



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0914

July 16, 2009

Coleta Parenteau, Administrator
Plainview Estates
2507 Fairview Avenue
Cloquet, MN 55720

Re: Results of State Licensing Survey

Dear Ms. Parenteau:

The above agency was surveyed on May 6, 7, and 8, 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: Carlton County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

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: PLAINVIEW ESTATES

HFID #: 25999

Date(s) of Survey: May 6, 7 and 8, 2009

Project #: QL25999001

| 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><input checked="" type="checkbox"/> Met</p> <p><input 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> |
| <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><input checked="" type="checkbox"/> Met</p> <p><input 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>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 # _____</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 # _____</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><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><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>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>___ 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> |

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 4668.0065 Subp. 3

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure infection control in-service training was provided for one of one employee (B) record reviewed. The findings include:

Employee B was hired July 2008, as a direct care staff. She had infection control training on December 4, 2008. The documentation indicated the training did not include the required topic of disinfecting environmental surfaces.

When interviewed May 7, 2009, the owner confirmed the infection control training did not include the topic of disinfecting environmental surfaces.

2. MN Rule 4668.0815 Subp. 3

INDICATOR OF COMPLIANCE: # 1

Based on record review and interview, the licensee failed to ensure that the client’s service plan was revised when there was a change in condition, requiring a change in services for one of two client (#1) records reviewed. The findings include:

Client #1's service plan dated January 2009, indicated he required the assistance of two in and out of the shower. When employee C was interviewed on May 2009, she stated they no longer use two people to transfer into the shower. Employee C also indicated the licensee had purchased a shower chair and were now able to use the stand lift to transfer the client into the shower chair and then rolled him into the shower. Employee C also indicated they were able to transfer client #1 with one staff when they used the stand lift.

When interviewed May 6, 2009, client #1 stated one person was able to transfer him with the use of the stand lift and he felt safe when they used only one person. When interviewed May 7, 2009, the owner confirmed the service plan had not been updated to reflect the changes in the services provided.

3. MN Rule 4668.0825 Subp. 4

INDICATOR OF COMPLIANCE: # 5

Based on record review and interview, the licensee failed to ensure unlicensed personnel were instructed by a registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated to the RN that he/she was competent to perform the procedure for two of two client (#1 and #2) records reviewed. The findings include:

Client #1's Medication Administration Record (MAR) for February, March and April 2009, indicated employee B administered Nebulizer treatment to client #1 on various dates. There were no written instructions by the registered nurse (RN) for the nebulizer treatment or documentation the RN had instructed employee B on the proper method to perform the nebulizer treatment.

Client #1 February 2009 MAR indicated employee B, an unlicensed direct care staff, administered oxygen per nasal cannula to client #1 February 1, 3, 4, 5, 9, 11, 13, 14, 15, 19, and 26, 2009. There was no evidence the RN had instructed employee B on the proper method to administer the oxygen nor were there written instructions for the administration of the oxygen.

Client #1's February 2009 MAR also indicated employee B applied treatments to his feet on February 3 and 4, 2009. Although there were written instruction on the MAR, there was no evidence the RN had instructed employee B on how to apply the treatment to the client's feet.

Client #2's March and April 2009 MAR indicate employee B applied a brace to her left leg and did neck, arm, leg, ankles, hands and walking exercises on various days. There was no evidence the RN had instructed employee B on the proper method of applying the leg brace or how to do the exercises. There were no written instructions for how the leg brace is to be applied.

When interviewed on May 7, 2009, the owner confirmed there were no written instructions and documentation of the registered nurse instructing the unlicensed staff in the above stated procedures.

4. MN Rule 4668.0855 Subp. 6

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to ensure insulin was drawn up by a nurse or pharmacist for one of one client (#1) record reviewed who received injectables. The findings include:

Client #1 had a physician order dated January 2009, for Humalog Kwik-Pen insulin for blood sugars less than 60 call MD, blood sugars 120 to 150 give 2 units, 151-200 give 4 units, 210-250 give 8 units, 251-300 give 10, 301-350 give 12 units, 351-400 give 16 units and if greater than 400 give 20 units and contact the physician. Client #1's blood sugar monitoring sheet indicated to call employee C or the owner, who were unlicensed personnel, if his blood sugar levels were 150 or more. Client #1's blood sugar level sheet and Medication Administration Record (MAR) indicated when he needed insulin for elevated blood sugar levels employee C or the owner dialed the insulin pen to the correct dose of insulin and then administered the insulin to the client.

When interviewed May 6, 2009, the owner stated she and employee C received training on how to use the insulin pen. They did not have documentation of the training. The owner confirmed she and employee C dialed the dosage of insulin on the insulin pen and administered the insulin to the client.

5. MN Rule 4668.0860 Subp. 2

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to have written prescriber orders for medications for one of two client (#1) records reviewed. The findings include:

Client #1's February 2009 Medication Administration Record indicated his feet were soaked in Epsom Salt or anti-bacterial soap for 15 minutes, dried then swabbed with hydrogen peroxide followed by iodine solution. Client #1's record lacked evidence of a prescriber order for the treatment.

When interviewed May 6, 2009, the owner confirmed there was no prescriber order for the treatment.

6. MN Rule 4668.0860 Subp. 3

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview the licensee failed to ensure medications were administered as ordered by the physician for two of two client (#1 and #2) records reviewed. The findings include:

Client #1 had a physician order dated January 2009, for Humalog Kwik-Pen insulin for blood sugars less than 60 call MD, blood sugars 120 to 150 give 2 units, 151-200 give 4 units, 210-250 give 8 units, 251-300 give 10, 301-350 give 12 units, 351-400 give 16 units and if greater than 400 give 20 units and contact the physician. Client #1's blood sugar monitoring sheet indicated on January 11, 2009, his blood sugar was 462 and 20 units of insulin was given. The record lacked evidence the physician had been called.

Client #1 blood sugar monitoring sheet indicated on January 25, 26, 27, 28 and 29, 2009, February 17 and 27, 2009, March 9, 2009, and April 7 and 12, 2009, his blood sugars were 215, 177, 186, 201, 218, 167, 155, 151, 251, and 198 respectively. There was no evidence client #1 received insulin as ordered on these dates.

When interviewed May 6, 2009, the owner confirmed the record lacked evidence of the insulin being given as ordered.

Client #2 had a physician order dated March 2009, for Protonix 40 mg every morning and when the samples were gone to start omeprazole 20 mg every morning. Client #2's March 2009 Medication Administration Record indicated on March 16 to 31, 2009 the client received both the Protonix and omeprazole.

When interviewed May 7, 2009, the owner confirmed both medications were given at the same time and not as ordered by the physician.

A draft copy of this completed form was left with Coleta Parenteau at an exit conference on May 8, 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).