



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7205

July 16, 2010

Lee Vang, Administrator
Sunlight Senior Living
400 Western Avenue
St Paul, MN 55103

Re: Results of State Licensing Survey

Dear Ms. Vang:

The above agency was surveyed on June 14, 15, 16 and 17, 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 black ink, appearing to read "Patricia Nelson", is written in a cursive style.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Ramsey 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 55164-0900 • 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 7236

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 & Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: LEE VANG DATE: July 16, 2010
PROVIDER: SUNLIGHT SENIOR LIVING COUNTY: RAMSEY
ADDRESS: 400 WESTERN AVENUE HFID: 27035
ST PAUL, MN 55103

On June 14, 15, 16 and 17, 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.

A complaint investigation was also completed at the time of the survey. An investigation of complaint HL27035001 was completed. The complaint is unsubstantiated.

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 4668.0855 Subp. 5

Based on interview and record review, the licensee failed to ensure that pro re nata (PRN) medication use was reported to the registered nurse (RN) within 24 hours of administration or within a time period that was specified by the RN prior to the administration for two of two clients (#1 and #5) reviewed, who resided on the memory care unit and received PRN medications. Findings include:

Client #1 began receiving services from the home care provider March 13, 2010, which included medication administration. Client #1 had a prescriber's order for DuoNeb 2.5 -.5 milligram/3 milliliter vial per nebulizer every four hours PRN. Client #1's June 2010 medication administration record

(MAR) indicated that on June 1, 9 and 14, 2010, the client received a DuoNeb nebulizer treatment for difficulty breathing. There was no evidence that the RN had been notified of client #1's PRN use of the nebulizer treatment.

Client #5 began receiving services from the home care provider May 11, 2010, which included medication administration. Client #5 had a prescriber's order for Bisacodyl 10 milligram suppository every day PRN for constipation. Client #5's June 2010 MAR indicated that on June 2, 2010, a Bisacodyl suppository was administered for constipation on a PRN basis. There was no evidence that the RN had been notified of client #5's PRN use of the Bisacodyl suppository.

The licensee's policy and procedure related to PRN use indicated that charting on the client's MAR sheets served as notification to the RN, and that the RN would review the medication sheets regularly and sign them. The policy and procedure also indicated that staff was to notify the RN immediately if a PRN nitroglycerin was given or any other "unusual PRN medication that a resident was requesting."

When interviewed June 15, 2010, employees B and D (unlicensed staff persons) indicated that when a client requested or needed a PRN medication, they did not routinely notify a nurse of the administration of the PRN medication unless they had a question about the administration.

When interviewed June 15, 2010, employee A (RN) confirmed she was not notified of the clients' PRN use of medication and stated she was not aware of the licensee's policy and procedure related to RN notification of PRN medication use.

TO COMPLY: A person who satisfies the requirements of subpart 4 and has been delegated the responsibility by a registered nurse, may administer medications, orally, by suppository, through eye drops, through ear drops, by use of an inhalant, topically, by injection, or through a gastrostomy tube, if:

- A. the medications are regularly scheduled; and
- B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:
 - (1) within 24 hours after its administration; or
 - (2) within a time period that is specified by a registered nurse prior to the administration.

TIME PERIOD FOR CORRECTION: Seven (7) days

2. MN Rule 4668.0855 Subp. 9

Based on observation, interview and record review, the licensee failed to ensure that medications were administered as prescribed for one of one client's (#2) record reviewed who received an inhalation medication. The findings include:

Client #2 began receiving services from the home care provider on March 5, 2010, which included medication administration. Client #2 had a prescriber's order dated April 15, 2010, which read, "Advair Disc 100/50 inhale one puff orally twice a day. Rinse mouth after each use." According to *Nursing 2011 Drug Handbook*, it indicated, "Instruct patient to rinse mouth after inhalation to prevent oral candidiasis."

Employee D was observed on June 15, 2010, at 8:15 a.m. to assist client #2 with administration of the Advair inhaler. Employee D did not instruct or assist the client to rinse his mouth after use as ordered by the prescriber.

Employee C was observed on June 16, 2010, at 8:25 a.m. to assist client #2 with administration of the Advair inhaler. Employee C did not instruct or assist the client to rinse his mouth after use as ordered by the prescriber.

When interviewed June 16, 2010, employee A (registered nurse) stated that staff should be instructing/assisting the client to rinse his mouth after using the Advair inhaler.

TO COMPLY: The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.

TIME PERIOD FOR CORRECTION: Seven (7) days

3. MN Statute §144A.44 Subd. 1(2)

Based on observation, interview and policy and procedure review, the licensee failed to ensure that care and services were provided according to accepted nursing standards of practice related to infection control for three of six clients (#1, #3 and #6) observed receiving assistance with medication administration and treatments. The findings include:

The home care provider's policy and procedure related to use of gloves indicated that after wearing gloves, staff were to remove the gloves and "rewash hands."

Employee D (unlicensed staff person) was observed on June 15, 2010, at 11:30 a.m. to perform blood glucose testing on client #1. Employee D was observed to wear gloves during the procedure, but did not wash her hands after removing her gloves and before assisting the client to eat and drink.

Employee B (unlicensed staff person) was observed on June 15, 2010, at 8:55 a.m. to assist client #6 with medication administration. Employee B was observed to set-up and administer client #6's medications, then proceed to remove a medication patch that was on the client's back and replace it with a new one. Employee B was then observed to assist the client in administering his inhaler. Employee B left the client's room and began setting up client #3's medications. Employee B did not use gloves when removing and placing the client's medicated patch on his back, nor did employee B wash her hands at any time before, during or after the medication administration.

Employee B was observed on June 15, 2010, at 9:10 a.m. to set-up and administer medications to client #3. After administering the client's oral medications, employee B was observed to put on a pair of gloves, remove the client's socks and apply a medicated patch to the client's feet. Employee B was observed to remove her gloves and put on a new pair and apply a medicated lotion to the client's elbow

and knees. Employee B was observed to remove her gloves and put on a new pair, and apply a medicated lotion to the client's scalp. Employee B again removed her gloves, and began setting up another client's medications. Employee B did not wash her hands after removing her gloves after performing the three treatments and before setting up another client's medications.

When interviewed June 15, 2010, employee A (registered nurse) confirmed that staff should be using gloves when performing treatments and should be washing their hands after removing their gloves.

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: Thirty (30) days

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