central storage of medications since admission June 15, 2007.

Client #1's medication administration record (MAR) indicated calcium 600 milligrams (mg) was given daily at noon however February 14 and 15, 2009, the noon dose was documented as not given to client #1 because there was "no supply." On February 16, 2009, both the 8 am and noon doses of calcium 600 mg. were not administered to client #1. The reason was not documented.

Client #2 had a prescriber order dated December 24, 2008, for Effexor XR 75 milligrams (mg) once daily and Tramadol HCL 50 mg three times daily. Client #2's January 2009 medication administration record (MAR) read "Effexor XR 75 mg cap (venlafaxine HCL) 1 cap by mouth twice daily." The medication was documented as given twice daily from January 1 through January 27, 2009. The MAR also had initials for giving the doses twice daily January 28, 29, and 30 and an initial for the morning dose on the 31<sup>st</sup>. Initials for the evening doses from January 28 through the morning dose of January 31, 2009, were circled indicating the doses were not given. Notation on the MAR for January 28 through the morning dose of January 31, 2009, indicated the medication was not given due to "no supply." It was documented as reordered on January 30, 2009. A fax from the facility to the physician dated February 3, 2009 read "Resident was given 75 mg Effexor twice daily from 1-9-09 through 1-29-09. He did not have any doses for four days. He got up this morning complaining of light headedness and not feeling right in the head. As of today 2-3-09 he is taking 1, 75mg Effexor XR 1 time a day as prescribed." The January MAR had a single line through the entire months documented initials for the morning dose of Effexor and the word "twice" was scribbled out. There was no date or documentation of who had changed the record, when, or why. There was no documentation as to why the medication was not given as prescribed.

September 9, 2009

When interviewed February 23, 2009, the administrator stated the previous director of health services was terminated for failure to audit medication administration records for accuracy.

**TO COMPLY:** The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.

**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: \$ 600.00.** 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 4668.0800 Subp. 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.**

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,



Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Hennepin 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

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** SENIOR LIVING CARE LLC

**DATE OF SURVEY:** June 23, 24, 25, 2009

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER: CLASS F

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

DeLisa Collette Administrator  
Kimberley Corkins Registered Nurse  
Amy Dreher Resident Care Coordinator  
Tonisha Brown Medication Aide

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up: #1

**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 February 19, 23, 24, and 25, 2009. 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 February 19, 23, 24, and 25, 2009, is as follows:

- |                                     |                  |
|-------------------------------------|------------------|
| <b>1. MN Rule 4668.0030 Subp. 5</b> | <b>Corrected</b> |
| <b>2. MN Rule 4668.0065 Subp. 3</b> | <b>Corrected</b> |
| <b>3. MN Rule 4668.0815 Subp. 1</b> | <b>Corrected</b> |
| <b>4. MN Rule 4668.0815 Subp. 4</b> | <b>Corrected</b> |
| <b>5. MN Rule 4668.0825 Subp. 4</b> | <b>Corrected</b> |

**6. MN Rule 4668.0835 Subp. 2                      Not Corrected                      \$300**

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed training and passed competency evaluations for one of one unlicensed employee's (C) record reviewed. The findings include:

Employee C was hired as an unlicensed direct care staff person June 1, 2009. Her record lacked evidence that she had received training and competency testing related to maintaining a clean, safe and healthy environment; basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; and the 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.

When interviewed on June 24, 2009, the registered nurse stated that all training and competency testing was performed but was unable to provide evidence to support this.

**7. MN Rule 4668.0845 Subp. 2                      Corrected****8. MN Rule 4668.0855 Subp. 2                      Corrected****9. MN Rule 4668.0855 Subp 9                      Not Corrected                      \$300**

Based on record review and interview, the licensee failed to have complete medication records for one of two clients' (#4) records reviewed. The findings include:

Clients #4 received medication administration and central storage of medications since beginning services June 11, 2009, respectively.

Client #4's, June 2009, medication administration record (MAR) had blank spaces for the documentation of the June 18, 2009, NovoLog insulin 18 units; and blank spaces for the documentation of the June 14, 2009, NovoLog insulin 12 units and 12 noon Nystatin oral suspension 5 ml.

When interviewed, June 24, 2009, the resident care coordinator stated the medication aide was supposed to sign the MAR after medications had been given.

**10. MN Rule 4668.0860 Subp. 8                      Corrected****11. MN Rule 4668.0865 Subp. 2                      Corrected****12. MN Rule 4668.0865 Subp. 3                      Corrected****13. MN Statute §626.557 Subd. 14(b)                      Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 1830 0003 8091 0389

April 9, 2009

Delisa Collette, Administrator  
Senior Living Care LLC  
14505 Minnetonka Drive  
Minnetonka, MN 55345

Re: Results of State Licensing Survey

Dear Ms. Collette:

The above agency was surveyed on February 19, 23, 24, and 25, 2009, 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".

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

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review  
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>

*An equal opportunity employer*



Class F Home Care Provider

LICENSING SURVEY FORM

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

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

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

Name of CLASS F: SENIOR LIVING CARE LLC

HFID #: 23866

Date(s) of Survey: February 19, 23, 24 and 25, 2009

Project #: QL23866004

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><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><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>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ 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>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ 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><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 checked="" type="checkbox"/> Education Provided</p> <p><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><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 CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><b>Expanded Survey</b></p> <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>	<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><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X1</u> Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

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

**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 4668.0030 Subp. 5**

**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to retain documentation of receipt of the bill of rights for one of two client (#2) records reviewed. The findings include:

Client #2 was admitted December of 2008, and his record lacked written acknowledgement of receipt of the bill of rights or documentation why an acknowledgement could not be obtained from the client.

When interviewed, February 24, 2009, the administrator confirmed that the documentation that client #2 had received the bill of rights was not in the client’s record.

**2. MN Rule 4668.0065 Subp. 3**

**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure the required infection control in-service training was provided for one of two employees (A) who had direct contact with clients. The findings include:

Employee A was hired September of 2007, as a licensed direct care staff. Employee A's record lacked documentation of any evidence of infection control training.

When interviewed on February 24, 2009, employee A stated she could not remember if she completed infection control training this past year. The employee could not find documentation from the licensee and did not have documentation at home from another source.

### **3. MN Rule 4668.0815 Subp. 1**

#### **INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that a clients' service plan was authenticated by the client or client's responsible party for one of two client (#2) records reviewed. The findings include:

Client #2's service plans dated December of 2008 and January of 2009, lacked authentication by the client or the client's responsible party.

When interviewed February 23, 2009, the administrator stated she was unaware client #2's service plans lacked the client's signature.

### **4. MN Rule 4668.0815 Subp. 4**

#### **INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure the content of the service plan was complete for two of two client (#1 and # 2) records reviewed. The findings include:

Clients #1 and #2 received medication administration with registered nurse supervision and central storage of medications since they were admitted June of 2007 and December of 2008, respectively. Client #1 and #2's service plans lacked central storage of medications, the schedule of supervision for medication administration, the action to be taken by the licensee, client and responsible person if scheduled services cannot be provided, the method for a client or responsible person to contact a representative of the assisted living home care provider licensee whenever staff are providing services, the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition and the method for the licensee to contact the responsible person.

When interviewed February 23, 2009, the registered nurse confirmed the service plans were incomplete.

### **5. MN Rule 4668.0825 Subp. 4**

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

Based on record review and interview, the licensee failed to ensure that a registered nurse documented instructions for delegated nursing procedures for one of two client (#1) records reviewed. The findings include:

Client #1 had physician's orders dated January of 2009, for anti-embolism stockings to be put on in the morning and removed at bedtime and capillary blood glucose monitoring daily. Client #1's January and February 2009 medication administration records contained documentation that the anti-embolism stockings and capillary blood glucose monitoring were performed by unlicensed personnel. There were no anti-embolism stockings and capillary blood glucose monitoring procedures for client #1 documented in the client's record or available for unlicensed staff reference.

When interviewed February 24, 2009, the medication aide and resident care coordinator verified there were no written procedures for anti-embolism stockings and capillary blood glucose monitoring for client #1 documented in the client's record. The resident care coordinator stated that there had been a capillary blood glucose monitoring written procedure which appeared to have been removed from the medication administration record book and pointed to a blank page she could not recall an anti-embolism stocking procedure.

#### **6. MN Rule 4668.0835 Subp. 2**

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

Based on record review and interview, the licensee failed to ensure unlicensed persons performing delegated nursing services had completed training and passed competency evaluations for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was employed hired as an unlicensed direct care staff September of 2007, through September of 2008, and November of 2008, was rehired. Her record lacked evidence that she had been trained and passed the required competency evaluations. The hand washing in-service dated November 23, 2007, and four hours of in-service training had been provided by the administrator on December 17, 2007. No education was provided by the registered nurse for observing, reporting, and documenting client status and the care or services provided, maintaining a clean, safe and healthy environment, basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional, and the 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.

When interviewed on February 23, 2009, the registered nurse stated that she was not involved in the training provided by the licensee.

#### **7. MN Rule 4668.0845 Subp. 2**

#### **INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that a registered nurse supervised unlicensed personnel who performed services that required supervision for one of two client (#1) records reviewed. The findings include:

Client #1's service plan dated June of 2007, indicated client #1 received daily medication administration assistance. There was no evidence of supervisory visits for 2007. The registered nurse documentation for supervisory visits from January 18, 2008, through February 19, 2009, included only "rapport with resident" except for a supervisory visit dated December 12, 2008, which included supervision of assistance with medications.

When interviewed February 23, 2009, the registered nurse confirmed these findings and stated that supervision had been the duty of the director of health services who was no longer employed by the licensee.

#### **8. MN Rule 4668.0855 Subp.2**

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

Based on record review and interview, the licensee failed to maintain a complete record for two of two client (#1 and # 2) records reviewed. The findings include:

Clients' #1 and #2 received medication administration from staff since admission June of 2007, and December of 2008, respectively. Client #1 and #2's records lacked a nursing assessment for medication administration or central storage of medications.

When interviewed February 24, 2009, client #2 stated "I asked my doctor and social worker so far as I know I can do medications myself." The administrator stated February 24, 2009, "we need to give you your medications." Client #1 replied "I've seen ninety year olds take medications themselves."

When interviewed February 23, 2009, the registered nurse (RN) stated that the licensee's system was to use the service plan for the nursing assessment however the RN thought there was an assessment for medications and central storage but was unable to find any nursing assessments.

#### **9. MN Rule 4668.0855 Subp 9**

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

Based on record review and interview, the licensee failed to have complete medication records for one of two client (#1) record reviewed. The findings include:

Clients #1 received medication administration and central storage of medications since admission June of 2007.

Client #1's medication administration record (MAR) indicated calcium 600 milligrams (mg) was given daily at noon however February 14 and 15, 2009, the noon dose was documented as not given to client #1 because there was "no supply." On February 16, 2009, both the 8 am and noon doses of calcium 600 mg. were not administered to client #1. The reason was not documented.

Client #2 had a prescriber order dated December of 2008, for Effexor XR 75 milligrams (mg) once daily and Tramadol HCL 50 mg three times daily. Client #2's January 2009 medication administration record (MAR) read "Effexor XR 75 mg cap (venlafaxine HCL) 1 cap by mouth twice daily." The medication was documented as given twice daily from January 1 through January 27, 2009. The MAR also had initials for giving the doses twice daily January 28, 29, and 30 and an initial for the morning dose on the 31<sup>st</sup>. Initials for the evening doses from January 28 through the morning dose of January 31, 2009, were circled indicating the doses were not given. Notation on the MAR for January 28 through the morning dose of January 31, 2009, indicated the medication was not given due to "no supply." It was documented as reordered on January 30, 2009. A fax from the facility to the physician dated February of

2009, read “Resident was given 75 mg Effexor twice daily from 1-9-09 through 1-29-09. He did not have any doses for four days. He got up this morning complaining of light headedness and not feeling right in the head. As of today 2-3-09 he is taking 1, 75mg Effexor XR 1 time a day as prescribed.” The January MAR had a single line through the entire months documented initials for the morning dose of Effexor and the word “twice” was scribbled out. There was no date or documentation of who had changed the record, when, or why. There was no documentation as to why the medication was not given as prescribed.

When interviewed February 23, 2009, the administrator stated the previous director of health services was terminated for failure to audit medication administration records for accuracy.

#### **10. MN Rule 4668.0860 Subp. 8**

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

Based on record review and interview, the facility failed to implement an order for one of two client (#1) records reviewed. The findings include:

Client #1 had a physician order dated January of 2009, to “check fasting blood sugars daily.” The medication administration records dated January 30 and 31, 2009, and February 1 through 23, 2009, were documented that client #1 received twice daily blood sugar checks in the morning and 2:00 p.m.

When interviewed at noon February 23, 2009, client #1 stated the staff checked her blood sugar two times per day and no one told her it had been changed to daily. When interviewed February 24, 2009, client #1 stated she received two blood sugar checks on February 23, 2009. When interviewed February 24, 2009, the registered nurse stated she had not changed the order yet for client #1 to reduce blood sugar to daily.

#### **11. MN Rule 4668.0865 Subp. 2**

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

Based on record review and interview, the licensee failed to have the registered nurse conduct an assessment of the client’s functional status and need for central medication storage and develop a service plan for the provision of central storage of medications for two of two clients (#1 and #2) who received central storage of medications. The findings include:

Clients’ # 1 and #2 began receiving central storage of medications since admission June of 2007, and December of 2008, respectively. Client #1 and #2’s records did not include an assessment for central storage of medications.

When interviewed February 23, 2009, the registered nurse stated that the licensee provided central storage of medications for all of their clients and she was unaware of the need for the assessment and including the central storage service in client #1 and #2’s service plans.



**12. MN Rule 4668.0865 Subp. 3****INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the facility failed to establish and maintain a system for the control of medications for two of two client (#1 and #2) records reviewed. The findings include: Clients #1 and #2 received medication administration and central storage of medications since they were admitted June of 2007 and December of 2008, respectively.

Client #1's medication administration record (MAR) indicated calcium 600 milligrams (mg) was given daily at noon however February 14 and 15, 2009, the noon dose was documented as not given to client #1 because there was "no supply." On February 16, 2009, both the 8 am and noon doses of calcium 600 mg. were not administered to client #1. The reason was not documented.

Client #2 had a prescriber order dated December of 2008, for Effexor XR 75 milligrams (mg) once daily and Tramadol HCL 50 mg three times daily. Client #2's January 2009 medication administration record (MAR) read "Effexor XR 75 mg cap (venlafaxine HCL) 1 cap by mouth twice daily." The medication was documented as given twice daily from January 1 through January 27, 2009. The MAR also had initials for giving the doses twice daily January 28, 29, and 30 and an initial for the morning dose on the 31<sup>st</sup>. Initials for the evening doses from January 28 through the morning dose of January 31, 2009, were circled indicating the doses were not given. Notation on the MAR for January 28 through the morning dose of January 31, 2009, indicated the medication was not given due to "no supply." It was documented as reordered on January 30, 2009. A fax from the facility to the physician dated February of 2009, read "Resident was given 75 mg Effexor twice daily from 1-9-09 through 1-29-09. He did not have any doses for four days. He got up this morning complaining of light headedness and not feeling right in the head. As of today 2-3-09 he is taking 1, 75mg Effexor XR 1 time a day as prescribed." The January MAR had a single line through the entire months documented initials for the morning dose of Effexor and the word "twice" was scribbled out. There was no date or documentation of who had changed the record, when, or why. There was no documentation as to why the medication was not given as prescribed.

Client #2's February MAR listed Tramadol HCL 50 mg Tablet (for Tramadol HCL 50 mg tablet) 1 Tab by mouth three times daily." The 2 pm dose was initialed and circled, indicating it was not given, on February 23, 2009. Notation on the MAR for February 23, 2009, indicated the medication was not given due to "no supply."

According to the "Medication Assistance Record" policy the medication aides are responsible to order medications before the client is down to a seven day supply. Also the person who identifies a medication error should immediately complete an incident report according to the medication aide training pages 19, 20 and 21. There was no evidence an incident report was done.

When interviewed February 23, 2009, the administrator stated the previous director of health services was terminated for failure to audit medication administration records for accuracy.

**13. MN Statute §626.557 Subd. 14(b)****INDICATOR OF COMPLIANCE: # 3**

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

Clients #1 and #2 had diagnoses of diabetes. Client #2's service plan dated January of 2009, read he took Effexor for depression and had a suicide attempt August of 2006. There was no individualized abuse prevention plan for either client.

When interviewed, February 24, 2009, the registered nurse said there was no plan and she was not aware of this requirement.

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A draft copy of this completed form was left with DeLisa Collette Administrator, at an exit conference on February 25, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

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

Regulations can be viewed on the Internet: <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 # 7005 0390 0006 1220 2902

December 5, 2006

Rick Huntington, Administrator  
Senior Living Care LLC  
14505 Minnetonka Drive  
Minnetonka, MN 55345

Re: Licensing Follow Up visit

Dear Mr. Huntington:

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 October 18 and 19, 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 Johnston" with a stylized flourish at the end.

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Hennepin 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:** SENIOR LIVING CARE LLC

**DATE OF SURVEY:** October 18 and 19, 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 (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Rick Huntington, Administrator  
Allen James, Corp. Regional Director  
Sue Bahe, RN  
April Johnson, Resident Care Coordinator

**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 July 19, 20, 21, 24 and August 2, 2006. The results of the survey were delineated during the exit conference. Refer to the Reviewer/Surveyor Notes for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on July 19, 20, 21, 24 and August 2, 2006 is as follows:

- |                              |           |
|------------------------------|-----------|
| 1. MN Rule 4668.0065 Subp. 1 | Corrected |
| 2. MN Rule 4668.0070 Subp. 2 | Corrected |
| 3. MN Rule 4668.0805 Subp. 1 | Corrected |
| 4. MN Rule 4668.0810 Subp. 6 | Corrected |
| 5. MN Rule 4668.0815 Subp. 1 | Corrected |
| 6. MN Rule 4668.0815 Subp. 2 | Corrected |

- |                                      |                  |
|--------------------------------------|------------------|
| <b>7. MN Rule 4668.0815 Subp. 3</b>  | <b>Corrected</b> |
| <b>8. MN Rule 4668.0825 Subp. 4</b>  | <b>Corrected</b> |
| <b>9. MN Rule 4668.0835 Subp. 2</b>  | <b>Corrected</b> |
| <b>10. MN Rule 4668.0845 Subp. 2</b> | <b>Corrected</b> |
| <b>11. MN Rule 4668.0840 Subp. 2</b> | <b>Corrected</b> |
| <b>12. MN Rule 4668.0860 Subp. 8</b> | <b>Corrected</b> |
| <b>13. MN Rule 4668.0870 Subp. 2</b> | <b>Corrected</b> |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1828

August 25, 2006

Rick Huntington, Administrator  
Senior Living Care  
14505 Minnetonka Drive  
Minnetonka, MN 55345

Re: Results of State Licensing Survey

Dear Ms. Lindsey:

The above agency was surveyed on July 19, 20, 21, 24, and August 2, 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 "N".

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  
Paul Civello, Office of the Attorney General  
Ann Ringquist, Minnesota Board of Nursing

CMR 3199 6/06



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: SENIOR LIVING CARE LLC  
 HFID # (MDH internal use): 23866  
 Date(s) of Survey: July 19, 20, 21, 24, and August 2, 2006  
 Project # (MDH internal use): QL23866002

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 checked="" type="checkbox"/> Met  <input 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 type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" 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 checked="" type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p><b>Client personal information and records are secure.</b>   <b>Any information about clients is released only to appropriate parties.</b>             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 type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> Education provided</p>



Indicators of Compliance	Outcomes Observed	Comments
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)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
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)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <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.	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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> 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 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:
3.	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	1.	X	<p>Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients for two of four employees' (A and C) records reviewed. The findings include:</p> <p>Employee A began employment as a registered nurse on June 26, 2006, and provided direct care beginning June 28, 2006. Employee A's records did not have evidence of tuberculosis screening. When interviewed, July 20, 2006, employee A verified she had not been screened for tuberculosis.</p> <p>Employee C was hired on April 27, 2006, as a medication assistant and began providing direct care on April 27, 2006. Employee C's records lacked documentation of tuberculosis screening. The administrator reported that employee C had been employed by the previous owner and they did not have the previous owner's employee records. On July 24, 2006, employee C stated she began employment with the previous owner during December 2005, and could not recall whether she had a tuberculin screening at that time.</p> <p><b><u>Education:</u></b> Provided</p>
7.	MN Rule 4668.0070 Subp. 2 Personnel records	2.	X	<p>Based on record review and interview, the licensee failed to maintain complete records for one of two professional employees' (H) records reviewed. The findings include:</p> <p>Employees B and C's records had</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>evidence that employee H, a registered nurse, had provided education and performed competency evaluations for employees B and C in April and May 2006. On July 24, 2006, the administrator was unable to provide evidence that employee H, a regional corporate nurse, was licensed to practice nursing in the State of Minnesota. The administrator reported he spoke with employee H on July 24, 2006, and employee H stated she was not licensed to practice nursing in the State of Minnesota. When checked, July 24, 2006, the Minnesota Board of Nursing's web-site confirmed that employee H was not licensed to practice nursing in the State of Minnesota.</p> <p><b><u>Education:</u></b> Provided</p>
7.	MN Rule 4668.0805 Subp. 1 Orientation	3.	X	<p>Based on record review and interview, the licensee failed to provide employees with orientation to the home care requirements for four of four employees' (A, B, C and D) records reviewed. The findings include:</p> <p>Employees A, B, C and D were hired as provide direct care staff between April 27, 2006, and June 26, 2006. Personnel records lacked evidence that employees A, B, C and D had completed orientation to home care requirements before providing home care services to clients.</p> <p>When interviewed on July 24, 2006, employee C stated that she began providing direct home care services soon after being hired by the previous owner in December 2005, and does not remember receiving orientation to the home care requirements. Employee C began providing direct care under the previous owner and continued</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>providing direct care when the ownership changed on April 27, 2006. The administrator stated that the previous owner removed employee records and there was no documentation of orientation to home care for employees B and C. Employee D was observed providing care during the survey.</p> <p>When interviewed on July 20, 2006, employee A stated she was not provided with orientation to home care services prior to providing direct care to clients.</p> <p><b><u>Education:</u></b> Provided</p>
9.	MN Rule 4668.0810 Subp. 6 Content of client record	4.	X	<p>Based on record review and interview, the licensee failed to ensure complete client records for one of two discharged clients' (#6) records reviewed. The findings include:</p> <p>Client #6 was discharged on June 3, 2006. Client #6's records did not contain a summary following the discontinuation of services. When interviewed, July 24, 2006, the registered nurse confirmed that the discharge summary for client #6 had not been completed.</p> <p><b><u>Education:</u></b> Provided</p>
1.	MN Rule 4668.0815 Subp. 1 Evaluation; documentation	5.	X	<p>Based on record review and interview, the licensee failed to ensure that clients' service plans were authenticated by the licensee and the client or client's responsible party for two of ten clients' (#3 and #10) records reviewed. The findings include:</p> <p>Clients #3 and #10's service plans lacked authentication by the licensee and the clients or their responsible party. When interviewed, July 20 and</p>

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				<p>24, 2006, the registered nurse verified that the service plans lacked signatures.</p> <p><b><u>Education:</u></b> Provided</p>
6.	MN Rule 4668.0815 Subp. 2 Reevaluation	6.	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's evaluation and service plan when there was a change in the client's condition that required a change in service for three of ten clients' (#2, #3, and #5) records reviewed. The findings include:</p> <p>Client #3's last assessment by an RN was April 7, 2006. Client #3's record indicated that her condition had changed in mid June. These changes included:</p> <p>A critical INR level and a physician ordered medication change and laboratory tests on June 15, 2006. On June 19, 2006, the physician diagnosed diarrhea, and ordered medications, the need to push fluids to prevent dehydration, and the collection of a stool sample for testing. On June 21, 2006, client #3 did not feel well and a lunch tray was brought to her. On June 22, 2006, a physician provided orders for the administration of Coumadin. On July 1, 2006, client #3 was not feeling well and was brought a dinner tray. On July 2, 2006, client #3 had diarrhea and needed assistance with bathing and dressing. On July 3, 2006, client #3 refused to come to the dining room and a meal tray was provided. On July 7, 2006, client #3 went to a physician appointment and was subsequently admitted to a hospital for diarrhea and dehydration.</p>

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				<p>There was no evidence that an RN had assessed client # 3's condition or revised the service plan between June 15, 2006, and July 7, 2006. When interviewed, July 20, 2006, the RN verified she had not done an assessment when client #3's condition changed.</p> <p><b><u>Education:</u></b> Provided</p>
6.	MN Rule 4668.0815 Subp. 3 Modifications	7.	X	<p>Based on record review and interview, service plan modifications were not documented or agreed to by the client or the client's responsible person prior to a change in services for two of ten clients' (#2 and #5) records reviewed. The findings include:</p> <p>A daily service care log for July 2006 indicated client #2 received assistance with a shower twice weekly, nail care (feet) monthly and no assistance with grooming, dressing or undressing. The current service plan dated September 26, 2005, indicated client #2 received assistance with grooming, dressing and undressing daily, but did not include assistance with a shower or nail care. When interviewed, July 20, 2006, the resident care coordinator did not know why the service plan and the care log did not match.</p> <p>A daily service care log for July 2006, indicated client #5 received assistance with a weekly shower. The service plan for client #5 dated August 23, 2005, did not include assistance with a shower. There was no evidence of a written modification to the service plan.</p> <p><b><u>Education:</u></b> Provided</p>
7.	MN Rule 4668.0825 Subp. 4 Performance of routine procedures	8.	X	<p>Based on documentation and interviews, the licensee failed to ensure that the registered nurse (RN) had instructed and specified in writing the instructions for unlicensed personnel to</p>

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				<p>follow when performing delegated nursing tasks for one of three employees' (C) records reviewed. The findings include:</p> <p>Client #3 received oxygen via a portable oxygen tank. Employee C filled the client's portable oxygen tank on July 3, 4, 5, 6, 10, 11, 12, and 16, 2006. There was no documentation indicating that employee C had been trained and passed a competency evaluation for filling the portable oxygen tank. In addition, there were no specific written instructions by the RN on how to fill the portable oxygen tank. When interviewed July 24, 2006, employee C stated that she had not been trained by an RN to fill the portable oxygen tank. Employee C stated she had learned how to fill a portable oxygen tank when she had been employed as a nursing assistant. Employee C also stated that she had trained other unlicensed personnel on how to fill client #3's portable oxygen tank.</p> <p><b><u>Education:</u></b> Provided</p>
7.	MN Rule 4668.0835 Subp. 2 Qualifications	9.	X	<p>Based on record review and interviews, the licensee failed to ensure that unlicensed persons who performed assisted living home care services were taught by a qualified registered nurse (RN) and had successfully completed training and passed a competency evaluation in the required topics and for three of three employees' (B, C and D) records reviewed. The findings include:</p> <p>Employees B, C and D were hired as unlicensed personnel between April 27, 2006, and June 26, 2006, to perform assisted living home care services. Documentation indicated the employees had received some training</p>

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				<p>by the corporate RN, who was not licensed to practice nursing in the State of Minnesota. On July 24, 2006, the administrator confirmed the employees had not been trained and the RN did not have a current Minnesota nursing license.</p> <p><b><u>Education:</u></b> Provided</p>
1.	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse	10.	X	<p>Based on record review and interview, the licensee failed to ensure that an RN, or licensed practical nurse under the direction of a RN, supervised unlicensed personnel who performed services that required supervision for seven of ten clients' (#1, #2, #3, #5, #8, #9 and #10) records reviewed. The findings include:            Medical records indicated clients #1, #2, #3, #5, #8, #9 and #10, received delegated nursing services. The last documented supervisory for each client is as follows: Client #1 on April 20, 2006; client #2 on February 9, 2006; client #3 on "4/20/07"; client #5 on January 13, 2006; client #8 on March 6, 2006; client #9 on March 23, 2006; and client #10's record did not contain documentation indicating that supervisory visits were performed. When interviewed July 20, 2006, the RN stated the supervisory visits for clients #1, #2, #3, #5, #8, #9 and #10 may not have been performed. The RN began employment on June 26, 2006, and had not performed any supervisory visits.</p> <p><b><u>Education:</u></b> Provided</p>
8.	MN Rule 4668.0840 Subp. 2 Scope of training course and instructor	11.	X	<p>Based on record review and interview, the licensee failed to ensure that a licensed registered nurse (RN) instructed unlicensed personnel, who administered medication, on the procedures for assistance with self-</p>



Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>administration of medications or medication administration for two of two unlicensed employees' (B and C) records reviewed. The findings include:</p> <p>Employees B and C were hired on April 27, 2006. Employees B and C had completed competency evaluations for medication administration on April 30, 2006 and May 2, 2006, respectively. Documentation indicated the corporate RN had instructed employees B and C in medication administration. When interviewed July 24, 2006, the administrator stated the corporate RN was not licensed to practice nursing in the State of Minnesota.</p> <p><b><u>Education:</u></b> Provided</p>
8.	MN Rule 4668.0860 Subp. 8 Implementation of order	12.	X	<p>Based on record review and interview, the licensee failed to implement a medication order for one of ten clients' (#2) records reviewed. The findings include:</p> <p>Client #2 had a physician's order, dated June 22, 2006, to resume Ditropan 5 milligrams twice a day. The medication had been discontinued June 1, 2006. A review of the medication records for June and July 2006 indicated the medication had not been given. When interviewed July 20, 2006, the RN verified the order had been missed and that she would correct the error.</p> <p><b><u>Education:</u></b> Provided</p>
9.	MN Rule 4668.0870 Subp. 2 Drugs given to discharged clients	13.	X	<p>Based on record review and interview, the licensee failed to ensure that the disposition of medications was properly documented for one of two discharged clients' (#6) records reviewed. The findings include:</p> <p>Client #6 was discharged June 3, 2006.</p>

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				<p>The client had received central storage of medications while at the facility and there was no documentation of the disposition of the medications upon the client's discharge. When interviewed July 24, 2006, the RN verified that there was no documentation related to the disposition of clients #6's medications.</p> <p><b><u>Education:</u></b> Provided</p>

A draft copy of this completed form was left with Rick Huntington, Adm., at an exit conference on August 2, 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 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) 201-4301. 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 3/06)