



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7113

August 12, 2010

Bryna Disrude, Administrator
Traditions Management LLC
117 Paquin Street East
Waterville, MN 56096

Re: Results of State Licensing Survey

Dear Ms. Disrude:

The above agency was surveyed on June 9, 10, and 21, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

A final version of the correction order form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0938 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

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CERTIFIED MAIL #: 7009 1410 0000 2303 7113

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: BRYNA DISRUDE DATE: August 12, 2010
PROVIDER: TRADITIONS MANAGEMENT LLC COUNTY: LESUEUR
ADDRESS: 117 PAQUIN STREET EAST HFID: 25965
WATERVILLE, MN 56096

On June 9, 10 and 21, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0815 Subp. 4

Based on record review and interview, the licensee failed to provide a complete service plan for two of two clients' (#1 and #2) records reviewed. The findings include:

Clients #1 and #2 began receiving home care services, including central storage of medications, December 5, 2008, and December 23, 2008, respectively. Client #1's service plan, dated May 18, 2010, indicated the client received "assisted living +" services. The frequency of supervision noted on the service plan did not list who was going to supervise the services and also did not include the service of central storage of medication. In addition, a representative of the licensee had not signed the service plan as of June 10, 2010.

Client 2's service plan, dated March 10, 2010, did not include central storage medications or who was going to provide the supervision for the services.

When interviewed June 9, 2010, employee E (registered nurse) indicated she had been working on client #1's service plan and had not finished it yet. When interviewed June 9, 2010, employee D (resident services coordinator) indicated she did not know what "assisted living +" meant. When interviewed June 21, 2010, employee D indicated she had found a listing of costs for client #2, but couldn't find a list of costs for client #1.

TO COMPLY: The service plan required under subpart 1 must include:

A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;

B. the identification of the persons or categories of persons who are to provide the services;

C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;

D. the fees for each service; and

E. a plan for contingency action that includes:

(1) the action to be taken by the class F home care provider licensee, client, and responsible person if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the class F home care provider licensee whenever staff are providing services;

(3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the class F home care provider licensee to contact a responsible person of the client, if any; and

(5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Statute §144A.441

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers for two of two clients' (#1 and #2) records reviewed who received assisted living services. The findings include:

Clients #1 and #2 began receiving home care services December 5, 2008, and December 23, 2008, respectively. Client #1's and #2's record contained documentation that indicated they had received the bill of rights on May 18, 2010, and March 18, 2010, respectively.

When interviewed June 21, 2010, regarding the bill of rights that clients #1 and #2 received, employee D (resident services coordinator) indicated the clients had not received the bill of rights for assisted living clients which included the thirty day advanced notice of the termination of services. Employee D indicated the bill of rights for assisted living clients that contained the thirty day notice had not been given to any of the clients.

TO COMPLY: Assisted living clients, as defined in section [144G.01, subdivision 3](#), shall be provided with the home care bill of rights required by section [144A.44](#), except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section [144A.44, subdivision 1](#), clause (16):

“(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days’ advance notice of the termination of a service by a provider, except in cases where:

(i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;

(ii) an emergency for the informal caregiver or a significant change in the recipient’s condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or

(iii) the provider has not received payment for services, for which at least ten days’ advance notice of the termination of a service shall be provided.”

TIME PERIOD FOR CORRECTION: Thirty (30) days

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