



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7038

September 21, 2010

Sharon Fest, Administrator
Westwood Elderly Home
810 9th street
Granite Falls, MN 56241

Re: Results of State Licensing Survey

Dear Ms. Fest:

The above agency was surveyed on August 12, 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: Yellow Medicine County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2303 7038

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



Patricia Nelson, Supervisor - (651) 201-4309

TO:	SHARON FEST	DATE: September 21, 2010
PROVIDER:	WESTWOOD ELDERLY HOME	COUNTY: YELLOW MEDICINE
ADDRESS:	810 9TH STREET GRANITE FALLS, MN 56241	HFID: 21359

On August 12, 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 4668.0815 Subp. 2

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client's service plan at least annually for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving services September 19, 2008. The client's current service plan was dated September 19, 2008. There was no evidence that a RN reviewed the service plan since September 19, 2008.

When interviewed August 12, 2010, employee A (RN/owner) indicated that there was a lack of record keeping and confirmed there was no further review or revision of the client's service plan since September 19, 2008.

TO COMPLY: A registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0815 Subp. 4

Based on record review and interview, the licensee failed to ensure that service plans were complete for one of one client's (#1) record reviewed. The findings include:

Client #1's service plan, dated September 19, 2008, indicated the client received medication administration, redirection with behaviors and assistance with showers, laundry, walking, dressing and medical appointments. The service plan did not include the fees for services, the client's cardiopulmonary resuscitation (CPR) status and central storage of medication.

When interviewed August 12, 2010, employee A (registered nurse/owner) confirmed that the service plan was not complete and indicated record keeping was lacking.

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

3. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to provide services according to acceptable medical and nursing standards for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services, including medication administration September 19, 2008. A consultation with a glaucoma specialist, dated May 5, 2010, indicated the client was taking Diamox (diuretic) one tablet per day. The client had a physician order, dated June 9, 2010, which stated Acetazolamide (Diamox) 250 milligrams (mg.) one tablet daily.

The client's May, June, July and August 2010 medication administration records did not indicate that the client was administered the Acetazolamide (Diamox).

During observation of client #1's medications, August 12, 2010, it was noted that a prescription bottle contained 15 Acetazolamide (Diamox) 250 mg. tablets. The prescription bottle label indicated 20 tablets of Acetazolamide (Diamox) had been dispensed on May 16, 2010.

When interviewed August 12, 2010, employee A (registered nurse/owner) stated that apparently the medication had been administered five times, because five tablets were gone out of the bottle, but there was no documentation of administration of the medication. Employee A also stated there was a verbal physician's order (she could not recall the date of the order) to stop the Acetazolamide (Diamox), but the order had not been returned yet. She also indicated that there was a lack of record keeping.

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

4. MN Statute §144A.44 Subd. 1(3)

Based on observation, record review and interview, the licensee failed to inform a client's guardian in advance about a service that was being provided for one of one client's (#1) record reviewed. The findings include:

During observation of medication administration August 12, 2010, at 12:40 p.m., employee B (unlicensed direct care staff) prior to administration, crushed client #1's Seroquel (antipsychotic) 100 milligrams and mixed the medication in pudding. Before client #1 was called into lunch employee B stated she was going to turn down the dining room lights, because if client #1 saw anything in the pudding he wouldn't eat the pudding.

When interviewed August 12, 2010, employee C (unlicensed direct care staff) stated all of client #1's medications were crushed and mixed in food. There was no evidence of a prescriber's order to crush and mix the medications with food. There was also no documentation that client #1's guardian was aware that the medications were being crushed and mixed with food.

When interviewed August 12, 2010, at 2:50 p.m., client #1's guardian stated client #1 would not take the medication if it was not administered to him, but the guardian did not know the licensee was crushing and mixing the medication with food.

When interviewed August 12, 2010, at 3:00 p.m., employee A (registered nurse/owner) stated there should have been a doctor's order and the guardian's permission to crush and mix the client's medications in food.

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

to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices including the consequences of refusing these services;

TIME PERIOD FOR CORRECTION: Seven (7) days

5. MN Statute §144A.441

Based on record review and interview, the licensee failed to provide the current Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services September 19, 2008. The Minnesota Home Care Bill of Rights was documented as being received by the client on September 19, 2008. The bill of rights that the client received did not include the current language for assisted living clients in clause 16, which included the right to at least a 30 day advance notice of termination of service by a provider.

When interviewed August 12, 2010, employee A (registered nurse/owner) indicated she did not know there was a different bill of rights for assisted living clients.

TO COMPLY: Assisted living clients, as defined in section [144G.01, subdivision 3](#), shall be provided with the home care bill of rights required by section [144A.44](#), except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section [144A.44, subdivision 1](#), clause (16):

"(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where:

- (i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;
- (ii) an emergency for the informal caregiver or a significant change in the recipient's condition has

resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or

(iii) the provider has not received payment for services, for which at least ten days' advance notice of the termination of a service shall be provided."

TIME PERIOD FOR CORRECTION: Thirty (30) days

6. MN Statute §626.557 Subd. 14(b)

Based on observation, record review and interview, the licensee failed to develop an individualized abuse prevention plan for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services September 19, 2008. The individual abuse prevention plan, dated March 28, 2010, indicated the client had difficulty walking, negotiating stairs, visual limitations, inappropriate verbalizations, was unable to protect himself, had impaired judgment and was disoriented or lost in familiar situations. The care plan, dated September 19, 2008, identified periods of confusion, dementia/unaware of reality, wandering in/out of home, verbal/physical aggressiveness and did not respond to redirection. There were no specific measures to assist in minimizing the risk of abuse to the client and other vulnerable adults.

When interviewed August 12, 2010, employee A (registered nurse/owner) indicated there was no plan or measures identified to protect client #1 in the identified areas of vulnerabilities.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Yellow 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 7850

October 3, 2005

Sharon Fest, Administrator
Westwood Elderly Home
810 9th Street
Granite Falls, MN 56241

Re: Licensing Follow Up Revisit

Dear Ms. Fest:

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 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 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: David Holszheimer, President Governing Board
Kelly Crawford, Minnesota Department of Human Services
Yellow Medicine County Social Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
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: WESTWOOD ELDERLY HOME

DATE OF SURVEY: 09/27/2005

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:

Becky Holzheimer, RN/Owner, Connie Hall, Direct Staff Professional

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 March 29, 30 and 31,2005. 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. 4 | Corrected |
| 2. MN Rule 4668.0855 Subp. 5 | Corrected |
| 3. MN Rule 4668.0865 Subp. 9 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 00104 8714 4993

June 10, 2005

Sharon Fest, Administrator
Westwood Elderly Home
810 9th Street
Granite Falls, MN 56241

Re: Results of State Licensing Survey

Dear Ms. Fest:

The above agency was surveyed on March 29, 30, and 31, 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: David Holzheimer, 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: WESTWOOD ELDERLY HOME
 HFID # (MDH internal use): 21359
 Date(s) of Survey: March 29, 30 and 31, 2005
 Project # (MDH internal use): QL21359001

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 <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Order(s) issued <input type="checkbox"/> 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 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 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 type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" 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 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 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) <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 4668.0815 Subp. 2 Reevaluation		X	<u>Education:</u> Provided
1	MN Rule 4668.0815 Subp. 4 Contents of Service Plan	X	X	<p>Based on record review and interview, the licensee failed to provide complete service plans for two of two clients (#1 and #2) records reviewed. The findings include:</p> <p>Client #1's service plan dated November 9, 2004 indicated that they were a twenty-four hour service provider, and that services would be provided as the contingency plan for essential services. There was no further clarification or information describing what the contingency plan was.</p> <p>Client #2's service plan dated November 10, 2004, indicated that they were a twenty-four hour service provider, and that services would be provided as the contingency plan for essential services. There was no further clarification or information describing what the contingency plan was.</p> <p>When interviewed March 29, 2005, the registered nurse/owner stated that they had a verbal agreement with a local hospital to be their backup help if needed. There was no written agreement with the hospital. The registered nurse/owner acknowledged that the contingency plan was not specific in client #1 and #2's record.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
8	MN Rule 4668.0855 Subp. 5 Administration of Medications	X	X	<p>Based on record review, and interview, the licensee failed to ensure that the registered nurse (RN) was notified within twenty-four hours after a pro re nata (PRN) medication was given, or within a time period specified by the RN prior to administration for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 had a prescriber's order for a Fleet Enema PRN (as needed) if no bowel movement in 4 days. Client #1 was administered a Fleet Enema by an unlicensed person on March 13, 2005 at 7:30 PM. There was no evidence in the record that the registered nurse was notified of the use of a PRN enema for client #1.</p> <p>Client #2 had a prescriber's order for Alprazolam .05 mg 1 tablet q 6 hours as needed for anxiety. Client #2's record indicated that the client received the PRN medication Alprazolam on March 25, 26, 27, 28, and 29, 2005. Client #2 also has a PRN order for Dulcolax 5 mg 1 – 2 tablets as needed for constipation. Client #2's record indicated that the client received the Dulcolax on March 1, 5, 8, 9, 12, and 13, 2005. There was no indication that the RN was notified of the use of the PRN Alprazolam and Dulcolax for client #2.</p> <p>When interviewed on March 29, 2005, the RN indicated that she had informed the staff to notify her when a PRN medication was given and to document it.</p> <p>When interviewed March 30, 2005, an unlicensed direct care staff stated that when the registered nurse called for updates or when the RN came to the facility, she notified the RN if a PRN medication was given. The staff</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>interviewed also stated she did not document that she notified the RN. A copy of the agency's Medication Administration System - Weekly Dosage Box Set-Up policy/procedure was reviewed. The policy/procedure did not address the use of PRN medications.</p> <p><u>Education:</u> Provided</p>
8	MN Rule 4668.0865 Subp. 9 Storage of Scheduled II Drugs	X	X	<p>Based on observation, and interview, the licensee failed to ensure that Scheduled II medications were stored in a container that was permanently affixed to the physical plant. The findings include:</p> <p>During a tour of the facility on March 29, 2005, it was noted that client # 2 had Oxycontin 20 mg tablets, Schedule II drugs, in a locked Sentry box that was contained within a locked cabinet. The locked Sentry box was not permanently affixed to the physical plant. During an interview March 29, 2005, the registered nurse/owner confirmed that the Sentry box was not permanently affixed to the cabinet, and indicated that she had not figured out how to bolt the box down.</p> <p><u>Education:</u> Provided</p>
9	MN Rule 4668.0810 Subp. 6 Content of the record		X	<p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Becky Holzheimer at an exit conference on March 31, 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)