



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2258 0781

November 18, 2009

Gary Corcoran, Administrator
Reflections
203 Tenth Avenue NW
Austin, MN 55912

Re: Results of State Licensing Survey

Dear Mr. Corcoran:

The above agency was surveyed on October 27, 28, and 29, 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.

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

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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: REFLECTIONS

HFID #: 25944

Date(s) of Survey: October 27, 28 and 29, 2009

Project #: QL25944003

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understand what care will be provided and what it costs. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met.</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</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>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required. 	<p>Focus Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</p> <p>___ 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>
<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><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>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><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>
<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 # _____</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. 2

INDICATOR OF COMPLIANCE: # 2

Based on record review and interview, the licensee failed to provide the Minnesota Home Care Bill of Rights for Assisted Living to one of one client’s (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services March 3, 2009. There was no documentation of receipt of the home care bill of rights.

When interviewed, October 27, 2009, the program director stated we talk about it with them at admission, but we don’t give it out.

2. MN Rule 4668.0040 Subp. 1**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to establish a system for complaints for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services March 3, 2009. There was no evidence of a complaint procedure.

When interviewed, the program coordinator stated, we tell them verbally, about whom to talk to when they have a problem but we don't have a written procedure for complaints.

3. MN Rule 4668.0805 Subp. 1**INDICATOR OF COMPLIANCE: # 3**

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

Employees As and B were hired July 23, 2009, and October 13, 2009, respectively. There was no documentation of orientation to home care.

When interviewed, October 28, 2009, the program director stated she didn't know orientation to home care was required before services were provided.

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

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

Client # 1 was admitted and began receiving home care services March 3, 2009. Client #1's "assessment for client vulnerability, safety and risk to others," RN (registered nurse) evaluation/baseline assessment," and "assessment for need for medication reminders, assistance, administration or central storage" forms were not dated.

When interviewed October 27, 2009, the program director agreed the assessment forms were not dated.

5. 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 one of one client's (#1) records reviewed. The findings include:

Client #1 was admitted and began receiving home care services March 3, 2009. There was no evidence of a service plan.

When interviewed, October 27, 2009, the program coordinator stated, we have a service plan from the county, but no service plan that we did.

6. MN Rule 4668.0840 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure unlicensed direct care staff who performed assisted living home care services, successfully completed training and demonstrated competency before services were provided, for one of one unlicensed employee's (B) record reviewed. The findings include:

Employee B was hired October 13, 2009, as an unlicensed direct care staff who performed assisted living home care services. Employee B's staff training record October 13 through 15, 2009, indicated "orientation-skills building on October 13" by an unlicensed direct care staff and a registered nurse. An October 14 and 15, 2009, notation indicated "orientation @ Reflections," by an unlicensed direct care staff.

When interviewed, October 27, 2009, employee B indicated the duties included: passing medications, meal preparation, cleaning, laundry, transporting and activities like walking with the clients. When interviewed October 28, 2009, the program coordinator stated employees had three days of orientation but other training had not been implemented yet because of the time period. It was the procedure to have employees review paperwork, work with other employees, and then the program director went over things with them. She expressed she was not aware that unlicensed staff could not train or that the registered nurse had to train employees in specific areas.

7. MN Rule 4668.0845 Subp. 2

INDICATOR 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 one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving medication administration March 3, 2009. There were no supervisory visits documented.

When interviewed October 27, 2009, the program coordinator, stated there was no documentation of anything like supervision. When interviewed, October 28, 2009, a nurse did not know supervision was required.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

8. MN Rule 4668.0855 Subp. 8**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to maintain documentation of the unlicensed direct care staff medication training by a registered nurse for one of one employee's (B) record reviewed. The findings include:

Client #1's October medication administration record indicated employee B administered medication and brought insulin syringes to client #1 beginning October 15, 2009. There was no evidence of medication training or competency testing for employee B.

When interviewed October 27, 2009, employee B stated a registered nurse had trained him. When interviewed, October 27, 2009, the program director indicated there was not any documentation yet.

9. MN Rule 4668.0855 Subp. 9**INDICATOR OF COMPLIANCE: # 6**

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

Client # 1 began receiving home care services including medication set up, March 3, 2009. Client #1's record lacked documentation of medication set up.

When interviewed October 27, 2009, the program director stated medications were set up every Tuesday by a registered nurse or licensed practical nurse. When interviewed, October 28, 2009, a nurse stated they didn't know documentation of medication set up was required.

10. MN Statute §144A.46 Subd. 5(b)**INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview the licensee failed to ensure a Department of Human Services (DHS) background check was done for one of one professional employee's (A) record reviewed. The findings include:

Employee A was hired July 23, 2009, as a professional nurse. There was no documentation of a DHS background study.

When interviewed, October 28, 2009, the program coordinator stated she had done a state of Minnesota background check which indicated a traffic violation, and she thought that was adequate.

11. MN Statute §626.557 Subd. 14(b)**INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview the licensee failed to ensure an abuse prevention plan was completed for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving home care services March 3, 2009. Identified vulnerabilities included: ability to give accurate information, mental illness, interest in activities, ambulation, endurance, vision, finances, substance abuse, smoking and verbal abuse. No abuse prevention plan was done.

When interviewed, October 27, 2009, the program coordinator didn't know that an abuse prevention plan had to be done.

A draft copy of this completed form was left with Gary Corcoran, Administrator, at an exit conference on October 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).