



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6833

October 6, 2010

Cheryl Lewer, Administrator  
Waseca County Public Health SE  
299 Johnson Avenue SW  
Waseca, MN 56093

Re: Results of State Licensing Survey

Dear Ms. Lewer:

The above agency was surveyed on September 24, 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 cursive script that reads "Patricia Nelson".

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Waseca 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 6833

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:	<u>CHERYL LEWER</u>	DATE: October 6, 2010
PROVIDER:	<u>WASECA COUNTY PUBLIC HEALTH SE</u>	COUNTY: WASECA
ADDRESS:	<u>299 JOHNSON AVENUE SWSUITE 160</u>	HFID: 02934
	<u>WASECA, MN 56093</u>	

On September 21, 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 4668.0040 Subp. 2**

Based on record review and interview, the licensee failed to provide clients with a complete written notice related to the procedure for making a complaint for one of one client (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services October 21, 2009. The complaint procedure provided to clients did not include the statement that the provider will in no way retaliate because of a complaint.

When interviewed September 21, 2010, employee A (supervising registered nurse) indicated all of the clients were given the complaint procedure that did not include the statement that the provider will in no way retaliate because of a complaint.

**TO COMPLY:** The system required by subpart 1 must provide written notice to each client that includes:

- A. the client's right to complain to the licensee about the services received;
- B. the name or title of the person or persons to contact with complaints;
- C. the method of submitting a complaint to the licensee;
- D. the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and
- E. a statement that the provider will in no way retaliate because of a complaint.

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

## **2. MN Rule 4668.0065 Subp. 3**

Based on record review and interview, the licensee failed to ensure annual infection control training was completed for two of two licensed employees' (B and C) records reviewed. The findings include:

Employees B and C, both registered nurses (RN's), were hired May 17, 1977, and November 10, 2008, respectively. Employee B's and C's infection control training was last completed April 17, 2006, and February 25, 2005, respectively. There was no evidence of infection control training for employee B after April 17, 2006 and employee C after February 25, 2005.

When interviewed September 21, 2010, employee A (supervising RN) stated none of the RN's have had recent infection control training. When interviewed September 21, 2010, employee B verified she had not had infection control training since April 17, 2006.

**TO COMPLY:** For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

- A. hand washing techniques;
- B. the need for and use of protective gloves, gowns, and masks;
- C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
- D. disinfecting reusable equipment; and

E. disinfecting environmental surfaces.

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

### **3. MN Rule 4668.0075 Subp. 1**

Based on record review and interview, the licensee failed to ensure that each employee who provided supervision of direct care received orientation to home care requirements for one of one licensed employee (A) record reviewed. The findings include:

Employee A, supervising registered nurse, was hired November 10, 2008, to provide supervision for the home care program. There was no evidence that employee A had received orientation to home care requirements.

When interviewed on September 21, 2010, employee A verified she had not received orientation to home care requirements.

**TO COMPLY:** Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, shall complete an orientation to home care requirements before providing home care services to clients. This orientation may be incorporated into the training required of paraprofessionals under part [4668.0130](#). This orientation need only be completed once.

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

### **4. MN Statute §144A.44 Subd. 1(2)**

Based on observation, record review and interview, the licensee failed to ensure medication records were complete for one of one client (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving home care services October 21, 2009, including set up of medication by the registered nurse (RN). Client #1's record contained a physician's order, dated July 20, 2010, which noted the client received at least 10 medications on a daily basis, including Plavix, lisinopril, Multivitamin, atenolol, simvastatin, Actos, Keppra, melatonin, Neurontin and amitryptilline.

During a home visit September 21, 2010, the client's medications were reviewed. Documentation indicated the nurse had set the client's medications up on August 24, 2010, and September 14, 2010, however there was no documentation of each medication that the nurse had set up for the client.

When interviewed September 21, 2010, employee B (RN) stated she had not documented each medication she had set up in client #1's pill box.

**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: Waseca 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 1590

April 19, 2006

Cheryl Lewer, Administrator  
Waseca County Public Health Services  
900 3<sup>rd</sup> Street NE  
Waseca, MN 56093

Re: Licensing Follow Up visit

Dear Ms. Lewer:

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 April 12 and 13, 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: Ron Drude, Minnesota Department of Human Services  
Case Mix Review File

10/04 FPC1000CMR

Minnesota Department Of Health  
Division of Compliance Monitoring  
Case Mix Review Section

INFORMATIONAL MEMORANDUM

**PROVIDER:** WASECA COUNTY PUBLIC HLTH SVC

**DATE OF SURVEY:** April 12 and 13, 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:  
Class A

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

Maureen Murray, RN/Director

**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 June 29 and 30, and July 1, 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:
- 2) The vulnerable adult assessment form used by the agency was documented "by exception." Education was provided regarding the completion of the vulnerable adult assessment.

1. MN Rule 4668.0140 Subp. 1	Corrected
2. MN Rule 4668.0140 Subp. 2	Corrected
3. MN Rule 4668.0150 Subp. 3	Corrected
4. MN Rule 4668.0150 Subp. 4	Corrected
5. MN Rule 4668.0150 Subp. 6	Corrected

**6. MN Statute §144A.46 Subd. 5(b)      Corrected**

**7. MN Statute §626.557 Subd. 14(b)      Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 3545

December 5, 2005

Cheryl Lewer, Administrator  
Waseca County Public Hlth SVC  
900 3<sup>rd</sup> Street NE  
Waseca, MN 56093

Re: Results of State Licensing Survey

Dear Ms Lewer:

The above agency was surveyed on June 29, 30 and July 1, 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: Wendell Armstrong, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
Waseca County Social Services  
Sherilyn Moe, Office of the Ombudsman  
CMR File

CMR 3199 6/04





Class A Licensed-Only Home Care Provider  
**LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class A Licensed-Only Home Care Providers. Class A licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate with MDH nurses during an on-site regulatory visit.

During on-site visit/s, MDH nurses will interview staff, talk with clients and/or their representatives and make observations during home visits, and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class A Licensed-Only Home Care services. Completing this Licensing Survey Form in advance would facilitate 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. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form. **[This form is NOT intended to be used for Class A Licensees who are also certified to participate in the Medicare program].**

Name of Class A Licensee: WASECA COUNTY PUBLIC HLTH SVC

HFID # (MDH internal use): 02934

Date(s) of Survey: June 29, and 30, and July 1, 2005

Project # (MDH internal use): QL02934001

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The Provider accepts and retains clients for whom it can meet the needs.</p> <ul style="list-style-type: none"> <li>• MN Rules 4668.0050</li> <li>• MN Rule 4668.0060 Subpart 3</li> <li>• MN Rule 4668.0060 Subpart 4</li> <li>• MN Rule 4668.0060 Subpart 5</li> <li>• MN Rule 4668.0140</li> <li>• MN Rule 4668.0180 Subpart 8</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement.</li> <li>• Service plans accurately describe the needs and services and contains all the required information.</li> <li>• Services agreed to are provided</li> <li>• Clients are provided referral assistance.</li> </ul>	<p>Annual Licensing Survey</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;"><u>X</u> Correction Order(s) issued</p> <p style="padding-left: 20px;"><u>X</u> Education Provided</p> <p>Follow-up Survey # _____</p> <p style="padding-left: 20px;">___ Met</p> <p style="padding-left: 20px;">___ Not Met</p> <p style="padding-left: 20px;">___ New Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p>
<p>2. The Provider promotes client rights.</p> <ul style="list-style-type: none"> <li>• MN Statute §144A.44</li> <li>• MN Rule 4668.0030</li> <li>• MN Rule 4668.0040</li> </ul>	<ul style="list-style-type: none"> <li>• Clients' are aware of and have their rights honored.</li> <li>• Clients' are informed of and afforded the right to file a complaint.</li> </ul>	<p>Annual Licensing Survey</p> <p style="padding-left: 20px;"><u>X</u> Met</p> <p style="padding-left: 20px;">___ Correction Order(s) issued</p> <p style="padding-left: 20px;">___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0170</li> </ul>		<p>Follow-up Survey # _____</p> <p>_____ Met            _____ Not Met            _____ New Correction Order(s) issued            _____ Education Provided</p>
<p>3. The Provider promotes and protects each client's safety, property, and well-being.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0035</li> <li>MN Statutes §144A.46 Subdivision 5</li> <li>MN Statute §626.556</li> <li>MN Statutes §626.557</li> <li>MN Statute §626.5572</li> </ul>	<ul style="list-style-type: none"> <li>Client's person, finances and property are safe and secure.</li> <li>All criminal background checks are performed as required.</li> <li>Clients are free from maltreatment.</li> <li>There is a system for reporting and investigating any incidents of maltreatment.</li> <li>Maltreatment assessments and prevention plans are accurate and current.</li> </ul>	<p>Annual Licensing Survey</p> <p>_____ Met  <u> X </u> Correction Order(s) issued  <u> X </u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met            _____ Not Met            _____ New Correction Order(s) issued            _____ Education Provided</p>
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0160</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders]</p>	<ul style="list-style-type: none"> <li><b>Client records are maintained and retained securely.</b></li> <li><b>Client records contain all required documentation.</b></li> <li>Client information is released only to appropriate parties.</li> <li>Discharge summaries are available upon request.</li> </ul>	<p>Annual Licensing Survey</p> <p><u> X </u> Met            _____ Correction Order(s) issued  <u> X </u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met            _____ Not Met            _____ New Correction Order(s) issued            _____ Education Provided</p>
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0060 subpart 1</li> <li>MN Rule 4668.0065</li> <li>MN Rule 4668.0070</li> <li>MN Rule 4668.0075</li> <li>MN Rule 4668.0080</li> <li>MN Rule 4668.0100</li> </ul> <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> <li>MN Rule 4668.0120</li> </ul>	<ul style="list-style-type: none"> <li>Staff, employed or contracted, have received all the required training.</li> <li>Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines.</li> <li>Personnel records are maintained and retained.</li> <li>Licensee and all staff have received the required Orientation to Home Care.</li> <li>Staff, employed or contracted, are registered and licensed as required by law.</li> <li>Documentation of medication administration procedures are available.</li> <li>Supervision is provided as</li> </ul>	<p>Annual Licensing Survey</p> <p>_____ Met  <u> X </u> Correction Order(s) issued  <u> X </u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met            _____ Not Met            _____ New Correction Order(s) issued            _____ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Rule 4668.0130</li> <li>• MN Statute 144A.45 Subdivision 5</li> <li>• MN Statute 144A.461</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>	<p>required.</p>	
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0150</li> <li>• MN Rule 4668.0100 [Subpart 2]</li> </ul> <p>[Note to MDH staff: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage and disposition.]</p>	<ul style="list-style-type: none"> <li>• Medications and treatments administered are ordered by a prescriber.</li> <li>• Medications are properly labeled.</li> <li>• Medications and treatments are administered as prescribed.</li> <li>• Medications and treatments administered are documented.</li> <li>• Medications and treatments are renewed at least every three months.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Not Applicable</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Not Applicable</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>
<p>7. The Provider is licensed and provides services in accordance with the license.</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008 subpart 3</li> <li>• MN Rule 4668.0012 subpart 8</li> <li>• MN Rule 4668.0012 Subpart 17</li> <li>• MN Rule 4668.0019</li> <li>• MN Rule 4668.0060 subpart 2</li> <li>• MN Rule 4668.0060 subpart 6</li> <li>• MN Rule 4668.0180 subpart 2</li> <li>• MN Rule 4668.0180 subpart 3</li> </ul> <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 4</li> <li>• MN Rule 4668.0180</li> </ul>	<ul style="list-style-type: none"> <li>• Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services.</li> <li>• License is obtained, displayed, and renewed.</li> <li>• Licensee’s advertisements accurately reflects services available.</li> <li>• Licensee provides services within the scope of the license.</li> <li>• Licensee has a contact person available when a para-professional is working.</li> </ul>	<p>Annual Licensing Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # _____</p> <p>___ Met</p> <p>___ Not Met</p> <p>___ New Correction Order(s) issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
subpart 5 • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47  [Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]		

***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:**

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

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
#1	#1	MN Rule 4668.0140 Subp. 1 Service agreements	X	<p>Based on record review and interview, the licensee failed to assure that the client or the client’s responsible person agreed in writing to the service agreement for two of four clients’ (#3 and #4) records reviewed. The findings include:</p> <p>Clients #3 and #4 began receiving services in January and March 2004, respectively. Their records contained services agreements that were not dated and signed by the client or the client’s responsible person. When interviewed July 1, 2005, employee A verified that the service agreements were not dated and signed.</p> <p><b><u>Education:</u></b> Provided</p>

**Class A (Licensed – Only) Licensing Survey Form**  
**Page 5 of 9**

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
#2	#1	MN Rule 4668.0140 Subp 2 Contents of service agreement	X	<p>Based on record review and interview, the licensee failed to provide a complete service agreement for three of four clients' (#1, #3, and #4) records reviewed. The findings include:</p> <p>Client #1's service agreement lacked the fees for the service and the method for the licensee to contact a responsible person of the client. Client #3 and #4s' service agreements lacked the method for the client to contact a representative of the home care agency, who to contact in case of an emergency, the method for the licensee to contact a responsible person, and the circumstances in which emergency services are not to be summoned. Client #3's service agreement also lacked a contingency plan in the event the licensee was unable to provide scheduled services. When interviewed July 1, 2005, employee A confirmed the clients' service agreements were not complete.</p> <p><b><u>Education:</u></b> Provided</p>
#3	#6	MN Rule 4668.0150 Subp. 3 Authorizations	X	<p>Based on observation, record review and interview, the licensee failed to have dated and signed prescriber's orders for medications for three of four clients' (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1 had an order for a diuretic 0.5 milligrams (mg.). During observation of the client's medication set-up on June 30, 2005, employee A was observed to set up 0.5 mg. of the diuretic in the a.m. and 0.25 mg. in the p.m. Employee A stated the client saw a physician on May 19, 2005 and the client's daughter had informed the staff that the client's diuretic was changed to 0.5 mg. in the a.m. and 0.25 mg. in the p.m. There were no written prescriber's orders for</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the medication change in the client’s record. Employee A indicated they had difficulty reaching the doctors and frequently talked to the triage nurse.</p> <p>Client #2 was observed to have a bottle of Aspirin during a review of her medications on June 20, 2005. There was no written prescriber’s order for the Aspirin in the client’s record. The client also had pre-drawn syringes of insulin, fifteen units for the a.m. dose and ten units for the p.m. dose. The most recent order in the client’s record, dated January 6, 2005, indicated the client was to receive twenty units in the a.m. and fifteen units in the p.m. When interviewed, employee B stated that the client had seen her physician on March 29, 2005 and the client’s daughter had informed staff of the change in the client’s medications.</p> <p>Client #3 had signed prescriber’s orders, dated January 26, 2005. Orders, dated May 17, 2005, noted the addition of two medications and a dosage increase of one medication. The client was currently receiving the medications, which had not been signed by the prescriber.</p> <p><b><u>Education:</u></b> Provided</p>
#4	#6	MN Rule 4668.0150 Subp. 4 Content of orders	X	<p>Based on interview and record review, the licensee failed to ensure that orders for medications were complete for three of four clients’ (#2, #3 and #4) records reviewed. The findings include:</p> <p>Client #2 had orders, dated January 26, 2005, for eleven medications; client #3 had orders, dated January 26, 2005, for six medications; and client #4 had orders, dated August 24, 2004, for fourteen medications. The medication</p>

**Class A (Licensed – Only) Licensing Survey Form**  
**Page 7 of 9**

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>orders did not include the route of administration. When interviewed July 1, 2005, employee A verified the orders did not include the route of administration.</p> <p><b><u>Education:</u></b> Provided</p>
#5	#6	MN Rule 4668.0150 Subp. 6 Renewal of orders	X	<p>Based on record review and interview, the licensee failed to ensure that prescriber's orders were renewed at least every three months for three of four (#1, #2 and #4) clients' records reviewed. The findings include:</p> <p>Client #1 had physician's orders, dated January 29, 2005; client #2 had physician's orders, dated January 26, 2005; and client #4 had physician's orders, dated August 24, 2004. There was no evidence of a subsequent renewal of orders by the prescriber. When interviewed June 30, 2005, the nursing supervisor verified that the client's medication orders had not been renewed.</p> <p><b><u>Education:</u></b> Provided</p>
	#7	MN Rule 4668.0180 Subp. 9 Quality assurance	X	<p><b><u>Education:</u></b> Provided</p>
#6	#5	MN Statute §144.46 Subd. 5 (b) Background check	X	<p>Based on record review and interview, the licensee failed to ensure that background studies were completed for one of three employees' (C) records reviewed. The findings include:</p> <p>Employee C began providing services to home care clients in March 1979. There was no documentation that a background study had been completed. When interviewed June 29, 2005, the nursing supervisor confirmed that there was not a background study available</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				for review for employee C.  <b><u>Education:</u></b> Provided
#7	#3	MN Statute §626.557 Subd.14 (b) Abuse prevention plans	X	Based on record review and interview, the licensee failed to ensure that an individual abuse prevention plan was developed for one of four clients' (#1) records reviewed. The findings include:  Client #1's record contained an incomplete vulnerable adult assessment form. When interviewed July 1, 2005, employee A verified the vulnerable adult assessment had not been completed.  <b><u>Education:</u></b> Provided
	#5	MN Rule 4668.0100 Subp. 4 Performance of routine procedures	X	<b><u>Education:</u></b> Provided
	#4	MN Rule 4668.0160 Subp. 6 Content of client record	X	<b><u>Education:</u></b> Provided
	5	MN Rule 4668.0100 Subp. 9 Periodic supervision of home health aide tasks	X	<b><u>Education:</u></b> Provided
	#3	MN Statute §626.5572 Definitions	X	<b><u>Education:</u></b> Provided
		Provider Web sites	X	<b><u>Education:</u></b> Provided



A draft copy of this completed form was left with Nancy Schultz, RN at an exit conference on July 1, 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>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us>

(Form Revision 5/05)