



*Protecting, Maintaining and Improving the Health of Minnesotans*

March 17, 2011

Michael Hilgert, Administrator  
Sugar Lake Supported Living SE  
6532 117<sup>th</sup> Street NW  
Maple Lake, MN 55358

Re: Results of State Licensing Survey

Dear Mr. Hilgert:

The above agency was surveyed on November 22, 23, and 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 black ink that reads "Patricia Nelson". The signature is written in a cursive style.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

**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 & Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	MICHAEL HILGERT	DATE: March 17, 2011
PROVIDER:	SUGAR LAKE SUPPORTED LIVING SE	COUNTY: WRIGHT
ADDRESS:	6523 117TH STREET NW MAPLE LAKE, MN 55358	HFID: 21604

On November 22, 23 and 24, 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.

**NO VIOLATIONS NOTED**

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



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0005 8711 9649

December 27, 2005

Michael Hilgert, Administrator  
Sugar Lake Supported Living  
6523 117<sup>th</sup> Street NW  
Maple Lake, MN 55358

Re: Licensing Follow Up Revisit

Dear Mr. Hilgert:

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 December 13, 2005.

The documents checked below are enclosed.

- Informational Memorandum  
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form  
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Michael Hilgert, President Governing Board  
Wright County Social Services  
Gloria Lehnertz, Minnesota Department of Human Services  
Sherilyn Moe, Office of Ombudsman for Older Minnesotans  
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** SUGAR LAKE SUPPORTED LIVING

**DATE OF SURVEY:** December 13, 2005

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
Class A

**NAME AND TITLE OF PERSONS INTERVIEWED:**

JoDee Hilgert LPN/Administrative Assistant, Health Care Coordinator

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up X

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to follow-up on the status of state licensing orders issued as a result of a visit made on June 8 and 9, 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:

- |                                     |                  |
|-------------------------------------|------------------|
| <b>1. MN Rule 4668.0065 Subp. 3</b> | <b>Corrected</b> |
| <b>2. MN Rule 4668.0140 Subp. 2</b> | <b>Corrected</b> |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 3385

November 4, 2005

Michael Hilgert, Administrator  
Sugar Lake Supported Living  
6523 117<sup>th</sup> Street NW  
Maple Lake, MN 55358

Re: Results of State Licensing Survey

Dear Mr. Hilgert:

The above agency was surveyed on June 8 and 9, 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: Michael Hilgert, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
Wright 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: SUGAR LAKE SUPPORTED LIVING

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HFID # (MDH internal use): 21604

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Date(s) of Survey June 8 and 9, 2005

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Project # (MDH internal use): QL21604003

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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"> <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>	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"> <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>	Annual Licensing Survey <u>X</u> Met ___ Correction Order(s) issued <u>X</u> Education Provided  Follow-up Survey # _____

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> <input type="checkbox"/> Met  <input type="checkbox"/> Not Met  <input type="checkbox"/> New Correction Order(s) issued  <input type="checkbox"/> 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> <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction Order(s) issued  <input type="checkbox"/> Education Provided                 </p> <p>Follow-up Survey # _____</p> <p> <input type="checkbox"/> Met  <input type="checkbox"/> Not Met  <input type="checkbox"/> New Correction Order(s) issued  <input type="checkbox"/> 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> <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> Education Provided                 </p> <p>Follow-up Survey # _____</p> <p> <input type="checkbox"/> Met  <input type="checkbox"/> Not Met  <input type="checkbox"/> New Correction Order(s) issued  <input type="checkbox"/> 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> <input type="checkbox"/> Met  <input checked="" type="checkbox"/> Correction Order(s) issued  <input checked="" type="checkbox"/> Education Provided                 </p> <p>Follow-up Survey # _____</p> <p> <input type="checkbox"/> Met  <input type="checkbox"/> Not Met  <input type="checkbox"/> New Correction Order(s) issued  <input type="checkbox"/> 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><input type="checkbox"/> Not Applicable</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>Follow-up Survey # <input type="checkbox"/></p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> New Correction Order(s) issued</p> <p><input type="checkbox"/> 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 subpart 5</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><input checked="" 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="checkbox"/></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> New Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p>



Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> <li>• MN Rule 4668.0180 subpart 6</li> <li>• MN Rule 4668.0180 subpart 7</li> <li>• MN Rule 4668.0180 subpart 9</li> <li>• MN Statute 144A.47</li> </ul> <p>[Note to MDH staff: Review 17 point contract if services provided in a Housing With Services]</p>		

***Please note:*** Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

**SURVEY RESULTS:**

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:
		MN Rule 4668.0005,	X	<b>Education:</b> Provided
	2	MN Rule 4668.0030, Subp. 3, Time of Notice.	X	<b>Education:</b> Provided.
1	5	MN Rule 4668.0065 Subp. 3 Infection Control in-service Training.	X	<p>Based on record review and interview the licensee failed to ensure infection control training for two of three employees' (B and C) records reviewed who have direct contact with clients. The findings include:</p> <p>There was no evidence that employees B and C had received infection control training in the past twelve months of employment, both employees B and C have direct contact with clients. When interviewed, June 8, 2005, employees B and C both stated that since their licenses no longer required infection control for renewal, they had not realized they needed this training for Class A, Home Care.</p> <p><b>Education:</b> Provided</p>

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
	5	MN Rule 4668.0075 Subp. 2 Content of Orientation to Home Care.	X	<b>Education:</b> Provided
	1	MN Rule 4668.0140 Subp. 1 Service Agreements.	X	<b>Education:</b> Provided.
2	1	MN Rule 4668.0140 Subp. 2 Contents of Service Agreement.	X	Based on record review and interview the licensee failed to provide complete service agreements for three of three (#1, #2, and #3) clients reviewed. The findings include:  The service agreements of clients #1, #2 and #3 dated May 12, 2005, March 1, 2004, and November 3, 2004, respectively, lacked descriptions of the services to be provided and their frequency. The service agreements included the type of service as "Foster care" and the fees per day. The contingency plan lacked the method for a client or responsible person to contact a representative of the licensee whenever staff is providing services, the method for the licensee to contact a responsible person of the client, and circumstances in which emergency medical services are not to be summoned. When interviewed, June 8, 2005, the health care coordinator stated she was unaware these items needed to be on the Service Agreement.  <b>Education:</b> Provided
	4	MN Rule 4668.0160 Subp, 3 Retention of Records.	X	<b>Education:</b> Provided

A draft copy of this completed form was left Michael and JoDee Hilge at an exit conference on June 9, 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>