



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1040

October 11, 2006

Charles Bell, Administrator
Spirit Valley Assisted Living
102 North 58th Avenue West
Duluth, MN 55807

Re: Results of State Licensing Survey

Dear Mr. Bell:

The above agency was surveyed on September 19, 20, and 21, 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: St. Louis 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: SPIRIT VALLEY ASSISTED LIVING

HFID #: 24120

Date(s) of Survey: September 19, 20, and 21, 2006

Project #: QL24120002

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 ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ 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 	<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 	<p>Annual Licensing Survey <u>X</u> Met ___ Correction Order(s) issued</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> • MN Rule 4668.0170 • MN Rule 4668.0870 • MN Statute §144A.44 • MN Statute §144D.04 	<p>clients who are discharged from the provider.</p>	<p><input checked="" type="checkbox"/> Education Provided</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><input checked="" type="checkbox"/> 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>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><input checked="" type="checkbox"/> Met</p> <p>_____ Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> 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><u>X</u> 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>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><u>X</u> 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>

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 tuberculosis screening was completed for three of six employees (AB, AC, and BE) records reviewed. The findings include:

Employee AB began employment for the licensee, and direct client care April of 2006. Employee AB's record indicated employee AB had a positive Mantoux in the past and a chest x-ray was completed ten days later in April of 2006. There was no other tuberculin testing in the record.

Employee AC began employment for the licensee, and direct client care January of 2006. Employee AC's record indicated employee AB had a positive Mantoux in the past and contained a negative chest x-ray report dated thirteen days later in January of 2006. The chest x-ray report indicated a previous chest x-ray was done August of 2004. There was no other tuberculin testing in the record.

Employee BE began employment for the licensee, and direct client care January of 2006. Employee BE's record indicated employee BE had a Mantoux test done nineteen days later in January of 2006. There was no other tuberculin testing in the record.

When interviewed, September 20, 2006, the administrator and registered nurse indicated they were not aware for the time frame for chest x-rays when the employee had a positive Mantoux.

2. MN Rule 4668.0845 Subp. 2**AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for three of three clients' (A1, A2, and A3) records reviewed at site A. The findings include:

Client A1's service plan, dated March of 2006 indicated client A1 received medication administration. The only supervisory visit documented was on May 11, 2006.

Client A2's service plan, dated January of 2006 indicated client A2 received medication administration. They only supervisory visit in client A2's record was dated the same day in January of 2006.

Client A3's service plan dated May of 2006 indicated client A3 received medication administration and set up. Client A3's record lacked documentation that supervisory visits had been done.

When interviewed, September 20, 2006, the registered nurse confirmed the supervisory visits were not completed on time.

3. MN Rule 4668.0855 Subp. 5**AREA 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 (A2) record reviewed who was receiving PRN medications. The findings include:

Client A2's PRN medication record indicated that unlicensed personnel administered Tylenol PM on April 27, 28, May 12, 13, 17, 19, and 28, 2006. There was no documentation that the RN was notified of the PRN use of the medication.

When interviewed, September 20, 2006, the RN confirmed she had not been notified when the PRN medications had been administered and that there was no other notification system in place.

4. MN Rule 4668.0860 Subp. 2**AREA OF COMPLIANCE: # 6**

Based on record review and interview, the agency failed to have a current prescriber's order for medications for one of three clients' (A2) records reviewed at site A. The findings include:

Client A2's Medication Administration Record dated July 2006 indicated client A2 received Tylenol Extra Strength 500 milligrams (mg) on July 21, 2006. Client A2's pro re nata (PRN, as needed) medication record indicated client A2 received Tylenol PM on April 27, 28, May 3, 12, 12, 17, 19, and 28, 2006. Client A2's record contained a prescriber's order dated January of 2006 for Tylenol 325mg two tablets by mouth every 4 hours PRN for pain/fever. There was no order in client A2's record for Tylenol Extra Strength 500mg or for Tylenol PM.

When interviewed, September 20, 2006, the registered nurse confirmed there were not prescriber's orders for the Tylenol PM or the Tylenol Extra Strength.

A draft copy of this completed form was left with Micelle Martin at an exit conference on September 21, 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).