



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 1657

April 3, 2008

Jerry Boerboom, Administrator
Getty Street Assisted Living
1214 Getty Street South
Sauk Center, MN 56378

Re: Results of State Licensing Survey

Dear Mr. Boerboom:

The above agency was surveyed on March 17 and 18, 2008, 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: Stearns County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General

01/07 CMR3199



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: GETTY STREET ASSISTED LIVING

HFID #: 24072

Date(s) of Survey: March 17, and 18, 2008

Project #: QL24072003

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>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 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 understand what care will be provided and what it costs. 	<p>Focus Survey</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>Expanded Survey</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>Follow-up Survey # <input type="text"/></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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<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 agency. 	<p>Focus 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>Expanded Survey</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>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<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. Agency personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required. 	<p>Focus 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>Expanded Survey</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>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</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><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</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>Follow-up Survey # <input type="text"/></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>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0065 MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0820 MN Rule 4668.0825 MN Rule 4668.0840 MN Rule 4668.0070 MN Statute §144D.065 	<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>Focus Survey</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>Expanded Survey</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>Follow-up Survey # <input type="text"/></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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • 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 agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>7. The provider has a current license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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 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. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p>Expanded Survey</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><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</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>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 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 4668.0815 Subp. 3

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that the client or the client’s responsible person agreed in writing to a service plan modification for one of one client’s (#1) records reviewed. The findings include:

Client #1’s record contained notes dated February of 2008 that read “Home Care will be doing bathing and peri care.” Client #1’s service plan, dated October of 2007, indicated that assistance with bathing and activities of daily living was provided one time weekly. When interviewed, March 18, 2008, the client’s responsible person stated she had not received an updated service plan nor authenticated a modification to the service plan, since the bathing service had been switched to a different home care agency. When interviewed, March 18, 2008, the registered nurse stated that she was aware of the change in services; however, she had not had time to modify the service plan to reflect the change. When interviewed, March 18, 2008, the administrator indicated that he had received an updated fee schedule with the changes in services, however, had not yet been able to modify the service plan to reflect the changes in fees.

2. MN Rule 4668.0840 Subp. 4**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview the licensee failed to have a registered nurse document the competency evaluation for assisted living services provided for one of one unlicensed employee's (B) records reviewed. The findings include:

Employee B provided routine surveys of vital signs of client #1. Employee B's record lacked documentation of competency testing for taking vital signs. When interviewed, March 17, 2008 employee B stated she had received training for taking vital signs from a registered nurse hired by the licensee prior to working with the clients. When interviewed, March 18, 2008 the registered nurse stated that she was unaware of the lack of documentation of competency testing for employee B as employee B had worked for the licensee for a longer time..

3. MN Rule 4668.0855 Subp. 2**INDICATOR OF COMPLIANCE: # 6**

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

Client #1's record contained an assessment, dated October of 2007, and entitled, "Functional Assessment for Getty Street Assisted Living" which contained an assessment for "medications." The assessment stated that the client required "complete supervision and administration of all medications." The assessment lacked the name and title of the person who completed the assessment. When interviewed March 19, 2008 the administrator stated he did not know who had done the assessment and the registered nurse was unavailable for interview.

4. MN Rule 4668.0855 Subp. 5**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) was informed within 24 hours of administration when unlicensed personnel administered pro re nata (PRN, as needed) for one of one client's (#1) records reviewed. The findings include:

Client #1's medication administration record indicated that client #1 received oxycodone/APAP 5/325 PRN on two days in March of 2008 and Milk of Magnesia PRN on several days in March, 2008. The licensee's policy for central storage of medications, which had been last revised April of 2007, read that "PRN meds will be signed off on the back of the med profile sheet along with the date, time, medication, dosage and reason for giving the medication. Staff will notify the RN after giving PRN medication." When interviewed, March 17, 2008 employee C stated she did not call the nurse after administering PRN medications as long as the medication was listed on the facility "Physician Standing Orders" list or there was a "PRN" sheet listing the drug in the client's medication administration record. When interviewed, March 17, 2008, employee B stated when she administered a PRN medication she notified the registered nurse, or if unable to reach her, the licensed practical nurse to inform her of

giving the “PRN” medication. When interviewed, March 18, 2008 the RN stated she reviewed the “PRN” medications that had been given when she visited the facility.

5. MN Rule 4668.0855 Subp. 9

INDICATOR OF COMPLIANCE: # 6

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

Client #1’s record contained admission physician orders, dated September of 2007, which indicated client #1 was to receive an Albuterol nebulizer treatment four times daily. Client #1’s record also contained an as needed (PRN) medication administration record which directed that the Albuterol nebulizer treatment may be done up to four times daily. The medication administration record did not indicate that the Albuterol nebulizer was administered four times daily as ordered and lacked documentation as to why the medication was not administered as ordered. When interviewed, March 17, 2008 employee C stated that client #1 had not used the Albuterol nebulizer since her admission in October, 2007. On interview, March 18, 2008, the registered nurse stated the Albuterol nebulizer should be “PRN” and that the client had not used it since admission. She stated she thought there was an order for the Albuterol to be “PRN.”

6. MN Rule 4668.0865 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on observation, record review and interview the facility failed to establish a system for control of medications for one of one client (#1) record reviewed that received central storage of medications. The findings include:

During observation on March 17, 2008 client #1’s “blister card” for oxycodone, a schedule II controlled medication, was stored with the morning blister cards of non-controlled medications in the medication cart. Client #1’s “PRN” (as needed) blister card for oxycodone was stored in a separately locked compartment on the medication cart. When interviewed March 17, 2008, employee B stated that since the regularly scheduled oxycodone was given in the morning it was stored with client #1’s other morning medications. Upon interview, March 18, 2007, the registered nurse stated she was unaware the oxycodone was not locked in a separate compartment.

Client #1’s record contained admission physician orders, dated September of 2007, which indicated client #1 was to receive an Albuterol nebulizer treatment four times daily. Client #1’s record also contained an as needed (PRN) medication administration record which directed that the Albuterol nebulizer treatment may be done up to four times daily. The medication administration record did not indicate that the Albuterol nebulizer was administered four times daily as ordered and lacked documentation as to why the medication was not administered as ordered. When interviewed, March 17, 2008 employee C stated that client #1 had not used the Albuterol nebulizer since her admission in

October, 2007. On interview, March 18, 2008, the registered nurse stated the Albuterol nebulizer should be “PRN” and that the client had not used it since admission. She stated she thought there was an order for the Albuterol to be “PRN.”

Client #1's medication administration record indicated that client #1 received oxycodone/APAP 5/325 PRN on two days in March of 2008 and Milk of Magnesia PRN on several days in March, 2008. The licensee's policy for central storage of medications, which had been last revised April of 2007, read that "PRN meds will be signed off on the back of the med profile sheet along with the date, time, medication, dosage and reason for giving the medication. Staff will notify the RN after giving PRN medication." When interviewed, March 17, 2008 employee C stated she did not call the nurse after administering PRN medications as long as the medication was listed on the facility "Physician Standing Orders" list or there was a "PRN" sheet listing the drug in the client's medication administration record. When interviewed, March 17, 2008, employee B stated when she administered a PRN medication she notified the registered nurse, or if unable to reach her, the licensed practical nurse to inform her of giving the "PRN" medication. When interviewed, March 18, 2008 the RN stated she reviewed the "PRN" medications that had been given when she visited the facility.

A draft copy of this completed form was left with Jerry Boerboom at an exit conference on March 19, 2008. 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).