



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2304 1455

December 7, 2010

Paula Lewis, Administrator
Green Prairie Place
810 Second Avenue Northwest
Plainview, MN 55964

RE: Results of State Licensing Survey

Dear Ms. Lewis:

The above agency was surveyed October 4 and 5, 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.

A handwritten signature in black ink, appearing to read "Patricia Nelson", is located below the text.

Sincerely,

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Wabasha County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2304 1455

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:	PAULA LEWIS	DATE: December 7, 2010
PROVIDER:	GREEN PRAIRIE PLACE	COUNTY: WABASHA
ADDRESS:	810 SECOND AVENUE NORTHWEST PLAINVIEW, MN 55964	HFID: 20292

On October 4 and 5, 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: _____

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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 4668.0100 Subp. 4

Based on observation, record review and interview, the licensee failed to retain documentation for demonstration of competency in blood sugar testing and pulse oximetry (a test to determine the amount of arterial blood that is saturated with oxygen) for one of one unlicensed employee (B) record reviewed. The findings include:

Employee B was hired and began providing home care services June 26, 2008. Client #1's October 2010 medication administration record indicated that employee B performed blood sugar testing three times and pulse oximetry four times in October 2010. Employee B was observed performing blood sugar testing for client #1 on October 4, 2010, at 4:15 p.m. During the procedure employee B used an alcohol wipe to cleanse client #1's finger before and after the puncture. Then with the same alcohol wipe employee B let the client cleanse the injection site where the insulin was to be administered.

A review of employee B's records revealed that there was no documentation of competency in blood sugar testing or pulse oximetry.

When interviewed October 4, 2010, employee B indicated that employee A (registered nurse) had trained her on how to perform blood sugar testing and pulse oximetry. When interviewed October 4, 2010, employee A indicated she went over the procedures for blood sugar testing and pulse oximetry with the unlicensed staff, but did not document that the unlicensed staff had passed the competency.

TO COMPLY: A person who satisfies the requirements of subpart 5 may perform delegated medical or nursing and assigned therapy procedures, if:

A. prior to performing the procedures, the person is instructed by a registered nurse or therapist, respectively, in the proper methods to perform the procedures with respect to each client;

B. a registered nurse or therapist, respectively, specifies, in writing, specific instructions for performing the procedures for each client;

C. prior to performing the procedures, the person demonstrates to a registered nurse or therapist, respectively, the person's ability to competently follow the procedures; and

D. the procedures for each client are documented in the clients' records.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

2. MN Rule 4668.0140 Subp. 2

Based on record review and interview, the licensee failed to ensure a written and signed service agreement was completed for one of one client (#1) record reviewed. The findings include:

Client #1 was admitted and began receiving services May 11, 2009. The client's record did not contain a service agreement.

When interviewed October 4, 2010, employee A (registered nurse) stated she knew the service agreement had been redone in July 2010 because of an increase in costs. Employee A was unable to locate the service agreement during the survey of October 4 and 5, 2010, and no further documentation was provided during the survey.

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

3. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to ensure medication records were complete for five of five clients' (#1, #2, #3, #4 and #5) records reviewed and services were provided according to acceptable medical and nursing standards of care for one of three clients (#1) receiving nebulizer treatments. The findings include:

Clients #1, #2, #3, #4 and #5 received medication administration from a pill box which had been set up by a registered nurse (RN).

Client #1 had prescriber's orders, dated September 22, 2010, for seven ordered medications which included Lasix (diuretic) and Pulmicort Respules (inhalation) suspension.

Client #2 had prescriber's orders, dated September 23, 2010, for 10 ordered medications which included Coumadin (anticoagulant) in various doses throughout the week.

Client #3 had prescriber's orders, dated September 24, 2010, for 10 ordered medications which included lithium and Zyprexa (antipsychotics).

Client #4 had prescriber's orders, dated September 22, 2010, for nine ordered medications which included Aricept (memory).

Client #5 had prescriber's orders, dated September 22, 2010, for seven ordered medications which included Coumadin in various doses throughout the week.

Documentation on the clients' medication administration record (MAR) for September 26, 2010, through October 26, 2010, only listed the number of times per day that pills or capsules were administered by unlicensed staff. There was no documentation of which oral medications (pills or capsules) were set up by the RN or documentation of which pills or capsules were administered by unlicensed staff.

When interviewed October 4, 2010, employee A (RN) stated there was no documentation of each individual pill or capsule which she had set up or what pill or capsule the unlicensed staff administered.

During observation of a nebulizer treatment for client #1 on October 5, 2010, at 12:35 p.m., it was noted that directions on the Pulmicort box stated to rinse mouth after use. During observation of the Pulmicort nebulizer treatment it was noted that employee D (unlicensed staff) did not instruct client #1 to rinse her mouth after the use of the Pulmicort. The *Nursing 2011 Drug Handbook* states to rinse the mouth with water and then spit out the water after each dose to decrease the risk of developing oral candidiasis. When interviewed October 5, 2010, employee D did not know the prescription label included instructions to rinse mouth after use. When interviewed October 5, 2010, employee A also indicated she didn't know the instructions included to rinse mouth after use.

4. MN Statute §144A.44 Subd. 1(13)

Based on observation, record review and interview, the licensee failed to ensure that staff were properly trained to recognize safety hazards for two of two clients (#1 and #5) reviewed.

Clients #1 and #2 were admitted May 11, 2009, and May 10, 2007, respectively. Both client #1 and #2 had a diagnosis of chronic obstructive lung disease, used oxygen and shared an apartment.

During observation of nebulizer treatments on October 5, 2010, it was noted that client #1 had a small portable oxygen tank stored within two feet of the room's heating register. Client #2 also had a liquid oxygen tank stored within two and one-half feet of the same heating register, which was in use. There was also no "oxygen in use" sign noted on client #1 and #2's apartment door.

The licensee's policy, dated December 2002, stated that tanks/cylinders should be stored at least 10 feet from any heat source.

When interviewed October 5, 2010, employee A (registered nurse) indicated that the "oxygen in use" signs must have been removed from client #1's and #2's apartment door due to recent painting. Employee A further stated that the signs were removed from doors of six other individuals in the building that used oxygen. Employee A also indicated she did not know that oxygen was being stored too close to an in use heat source. When interviewed October 5, 2010, person E (oxygen delivery person) stated oxygen should be stored 15 feet away from a heat source.

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

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

TIME PERIOD FOR CORRECTION: Seven (7) days

cc: Wabasha 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 1220 3510

April 4, 2007

Dorothy Baker, Administrator
Green Prairie Place
810 Second Avenue Northwest
Plainview, MN 55964

Re: Results of State Licensing Survey

Dear Ms. Baker:

The above agency was surveyed on February 14 and 15, 2007, 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 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) 201-4301.

Sincerely,

A handwritten signature in cursive script that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Wabasha County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199



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 an on-site visit, MDH nurses will interview staff, clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to describe 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 may 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.

Name of Class A Licensee: GREEN PRAIRIE PLACE

HFID #: 20292

Date(s) of Survey: February 14 and 15, 2007

Project #: QL20292002

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0140 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0060 Subp. 3, 4 and 5 MN Rule 4668.0180 Subp. 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 contain all the required information. Services agreed to are provided Clients are provided referral assistance. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>2. The provider promotes client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0030 MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0040 MN Rule 4668.0170 	<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. 	<p>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The provider promotes and protects each client's safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Statutes §144A.46 Subd. 5(b) MN Statute §626.556 MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0035 	<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>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: 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>Focus Survey</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p>

Indicators of Compliance	Outcomes Observed	Comments
Non-compliance with this variance will result in a correction order issued under 4668.0016.]		____ Correction Order(s) issued ____ Education Provided Follow-up Survey # ____ ____ New Correction Order issued ____ Education Provided
5. The provider employs and/or contracts with qualified and trained staff. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 [Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]	<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. • Supervision is provided as required. 	Focus Survey <u>X</u> Met ____ Correction Order(s) issued ____ Education Provided Expanded Survey <u>X</u> Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided Follow-up Survey # ____ ____ New Correction Order issued ____ Education Provided
6. The provider obtains and keeps current all medication and treatment orders [if applicable]. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0150 Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 [Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage	<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. 	Focus Survey <u>X</u> Met ____ Correction Order(s) issued ____ Education Provided Expanded Survey <u>X</u> Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided Follow-up Survey # ____ ____ New Correction

Indicators of Compliance	Outcomes Observed	Comments
and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.]		Order issued ____ Education Provided
<p>7. The provider is licensed and provides services in accordance with the license.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 Subp. 3 • MN Rule 4668.0012 • MN Rule 4668.0060 Subp. 2 and 6 • MN Rule 4668.0180 • MN Rule 4668.0220 <p><small>Note: 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.</small></p>	<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 reflect services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. 	<p>Focus Survey</p> <p><u> X </u> Met ____ Correction Order(s) issued ____ Education Provided</p> <p>Expanded Survey</p> <p><u> X </u> Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided</p> <p>Follow-up Survey # ____ ____ New Correction Order issued ____ Education Provided</p>
<p>8. The provider is in compliance with MDH waivers and variances.</p> <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0016 	<ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</p> <p><u> X </u> Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided</p> <p>Follow-up Survey # ____ ____ New Correction Order issued ____ Education Provided</p>

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings, of the focused survey may result in an expanded survey.

SURVEY RESULTS: ____ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Statute §144A.46 Subd. 5(b)**INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to ensure a background study was conducted for two of two unlicensed (A and C) employees reviewed. The findings include:

Employees A and C were began working as direct care staff January 18, 1973 and November 3, 1986, respectively. There was no evidence that a Minnesota Department of Human Services (DHS) background study had been done. Their records contained an undated response from the Bureau of Criminal Apprehension. When interviewed February 15, 2007, the registered nurse (RN) confirmed no DHS background study had been completed for employee A or C. The RN indicated a study had been requested for employee A and C during the survey on February 14, 2007.

A draft copy of this completed form was left with Sandi Schmidt, RN at an exit conference on February 15, 2007. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. CLASS A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

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).