



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 1089

July 16, 2009

Chris Kresbach, Administrator
Golden Living Comm Lake Ridge
2727 North Victoria
Roseville, MN 55113

Re: Results of State Licensing Survey

Dear Mr. Kresbach:

The above agency was surveyed on June 15 and 16, 2009, 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: Ramsey County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199



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: GOLDEN LIVING COMM LAKE RIDGE

HFID #: 25214

Date(s) of Survey: June 15 and 16, 2009

Project #: QL25214003

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

Indicators of Compliance	Outcomes Observed	Comments
8. The provider is in compliance with MDH waivers and variances Expanded Survey <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 	<i>This area does not apply to a Focus Survey.</i> Expanded Survey ___ Survey not Expanded ___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided

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: ___ 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 4668.0070 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on interview and record review, the licensee failed to develop a job description for one of three employees (A) records reviewed. The findings include:

Employee A, a licensed direct care staff, began working with clients April 2007. There was no job description for employee A.

When interviewed June 15, 2009, employee A confirmed there was no job description for her position.

2. MN Rule 4668.0815 Subp. 3

INDICATOR OF COMPLIANCE: # 1

Based on interview and record review, the licensee failed to ensure that the client's service plan was modified when services were changed for one of one client (#1) record reviewed. The findings include:

Client #1 returned to the facility from a hospital stay May 2009. The client had additional services provided by the licensee following her hospitalization that included weekly medication set-ups by the licensed nurse, and assistance with medication administration on at least a daily basis. The client's May 2009 medication administration record indicated that medication set-ups and assistance with medication administration was provided beginning May 12, 2009. The client's service plan dated February 9, 2009, was not modified to include these services.

When interviewed June 15, 2009, the registered nurse confirmed that a modification to the client's service plan had not been done when weekly medication set-ups and assistance with medication administration were added.

3. MN Rule 4668.0815 Subp. 4

INDICATOR OF COMPLIANCE: # 1

Based on interview and record review, the licensee failed to ensure service plans were complete for one of one client (#1) record reviewed. The findings include:

Client #1's service plan dated February 2009 did not include a contingency plan that included the required information. Client #1's service plan indicated the contingency plan was that the licensee would "maintain 24 hour staffing and care for all clients." The plan for contingency action did not include the action to be taken if scheduled services could not be provided, the method for the client to contact the licensee whenever staff are providing services, and the name and phone number of the person to contact in case of an emergency or significant change in the client's condition.

When interviewed June 15, 2009, the registered nurse confirmed the client's plan for contingency action did not include the aforementioned required content.

4. MN Rule 4668.0835 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on interview and record review, the licensee failed to ensure eight hours of in-service training for each twelve months of employment for one of one unlicensed employee (C) record reviewed. The findings include:

Employee C was hired August 2006 to provide personal care to clients. Employee C's record included one half hour of in-service training on September 9, 2008. There was no additional in-service training documented for 2008.

When interviewed June 15, 2009, the registered nurse stated they track employee's in-service training by calendar year. The RN confirmed there was only one half hour of in-service training for employee C in 2008. The RN stated employee C was out of the country in November and December 2008 and had not completed his 2008 training prior to his absence.

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

Based on interview and record review, the licensee failed to have a registered nurse (RN) supervise and/or a licensed practical nurse (LPN) monitor unlicensed personnel who performed services that required supervision for one of one client (#1) record reviewed. The findings include:

Client #1's initial service plan dated February 2009 indicated the client received assistance with bathing. A RN supervisory visit was documented February 21, 2009. There were no other RN supervisory visits or LPN monitoring visits in the client's record.

When interviewed June 15, 2009, the RN confirmed no RN supervisory visits and/or LPN monitoring visits were conducted after the February 21, 2009 visit.

A draft copy of this completed form was left with Darla Pallow, Registered Nurse, at an exit conference on June 16, 2009. Any correction order(s) 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).