



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1350 0001 1713 6567

October 17, 2008

Janis Rivers, Administrator
The Centennial House
14625 Pennock Avenue
Apple Valley, MN 55124

Re: Results of State Licensing Survey

Dear Ms. Rivers:

The above agency was surveyed on September 3 and 4, 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". The signature is written in a cursive style with a large initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Dakota 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: THE CENTENNIAL HOUSE

HFID #: 24139

Dates of Survey: September 3 and 4, 2008

Project #: QL24139004

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>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> 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>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>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> 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>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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> 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>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>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p>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><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>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>___ Correction Orders issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Orders issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>7. The provider has a current license.</p> <p>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 # <u> </u></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:

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

1. MN Rule 4668.0810 Subp. 6

INDICATOR OF COMPLIANCE: # 4

Based on record review and interview the licensee failed to ensure client records were accurate and up to date for two of five client’s (#3, #4) records reviewed. The findings include:

An incident report dated June of 2008, indicated client #3 was found on the floor in her room during 5am room checks. Another incident report dated June of 2008 indicated client #3 fell in front of her television and sustained a cut on the back of her head and complained of pain on her “bottom.” 911 was called for the June 10th fall, but she was not transported to an emergency room since her family member declined the transfer. Neither of these incidents was recorded in the client’s record.

An incident report dated May of 2008 indicated client #4 was found lying on the floor next to her bed. When the client’s record was reviewed on September 4, 2008, there was no documentation in the client’s record regarding the client’s fall on May 13, 2008.

When interviewed on September 3 and 4, 2008, the agency registered nurse stated the agency’s unlicensed staff document all client occurrences in each units’ communication book and/or on individual client incident reports. The communication book contents and incident reports do not

become a permanent part of each client record. She indicated she reviewed the communication book and incident reports, then documented the appropriate information in each client record. She stated she had not documented the falls of client #3 and #4 in their individual client record.

2. 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 (RN) supervised unlicensed personnel who performed services that required supervision for two of three client's (#2, and #8) records reviewed. The findings include:

Client #2 received daily medication administration and assistance with her activities of daily living. The client's record contained a supervisory note dated April 10, 2008. There was no evidence of any other supervisory visit after that date.

Client #8 received daily medication administration and assistance with her activities of daily living. The client's record contained a supervisory note dated October 11, 2007. There was no evidence of any other supervisory visit after that date.

When interviewed on September 3, 2008, the RN stated that she was "way behind" on supervisory visits. She indicated it was recently discovered that the computer generated daily assignment sheet for the registered nurse had not included supervisory visits on her assignment sheets.

3. MN Rule 4668.0855 Subp. 6

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that a nurse or pharmacist drew up insulin for one of two insulin dependent clients (#9) records reviewed. The findings include:

Documentation on the 24 hour report for building two dated August of 2008 read, "This morning" (client #9) "didn't have his 8:30 am insulin because there wasn't any, (RN) notified. Left a message." (Employee B)"filled them." When interviewed on September 3, 2008, the registered nurse stated she prefilled insulin syringes and the prefilled syringes were available for unlicensed staff to provide to the client. She stated client #9 received two units of Humalog insulin and she thought, due to the small amount of insulin in each syringe, the plunger was accidentally pushed in when staff removed one of the prefilled syringes from the rubber banded bundle of syringes. She thought this was the cause of the shortage of prefilled syringes on the morning of August of 2008. She stated she was not in the building on the morning of August of 2008, so she instructed unlicensed employee B to fill a syringe with 2 units of Humalog insulin.

4. MN Rule 4668.0855 Subp. 9

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure medications were administered as ordered by the physician and that medication records were complete for one of three clients (#1 and #2) records reviewed. The findings include:

Client #1's medications were centrally stored and administered by agency staff. Client #1 had a physician's order dated June of 2008 for Glargine (Lantus) insulin, 12 units daily at bedtime. The June medication administration record (MAR) noted that 12 units of Lantus insulin were administered twice daily at 9am and 8 pm until completely discontinued on July 1, 2008. During this time period the client has numerous low blood sugar readings and was sent to the emergency room for a hypoglycemic (low blood sugar) episode on June of 2008.

Client #1 had a physician's order dated July of 2008 for Glyburide 5 mg. twice daily. The MAR noted Glyburide 5 mg. was administered at 5 pm on July of 2008 and at 8am on July of 2008, and then held and not given. There was no physician order placing the medication on hold. There was no documentation in the client's record as to why the medication was not given as ordered or that any follow up procedures were provided. When interviewed on September 4, 2008, the registered nurse stated she was certain there had been an order to place the client's Glyburide on hold, but she was unable to locate the order.

The 24 hour report dated July of 2008 documented a PRN (as needed) Loperamide (Imodium) was administered to client #2 at 10:30 am. The 24 hour report dated July of 2008 for the morning shift, documented client #2 had a cut on her left big toe and Bacitracin ointment was applied to her toe. Neither report is a part of the client's permanent record. The client's record did not contain any documentation that the Imodium or Bacitracin had been administered to the client. There was no documentation in the client's record as to why the medication was not given as ordered or that any follow up procedures were provided. When interviewed September 3, 2008 the registered nurse verified that neither medication had been entered in the client record. The registered nurse stated that the 24 hour report was a communication tool between shifts and it did not become a permanent part of the client record.

5. MN Rule 4668.0860 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to have a current prescriber order for medications for one of three clients (#1) records reviewed. The findings include:

Client #1 received medication administration and central storage of his medications since his admission May of 2008. The client's medication administration record indicated the client had received a multivitamin since a June of 2008. There was no order for the drug. On June of 2008 the physician ordered to "continue current medications." There was a list of the client's medications attached to the physicians visit form that did not include the multivitamin. When interviewed on September 4, 2008, the registered nurse confirmed there was no order for the multivitamin.

6. MN Rule 4668.0860 Subp. 8

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to ensure a physician order was implemented within 24 hours of receipt for one of three clients (#1) records reviewed. The findings include:

Client #1's medications are centrally stored and administered by agency staff. Client #1 had a physician visit with an order written on June of 2008 for Ranitidine HCl (Zantac) 150 mg daily. The medication was not listed for administration on the client's medication administration records for June, July, August and September 2008. When interviewed September 4, 2008, the registered nurse confirmed the medication had not been administered since ordered on June of 2008. She stated she was on vacation when the order was written. She stated it was the policy of the agency for unlicensed staff to notify the on-call registered nurse (RN) after a client returned a physician visit. The on-call RN log was reviewed with the RN and there was no indication the on-call nurse had been notified of the physician visit and orders.

7. MN Rule 4668.0865 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to maintain a system of medication control for three of five clients (#1, #2 and #9) records reviewed. The findings include:

Documentation on the 24 hour report for building two dated August of 2008 read, "This morning" (client #9) "didn't have his 8:30 am insulin because there wasn't any, (RN) notified. Left a message." (Employee B)"filled them." When interviewed on September 3, 2008, the registered nurse stated she prefilled insulin syringes and the prefilled syringes were available for unlicensed staff to provide to the client. She stated client #9 received two units of Humalog insulin and she thought, due to the small amount of insulin in each syringe, the plunger was accidentally pushed in when staff removed one of the prefilled syringes from the rubber banded bundle of syringes. She thought this was the cause of the shortage of prefilled syringes on the morning of August of 2008. She stated she was not in the building on the morning of August of 2008, so she instructed unlicensed employee B to fill a syringe with 2 units of Humalog insulin.

Client #1's medications were centrally stored and administered by agency staff. Client #1 had a physician's order dated June of 2008 for Glargine (Lantus) insulin, 12 units daily at bedtime. The June medication administration record (MAR) noted that 12 units of Lantus insulin were administered twice daily at 9am and 8 pm until completely discontinued July of 2008. During this time period the client has numerous low blood sugar readings and was sent to the emergency room for a hypoglycemic (low blood sugar) episode on June 25, 2008.

Client #1 had a physician's order dated July of 2008 for Glyburide 5 mg. twice daily. The MAR noted Glyburide 5 mg. was administered at 5 pm July of 2008 and at 8am July of 2008, and then held and not given. There was no physician order placing the medication on hold. There was no documentation in the client's record as to why the medication was not given as ordered or that any follow up procedures were provided. When interviewed on September 4, 2008, the registered nurse stated she was certain there had been an order to place the client's Glyburide on hold, but she was unable to locate the order.

Client #1 received medication administration and central storage of his medications since his admission May of 2008. The client's medication administration record indicated the client had received a multivitamin since June of 2008. There was no order for the drug. In June of 2008 the physician ordered to "continue current medications." There was a list of the client's medications

attached to the physicians visit form that did not include the multivitamin. When interviewed on September 4, 2008, the registered nurse confirmed there was no order for the multivitamin.

Client #1 had a physician visit with an order written June of 2008 for Ranitidine HCl (Zantac) 150 mg daily. The medication was not listed for administration on the client's medication administration records for June, July, August and September 2008. When interviewed September 4, 2008, the registered nurse confirmed the medication had not been administered since ordered June of 2008. She stated she was on vacation when the order was written. She stated it was the policy of the agency for unlicensed staff to notify the on-call registered nurse (RN) after a client returned a physician visit. The on-call RN log was reviewed with the RN and there was no indication the on-call nurse had been notified of the physician visit and orders.

The 24 hour report dated July of 2008 documented a PRN (as needed) Loperamide (Imodium) was administered to client #2 at 10:30 am. The 24 hour report dated July of 2008 for the morning shift, documented client #2 had a cut on her left big toe and Bacitracin ointment was applied to her toe. Neither report is a part of the client's permanent record. The client's record did not contain any documentation that the Imodium or Bacitracin had been administered to the client. There was no documentation in the client's record as to why the medication was not given as ordered or that any follow up procedures were provided. When interviewed September 3, 2008 the registered nurse verified that neither medication had been entered in the client record. The registered nurse stated that the 24 hour report was a communication tool between shifts and it did not become a permanent part of the client record.

8. MN Statute §144A.44 Subd. 1(2)

INDICATOR OF COMPLIANCE: # 2

Based on record review and interview the licensee failed to ensure all clients received care and services subject to accepted nursing standards for one of two diabetic clients (#1) records reviewed. The findings include:

Client #1's medications were centrally stored and administered by agency staff. Client #1 had a physician's order dated June of 2008 for Glargine (Lantus) insulin, 12 units daily at bedtime. The

June medication administration record (MAR) noted that 12 units of Lantus insulin were administered twice daily at 9am and 8 pm until completely discontinued July of 2008. During this time period the client has numerous low blood sugar readings and was sent to the emergency room for a hypoglycemic (low blood sugar) episode June of 2008.

It was documented in the unlicensed staff communication book and in the staff office that the nurse was to be notified when a client had a high or a low blood sugar defined as less than 70 or greater than 400. Client #1's June 2008 blood sugar readings were documented as:

June 1, 2008 54
June 12, 2008 58
June 13, 2008 50
June 14, 2008 59
June 21, 2008 59
June 22, 2008 54

June 28, 2008 62

June 29, 2008 53

When interviewed on September 4, 2008, the registered nurse stated she was not on duty during any of the above mentioned dates, so the unlicensed staff member should have notified the on-call nurse with the low blood sugar readings. There was no evidence that any of the low blood sugar readings had been reported to the on-call nurse per the stated policy of the registered nurse nor was there any notation in the unlicensed communication log that was not a permanent part of the client record, that a nurse had been notified of the low blood sugar readings.

When interviewed September 4, 2008, the registered nurse stated when she was on duty in the building she monitored the blood sugar readings and documentation. The following are low blood sugar readings that were documented on the days that this registered nurse was on duty:

June 18, 2008 30

June 20, 2008 56

June 23, 2008 54

June 25, 2008 39 (sent to the emergency room)

June 24, 2008 47

June 30, 2008 34

On June 20, 2008, documentation by the registered nurse noted the client drank some orange juice and the client's Glyburide (a drug which helps to control blood sugar levels) was held. The physician was notified due to the client's blood sugar reading of 56.

According to documentation on the client's June 2008 medication administration record the client's Lantus insulin was only held on at 9am on June 10, 2008 and at 9am on June 25, 2008. In addition to the client's insulin not being held, the client continued to receive, in error, double the daily amount of Lantus insulin. According to the Lippincott Nursing 2008 DRUG HANDBOOK, Lantus insulin has an onset of one hour with a duration of 24 hours and is usually given only once daily.

A draft copy of this completed form was faxed to Janis River on September 5, 2008, after a pre-exit conference which was held on September 4, 2008. Any correction orders 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

April 4, 2008

Janis Rivers, Administrator
The Centennial House
14625 Pennock Avenue
Apple Valley, MN 55124

Re: Telephone Interview

Dear Ms. Rivers:

The information discussed during a telephone interview conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on March 26, 2008, is summarized in the enclosed documents listed below:

Telephone Interview and Education Assessment form

A summary of the items discussed during the phone interview and a listing of the education provided during the interview

Resource Sheet for Home Care Providers

A listing of web-sites and documents useful to home care providers in assuring compliance with home care regulations

Please note, it is your responsibility to share the information contained in this letter and the information from this interview with your direct care staff and the President of your facility's Governing Body.

If you have any questions, please feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

CMR TELEPHONE 03/08



Class A and Class F Home Care
Telephone Interview and Education Assessment

Registered nurses from the Minnesota Department of Health (MDH) use this form to document telephone interviews and education of newly licensed Class F and Class A (licensed only) Home Care Providers as well as other providers who have not been surveyed by Case Mix Review staff.

Licensing requirements listed below were reviewed during a telephone interview. Information from this interview along with other data will be considered when making decisions regarding the timing of an on site survey. The noted topics were discussed during the telephone interview and education was provided in the checked areas.

Name of Home Care Licensee: The Cenntennial House

HFID #: 24139

Type of License: Class F Home Care

Date of Interview: March 27, 2008

Interview Topic	Item Discussed	Education Provided
Access to information	<input checked="" type="checkbox"/> Home Care Rules and Statutes	<input type="checkbox"/> Web address for Home Care Rules and Statutes was sent (MN Statute §144A and MN Rule 4668) <input type="checkbox"/> Web address for Vulnerable Adult Act was sent (MN Statute §626.557) <input type="checkbox"/> Web address for Maltreatment of Minors Act was sent (MN Statute §626.556) <input checked="" type="checkbox"/> Board of Nursing web address was sent Sent via: <u>E-mail</u> <input checked="" type="checkbox"/> Basic Education Provided
Client Needs	<input checked="" type="checkbox"/> Care needs of clients	<input type="checkbox"/> Home Care licensee is required to have staff sufficient in qualifications and numbers to meet client needs (MN Rule 4668.0050) <input checked="" type="checkbox"/> Basic Education Provided



Interview Topic	Item Discussed	Education Provided
Home Care Bill of Rights	<input checked="" type="checkbox"/> Bill of Rights given to clients	<input type="checkbox"/> Current and appropriate version of home care bill of rights required Minnesota Dept. of Health web-site <input checked="" type="checkbox"/> Basic Education Provided
Advertising	<input checked="" type="checkbox"/> Advertising should reflect services provided	<input type="checkbox"/> Includes all forms of advertising MN Rule 4668.0019 <input checked="" type="checkbox"/> Basic Education Provided
Unlicensed personnel (ULP) who provide direct care	<input checked="" type="checkbox"/> Training needed for ULP to be qualified to provide direct care <input checked="" type="checkbox"/> Ongoing education needed for unlicensed personnel	<input type="checkbox"/> Initial training needed MN Rule 4668.0835 Subp. 2 (Class F) <input type="checkbox"/> Competency testing required MN Rule 4668.0835 Subp. 3 (Class F) <input type="checkbox"/> Inservice training MN Rule 4668.0835 Subp. 3 (Class F) <input type="checkbox"/> Ongoing infection control training needed MN Rule 4668.0065 Subp. 3 <input checked="" type="checkbox"/> Basic Education Provided
Unlicensed personnel (ULP) and medication administration	<input checked="" type="checkbox"/> Training required <input checked="" type="checkbox"/> Insulin administration by unlicensed personnel	<input type="checkbox"/> Difference between medication administration and assistance with medication administration. MN Rule 4668.0003 Subp. 2a and Subp. 21a <input type="checkbox"/> Medication reminders – a visual or verbal cue only. MN Rule 4668.0003 Subp. 21b <input type="checkbox"/> ULP limitations with insulin administration MN Rule 4668.0855 Subp. 6 (Class F) <input type="checkbox"/> Prescriber orders required MN Rule 4668.0860 Subp. 2 (Class F) <input checked="" type="checkbox"/> Basic Education Provided

Interview Topic	Item Discussed	Education Provided
Role of registered nurse (RN) and licensed practical nurse (LPN)	<input checked="" type="checkbox"/> Need to verify licenses of nurses <input checked="" type="checkbox"/> RN does assessments <input type="checkbox"/> LPN does monitoring	<input type="checkbox"/> Difference between RN and LPN role MN Rule 4668.0820 Subp. 2 (Class F) and Minnesota Nurse Practice Act <input type="checkbox"/> Points at which RN assessment is needed - Class F requirements <input type="checkbox"/> RN assessment and change in condition MN Rule 4668.0845 Subp. 2 (Class F) <input checked="" type="checkbox"/> Basic Education Provided
Supervision of unlicensed personnel (ULP)	<input checked="" type="checkbox"/> Requirements for supervision and monitoring of unlicensed personnel	<input type="checkbox"/> RN supervision and LPN monitoring of unlicensed personnel <input type="checkbox"/> Timing of supervision and monitoring MN Rule 4668.0845 (Class F) <input checked="" type="checkbox"/> Basic Education Provided
Service plan or agreement	<input checked="" type="checkbox"/> Contents of Service Plan or Agreement <input checked="" type="checkbox"/> Person who prepares service plan	<input type="checkbox"/> Differentiate between licensee service plan and county service plan <input type="checkbox"/> Required components of service plan <input type="checkbox"/> Need to review service plan <input checked="" type="checkbox"/> Basic Education Provided MN Rule 4668.0815 (Class F)
Protection of health, safety and well being of clients	<input checked="" type="checkbox"/> Background studies for all staff <input checked="" type="checkbox"/> Assessment of vulnerability for all clients	<input type="checkbox"/> Background studies not transferable <input type="checkbox"/> Only DHS background study accepted MN Statute §144A.46 Subd. 5 <input type="checkbox"/> Plan to address identified vulnerabilities required MN Statute §626.557 Subd. 14b <input checked="" type="checkbox"/> Basic Education Provided

Interview Topic	Item Discussed	Education Provided
Infection control	<input checked="" type="checkbox"/> Tuberculosis screening prior to direct client contact	<input type="checkbox"/> System for follow up on TB status after hire MN Rule 4668.0065 Subps. 1 & 2 <input type="checkbox"/> Yearly infection control inservice required for all staff including nurses MN Rule 4668.0065 Subp. 3 <input checked="" type="checkbox"/> Basic Education Provided
Assisted Living	<input checked="" type="checkbox"/> Arranged providers for assisted living required to follow 144G	<input checked="" type="checkbox"/> Uniform Consumer Information Guide must be given to all prospective clients MN Statute 144G.03 Subd. 2b9 <input checked="" type="checkbox"/> Basic Education Provided

The data used to complete this form was reviewed with Janis Rivers- Housing, Director, during a telephone interview on March 27, 2008. A copy of this Telephone Interview and Education Assessment form will be sent to the licensee. Any questions about this Telephone Interview and Education Assessment form should be directed to the Minnesota Department of Health, (651) 201-4301. This form will be posted on the MDH web-site. Home care provider general information is available by going to the following web address and clicking on the appropriate home care provider link:

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

Statutes and rules can be viewed on the internet:

<http://www.revisor.leg.state.mn.us/stats> - for Minnesota Statutes

<http://www.revisor.leg.state.mn.us/arule/> - for Minnesota Rules