



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6321

December 28, 2010

Nadia Hindaileh, Administrator
Covenant Care at Home
5800 St Croix Avenue
Golden Valley, MN 55412

RE: Results of State Licensing Survey

Dear Ms. Hindaileh:

The above agency was surveyed October 26 and 27, 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, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Hennepin 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 6321

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>NADIA HINDAILEH</u>	DATE: December 28, 2010
PROVIDER:	<u>COVENANTCARE AT HOME</u>	COUNTY: HENNEPIN
ADDRESS:	<u>5800 ST CROIX AVENUE</u> <u>GOLDEN VALLEY, MN 55412</u>	HFID: 20228

On October 26 and 27, 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 4668.0019

Based on a review of advertising material and interview, the licensee failed to ensure that information used for advertising was not misleading concerning the marketing of services provided. The findings include:

During a review of the licensee’s advertising flyer, it was noted several times throughout the flyer that “Medicare” services were provided.

When interviewed October 26, 2010, employee D (clinical director) indicated they had a testing for Medicare certification, however the licensee was not Medicare certified because they had not received the Medicare number yet.

TO COMPLY: Licensees shall not use false, fraudulent, or misleading advertising in the marketing of services. For purposes of this part, advertising includes any means of communicating to potential clients the availability, nature, or terms of home care services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0100 Subp. 2

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) specified in writing specific instructions for the administration of medication and/or documented competency for two of two employees' (B and C) records reviewed. The findings include:

Employees B and C were hired as unlicensed staff and began providing home health services May 7, 2010, and January 11, 2010, respectively.

Client #1's service plan indicated he was to receive nursing maintenance one time per week and personal cares two times per day. Nurse's notes dated September 10, October 1, 8 and 15, 2010, indicated the nurse set up the client's medications per prescriber's orders. Home health aide visit reports dated October 1 through 22, 2010, indicated that unlicensed staff performed medication reminders twice daily for the client.

During an interview on October 26, 2010, employee B indicated she took client #1's medications out of the pill box, put the medications into a souffle cup, and then poured the medications into the client's hand. She indicated she had been trained in medication reminders by employee E (RN). When interviewed October 27, 2010, employee C indicated he took client #1's medications out of the pill box and poured the medications into the client's hand. Employee C indicated employee F (RN) had trained him to do medication administration.

According to the definition of medication reminder under MN Statute 144A.43 "Medication reminder" means providing a verbal or visual reminder to a client to take medication. This includes bringing the medication to the client and providing liquids or nutrition to accompany medication that a client is self-administering.

There were no written instructions for administration of medications for client #1. In addition, employee B did not have documentation of competency for administration of oral medications.

When interviewed October 26, 2010, employee D (clinical director) indicated that unlicensed staff only performed medication reminders and not administration of medication.

TO COMPLY: A person who satisfies the requirements of subpart 5 may administer medications, whether oral, suppository, eye drops, ear drops, inhalant, topical, or administered through a gastrostomy tube, if:

A. the medications are regularly scheduled;

B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:

(1) within 24 hours after its administration; or

(2) within a time period that is specified by a registered nurse prior to the administration;

C. prior to the administration, the person is instructed by a registered nurse in the procedures to administer the medications to each client;

D. a registered nurse specifies, in writing, and documents in the clients' records, the procedures to administer the medications; and

A. prior to the administration, the person demonstrates to a registered nurse the person's ability to competently follow the procedure.

For purposes of this subpart, "pro re nata medication," commonly called p.r.n. medication, means a medication that is ordered to be administered to or taken by a client as necessary.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

3. MN Rule 4668.0130 Subp. 3

Based on record review and interview, the licensee failed to document that unlicensed staff, who performed home health aide services, received all the required components of training and competency testing in home health aide tasks for two of two employees' (B and C) records reviewed. The findings include:

Employees B and C were hired as unlicensed staff and began providing home health services May 7, 2010, and January 11, 2010, respectively. Employee B's and C's initial competency assessment skills checklist, dated May 14, 2010, and January 14, 2010, respectively, did not indicate training or competency had been completed in medication reminders.

When interviewed October 26, 2010, employee B indicated she had been trained in medication reminders by employee E (registered nurse/RN). When interviewed October 27, 2010, employee C indicated he had been trained in medication reminders by employee F (RN).

When interviewed October 26, 2010, employee D (clinical director) indicated that unlicensed staff only performed medication reminders. When interviewed October 27, 2010, employee E (RN) stated staff had been trained, but confirmed that there was no documentation of training and competency testing in medication reminders.

TO COMPLY: The competency evaluation tests must be approved by the commissioner.

A. To qualify to perform home health aide tasks, the person must pass the following:

(1) a practical skill test, administered by a registered nurse, that tests the subjects described in subpart 2, items E, F, I, M, and N; and

(2) a written, oral, or practical test of the topics listed in subpart 2, items A to D, G, H, and J to L.

B. To qualify to perform home care aide tasks, the person must pass the competency evaluation for home health aide tasks, or the following:

(1) a practical skill test, administered by a registered nurse, that tests the subjects described in subpart 2, items E and F; and

(2) a written, oral, or practical test of the topics in subpart 2, items A to D and G.

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Rule 4668.0140 Subp. 2

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

Client #1 was admitted and began receiving home health aide services August 27, 2010. Client #1's service agreement, dated August 6, 2010, stated "nursing: maintenance," and "HHA (home health aide) personal cares." The contingency plan only indicated a moderate priority of care.

Client #1's service agreement did not include a description of services that were provided or an action to be taken when scheduled services could not be provided.

When interviewed October 27, 2010, employee D (clinical director) confirmed that a description of services and an action to be taken when services could not be provided was not indicated on the service agreement.

TO COMPLY: The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;
- B. 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, if any;
- D. fees for services;
- E. a plan for contingency action that includes:

(1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

5. 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 related to documentation of medications for one of one client's (#1) record reviewed. The findings include:

Client #1's service plan indicated he was to receive nursing maintenance one time per week and personal cares two times per day. Nurse's notes dated September 10, October 1, 8 and 15, 2010, indicated the nurse set up the client's medications per prescriber's orders. Home health aide visit reports, dated October 1 through 22, 2010, indicated that unlicensed staff performed medication reminders twice daily for the client.

Prescriber's orders, dated October 26 through December 24, 2010, indicated the client received seven medications including Celexa (antidepressant). There was no documentation of which medications were set up or the client self administered.

When interviewed October 27, 2010, employees D (clinical director) and E (registered nurse) both indicated that there was no documentation of which medications were set up or administered to any clients. When interviewed October 26, 2010, employee D indicated that unlicensed staff only performed medication reminders and not administration of medication.

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: Fouteen (14) days

6. MN Statute §144A.46 Subd. 5(b)

Based on record review and interview, the licensee failed to ensure a background study was done for three of three employees' (A, B and C) records reviewed. The findings include:

Employees A, B and C were hired and began providing home health services July 15, 2010, May 7, 2010, and January 11, 2010, respectively. There was no evidence of a background study for employees A, B and C in their records.

When interviewed October 26, 2010, employee D (clinical director) verified that a back ground study

had not been done for employees A, B and C. Employee D indicated that a background study had not been done for any employees, except the administrator.

TO COMPLY: Employees, contractors, and volunteers of a home care provider are subject to the background study required by section [144.057](#). These individuals shall be disqualified under the provisions of chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information.

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Hennepin 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 1552

May 3, 2006

Paula Sparling, Administrator
Bethany Covenant Village
2309 Hayes Street Northeast
Minneapolis, MN 55418

Re: Licensing Follow Up visit

Dear Ms. Sparling:

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 27, 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: BETHANY COVENANT VILLAGE

DATE OF SURVEY: April 27, 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:

Muswamba S. Muvundamina, RN/ ADON

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 May 25, 26, 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 4668.0016 Subp. 8 | Corrected |
| 2. MN Rule 4668.0140 Subp. 1 | Corrected |
| 3. MN Rule 4668.0150 Subp. 2 | Corrected |
| 4. MN Rule 4668.0160 Subp. 5 | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3361

October 11, 2005

Paula Sparling, Administrator
Bethany Covenant Village
2309 Hayes Street Northeast
Minneapolis, MN 55418

Re: Results of State Licensing Survey

Dear Ms. Sparling:

The above agency was surveyed on May 25, 26, 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: Rick Fisk, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Hennepin 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: BETHANY COVENANT VILLAGE

HFID # (MDH internal use): 20228

Date(s) of Survey: May 25, 26, and 31, 2005

Project # (MDH internal use): QL20228007

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

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #2 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0170 		<p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction Order(s) issued</p> <p>_____ 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"> MN Rule 4668.0035 MN Statutes §144A.46 Subdivision 5 MN Statute §626.556 MN Statutes §626.557 MN Statute §626.5572 	<ul style="list-style-type: none"> Client's person, finances and property are safe and secure. All criminal background checks are performed as required. Clients are free from maltreatment. There is a system for reporting and investigating any incidents of maltreatment. Maltreatment assessments and prevention plans are accurate and current. 	<p>Annual Licensing Survey</p> <p><u> X </u> Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ 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>
<p>4. The Provider maintains and protects client records.</p> <ul style="list-style-type: none"> MN Rule 4668.0160 <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"> Client records are maintained and retained securely. Client records contain all required documentation. Client information is released only to appropriate parties. Discharge summaries are available upon request. 	<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>
<p>5. The Provider employs and/or contracts with qualified and trained staff.</p> <ul style="list-style-type: none"> MN Rule 4668.0060 subpart 1 MN Rule 4668.0065 MN Rule 4668.0070 MN Rule 4668.0075 MN Rule 4668.0080 MN Rule 4668.0100 [For subpart 2 see indicator #6] <p>Indicator of Compliance #5 continued:</p>	<ul style="list-style-type: none"> Staff, employed or contracted, have received all the required training. Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. Personnel records are maintained and retained. Licensee and all staff have received the required Orientation to Home Care. Staff, employed or contracted, are registered and licensed as required by law. Documentation of medication administration procedures are available. 	<p>Annual Licensing Survey</p> <p><u> X </u> Met</p> <p>_____ Correction Order(s) issued</p> <p>_____ 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
<ul style="list-style-type: none"> • MN Rule 4668.0120 • MN Rule 4668.0130 • MN Statute 144A.45 Subdivision 5 • MN Statute 144A.461 <p>[Note to MDH staff: See Informational Bulletin 99-7 for Class A variance in a Housing With Services setting]</p>	<ul style="list-style-type: none"> • Supervision is provided as required. 	
<p>6. The Provider obtains and keeps current all medication and treatment orders [if applicable].</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 • MN Rule 4668.0100 [Subpart 2] <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"> • 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. • Medications and treatments are renewed at least every three months. 	<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"> • MN Rule 4668.0008 subpart 3 • MN Rule 4668.0012 subpart 8 • MN Rule 4668.0012 Subpart 17 • MN Rule 4668.0019 • MN Rule 4668.0060 subpart 2 • MN Rule 4668.0060 subpart 6 • MN Rule 4668.0180 subpart 2 • MN Rule 4668.0180 subpart 3 <p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0180 	<ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee's advertisements accurately reflects services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<p>Annual Licensing Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ 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 4 • MN Rule 4668.0180 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	6	MN Rule 4668.0016 Subp. 8 Violation of variances	X	Based on record review, and interview, the licensee failed to ensure the registered nurse conducted a nursing assessment of the client's functional status and need for central storage of medications for three of three clients (client #1, #2, and #3) reviewed. The findings include: The facility was granted a Waiver under MN Rule 4668.0003, Subp. 11 by the Minnesota Department of Health in Informational Bulletin 99-7 and MN Rule 4668.0016. The provider was to comply with MN Rule 4668.0865, which states, For a client for whom medications will be centrally stored; a registered nurse must conduct a nursing assessment of a client's functional status and need for central medication storage,

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>and develop a service plan for the provision of that service according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part 4668.0845. The service plan for central storage of medication must be maintained as part of the service plan required under part 4668.0815.</p> <p>The registered nurse was setting up medications weekly for client #1, and #2. Client #1 and #2's record lacked evidence a nursing assessment of the client's functional status and need for central storage of medications. During an interview on May 26, 2005 the assistant director of nursing, (ADON) indicated the agency was doing central storage of medication and was unaware of the need to do the assessment.</p> <p><u>Education:</u> Provided</p>
2	1	MN Rule 4668.0140 Subp. 1 Service agreements	X	<p>Based on record review, and interview, the licensee failed to modify the service agreement for one of three clients (#2) records reviewed. The findings include:</p> <p>A review of client #2's record indicated the client was receiving weekly medications set up since September 2003. It was not addressed in the service agreement. During interview on May 26, 2005 the registered nurse confirmed that she did weekly set up of medications and stated she updated the care plan. The registered nurse stated she had discussed it with the client and had her sign the care plan. The registered nurse acknowledged she had not modified the service agreement.</p> <p><u>Education:</u> Provided</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
3	6	MN Rule 4668.0150 Subp. 5 Medication and treatment orders	X	<p>Based on record review, and interview, the agency failed to follow physician's orders for one of three clients' (#3) records reviewed. The findings include:</p> <p>Client #3 had a physician's order dated, December 17, 2004, for medication set-up. There was no evidence indicating that the order had been implemented. Interview with the assistant director of nursing (ADON) on May 26, 2005, revealed that the client refused the service and had been assessed to independently set-up her own medications. There was no documentation indicating that the physician had been notified that the order had not been implemented.</p> <p><u>Education:</u> Provided</p>
4	4	MN Rule 4668.0160 Subp. 5 Form of entries	X	<p>Based on record review, and interview, the licensee failed to ensure all entries in the client record were authenticated with the name and title of the person making the entry for three of three clients (#1, #2, and #3) records reviewed. The findings include:</p> <p>Client #1, and #2s' medication administration record (MAR) for April 2005 indicated blood pressures were done weekly and weights were documented monthly. The entries did not include the name and title of the person making the entries.</p> <p>Client #3's MAR for February 2005 contained entries indicating Accu Checks were completed weekly. Client # 3 MAR for March 2005 indicated blood pressures were recorded as being done weekly. The entries on the February 2005 and March 2005 MAR did not include the name and title of the person making the entries.</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education:</u> Provided

A draft copy of this completed form was left with Muswamaba Murundamina at an exit conference on May 31, 2005. Any correction order(s) 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 CLASS A Licensed-Only Home Care Provider is also available on the MDH 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)