



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6215

October 7, 2010

Dean Bloemke, Administrator
Potter Ridge
1971 Neal Street
Red Wing, MN 55066

Re: Results of State Licensing Survey

Dear Mr. Bloemke:

The above agency was surveyed on August 31 and September 1, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders 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. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order 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) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written above the typed name.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2303 6215

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-09008
Home Care & Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Program Supervisor - (651) 201-4309

TO: DEAN BLOEMKE DATE: October 7, 2010
PROVIDER: POTTER RIDGE COUNTY: GOODHUE
ADDRESS: 1971 NEAL STREET HFID: 24048
RED WING, MN 55066

On September 14 and 15, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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 may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0825 Subp. 4

Based on observation, interview and record review, the licensee failed to ensure that the registered nurse (RN) specified in writing specific instructions for unlicensed staff on performing the delegated task of oxygen therapy and failed to identify safety concerns with the storage of the oxygen for one of one client's (#2) record reviewed who received oxygen therapy. The findings include:

Client #2 began receiving services from the licensee on April 6, 2010, which included medication administration and assistance with oxygen therapy. The client had a prescriber's order for oxygen 3.5 liters continuously via a nasal cannula. There were no specific written instructions for staff to follow when assisting client #2 with his oxygen.

On September 15, 2010, at 8:15 a.m., client #2 was observed to have nine full oxygen cylinders and six used oxygen cylinders stored in the bedroom closet of his apartment. The cylinders were observed to be stored in an upright position next to each other, but were not secured to anything to prevent the cylinders from getting knocked over. Also stored in the closet were a wheelchair and approximately 6-7 shirts on a hanger.

When interviewed September 15, 2010, employee D (unlicensed staff) stated she was not aware of any specific written instructions on how to assist the client with his oxygen. Employee D stated she “just knew.” When questioned regarding any specific safety concerns with the use of the oxygen and/or storage, employee D stated she was not aware of any and that the oxygen for client #2 was always stored unsecured in the closet.

When interviewed September 15, 2010, employee A (Director of Resident Services) and employee B (RN) confirmed there were no specific written instructions for the unlicensed staff to follow regarding assisting with oxygen therapy. Employee B stated she was not aware the oxygen tanks were stored in client #2’s closet unsecured.

TO COMPLY: A person who satisfies the requirements of part [4668.0835](#), subpart 2, may perform delegated nursing procedures if:

- A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;
- B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;
- C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;
- D. the procedures for each client are documented in the client's record; and
- E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

TIME PERIOD FOR CORRECTION: Seven (7) days

2. MN Statute §144A.44 Subd. 1(2)

Based on observation, interview and record review, the licensee failed to ensure care and services were provided in accordance with accepted nursing standards related to infection control for three of five clients’ (#3, #4 and #5) observed receiving services. The findings include:

Client #3 was observed on September 15, 2010, at 6:30 a.m. to receive assistance with medication administration, blood glucose testing and assistance with insulin administration. Employee D was observed to wash her hands, put on gloves and perform client #3’s blood glucose test. After pricking the client’s finger and testing her blood, employee D removed her gloves, checked the client’s blood pressure, obtained the client’s insulin syringe, handed the syringe to the client to self-inject, administered the client’s medications and left the client’s apartment to test client #4’s blood glucose. Employee D did not wash her hands after performing the blood glucose test on client #3.

At 6:50 a.m. on September 15, 2010, employee D was observed to enter client #4's apartment. Employee D checked the client's blood pressure, and then put on a pair of gloves. Employee D was observed to test client #4's blood glucose, remove her gloves, administer the client's medications and leave the client's apartment to go to another client's apartment to administer her medications. Employee D did not wash her hands before or after performing the blood glucose test.

At 7:10 a.m. on September 15, 2010, employee D was observed to assist client #5 with application of a cream. Employee D was observed to put on a pair of gloves, and apply a cream to the client's entire body for a flare-up of psoriasis. After applying the cream, employee D removed her gloves and left the client's apartment to go to another client's apartment to administer medications. Employee D did not wash her hands after removing her gloves.

The licensee's written instructions for Blood Glucose Monitoring did not address handwashing. The licensee's procedure for using gloves indicated the following: "Gloves are to be worn whenever there may be direct contact between the caregiver's hands and blood, bloody fluids, secretions, feces, or a contaminated item such as soiled linens or wound dressings." The procedure indicated staff was to wash their hands before applying gloves and after removing their gloves.

When interviewed September 15, 2010, employee B (registered nurse) confirmed the policy on blood glucose monitoring did not address handwashing. Employee B stated the employee should have washed her hands before applying the gloves and after removing her gloves in all three care situations involving clients #3, #4 and #5.

TO COMPLY: A person who receives home care services has these rights:

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Fourteen (14) days

3. MN Statute §144A.46 Subd. 5(b)

Based on interview and record review, the licensee failed to ensure that background studies were completed for one of two unlicensed staffs' (C) records reviewed. The findings include:

Employee C was hired to provide direct care services to clients on June 30, 2009. Employee C's file did not include a background study.

When interviewed September 15, 2010, employee A (Director of Resident Services) confirmed there was no background study in employee C's file. Employee A telephoned the Department of Human Services Background Study Unit and confirmed that a background study had not been submitted for employee C.

TO COMPLY: Employees, contractors, and volunteers of a home care provider are subject to the background study required by section [144.057](#). These individuals shall be disqualified under the provisions of chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.

TIME PERIOD FOR CORRECTION: Thirty (30) days

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1220 4647

January 19, 2007

Dean Bloemke, Administrator
Welcome Home Health Care Inc
1971 Neal Street
Red Wing, MN 55066

Re: Licensing Follow Up visit

Dear Mr. Bloemke:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on December 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 M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

01/07 CMR1000

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

INFORMATIONAL MEMORANDUM

PROVIDER: WELCOME HOME HEALTH CARE INC

DATE OF SURVEY: December 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:

Veronica Frohling, Director of Resident Services
Linda Beyers, RN, Director of Health Services

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 August 14, 15, 16, and 17, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on August 14, 15, 16, and 17, 2006 is as follows:

- | | |
|---|------------------|
| 1. MN Rule 4668.0065 Subp. 1 | Corrected |
| 2. MN Rule 4668.0810 Subp. 6 | Corrected |
| 3. MN Rule 4668.0815 Subp. 4 | Corrected |
| 4. MN Rule 4668.0825 Subp. 4 | Corrected |
| 5. MN Rule 4668.0865 Subp. 2 | Corrected |
| 6. MN Statute §626.557 Subd. 14(b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0708

September 7, 2006

Dean Bloemke, Administrator
Welcome Home Health Care Inc
1971 Neal Street
Red Wing, MN 55066

Re: Results of State Licensing Survey

Dear Mr. Bloemke:

The above agency was surveyed on August 14, 15, 16, and 17, 2006, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Goodhue 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: WELCOME HOME HEALTH CARE INC

HFID #: 24048

Date(s) of Survey: August 14, 15, 16, and 17, 2006

Project #: QL24048002

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0815 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs. 	<p>Annual Licensing Survey <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____ <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> Education Provided</p>
<p>2. The provider promotes the clients' rights.</p> <ul style="list-style-type: none"> MN Rule 4668.0030 MN Rule 4668.0040 MN Rule 4668.0170 	<ul style="list-style-type: none"> Clients are aware of and have their rights honored. Clients are informed of and afforded the right to file a complaint. Continuity of Care is promoted for clients who are discharged from the 	<p>Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0870 • MN Statute §144A.44 • MN Statute §144D.04 	<p>provider.</p>	<p>Follow-up Survey # ____</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> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 • MN Statute §144A.46 • MN Statute §144D.07 • MN Statute §626.557 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Provider personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required. 	<p>Annual Licensing Survey</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>4. The clients' confidentiality is maintained.</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p>Annual Licensing Survey</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>5. The provider employs (or contracts with) qualified staff.</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0830 • MN Rule 4668.0835 • MN Rule 4668.0840 • MN Rule 4668.0065 • MN Rule 4668.0070 • MN Statute §144D.065 • MN Statute §144A.45 • MN Statute §144A.461 	<ul style="list-style-type: none"> • Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. • Nurse licenses are current. • The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. • The process of delegation and supervision is clear to all staff and reflected in their job descriptions. • Personnel records are maintained and retained. • Staff meet infection control guidelines. 	<p>Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. Medications are stored and administered safely.</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0855 • MN Rule 4668.0860 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The provider has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Annual Licensing Survey ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The provider has a current license.</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0019 • MN Rule 4668.0220 • MN Statute §144A.47 • MN Statute §144D.02 • MN Statute §144D.04 • MN Statute §144D.05 <p><u>Note:</u> MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</p>	<ul style="list-style-type: none"> • The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>8. The is in compliance with MDH waivers and variances</p> <ul style="list-style-type: none"> • MN Rule 4668.0016 	<ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances 	<p>Annual Licensing Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

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

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

For Indicators of Compliance not met, list the rule or statute number and the findings of deficient practice noted.

1. MN Rule 4668.0065 Subp. 1

AREA OF COMPLIANCE: # 5

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 (C and D) employee records reviewed. The findings include:

Employee C began providing direct client care on October 27, 2005. Her record contained documentation of a negative Mantoux test dated November 11, 2005. No other documentation of tuberculosis screening was present. When interviewed, August 15, 2006, employee C verified that she began providing direct care to a client on October 27, 2005, stating that was when the first client moved into the building. Employee C could not recall why her Mantoux test was completed after she began providing care.

Employee D began providing direct care to a client on October 27, 2005. Her record contained documentation of a negative Mantoux test on November 11, 2005. No other documentation of tuberculosis screening was present.

When interviewed, the Director of Resident Services confirmed that employee C and D's Mantoux test had been completed after they began providing direct contact to clients. The director was unsure why there was a delay in the testing.

2. MN Rule 4668.0810 Subp. 6

AREA OF COMPLIANCE: # 4

Based on record review and interview, the licensee failed to ensure that a summary was completed following the discontinuation of services for one of one discharged client's (#3) record reviewed. The findings include:

Client #3 was discharged from the agency on May 11, 2006. There was no discharge summary in the client's record. When interviewed, August 15, 2006, the Director of Resident Services confirmed a discharge summary for client #3 was not in the record.

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

Client #1's admission service plan dated November 30, 2005, indicated that housekeeping and laundry services were to be provided one time a week. The frequency of supervision of these services was not identified on the service plan. Client #1's service plan was modified on December 9, 2005 to add shower assistance two times a week, and on January 9, 2006, the client's service plan was modified to add medication administration two times a day. The service plan did not include the frequency of supervision of these services.

Client #2's service plan dated June 1, 2006 did not include the frequency of supervision of the following services that were to be provided, housekeeping service one time a week, laundry one time a week, shower assistance two times a week, and medication administration four times a day.

Client #3's service plan dated January 25, 2006 indicated that housekeeping, laundry, and tray delivery to the room were to be provided. There was no frequency of the services, identification of the caregiver or frequency of supervision of the tray delivery identified on the service plan. There was no frequency of supervision identified for the housekeeping and laundry. The client's service plan was modified on February 24, 2006 to add shower assistance and foot soaks with dressing care. The frequency of supervision was not identified for these services.

When interviewed, August 15, 2006, the Director of Resident Services confirmed the lack of completeness of the service plans for clients #1, #2, and #3.

4. MN Rule 4668.0825 Subp. 4

AREA OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to retain documentation for demonstration of competency for delegated nursing tasks performed for two of two unlicensed employees' (B and C) records reviewed. The findings include:

Client #3's record indicated that employees B and C performed wound care on the client's foot in April of 2006. The client's wound care included applying Regranex gel to the ulceration, and covering it with one inch Coban. There was no documentation of training or demonstrated competency of employees B or C for the delegated nursing task of wound care.

When interviewed on August 15, 2006, employee B stated that the registered nurse (RN) had trained her before she started doing the wound care. Employee B stated that she had demonstrated the wound care to the RN before she was allowed to perform the task on the client.

When interviewed, August 15, 2006, the Director of Housing Services confirmed there was no documentation of training or competency to perform the wound care for employees B and C.

5. MN Rule 4668.0865 Subp. 2

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure the registered nurse conducted an assessment of the client's need for central storage of medications and developed 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 January 9, 2006, and June 1, 2006 respectively. Client #1 and #2's records did not include an assessment of the need for central storage of medications, nor was central storage of medications identified on the clients' service plans. When interviewed on August 15, 2006, the Director of Housing Services confirmed that clients #1 and #2's

records did not contain an assessment of the need for central storage of medications nor was the service included on the clients' service plans although both clients were receiving central storage of medications.

6. MN Statute §626.557 Subd. 14(b)

AREA OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to ensure when areas of vulnerability were identified for clients, that specific measures to minimize the risk of abuse to that client were noted for two of three clients' (#1 and #2) records reviewed. The findings include:

Client #1's Vulnerable Adult Assessment dated November 30, 2005 identified that the client was vulnerable in the area of hearing, because he had no hearing in his right ear, and diminished hearing in his left ear. In addition, behaviors due to early dementia, and anxiety and depression were identified as vulnerable areas for client #1. There were no specific measures documented for these identified areas of vulnerability for the client.

Client #2's Vulnerable Adult Assessment (not dated) identified the client as having vulnerabilities in the areas of occasionally disoriented, impaired memory/judgment/comprehension, inability to know safe situations from unsafe situations, inability or has difficulty performing activities of daily living independently, and a history of neurological impairment due to a brain injury in 2004. There were no specific measures documented for these identified areas of vulnerability for the client.

When interviewed, August 15, 2006, the Director of Housing Services confirmed that specific measures or interventions for the above mentioned areas of vulnerability were not established for clients #1 and #2.

A draft copy of this completed form was left with Veronica Frohling, Director of Resident Services at an exit conference on August 17, 2006. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the MDH website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).