



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7250

July 9, 2010

Diedra Burke, Administrator
Traditions of Owatonna
195 24th Place NW
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Burke:

The above agency was surveyed on May 21 and 14, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

A final version of the correction order form is enclosed. This document will be posted on the MDH website.

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

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

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0938 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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CERTIFIED MAIL #: 7009 1410 0000 2303 7250

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: DIEDRA BURKE DATE: July 9, 2010
PROVIDER: TRADITIONS OF OWATONNA COUNTY: STEELE
ADDRESS: 195 24TH PLACE NW HFID: 24247
OWATONNA, MN 55060

On May 21 and 24, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

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

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

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

1. MN Rule 4668.0815 Subp. 2

Based on record review and interview, the licensee failed to review and revise each client's service plan at least annually or more frequently when there was a change in condition for one of two memory care clients' (#2) records reviewed. The findings include:

Client #2 was admitted and began receiving assistance with activities of daily living and medication administration July 15, 2006. A physician's order, dated May 3, 2010, indicated the client was not to be force fed if she was refusing to eat. Hospice care was initiated on May 3, 2010, and comfort care (end of life care) was ordered on May 4, 2010. During a home visit on May 24, 2010, client #2's husband stated he had seen a fast decline in his wife during the last few months and had requested that client #2 not be force fed. The client's service plan was last reviewed on May 15, 2009.

When interviewed May 24, 2010, employee G (registered nurse) indicated that the service plan had not been reviewed since May 15, 2009.

TO COMPLY: A registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to provide care and services according to acceptable medical and nursing standards related to the use of restraints for one of one memory care client (#3) observed. The findings include:

Client #3 was admitted to the memory care unit and began receiving total care assistance with activities of daily living on June 23, 2007. The client's record indicated she had five falls from October 2007 to December 10, 2009, with resulted in scalp hematomas, lacerations, skin tears and a shoulder fracture. On December 10, 2009, the doctor ordered a lap buddy (a padded stiff pillow that wraps half way around each metal arm support in front of the wheelchair) in response to a facsimile which indicated the client's daughter requested the use of a lap buddy to keep the client safer.

Client #3 was observed on May 24, 2010, at 12:30 p.m. and 3:50 p.m. with a lap buddy on her wheelchair. The client was observed moving her hands around the area of the lap buddy, but was unable to remove the lap buddy upon request of the surveyor. Client #3's record lacked a nursing assessment for the lap buddy and interventions attempted prior to the use of the lap buddy.

When interviewed May 24, 2010, at approximately 12:30 p.m., employee E (unlicensed direct care staff) indicated client #3 could occasionally remove the lap buddy, and at approximately 3:50 p.m. employee F (unlicensed direct care staff) indicated she had never seen client #3 remove the lap buddy. When interviewed May 24, 2010, at approximately 4:35 p.m., employee G (registered nurse) stated she had not done a restraint assessment for the lap buddy and indicated she had not tried different methods prior to the use of the lap buddy. Employee G stated the client could take the lap buddy off.

TO COMPLY: A person who receives home care services has these rights:
(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Thirty (30) days

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # ~~7005 0390 0006 1220 2797~~
#7005 0390 0006 1220 2971

~~December 5, 2006~~
December 7, 2006

Diedra Burke, Administrator
Traditions of Owatonna
195 24th Place Northwest
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Burke:

The above agency was surveyed on October 12, 13, and 16, 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 Johnston". To the left of the signature, there is a small, illegible mark that appears to be a stamp or initials.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Steele 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: TRADITIONS OF OWATONNA

HFID #: 24247

Date(s) of Survey: October 12, 13, and 16, 2006

Project #: QL24247002

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 type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</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>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>___ 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>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>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>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 checked="" type="checkbox"/> Met</p> <p><input 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><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 expanded to 1 more client for medications only</p> <p><input 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>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 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>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>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 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, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0030 Subp. 5

AREA OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to have the client acknowledge receipt of the Minnesota Home Care Bill of Rights for one of three clients' (#2) records reviewed. The findings include:

Client #2 began receiving services July of 2006. The client's record did not contain documentation of receipt of the Minnesota Home Care Bill of Rights. When interviewed October 12, 2006, the executive director stated the client's husband had not returned the residency agreement which contained the written acknowledgement of the Minnesota Home Care Bill of Rights.

2. MN Rule 4668.0805 Subp. 1

AREA OF COMPLIANCE: # 3

Based on record review and interviews, the licensee failed to assure that each employee received orientation to home care requirements before providing home care services to clients for one of three employees' (B) records reviewed. The findings include:

Employee B began employment September of 2006 to provide direct care. Employee B's personnel file did not include documentation of orientation to home care. When interviewed October 13, 2006, the executive director confirmed that they had not done the required orientation because they did not understand that they needed to do it before cares were provided.

3. MN Rule 4668.0815 Subp. 4

AREA OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to provide a complete service plan for three of three clients' (#1, #2 and #3) records reviewed. The findings include:

Client #1's service plan, dated August of 2006, indicated he received medication set-up, staff supervision for medication administration, diabetic monitoring twice daily, assistance with transfers daily, reminders to change position in the wheelchair every two hours, and monitoring of smoking. The service plan did not include frequency of supervision, fees for the services, a contingency plan, and was not signed by the licensee or by the client or the client's responsible person.

Client #2's service plan, dated July of 2006, indicated she received cueing to get dressed, and received two showers weekly. The service plan did not include the frequency of supervision, the fee for the services, a contingency plan, and was not signed by the licensee or by the client or the client's responsible person.

Client #3's service plan, dated August of 2006, indicated he received daily diabetic and rash monitoring, one to one activities due to mental orientation, reminders to go to the bathroom, assistance with dressing, personal hygiene, brushing teeth, shaving, a sponge bath daily, a shower weekly, and a controlled calorie diet. The service plan did not include the frequency of supervision, the fees for the services, a contingency plan, and was not signed by the licensee or by the client or the client's responsible person.

During an interview October 12, 2006, the registered nurse and the Director of Operations verified the service plans were incomplete.

4. MN Rule 4668.0825 Subp. 2

AREA OF COMPLIANCE: # 1

Based on record review interview, the licensee failed to ensure that a service plan was developed before delegated nursing services were initiated for one of two current clients' (#3) records reviewed. The findings include:

Client #3 received assistance from unlicensed staff for diabetic monitoring, medication administration, toileting, dressing, grooming, and a special diet since July of 2006. The service plan was not established until August 9, 2006. During an interview, October 12, 2006 the registered nurse confirmed the preceding findings.

5. 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' (#1, #2 and #3) records reviewed. The findings include:

Client's #1 began receiving services August of 2006. Clients #2 and #3 both began receiving services July of 2006. Clients #1, #2 and #3 received services that required supervision. There was no documentation in the client records of a registered nurse (RN) supervisory visit within 14 days after initiation of services. When interviewed October 12, 2006, the RN stated the 14 day supervisory visits were not done due to lack of time.

6. MN Rule 4668.0860 Subp. 2

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to have a prescriber's order for a medication for two of five clients' (#3, and #5) records reviewed. The findings include:

Client #3's October 2006 medication administration record indicated he received a multivitamin twice daily that was administered by facility staff. There was no order for the vitamin in client #3's record.

Client #5 July 2006 medication administration record indicated she received an antibiotic one tablet twice daily from July 25 to July 30, 2006. There was no order for the antibiotic in client #3's record. When interviewed October 12 and 13, 2006, the registered nurse verified the lack of prescriber's orders.

7. MN Statute §626.557 Subd. 14(b)

AREA OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for three of five clients' (#1, #2, and #3) records reviewed. The findings include:

Client #1 began receiving services August of 2006. Clients #2 and #3 both began receiving services July of 2006. Their records did not include an individualized abuse prevention plan. When interviewed October 13, 2006, the director of operations stated she was not aware of this requirement.

A draft copy of this completed form was left with Diedra Burke, Director of Operations, at an exit conference on October 16, 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).