



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7076

September 8, 2010

James Flaherty, Administrator
Copper Glenn
801 13th Street North
Montevideo, MN 56265

Re: Results of State Licensing Survey

Dear Mr. Flaherty:

The above agency was surveyed on August 13, 17, and 18, 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: Chippewa 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 7076

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: JAMES FLAHERTY DATE: September 8, 2010
PROVIDER: COPPER GLEN COUNTY: CHIPPEWA
ADDRESS: 801 13TH STREET NORTH HFID: 20309
MONTEVIDEO, MN 56265

On August 13, 17 and 18, 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 4668.0865 Subp. 8

Based on observation, record review and interview, the licensee failed to ensure medications that were centrally stored were stored in locked compartments for one of one client (#1) record reviewed. The findings include:

During observation of client #1's central storage of medication area in his apartment on August 13, 2010, at 11:30 a.m. it was noted that Miralax (laxative), Albuterol (bronchodilator) and Budesonide (respiratory drug) were stored in an unlocked kitchen cupboard. The licensee's central storage of medications procedure stated "All tenants that have been assessed for the need for Medication set-up by the RN (registered nurse) and Medication Administration by the Home Care Aides will have their pill bottles stored in Central Storage."

When interviewed August 13, 2010, employee D (program director) stated that Miralax, Albuterol and Budesonide were stored in an unlocked kitchen cupboard, because there was not enough space to lock them in the client's medication locked box, which was also in the kitchen cupboard.

TO COMPLY: A class F home care provider licensee providing central storage of medications must store all drugs in locked compartments under proper temperature controls and permit only authorized nursing personnel to have access to keys.

TIME PERIOD FOR CORRECTION: Seven (7) days

2. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to ensure that nursing directed the care and home care services were provided according to acceptable medical and nursing standards of care for one of two clients' (#1) records reviewed. The findings include:

Client #1's diagnoses included congestive heart failure, asthma and emphysema. The client had a physician's order for oxygen as needed and for Duoneb (Albuterol nebulizer) four times daily p.r.n. (as needed). The client's medication administration record (MAR) noted that on August 17, 2010, at 7:30 a.m., a Duoneb (Albuterol nebulizer) was administered for a cough, and the registered nurse (RN) was notified of the p.r.n. use of the Duoneb at 7:30 a.m. on August 17, 2010. Documentation at approximately 11:30 a.m. on August 17, 2010 indicated client #1 was not feeling well.

Client #1 was interviewed in his apartment on August 17, 2010, at 2:50 p.m. The client was noted to have a heavy wet cough and stated he had been feeling bad all day. He said his upper right chest hurt and he felt like he had a cold. It was observed that neither the apartment air conditioning nor the client's oxygen was in use. Employee D (program director) was present and left the apartment to summon direct care staff to turn on the air conditioning and apply the oxygen. Employee (D) returned to the apartment with direct care staff. Direct care staff turned on the air conditioning and applied the oxygen. Employee (D) told client #1 that she had made a doctor's appointment for him at 4:00 p.m. on August 17, 2010. Approximately 10 minutes later client #1 stated that he felt better. Employee D stated to the surveyor she had decided to send client #1 to the doctor, because he didn't feel well. When asked if she had contacted the RN, regarding client #1's condition, employee D said she had not consulted the RN.

On August 17, 2010, at 6:30 p.m., employee D notified the surveyor that client #1 had been diagnosed with possible right sided pneumonia and had received an antibiotic injection at the doctor's office.

During observation of client #1's medication administration on August 13, 2010, at 11:30 a.m., a prescription bottle of Klor Con (potassium chloride) 20 meq. (milliequivalents) was observed. The label on the bottle stated "do not chew or crush before swallowing." The August 2010 MAR contained a typed note, dated February 26, 2010, which stated to continue to crush client #1's pills and put in applesauce or pudding.

When interviewed August 13, 2010, employee A (RN) stated she had called the licensee's pharmacist and the pharmacist indicated Klor Con could be crushed. When interviewed August 17, 2010, at 4:15 p.m., the licensee's pharmacist (person E) stated that Klor Con should not be crushed with a motor and pestle, but could be broken, added to water or put in food. When interviewed August 17, 2010, at 4:30 p.m. employee C (unlicensed staff) confirmed she had finely crushed the potassium (Klor Con) and added it to the applesauce per the directions on the MAR.

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: Seven (7) days

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2009

October 3, 2006

James Flaherty, Administrator
Copper Glenn
801 13th Street North
Montevideo, MN 56265

Re: Licensing Follow Up visit

Dear Mr. Flaherty:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on September 8, 2006.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

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.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

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

06/06 FPC1000CMR

**Minnesota Department Of Health
Health Policy, Information and Compliance Monitoring Division
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: COPPER GLEN

DATE OF SURVEY: September 8, 2006

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Susan Gilbertson, Housing Manager
Susan Dack, RN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up _____ #1 _____

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on December 20, 22, and 27, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

The status of the correction orders issued as a result of a visit made on December 20, 22, and 27, 2005, is as follows:

- | | |
|-------------------------------------|------------------|
| 1. MN Rule 4668.0815 Subp. 2 | Corrected |
| 2. MN Rule 4668.0855 Subp. 9 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9762

March 3, 2006

James Flaherty, Administrator
Copper Glenn
801 13th Street North
Montevideo, MN 56265

Re: Results of State Licensing Survey

Dear Mr. Flaherty:

The above agency was surveyed on December 20, 22, and 27, 2005, 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 feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Al Johnsrud, President Governing Body
Chippewa County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the 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 ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite 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 ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: COPPER GLEN
 HFID # (MDH internal use): 20309
 Date(s) of Survey: December 20, 22, and 27, 2005
 Project # (MDH internal use): QL20309002

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	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 understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff 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>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	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 who 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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)	Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <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.	The ALHCP 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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

Survey Results:

_____ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0815 Subp. 2 Reevaluation	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN), reviewed and/or revised the client's service plan at least annually for two of three clients' (#2 and #3) records reviewed. The findings include:</p> <p>Client #2's service plan was dated August of 2001. The service plan was updated on October of 2003. There was no evidence the RN had reviewed and/or revised client #2's service plan after October 2003.</p> <p>Client #3's service plan was signed on January of 2004. There was no evidence the RN had reviewed and/or revised client #2's service plan after January 2004. When interviewed, December of 2005, the RN indicated she was not aware the service plan had to be reviewed annually.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0855 Subp. 9 Medication Records	X	X	<p>Based on observation and interview, the licensee failed to ensure medication administration was completed as prescribed for one of three clients' (#2) records reviewed. The findings include:</p> <p>Client #2 received central storage of medications and weekly medication set up. When observed with employee B, the pillboxes for client #2, were noted to be missing the Lasix dosage for the Friday 8 a.m. slot and the Wednesday slot was noted to have two doses (twice the prescribed amount) of the Lasix.</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>There was no documentation as to why the medication was not completed as prescribed. Employee B confirmed that the Lasix was missing in the Friday slot. When interviewed, December 22, 2005, the registered nurse confirmed it had not been set it up correctly.</p> <p><u>Education:</u> Provided</p>
3	MN Rule 4668.0065 Subp. 1 Tuberculosis Screening		X	<u>Education:</u> provided.
9	MN Statute §144D.04 Subp. 2 Contents of contract		X	<u>Education:</u> Provided

A draft copy of this completed form was left with Sue Gilbertson at an exit conference on December 27, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

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).

(Form Revision 7/04)