



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7090

September 8, 2010

Louis Monson, Administrator
Park Place Senior CNG & Asst
125 East Park Street
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Monson:

The above agency was surveyed on July 22 and 26, 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 above the typed name.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Steele 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 7090

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: LOIS MONSON DATE: September 8, 2010
PROVIDER: PARK PLACE SENIOR CNG & ASST COUNTY: STEELE
ADDRESS: 125 EAST PARK STREET HFID: 21085
OWATONNA, MN 55060

On July 22 and 26, 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 Statute §144A.44 Subd. 1(2)

Based on record review and interview, the licensee failed to provide services according to acceptable medical and nursing standards of care for one of one client (#2) record reviewed. The findings include:

Client #2 was admitted and began receiving home care services, including medication administration, January 12, 2010. The client received glucose monitoring four times per day. On July 22, 2010, at 11:15 a.m. employee C was observed to perform the glucose monitoring. Employee C cleansed client #2's finger with an alcohol wipe, then used the contaminated alcohol wipe to apply pressure to stop the visible bleeding on the finger. Employee C then inserted the needle into the rubber seal of the insulin pen device. Employee C handed the insulin pen to client #2 and instructed her to insert the needle of the insulin pen into her abdomen.

Employee C did not put on gloves prior to performing the blood glucose check, did not cleanse the injection site with an alcohol wipe prior to the client inserting the needle into her abdomen and did not cleanse the rubber seal on the insulin pen device with an alcohol wipe before inserting the needle into the pen.

The manufacture's instructions stated to "wipe the rubber seal with alcohol" before inserting the needle into the insulin pen. The licensee's policy and procedure did not include the use of gloves for employees or cleansing of the client's skin for the injection.

When interviewed July 22, 2010, employee C stated she should have put gloves on, and she (employee C) should have cleansed the injection site. When interviewed July 26, 2010, at 11:30 a.m., employee A (registered nurse) indicated all unlicensed staff know that gloves should be used for any procedure involving blood and the use of gloves is standard procedure.

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: Steele 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 8711 8567

October 19, 2005

Jennifer Redman, Administrator
Park Place Senior CNG
125 Park Street
Owatonna, MN 55060

Re: Licensing Follow Up Revisit

Dear Ms. Redman:

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 October 6, 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 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: Doug Johnson, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Steele County Social Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
CMR File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: PARK PLACE SENIOR CNG. & ASST. LIVING

DATE OF SURVEY: October 6, 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:

1. Jennifer Redman, Director/LSW
2. JoAnn Nelson, RN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) On October 6, 2005, an unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on April 5, 6 and 7, 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:

1. MN Rule 4668.0815 Subp. 3

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 704 1160 0004 8714 3651

August 3, 2005

Jennifer Redman, Administrator
Park Place Senior CNG & Assisted Living
125 Park Street
Owatonna, MN 55060

Re: Results of State Licensing Survey

Dear Ms. Redman:

The above agency was surveyed on April 5, 6, and 7, 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
Original-Facility
cc:

Doug Johnson, President Governing Board
Case Mix Review File
Steele County Social Services
Sherilyn Moe, Office of Ombudsman
Kelly Crawford, Minnesota Department of Human Services

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: PARK PLACE SENIOR CNG. & ASST. LIVING
 HFID # (MDH internal use): 21085
 Dates of Survey: April 5, 6, and 7, 2005
 Project # (MDH internal use): QL21085001

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 acknowledgment in the client's clinical record to show that the BOR was received (or why acknowledgment could not be obtained).</p>	<p><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> Education <u> </u> 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><u> X </u> Met <u> </u> Correction <u> </u> Order(s) issued <u> </u> Education <u> </u> 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 <u> </u> 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 <u> </u> 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 <u> </u> 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 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.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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 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.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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 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.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> 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) <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 <input type="checkbox"/> 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 4668.0815 Subp. 3	X	X	<p>Based on record review and interview, the licensee failed to ensure that that the client or the client’s responsible person agreed in writing to a service plan modification in two of three clients’ (#1 and #3) records reviewed. The findings include:</p> <p>Client #1’s record indicated that client #1’s responsible person agreed to and signed “SERVICE AGREEMENT (S)” on September 30, 2003, March 27, 2004, and September 15, 2004. All services provided by the licensee were packaged within the rental fee. On December 1, 2004, a notice of a rent increase effective January 1, 2005, was given to client #1. Client #1’s medical record lacked documentation that the client’s service plan was modified to reflect the increase in rent or that the client’s responsible person authenticated the modification for increase in rent on or before January 1, 2005.</p> <p>Client #3’s medical record indicated that client #3 or client #3’s responsible person, agreed to and signed “SERVICE AGREEMENT (S)” on March 3, 2004 and August 24, 2004. All services provided by the licensee were packaged within the rental fee. On December 1, 2004, a notice of a rent increase effective January 1, 2005, was given to client #3. Client #3’s medical record lacked evidence that the client’s service plan was modified to reflect the increase in rent or that the client or their responsible person authenticated the modification for increase in rent on</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>or before January 1, 2005. On February 23, 2005, client #3 signed and agreed to a written service plan.</p> <p>The provider's "Service Agreement Policy & Procedure" states, "Any modifications will be noted on an up to date Service Agreement prior to change in services and will be signed by Resident or the resident's responsible person and the Registered Nurse."</p> <p>An interview was conducted with the director on April 5, 2005. The director reported that rate increases did go into effect. She stated that she did not remember that a service plan modification, specifically a fee increase, needed to be written and agreed to by the client, or the client's responsible person.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Jennifer Redman, Director, at an exit conference on April 7, 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 web site. General information about ALHCP is also available on the web site:

<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)