



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0990

June 30, 2009

Joel McDaniel, Administrator
Comfort Gardens
1415 E US HWY 169
Grand Rapids, MN 55744

Re: Results of State Licensing Survey

Dear Mr. McDaniel:

The above agency was surveyed on May 4, 5, and 6, 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: Itasca 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: COMFORT GARDENS

HFID #: 25465

Dates of Survey: May 4, 5, and 6, 2009

Project #: QL25465003

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. Focus Survey <ul style="list-style-type: none"> MN Rule 4668.0815 Expanded Survey <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. 	Focus Survey ___ Met ___ Correction Order(s) issued ___ Education Provided Expanded Survey ___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided

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>___ 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>___ 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>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>____ 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>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>____ 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>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>___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>
<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>___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
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 ____ Correction Order(s) issued ____ 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 Statute §144A.44 Subd. 1(2) 24 hour order

INDICATOR OF COMPLIANCE: # 2

Based on observation, record review and interview the licensee failed to provide care according to acceptable medical standards for one of one client record (1) reviewed. The findings include:

On May 4, 2009, client #1 was observed sitting at the kitchen table. She was noted to have a deep harsh cough. Client 1 had diagnoses of dementia and hypertension. Client 1 was hospitalized March 21 through 23, 2009, then readmitted to the hospital March 24 and discharged March 25, 2009, then went back again to the emergency room on March 28, 2009 all for difficulty breathing. Client 1 was prescribed a nebulizer for assistance in breathing and clearing of the lungs. On March 15, 2009, the client was prescribed a Medrol Dosepak and Albuterol inhaler four times daily. On March 19, 2009, Prednisone in a titration dosage was prescribed. Client 1 had no prior history of respiratory distress or infections. When interviewed May 4, 2009, client 1's family member stated she felt the respiratory issues were caused by mold in the base of the facility.

During a tour of the house by the owner May 4, 2009, the lower level smelled wet and dank. The corner of the blue/gray carpet outside the bedroom was pulled back. The carpet tack strips on the perimeter of the carpet were black in color. The owner pointed out to the reviewer some yellowish areas on the floor of the bedroom in an adjacent room downstairs.

When interviewed May 4, 2009, the owner stated that there were water problems in March of 2009. He stated that a mold test was done by putting small dishes in different areas to see if anything grew. He stated that there was white mold that grew out in one dish by the furnace but it was the same "kind of mold that you would find outside." He added there was an e-mail report sent to him from the testing company addressing this issue. When interviewed May 4, 2009, the registered nurse stated that there had been one to one and a half inches of mold on the blue/gray carpet in the bedroom closet and just outside the closet downstairs. She stated that one Petri dish grew out mold but the Petri dishes were not left to be seen. She further stated that she had never seen a written report. No report for testing was provided for review.

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: Twenty four (24) hours

A draft copy of this completed form was left with Joel McDaniel, Owner, at a mid survey conference on May 4, 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).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1350 0003 0567 0957

February 13, 2008

Joel McDaniel, Administrator
Comfort Gardens
504 NW 8th Avenue
Grand Rapids, MN 55744

Re: Results of State Licensing Survey

Dear Mr. McDaniel:

The above agency was surveyed on February 5, 6, and 7, 2008, 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: Itasca 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

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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: COMFORT GARDENS

HFID #: 25465

Date(s) of Survey: February 5, 6 and 7, 2008

Project #: QL25465002

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><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>

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 checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>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 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>___ 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>___ 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><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ 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>

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 <input checked="" type="checkbox"/> Survey not Expanded <input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided Follow-up Survey # <input type="text"/> <input type="checkbox"/> New Correction Order issued <input type="checkbox"/> 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 4668.0815 Subp. 1

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to have a registered nurse (RN) establish a service plan for three of three client's (A1, A2, and A3) records reviewed. The findings include:

Clients A1, A2, and A3 began receiving services on April 2, 2007, May 21, 2007, and September 1, 2006 respectively. Their records lacked evidence a service plan had been developed by a RN. When interviewed, February 6, 2008, the RN indicated she had completed service plans but did not know where the service plans were.

2. 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 when unlicensed personnel administered pro re nata (PRN/ as needed) for three of three clients' (A1, A2, and A3) records reviewed. The findings include:

Client A1's PRN medication sheet for December 2007 indicated that unlicensed personnel administered Ativan 0.5mg on December 3, 2007 at 12 PM and at 6 PM for anxiety. There was no documentation that the RN was notified of the PRN use of the medication. When interviewed on February 6, 2007 the assisted living coordinator confirmed the RN had not been notified.

Client A2's PRN medication sheet for February 2008 indicated that unlicensed personnel administered Lorazepam 0.5mg on February 1, 4 and 5, 2008, Aleve 220mg on February 2, 2008, Advil 400mg on February 5, 2008, and Maalox on February 1, 2008. There was no documentation that the RN was notified of the PRN use of the medications. When interviewed on February 6, 2008 the RN confirmed she was not notified of the above medications being given.

Client A3's PRN medication sheet for January 2008 indicated unlicensed personnel administered Lortab 5/500 on January 21, 22, 23, 24 and 25, 2008 for pain, Tylenol PM 500/25 on January 7 and 8, 2008, Diphenoxylate 2.5 Tablets on January 4, 26, 29, and 31, 2008 for diarrhea and Hydroxyzine HCL 25 mg on January 3 and 30, 2008 for nausea. There was no documentation that the RN was notified of the PRN use of medications. When interviewed on February 6, 2008 the RN confirmed she was not notified the PRN medications had been given.

3. MN Rule 4668.0855 Subp. 9

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure medication administration records were complete for three of three current clients (A1, A2, and A3) records reviewed. The findings include:

Client A1's progress notes dated February 1, 2008 indicated she received "Ativan" for anxiety. The Ativan was not documented as being given on February 1, 2008 on her February 2008 medication administration record (MAR). When interviewed on February 6, 2008 the assisted living coordinator confirmed the medication was not documented on the MAR.

Client A2's pro re nata (PRN/ as needed) medication sheet for February 2008 indicated the client received Lorazepam 0.5mg on February 1 and 5, 2008, Aleve 220mg one tablet on February 2, 2008 and Maalox on February 1, 2008. These entries did not indicate the time the medications were given.

Client A3's PRN medication sheet for January 2008 indicated she received Lortab 5/500 one tablet on January 21, 22, 23, 24, and 25, 2008. The entries did not indicate the time the medication was given.

When interviewed February 6, 2008, the registered nurse confirmed the records were not complete.

4. MN Rule 4668.0860 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to ensure medications were given as prescribed for one of three clients (A1) records reviewed. The findings include:

Client A1 had a prescribers order for Ativan 0.5mg every eight hours pro re nata (PRN/ as needed)

medications. Client A1's PRN medication sheet indicated she received Ativan 0.5mg on December 3, 2007 at 12 PM and at 6 PM. (6 hours between doses). When interviewed the registered nurse confirmed the medication was not given as ordered.

A draft copy of this completed form was left with Denise Giese, RN, at an exit conference on February 7, 2008. 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).