



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 7052

August 31, 2010

Kristin Neff, Administrator  
Hallett Cottages  
350 Fourth Street Northwest  
Crosby, MN 56441

Re: Results of State Licensing Survey

Dear Ms. Neff:

The above agency was surveyed on July 15 and 16, 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 that reads "Patricia Nelson". The signature is written in a cursive style.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Crow Wing 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

<http://www.health.state.mn.us>  
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CERTIFIED MAIL #: 7009 1410 0000 2303 7052

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: KRISTIN NEFF DATE: August 31, 2010
PROVIDER: HALLETT COTTAGES COUNTY: CROW WING
ADDRESS: 350 FOURTH STREET NORTHEAST HFID: 20479
CROSBY, MN 56441

On July 15, 16 and 19, 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 4668.0800 Subp. 3

Based on record review and interview, the licensee failed to ensure services were provided according to the client's service plan for one of two clients (B2) reviewed in housing with services B. The findings include:

Client B2 began receiving services on July 1, 2010. The client's record indicated she had a cervical fracture of her C1-2 and was to wear a cervical brace at all times. The client's prescriber's orders, dated July 1, 2010, indicated the healed pressure ulcer area under her chin was to be monitored. Also, the client's service plan, dated July 1, 2010, indicated the client was to receive daily wound monitoring. The client's record lacked evidence that the area under her chin was monitored daily. When interviewed July 16, 2010, employee BD (registered nurse/RN) stated the client's RN evaluation, dated July 2, 2010, did not address the healed pressure area under her chin and there was no documentation as to whether or not the area was being monitored daily.

**TO COMPLY** A class F home care provider licensee must provide all services required by a client's service plan under part [4668.0815](#).

**TIME PERIOD FOR CORRECTION:** Seven (7) days

## **2. MN Rule 4668.0810 Subp. 5**

Based on record review and interview, the licensee failed to ensure all entries in the client's records were authenticated with the name and title of the person making the entry for three of five clients (A1, A3 and B1) reviewed. The findings include:

Client A1 began receiving services on October 11, 2006. The client's May, June and July 2010 nursing treatment sheets indicated the client received Accu-checks (blood sugar monitoring) twice a week, blood pressure monitoring daily and daily weights. Although the nursing treatment sheet indicated the treatments were completed, the entries were not signed by the person making the entry.

Client A3 began receiving services on February 7, 2008. The client's May, June and July 2010 nursing treatment sheets indicated the client received blood sugar monitoring twice a day. Although the nursing treatment sheet indicated the blood sugar monitoring was completed, the entries were not signed by the person making the entry.

Client B1 began receiving services on October 8, 2009. The client's nursing treatment record indicated the client was to have monthly weights completed. The client's May and June 2010 nursing treatment record indicated the weights were completed on May 5, 2010, and June 1, 2010, but the entries were not signed by the person making the entry.

When interviewed July 15, 2010, employee AA (registered nurse) confirmed the entries on the nursing treatment sheets were not signed by the person making the entry.

**TO COMPLY:** Except as required by subpart 6, items F and G, documentation of a class F home care service must be created and signed by the staff person providing the service no later than the end of the work period. The documentation must be entered into the client record no later than two weeks after the end of the day service was provided. All entries in the client record must be:

A. legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry; or

B. recorded in an electronic media in a manner that ensures the confidentiality and security of the electronic information, according to current standards of practice in health information management, and that allows for a printed copy to be created.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

## **3. MN Rule 4668.0815 Subp. 4**

Based on observation, record review and interview, the licensee failed to ensure that service plans were complete for three of five clients (A1, A2 and B2) reviewed. The findings include:

Client A1 was observed on July 15, 2010, to be sitting in her apartment with oxygen being administered by nasal cannula at two liters per minute. The client also had a prescriber's order, dated April 13, 2010, for oxygen at two liters per minute. The client's service plan, dated February 19, 2010, did not include the oxygen administration.

Client A2's record contained a prescriber's order, dated May 4, 2010, for liquid oxygen at two liters per nasal cannula continuously. The client was observed to be receiving the oxygen on July 15, 2010, while in her apartment. The client's service plan, dated February 19, 2010, did not include the oxygen administration.

Client B2 began receiving services on July 1, 2010. The client was observed on July 16, 2010, to be wearing a neck brace. The client's record contained a prescriber's order, dated July 1, 2010, for the client to wear an Orthofix cervical growth stimulator four hours daily. The client's service plan, dated July 1, 2010, did not include the neck brace or the Orthofix cervical growth stimulator.

When interviewed July 15, 2010, employee AA (registered nurse) confirmed the services plans for client A1 and A2 did not include oxygen. When interviewed July 16, 2010, employee AA also confirmed the service plan for client B2 was not complete.

**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

#### **4. MN Rule 4668.0855 Subp. 9**

Based on record review and interview, the licensee failed to ensure medications were administered as prescribed for two of five clients (A1 and B2) reviewed. The findings include:

Client A1's record contained a prescriber's order, dated April 13, 2010, for Lasix 20 milligrams (mg.) every evening PRN(as necessary). The Lasix was to be given if the client's weight was up three pounds in one day or five pounds in two days. The client's May 2010 nursing treatment record indicated on May 7, 8 and 9, 2010, the client's weights were 151.8 pounds, 152 pounds and 152 pounds, respectively. The client's medication administration record (MAR) indicated the client received the PRN Lasix on May 7, 8 and 9, 2010, even though the clients weight was not up the three pounds each day. The client's June 2010 nursing treatment record indicated on June 7, 8, 9 and 10, 2010, the client's weights were 155.6 pounds, 155 pounds, 155 pounds and 154 pounds, respectively. The client's MAR indicated the client received the PRN Lasix on June 7, 8, 9 and 10, 2010, even though the clients weight was not up the three or five pounds. When interviewed July 15, 2010, employee BD (registered nurse) confirmed the client's MAR indicated the client received the Lasix even though the client's weight was not up the three or five pounds.

Client B2's record contained a prescriber's order, dated July 1, 2010, for Acetaminophen 325 mg. by mouth four times a day for pain management. The client's July 2010 MAR indicated the client received Acetaminophen 500 mg. two tablets by mouth four times a day from July 1, 2010, to July 12, 2010. When interviewed July 16, 2010, employee AA (registered nurse) stated the client should have received Acetaminophen 325 mg. two tables as ordered and on July 12, 2010, an order was received for Acetaminophen 500 mg. two tables four times a day.

**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

#### **5. MN Statute §144A.44 Subd. 1(13)**

Based on observation, record review and interview, the licensee failed to ensure that staff was properly trained to recognize safety hazards in one of two housing with services (A) reviewed. The findings include:

On July 15, 2010, at 9:50 a.m. in the registered nurse's (RN) office there was a portable oxygen tank that was standing unsecured in an area next to the chart rack and a liquid oxygen portable unit that was standing unsecured on the floor right next to a pile of paper files. Employee AA (RN) was in the room and was told about the unsecured oxygen tanks standing in the office, but did not do anything to secure

the oxygen tanks. When employee BD (RN) arrived at housing with services A at 2:00 p.m. and was informed about the unsecured oxygen tanks she then secured the oxygen tanks.

On July 15, 2010, during a tour of housing with services A, client A2 was observed to have a liquid oxygen tank in her apartment. The liquid oxygen tank was located about two and a half feet from the heat register in her apartment. When interviewed July 15, 2010, employee AA confirmed the liquid oxygen tank was located two and a half feet from the heat register and employee AA went on to state the client would not be happy when they have to move the oxygen tank.

The medication administration book in housing with services A, included written instructions for the liquid oxygen system which stated to keep the liquid oxygen system five feet from any electrical appliances and never store near a heat source.

When interviewed July 15, 2010, employee AB and AC (unlicensed personnel) stated they were aware of the instructions for liquid oxygen use, but were not aware the client's oxygen was not far enough away from the heat register. Employee AB's and AC's employee records indicated they had received training on liquid oxygen.

**TO COMPLY:** A person who receives home care services has these rights:

(13) the right to be served by people who are properly trained and competent to perform their duties;

**TIME PERIOD FOR CORRECTION:** Seven (7) days

cc: Crow Wing 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 # 7004 1160 0004 8715 0116

July 14, 2005

Jac McTaggart, Administrator  
Hallett Cottages  
350 Fourth Street Northeast  
Crosby, MN 56441

Re: Licensing Follow Up Revisit

Dear Mr. McTaggart:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on April 27, 2005.

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 Assisted Living Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

Cc: Roger Twig, President Governing Board  
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** HALLETT COTTAGES

**DATE OF SURVEY:** April 27, 2005

**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:**

Lea Carlson, Senior Housing Director/RN

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up X

**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 January 24, 25, 26, 27 and 28/2004. 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:

**1. MN Rule 4668.0865 Subp. 2 Corrected**





*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 2982

March 15, 2005

Jac M McTaggart, Administrator  
Hallett Cottages  
350 Fourth Street Northeast  
Crosby, MN 56441

Re: Results of State Licensing Survey

Dear Mr. McTaggart:

The above agency was surveyed on January 24, 25, 26, 27, and 28, 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: Roger Twig, President Governing Board  
Case Mix Review 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: HALLETT COTTAGES

HFID # (MDH internal use): QL20479001

Date(s) of Survey: January 24, 25, 26, 27, and 28, 2005

Project # (MDH internal use): QL20479001

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 promotes 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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 observes 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> 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><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>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)</p>	<p>Staff has 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.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff is 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.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>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)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follows 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.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)</p> <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>	<p>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).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <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 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 4668.0865 Subp. 2 Central storage of medications, nursing assessment and service plan	X	X	<p>Based on observation, record review, and interview, the licensee failed to have the Registered Nurse (RN) conducted a nursing assessment of the client's need for central medication storage for two of four clients (#1A, #2A) reviewed. The findings include:</p> <p>Client #1A was admitted to the dementia unit January 14, 2000. The client's service plan dated April 27, 2004 indicated that client#1A received medication administration. Client #1A's medical record did not include a RN assessment of the client's need for central storage of medication.</p> <p>Client #2A was admitted to the dementia unit on 7/09/04. The client's service plan indicated the client received medication administration since July 9, 2004. Client #2A's medical record did not include a RN assessment of the client's need for central storage of medication.</p> <p>During tour of the dementia unit, January 24, 2005, the Senior Housing Director/RN stated all clients in the dementia care unit had central storage of their medications. On January 25, 2005 the dementia care unit medication storage was observed. All medications were stored in separate plastic boxes for each client in cupboards, which were in two separate offices. When interviewed, January 25, 2005, the Senior Housing Director/RN confirmed that there were no RN assessments of the clients need for central medication storage for clients #1A and #2A. The</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				RN stated that she had not understood the assessment requirement for central storage of medications.  <b>Education:</b> Provided
9.	MN Rule 4668.0870 Subp. 2 Disposition of medications, drugs given to discharged clients		X	<b>Education:</b> Provided

A draft copy of this completed form was left with Jac McTaggart at an exit conference on January 28, 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)