



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2258 0330

September 9, 2009

Louisa Abdi, Administrator  
Metropolitan Living LLC  
9230 5<sup>th</sup> Avenue South  
Bloomington, MN 55420

Re: Results of State Licensing Survey

Dear Ms. Abdi:

The above agency was surveyed on July 6, 7, and 8 and 9, 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: Hennepin 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: METROPOLITAN LIVING LLC

HFID #: 26106

Date(s) of Survey: July 6, 7, 8 and 9, 2009

Project #: QL26106002

| 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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul> | <ul style="list-style-type: none"> <li>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.</li> <li>The service plan accurately describes the client's needs.</li> <li>Care is provided as stated in the service plan.</li> <li>The client and/or representative understand what care will be provided and what it costs.</li> </ul> | <p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul> | <ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>  | <p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <input type="checkbox"/></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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>                            | <ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul> | <p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <input type="checkbox"/></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><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0810</li> </ul>  | <ul style="list-style-type: none"> <li>Client personal information and records are secure.</li> <li>Any information about clients is released only to appropriate parties.</li> <li>Client records are maintained, are complete and are secure.</li> </ul>   | <p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0820</li> <li>MN Rule 4668.0825</li> <li>MN Rule 4668.0840</li> <li>MN Rule 4668.0070</li> <li>MN Statute §144D.065</li> </ul> | <ul style="list-style-type: none"> <li>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>Nurse licenses are current.</li> <li>The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>Personnel records are maintained and retained.</li> <li>Staff meet infection control guidelines.</li> </ul> | <p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>                             | <ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul> | <p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p> |
| <p>7. The provider has a current license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <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"> <li>• 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.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>   | <p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <input type="checkbox"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p> |

| Indicators of Compliance   | Outcomes Observed   | Comments   |
|--|---|--|
| <p>8. The provider is in compliance with MDH waivers and variances</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul> | <ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul> | <p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <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 4668.0815 Subp. 4**

**AREA OF COMPLIANCE: # 1**

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

Client #1’s service plan and Risk Management Assessment and Plan, dated November 18, 2008, failed to identify the frequency of each service provided; the identification of the persons or categories of persons who were to provide the services; the schedule or frequency of sessions of supervision or monitoring or the persons providing those services; and a contingency action plan.

When interviewed July 7, 2009, the program director confirmed the service plan was incomplete.

**2. MN Rule 4668.0825 Subp. 4****AREA OF COMPLIANCE: # 5**

Based on observation, record review and interview, the licensee failed to ensure the registered nurse (RN) specified in writing the instructions for unlicensed personnel to follow when performing a delegated nursing task for one of one client (1) record reviewed. The findings include:

An electronic feeding pump for providing tube feedings was observed in client #1's room on July 7, 2009.

Client #1 received all nutrition/hydration via a gastrostomy tube. Unlicensed staff provided Isosource at 83cc's (cubic centimeters) per hour for twelve hours every day via an electronic feeding pump. There were no written instructions for operating the electronic pump.

When interviewed July 6, 2009, employee B, an unlicensed direct care staff, stated the RN trained her to administer tube feedings.

When interviewed July 8, 2009, the registered nurse stated she trained and competency tested unlicensed staff to operate the feeding pump and perform tube feedings.

When interviewed July 7, 2009, the program director stated she was unable to locate written instructions for operating the electric feeding pump.

**3. MN Rule 4668.0840 Subp. 3****AREA OF COMPLIANCE: # 5**

Based on record review and interviews, the licensee failed to ensure training was complete for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was hired November 12, 2008, to provide unlicensed direct care services. Employee B's core training record lacked evidence that the following topics were included in her training: communication; observing and reporting client status and the care or services provided; basic infection control; maintaining a clean, safe, and healthy environment; basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional; and physical, emotional, and developmental needs of clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property and the client's family.

When interviewed July 6, 2009, employee B stated she received most of her initial training from another unlicensed employee. However, the registered nurse provided transferring and infection control training.

When interviewed July 6, 2009, the program director stated employee B's record lacked evidence of the complete core training.

When interviewed July 8, 2009, the registered nurse stated she provided unlicensed staff with infection control and basic skill training and competency testing.

#### **4. MN Rule 4668.0845 Subp. 2**

##### **AREA OF COMPLIANCE: # 1**

Based on record review and interviews, the licensee failed to ensure that a registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services on December 4, 2008. Client #1 received services that required supervision, including medication administration and tube feedings. There was no evidence of an RN supervisory visit within fourteen days after initiation of services or of any supervisory or monitoring visits thereafter.

A contract for RN services, dated July 21, 2008, indicated the contracted RN was to provide supervision of unlicensed direct care staff.

When interviewed July 8, 2009, the provider's RN stated she was told the case management RN's from another agency were to perform supervisory visits. The RN stated she visited clients every one to two weeks.

When interviewed July 7, 2009, the program director confirmed client #1's record lacked evidence of supervisory visits by the RN.

#### **5. MN Rule 4668.0860 Subp. 3**

##### **AREA OF COMPLIANCE: # 6**

Based on record review and interviews, the licensee failed to ensure medication or treatment orders were implemented under the direction of a licensed nurse in one of one client (#1) record reviewed. The findings include:

Client #1 began receiving services December 4, 2008, including medication administration. A physician prescribed Ciprofloxacin 250 milligrams two times per day for ten days on June 20, 2009. On June 22, 2009, unlicensed staff contacted the physician's office and then implemented the order. On June 28, 2009, a physician prescribed ascorbic acid 500 milligrams two tablets two times per day and methenamine hippurate 1 gram two times per day. The ascorbic acid and methenamine hippurate was started June 28, 2009. The record lacked evidence that the contracted licensed nurse directed the implementation of the medication orders.

When interviewed July 8, 2009, the registered nurse stated she had not been involved with implementation of the medication orders. The unlicensed staff sent prescriptions to the pharmacy and administered the medication after the prescription was filled.



When interviewed July 7, 2009, the program director stated the contracted nurse was not directing the implementation of medications or treatments.

#### **6. MN Rule 4668.0865 Subp. 2**

##### **AREA 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:

Observation of the medication storage area on July 7, 2009, indicated client #1 received central storage of medication.

Client #1's service plan and Risk Management Assessment and Plan dated November 18, 2008, did not identify the provision of central storage of medications.

When interviewed July 7, 2009, the program director stated the service plan was not complete.

#### **7. MN Rule 4668.0865 Subp. 3**

##### **AREA OF COMPLIANCE: # 6**

Based on observation, documentation and interviews, the licensee failed to establish a system to control medications. The findings include:

On July 7, 2009, a schedule II medication was observed to be stored with another medication and various supplies in a locked, permanently affixed cabinet.

Unlicensed staff implemented physician prescribed medication orders for client #1 on June 22, 2009 and June 28, 2009. The record lacked evidence the contracted licensed nurse directed the implementation of the medication orders.

When interviewed July 7, 2009, the program director stated there was a system for reporting medication errors. However, a system that included written policies and procedures addressing the control of medications was not established.

When interviewed July 8, 2009, the registered nurse stated she was involved with reviewing medication records and error reports. She had not been involved with the implementation of medication orders or establishing a system to control medications.

#### **8. MN Rule 4668.0865 Subp. 9**

##### **AREA OF COMPLIANCE: # 6**

Based on observation and interview, the licensee failed to ensure a separately locked compartment, permanently affixed to the physical plant in one of one storage area observed. The findings include:

On July 7, 2009, Opium/Belladonna suppositories, a schedule II medication, Milk of Magnesia, and various supplies were observed in a locked, permanently affixed cabinet.

When interviewed July 7, 2009, the program director agreed the schedule II medications were not separately stored.

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A draft copy of this completed form was left with Brian Sammon, Adm., at an exit conference on July 9, 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).