



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7045

September 10, 2010

Theresa Rank, Administrator
Auburn Courts
501 North Oak Street
Chaska, MN 553218

Re: Results of State Licensing Survey

Dear Ms. Rank:

The above agency was surveyed on June 24, 28, and 29, 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 black ink, appearing to read "Patricia Nelson", is located below the word "Sincerely,".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

CERTIFIED MAIL #:7009 1010 0000 2303 7045

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-09008
Home Care and Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	TERESA M RANK	DATE: September 10, 2010
PROVIDER:	AUBURN COURTS	COUNTY: CARVER
ADDRESS:	501 NORTH OAK STREET CHASKA, MN 55318	HFID: 24271

On June 24, 28 and 29, 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: _____

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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 Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to provide care and services according to accepted medical and nursing standards related to supervision and nursing care for two of two clients' (#1 and #2) records reviewed. The findings include:

The home care agency failed to implement measures in a timely manner to adequately supervise client #1. Client #1 was admitted and began receiving home care services June 2, 2009. A vulnerable adult assessment, dated June 11, 2009, indicated the client had vulnerabilities in orientation, ability to give accurate information consistently, difficulty finding words, inability to follow directions without supervision and inability to report abuse and neglect.

Documentation provided the following information related to client #1:

- A progress note, dated April 9, 2010, indicated the client was being seen by the physician to rule out a possible physical cause for his increased confusion.
- A progress note, dated April 21, 2010, noted the client was having increased confusion at times and had hygiene issues.
- On April 27, 2010, an order was received for Namenda (a medication indicated for use in moderate to severe Alzheimer's dementia) 5 milligrams titrated to 20 milligrams every day for a four week period (the Namenda was discontinued on May 11, 2010).
- A progress note (late entry for May 22, 2010), dated May 26, 2010, noted as the employee was leaving out the front door of the building client #1 was observed outside and didn't know how to get back inside. The employee unlocked the door for the client and walked him to his room. The client was not wearing his pendant (a device that can be used to alert staff). Another late entry, dated May 26, 2010, indicated agency staff spoke with the client's daughter on May 25, 2010, regarding the need to increase the service level and the notes from the weekend regarding the client being outside after 9:00 p.m. without his pendant and not being able to get back in the facility. The client's increased confusion at meals and the need to consider the memory care unit in the future was also discussed.
- A physician order sheet, dated May 25, 2010, indicated a concern was raised regarding a night wandering episode and questioned the need for a wander guard (a bracelet safety device which would alert staff when the client left the building).
- A progress note, dated June 1, 2010, indicated frequent safety checks were added at night related to the client's "walking at night" and walking the halls.
- A progress note, dated June 2, 2010, indicated the daughter acknowledged that staff cannot provide one to one or intensive interventions.
- A communication log note, dated June 2, 2010, at 7:30 p.m., stated the client was not in his room and the walker was next to bed. The staff person walked around the building and down the block, but was not able to find the client. The client was found at the nursing home visiting his wife (which is connected to the building).
- A communication log note, dated June 3, 2010, indicated the client went outside without his walker and was found three blocks away.
- A progress note, dated June 14, 2010, indicated the daughter was asked if she felt a Wander guard was necessary at this time and the daughter did not think so because the client has not left the building at inappropriate times.
- A communication log note, dated June 21, 2010, indicated the client was outside at 11:00 p.m. and staff let him back in the building. The client was outside again at 2:00 a.m. and pulled the box on the front entrance to be let back in.
- A communication log note, dated June 22, 2010, indicated the client was locked out of the building at 2:00 a.m. and that staff should "keep an eye on him."

When interviewed June 24, 2010, at 9:45 a.m., employee A (registered nurse/RN) indicated client #1's cognition had declined over the last year and that he had resided in a dementia unit previously. Employee A also stated that staff was already doing "reassurance checks," at night which meant they were checking him often during the night. Employee A stated the reassurance checks were not documented, because the client's family would not pay for them. The licensee felt the checks were necessary since the client left the building at night. When interviewed June 24, 2010, at 11:00 a.m., client 1# had a difficult time answering questions and looked to his daughter often for answers. A progress note, dated June 24, 2010, at 2:30 p.m. stated a call was placed to the client's daughter to

increase the service plan to include hourly checks and the use of a Wandergard. The daughter gave verbal consent to increase the services.

When interviewed June 29, 2010, employee A now stated she thought client #1 was capable of going for walks outside and pushing the button to get back into the building. She indicated the previous times that the client went for walks he knew he had to push the button to be let back in the locked building. She indicated the situations were not documented correctly.

The agency failed to monitor the use of a psychotropic medication. Client #2 was admitted and began receiving home care services in the memory care unit March 13, 2007. A physician's visit, dated September 17, 2008, indicated client #2 was treated with Seroquel (antipsychotic) 25 mg. (milligrams) everyday at bedtime. The Seroquel was discontinued by the physician on April 12, 2010, at the request of the family. A facsimile signed by the LPN, dated April 19, 2010, indicated the client has had episodes of very angry outbursts, was uncooperative with staff and not easily "if at all redirectable." A physician's order, dated April 19, 2010, stated to add back Seroquel 25 mg. to 50 mg. at bedtime. When interviewed April 24, 2010, employee A indicated there had been no monitoring of the Seroquel for behaviors, effectiveness and side effects.

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: Seven (7) days

2. MN Statute §144A.46 Subd. 5(b)

Based on record review and interview the licensee failed to ensure a background study was completed for one of one licensed employee (A) record reviewed. The findings include:

Employee A was hired and began providing direct care October 29, 2009, as a registered nurse. There was no documentation of a background study being completed.

When interviewed June 29, 2010, employee A stated that she knew a background study was done, but the documentation was not present. No further documentation was provided during the survey.

TO COMPLY: Employees, contractors, and volunteers of a home care provider are subject to the background study required by section [144.057](#). These individuals shall be disqualified under the provisions of chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

cc: Carver 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 1222 1057

October 20, 2006

Theresa Rank, Administrator
Auburn Court
501 North Oak Street
Chaska, MN 55318

Re: Results of State Licensing Survey

Dear Ms. Rank:

The above agency was surveyed on September 19, 20, 21 and 22, 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 "M".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Carver 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: AUBURN COURT

HFID #: 24271

Date(s) of Survey: September 19, 20, 21 and 22, 2006

Project #: QL24271002

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="text"/> <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 checked="" type="checkbox"/> Met <input 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 	clients who are discharged from the provider.	<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> <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><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>
<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><u>X</u> Met</p> <p>____ 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>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 <u> </u>Met <u> X </u>Correction Order(s) issued <u> X </u>Education Provided</p> <p>Follow-up Survey # <u> </u> <u> </u>New Correction Order issued <u> </u>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 <u> </u>Met <u> X </u>Correction Order(s) issued <u> X </u>Education Provided</p> <p>Follow-up Survey # <u> </u> <u> </u>New Correction Order issued <u> </u>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 4668.0805 Subp. 4

AREA OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to retain documentation that each employee

had completed orientation to home care for two of five employees' (BA and BB) records reviewed. The findings include:

Employees BA and BB were both hired on April 19, 2006. Both employee records lacked evidence of an overview of the home care statutes and rules, handling emergencies, handling client complaints or the services of the ombudsman. When interviewed, employee BB stated she had received training for two days. When interviewed, September 19, 2006, the RN stated the training was done but the documentation had not been completed.

2. 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 two of four clients' (B1 and B2) records reviewed. The findings include:

Client B1's August 9, 2006, service plan stated she was to receive the basic memory package. The service plan had no description of the services, the frequency of the services or fees indicated for each service. Client B2's service plan dated July 10, 2006, included the basic package but there was no description of services, the frequency of the services or the fees for each service. Both clients B1 and B2's records were blank in the area for a contingency plan. When interviewed, September 19, 2006, the director of housing verified that the service plans were not complete.

3. MN Rule 4668.0825 Subp. 4

AREA OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure that a registered nurse documented instructions for delegated nursing procedures for two of four clients' (B1 and B2) records reviewed that received delegated nursing procedures. The findings include:

Clients B1 and B2 both received daily medication administration and bathing one to two times weekly. There were no instructions on these delegated nursing functions documented in either client's record, and there was no procedure manual available for the unlicensed staff to consult related to these procedures. When interviewed, September 19, 2006, employee BB stated she was a CNA and knew how to give a bath.

4. 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 or demonstrated competency in the required topics, for two of four unlicensed employees' (BA and BB) records reviewed. The findings include:

Employees BA and BB were hired April 19, 2006, as unlicensed personnel who performed assisted living home care services. There was no record of training or competency in their personnel records.

When interviewed by telephone, September 19, 2006, the registered nurse stated she had trained the unlicensed personnel but had not documented the training.

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 two of four clients' (B1 and B2) records reviewed. The findings include:

Clients B1 and B2 received daily medication administration and bathing one to two times weekly according to each client record. There was no evidence of supervisory visits in either client record. When interviewed, September 20, 2006, the unit RN verified that supervisory visits had not been done.

6. MN Rule 4668.0855 Subp. 7

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to retain documentation related to medication administration competency for one of four unlicensed employees' (BB) records reviewed who provided medication administration. The findings include:

Client B1's medication administration record indicated that employee BB had given medication on September 2, 3, 7, 11, 12, 13, 16, 17, and 18, 2006. There was no documentation of training in medication administration in employee BB's record. When interviewed, September 20, 2006, the unit RN verified that the documentation had not been done.

7. MN Rule 4668.0855 Subp. 9

AREA OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to have complete medication records for two of four clients' (B1 and B2) records reviewed. The findings include:

Clients B1 and B2 received assistance with medication administration. Staff initialed the medication administration records (MAR) when administering medications to these clients. The signature legend in the records of clients B1 and B2 did not have a list of the signatures, titles and initials of all staff administering medications.

Client B1's medication administration record indicated that medications were not given at 8 pm on September 4, 6, 8, 13, 14, 16, and 18, 2006, but there was no documentation as to why the medication had not been given or any follow up procedures that were provided.

Client B2's medication administration record indicated on September 4 and 14, 2006, that medications were not given at 1 pm but the record did not include information regarding why the medication was not given or any follow up procedures that were provided.

A draft copy of this completed form was left with Paulette Opdahl, at an exit conference on September 22, 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).