



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 1300

August 28, 2009

Bridget Johnson, Administrator
Whispering Pines Ranch
1916 4th Street Southeast
Austin, MN 55912

Re: Results of State Licensing Survey

Dear Ms. Johnson:

The above agency was surveyed on June 23, 24, and 25, 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 "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Mower County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General

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
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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: WHISPERING PINES RANCH

HFID #: 25430

Date(s) of Survey: June 23, 24 and 25, 2009

Project #: QL25430003

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 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 # _____</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><u>X</u> Correction Order(s) issued</p> <p><u>X</u> 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>___ Survey not Expanded</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>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>___ 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>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><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p>___ 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>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><input checked="" type="checkbox"/> 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>___ 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 # <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 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 4668.0030 Subp. 5

INDICATOR OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to have the client or the client’s responsible person acknowledge receipt of the Minnesota Home Care Bill of Rights for one of one client (#1) record reviewed. The findings include:

Client #1’s record indicated the client had a guardian. The client’s record contained an acknowledgement form listing several documents that the client was to receive, including the bill of rights. Each document was to be initialed, acknowledging that the client had received the document. The form was signed by the client’s guardian; however it was undated and lacked any initials indicating the client had received any of the documents, including the bill of rights.

When interviewed June 23, 2009, the administrator indicated the clients received the bill of rights at admission and couldn’t understand why the document was not completed.

2. MN Rule 4668.0070 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on observation and interview, the licensee failed to maintain a record for one of two unlicensed employees (D) records reviewed. The findings include:

When interviewed June 24, 2009, employee D/administrator, stated that she trained staff and provided cares to clients. Employee D stated that she did not have a record for herself.

3. MN Rule 4668.0800 Subp. 3**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to provide all services required by the client's service plan for one of one client (#1) record reviewed. The findings include:

Client #1's service plan, dated February 1, 2008, read "behaviors, more than 3x (times) per week and toileting reminders 3x per day." During an interview on June 24, 2009 the administrator was asked what service was to be provided for behaviors. The administrator indicated that the client was to have behavior modification for behaviors more than three times per week and that there were not any guidelines on how to deal with the behaviors.

The resident log book, dated June 7, 2009, indicated that staff accidentally startled client #1 when he was up to the bathroom and client #1 became agitated and yelled at staff to leave him alone. It was the only behavior documented from May 27, 2009 to June 22, 2009. There were no toileting reminders documented.

When interviewed June 24, 2009, the administrator stated client #1 had behaviors all of the time, but nobody was writing them down. During an interview June 29, 2009, the administrator agreed that there were no toileting reminders being done.

4. MN Rule 4668.0810 Subp. 5**INDICATOR OF COMPLIANCE: # 4**

Based on record review and interview, the licensee failed to ensure that entries in the client record were authenticated with the title of the person making the entry for one of one client (#1) record reviewed. The findings include:

Client #1's record contained a resident log with notations regarding the client's status. Only one of forty four entries from May 27, 2009 to June 22, 2009, was authenticated with the title of the person making the entry.

When interviewed June 24, 2009, the administrator agreed that staff was not signing their title when making the entries.

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

Based on record review and interview, the licensee failed to ensure that each client's service plan was authenticated by the client or the client's responsible person for one of one client (#1) record reviewed. The findings include:

Client #1 had a guardian. Client #1's service plan, dated March 11, 2008, lacked authentication by the client's guardian.

When interviewed June 24, 2009, the administrator agreed the guardian had not signed the client's service plan.

6. MN Rule 4668.0825 Subp. 4**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure a registered nurse (RN) trained and competency tested unlicensed prior to performing delegated nursing procedures for one of one unlicensed employee record (A) record reviewed. The findings include:

Employee A's training record, dated March 18, 2009, indicated she had training in transfers and documentation which was done by the administrator, who was not a registered nurse. There was training by the RN, but no competency testing for nail care, assisting with shower, skin care, blood pressure, temperature, pulse, respirations, oral hygiene, accu check, or wound care.

When interviewed June 24, 2009, the administrator stated she had provided the training for transfers and documentation and staff shadowed her for a couple of days. When interviewed June 24, 2009, employee A stated the administrator had watched her do everything, and she shadowed other staff for a couple of days. There were no procedures for transfers or documentation. When interviewed June 24, 2009, the RN indicated she had observed staff doing cares.

7. MN Rule 4668.0840 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that unlicensed persons who performed assisted living home care services were trained and taught by a registered nurse (RN) in the required topics for one of one unlicensed employee (A) record reviewed. The findings include:

Employee A was hired March 31, 2009, as an unlicensed direct care staff who performed assisted living home care services. Training and competency records, dated March 18, 2009, indicated employee A was trained in observing, reporting, and documenting client status, basic infection control, maintaining a clean, safe and healthy environment, basic elements of body function, physical, emotional and developmental needs of clients by the administrator, who was not an RN.

The RN's signature on March 18, 2009, attested to completion of the background check and screenings, orientation, initial training and competency determinations.

When interviewed June 24, 2009, the administrator stated she had trained the staff and staff had shadowed her for a couple of days. She then stated that she had not been officially trained and competency tested to provide home care services, but had sat in on the classes.

8. MN Rule 4668.0855 Subp. 5

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) was informed within 24 hours of administration, when unlicensed direct care staff administered pro re nata (PRN, as needed) medications for one of one client (#1) record reviewed. The findings include:

Client #1's May and June 2009 medication administration record (MAR) indicated that unlicensed direct care staff administered Nystop powder to an affected area twelve times. There was no documentation of RN notification for use of the PRN medication.

When interviewed June 23, 2009, employee A stated unlicensed direct care staff did not notify the RN when PRN medication was administered. When interviewed June 24, 2009, the administrator and RN acknowledged that direct care staff did not notify the RN when PRN medications were administered.

9. MN Rule 4668.0855 Subp. 9

INDICATOR OF COMPLIANCE: # 6

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

Client #1's service plan, dated February 1, 2008, stated the client received medication management three times per day.

The client's May 2009 medication administration record (MAR) noted that aspirin 81 mg every day was initialed with a circle as not given during nine of the first 14 days in May. There was no documented reason as to why it was not given.

A daily multivitamin was initialed with a circle as not given during nine of the first 14 days in May, without a reason as to why it was not given.

Calcium 500/Vit D twice a day was initialed with a circle as not given 21 times, without a reason why, before it was discontinued May 14, 2009.

Coumadin 3 mg was not documented as given on May 6, 2009, and GNP Arthritis Pain 650 mg and Seroquel 50 mg were not documented as given on May 25, 2009.

The June 2009 MAR lacked documentation that Cyanocobalam 1000 mcg injection was given on June 15, 2009, and a reason why the GNP Arthritis Pain 650 mg was initialed with a circle as not given June 6, 7 and 12, 2009.

When interviewed June 24, 2009, the administrator agreed that medications had not been given and there was no reason documented as to why the medications had not been given.

10. MN Rule 4668.0860 Subp. 4

INDICATOR OF COMPLIANCE: # 6

Based on observation and interview, the licensee failed to obtain a prescriber's signature on orders for one of one client (#1) record reviewed. The findings include:

Client #1 had physician orders, dated June 17, 2008, that were not signed by a prescriber. The orders included fourteen prescribed medications, including Haldol, Lasix, and atenolol.

When interviewed June 24, 2009, the administrator and registered nurse agreed that the prescriber's signature had not been obtained.

11. MN Rule 4668.0865 Subp. 2

INDICATOR OF COMPLIANCE: # 6

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

Client #1 was admitted and began receiving central storage of medications February 1, 2008. Client #1's medications were observed to be centrally stored on June 23, 2009. Client #1's service plan did not include central storage of medication.

When interviewed June 24, 2009, the administrator and a registered nurse indicated they were not aware that central storage of medications needed to be on the service plan.

12. MN Statute §144A.44 Subd. 1(2)

INDICATOR OF COMPLIANCE: # 2

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

Client #1 was admitted and began receiving services February 1, 2008. Client #1 had a procedure done to dilate his esophagus on May 29, 2009. The instructions after the procedure indicated the "PAN Nurse" or the emergency department were to be called for any questions or concerns regarding the client.

Entries in the staff communication log regarding the client indicated that on June 10, 2009, the client has gotten a small piece of fruit caught in his throat at supper; on June 15, 2009, the client had trouble swallowing in the morning; and on June 17, 2009, the client had a hard time swallowing during both meals.

Entries in the resident log regarding the client indicated the client had trouble swallowing on June 15, 2009, June 17, 2009, and on June 18, 2009.

The physician was first notified by facsimile, of the client's difficulty swallowing on June 19, 2009 (nine days later). The physician's response was "if still choking-put on a clear liquid diet for 2 days then resume mechanical soft diet."

When interviewed June 25, 2009, unlicensed direct care staff A indicated she would have called the doctor or the nurse if the resident had trouble swallowing. Employee A had documented the notes on June 15, 17 and 18, 2009. When interviewed June 25, 2009, the registered nurse indicated she did not know that client #1 had any difficulty swallowing after the dilation on May 29, 2009.

Client #2 was admitted and began receiving services July 10, 2008, in part due to being blind. An entry in the resident log, dated May 29, 2009, read "started spitting up in the bathroom sink and then in the kitchen garbage can. He stated the fruit wouldn't go down but it smelled and looked like chips? Started puking around 6:45 AM." Another entry, dated May 30, 2009, read "was in his room all morning not feeling well," "other staff member told this staff member that yesterday (he) was eating some seeds that come from a helicopter (sic) leaf-off a tree & that he was throwing up during the early morning."

An entry in the staff communication log, dated May 30, 2009, read "how come no one documented that (client #2) ate helicopter (sic) leave (sic)-seeds in comm. log or resident log? No puking on 3-11 shift good mood. He doesn't want to live here anymore, so maybe he's trying to poison himself. Cause before he came here he was at a (nursing home) & he thought he couldn't leave there. Well he ended up sick in the hospital & then he got sent here. Maybe, just an idea, but he might be trying to harm himself thinking he'll move again???" Another entry, dated May 31, 2009, read "outside-reminded him not to eat weeds/leaves!"

When interviewed June 25, 2009, the RN did not know the resident had eaten tree material. When interviewed June 25, 2009, the administrator stated the poison control center had not been called, and she did know about the incident. There was no evidence that the physician had been notified.

13. MN Statute §626.557 Subd. 14(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for one of one client (#1) record reviewed. The findings include:

Client #1 had a vulnerability assessment dated February 2, 2008. Identified vulnerabilities included management of personal finances, ability to follow directions, and alcohol/substance abuse. There were no documented measures to be taken to minimize the risk of abuse for the identified vulnerabilities.

When interviewed June 24, 2009, the administrator and a registered nurse agreed the individual abuse prevention plan for client #1 was incomplete.

A draft copy of this completed form was faxed to Bridgette Johnson at a telephone exit conference on June 29, 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).