



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1033

October 13, 2006

Mary Jane Chaignot, Administrator
Evensong Manor
6264 Yukon Avenue North
Brooklyn Park, MN 55428

Re: Results of State Licensing Survey

Dear Ms. Chaignot:

The above agency was surveyed on September 11, 13, and 15, 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 initial "J".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

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



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: EVENSONG MANOR

HFID #: 24202

Date(s) of Survey: September 11, 13, and 15, 2006

Project #: QL24202002

Indicators of Compliance	Outcomes Observed	Comments
1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. <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. 	Annual Licensing Survey <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # ____ <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> Education Provided
2. The provider promotes the clients’ rights. <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 	Annual Licensing Survey <input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued

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>_____ Met</p> <p><input checked="" type="checkbox"/> 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>
<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><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" 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 checked="" 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 4668.0030 Subp. 3

AREA OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to ensure clients received a copy of the

Minnesota Home care Bill of Rights for three of three clients' (#1, #2, and #3) records reviewed. The findings include:

Clients #1, #2, and #3 began receiving services October of 2003, October of 2005, and May of 2006 respectively. There was no indication in their records that they had reviewed a copy of Minnesota Home Care Bill of rights. When interviewed, September 11, 2006, the registered nurse confirmed that these clients had not been provided with a copy of the Bill of Rights.

2. MN Rule 4668.0040 Subp. 2

AREA OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to ensure that clients were provided with a written notice of the procedure for making a complaint for three of three clients' (#1, #2 and #3) records reviewed. The finding include:

Clients #1, #2 and #3 began receiving services October of 2003, October of 2005, and May of 2006 respectively. There was no evidence they had been provided a written notice related to the procedure for making a complaint. When interviewed, September 11, 2006, the registered nurse confirmed that these clients she had not provided a copy of the complaint procedure.

3. 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 one of two unlicensed employees' (B) records reviewed. The findings include:

Employee B began working for the facility, as an unlicensed direct care giver, October of 1999, prior to when the agency the was licensed as an assisted living home care provider, January 27, 2006. Employee B continued to work at the agency after it was licensed as an assisted living home care provider. There was no evidence of tuberculosis screening in her record. When interviewed September 11, 2006, the registered nurse confirmed that evidence of tuberculosis screening was not available for employee B.

4. MN Rule 4668.0805 Subp. 1

AREA OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to provide orientation to home care requirements for one of one licensed employees' (C) records reviewed. The finding include:

Employee C began working for the facility, as a licensed direct caregiver, October of 1999, prior to when the agency became licensed as an assisted living home care provider, January 27, 2006. Employee C continued to work at the agency after it was licensed as an assisted living home care provider.

There was no record of orientation to home care requirements in employee C's record. When interviewed, September 11, 2006 the registered nurse confirmed the findings.

5. MN Rule 4668.0815 Subp. 1**AREA OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure a registered nurse (RN) established a service plan no later than two weeks after the initiation of services for three of three clients' (#1, #2 and #3) records reviewed. The finding include:

Clients #1, #2, and #3 began receiving services October of 2003, October of 2005, and May of 2006 respectively. There were no service plans noted in the clients' record. When interviewed, September 11, 2006, the RN stated that clients #1, #2, and #3 received assistance with bathing, grooming and medication administration and did not have service plans.

6. MN Rule 4668.0840 Subp. 3**AREA OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed assisted living home care services successfully completed training and demonstrated competency in the required topics, for two of two unlicensed employees (A and B) records reviewed. The findings include:

Employees A and B began working for the facility, as unlicensed direct care givers, February of 2004 and October of 1999 respectively, prior to when the agency the was licensed as an assisted living home care provider, January 27, 2006. Employees A and B continued to work at the agency after it was licensed as an assisted living home care provider. Employees A and B provided assistance with bathing, grooming and medication administration There was no record of training or competency in their records since the effective licensee date of the assisted living program. When interviewed September 11, 2006, the registered nurse verified the employees had not completed the core training.

7. MN Rule 4668.0855 Subp. 2**AREA 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 three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Clients #1, #2 and #3 began receiving services October of 2003, October of 2005, and May of 2006, respectively. The September 2006 medication administration records for clients #1 and #2 and the discharge summary, dated June 25, 2006, for client #3 indicated they received assistance with medication administration. There was no evidence of a nursing assessment of each client's functional status and need for assistance with medication administration. When interviewed September 11, 2006, the RN confirmed that there was no nursing assessment of client #1, #2 and #3's functional status and need for assistance with medication administration.

8. MN Rule 4668.0855 Subp. 4

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that unlicensed personnel who administered medications to clients were competent to administer medications for two of three unlicensed personnel (A and B) reviewed. The findings include:

Employees A and B began working for the facility, as unlicensed direct care givers, February of 2004 and October of 1999 respectively, prior to when the agency the was licensed as an assisted living home care provider, January 27, 2006. Employees A and B continued to work at the agency after it was licensed as an assisted living home care provider. Employees A and B provided assistance with bathing, grooming and medication administration. The September 2006 medication administration records for clients #1 and #2 and the discharge summary, dated June of 2006, for client #3 indicated they received assistance with medication administration from employees A, and B. There was no record of training or competency in their records since the effective licensee date of the assisted living program. When interviewed, September 11, 2006, the registered nurse confirmed that the unlicensed staff had not been trained.

A draft copy of this completed form was left with Mary Jane Chaignot, Administrator/Registered Nurse at an exit conference on September 15, 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).