



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 2344

July 14, 2006

Patricia Caron, Administrator
Guest House
104 Third Avenue Southwest
Faribault, MN 55021

Re: Licensing Follow Up visit

Dear Ms. Caron:

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 July 5 and 6, 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: Rice County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

06/06 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: GUEST HOUSE

DATE OF SURVEY: July 5 and 6, 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:

Jamila Boutni-Dozark, RN
Kathy Sherwood, RA, Director
JoAnn Kuball, RA, Asst. 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 July 6, 7, 8, 12 and 13, 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 4668.0016 Subp. 8 | Corrected |
| 3. MN Rule 4668.0065 Subp. 3 | Corrected |
| 4. MN Rule 4668.0070 Subp. 3 | Corrected |
| 5. MN Rule 4668.0100 Subp. 4 | Corrected |
| 6. MN Rule 4668.0100 Subp. 9 | Corrected |

- | | |
|---|------------------|
| 7. MN Rule 4668.0130 Subp. 2 | Corrected |
| 8. MN Rule 4668.0140 Subp. 1 | Corrected |
| 9. MN Rule 4668.0140 Subp. 2 | Corrected |
| 10. MN Rule 4668.0150 Subp. 3 | Corrected |
| 11. MN Statute §144A.46 Subd. 5(b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3248

December 29, 2005

Patricia Caron, Administrator
Guest House
118 Sixth Street Northwest
Faribault, MN 55021

Re: Results of State Licensing Survey

Dear Ms. Caron:

The above agency was surveyed on July 6, 7, 8, 12, and 13, 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: Patricia Caron, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
Rice 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: GUEST HOUSE

HFID # (MDH internal use): 22372

Date(s) of Survey: July 6, 7, 8, 12, and 13, 2005

Project # (MDH internal use): QL22372002

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"> • 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. 	<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>2. The Provider promotes client rights.</p> <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. 	<p>Annual Licensing Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p>

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>_____ 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>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 <p>[For subpart 2 see indicator #6]</p> <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0120 	<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>_____ 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
<ul style="list-style-type: none"> • 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 subpart 4 • 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><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	#6	MN Rule 4668.0016 Subp. 8 Violation of Variance	X	Based on observation, record review, and interview, the agency failed to follow the conditions of the Class A Variance/Waiver for Central Storage of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency failed to include central storage of medications on the service agreements for three of four clients (#1, #2, and #5) records reviewed in accordance with the waiver requirements at MN Rule 4668.0865 Subpart 2. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include: Clients #1, #2 and #5 received central storage of medications. The clients' service agreements did not state that they were receiving central storage of medications. When interviewed, July 13, 2005, the director stated she was not aware central storage of medications needed to be

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>included on the service agreements.</p> <p><u>Education:</u> Provided</p>
#2	#6	<p>MN Rule 4668.0016 Subp. 8 Violation of Variance</p>	<p align="center">X</p>	<p>Based on observation, record review, interview the agency failed to follow the conditions of the Class A Variance/Waiver for Central Storage of Medication, which was approved by the Minnesota Department of Health in July 1999. The agency failed to provide a separate locked box permanently affixed to the structure for schedule II medication storage in accordance with the waiver requirements at MN Rule 4668.0865 Subpart 9. The agency is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. The findings include:</p> <p>During a tour of the medication room on July 6, 2005 this reviewer observed that client #4 and #5 had Vicodin (a schedule II controlled substance) tablets stored in their individual, unlocked, medication drawers. When interviewed, July 6, 2005, the registered nurse confirmed that the clients' Vicodin was centrally stored. She also stated she was unaware that the Vicodin needed to be locked.</p> <p><u>Education:</u> Provided</p>
#3	#5	<p>MN Rule 4668.0065 Subp. 3 Infection Control Training</p>	<p align="center">X</p>	<p>Based on record review and interview, the facility failed to assure infection control training was completed for one of three employees' (C) records reviewed. The findings include:</p> <p>Employee C had been providing services to clients since August of 2002. There was no documentation of infection control in-service training in employee C's file. When interviewed July 7, 2005 about nursing education employee C indicated she would bring in her documented attendance the next day. On July 8, 2005, employee C provided documentation of her most recent training related to wound care, dated October 22, 2003. There was no further evidence that employee C had the required training as indicated by this rule.</p>

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<u>Education:</u> Provided
#4	#5	MN Rule 4668.0070 Subp. 3 Job Description	X	<p>Based on record review and interview, the facility failed to maintain a current job description for one of one employee (C) record reviewed. The findings include:</p> <p>Employee C was hired August of 2002, as a registered nurse. There was no job description available for review for a registered nurse (RN). When interviewed July 7, 2005, the RN confirmed there was no RN job description.</p> <p><u>Education:</u> Provided</p>
#5	#5	MN Rule 4668.0100 Subp. 4 Performance of Routine Procedures	X	<p>Based on record review and interview, the licensee failed to assure that unlicensed personnel were instructed in the proper methods to perform delegated nursing procedures for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 received range of motion, eardrop application, and splint application. Her medical record did not include evidence that all staff providing these procedures had read or been trained in these procedures. When interviewed regarding who provided the range of motion training, July 6, 2005, employee B, a home health aide, stated, "the physical therapist trained us, then we trained other new staff." Employee B indicated there were two unlicensed direct care staff members, D and F, who had been trained in range of motion, stretching, and splint application by fellow unlicensed staff. The physical therapist note October of 2004 indicated that employees B and G "can instruct other staff members in these stretches."</p> <p><u>Education:</u> Provided.</p>

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
#6	#5	MN Rule 4668.0100 Subp. 9 Supervision of home health aide tasks	X	<p>Based on record review and interview, the agency failed to have a registered nurse (RN) supervise unlicensed personnel who performed services that required supervision for two of two clients' (#1 and #2) records reviewed. The findings include:</p> <p>Clients #1 and #2 had supervisory visits performed on March 12 and March 14, 2005, respectively. There was no indication that further supervisory visits had been performed. When interviewed July 6, 2005, the RN indicated she was unavailable and thus did not do any supervisory visits between April 28 to June 20, 2005. She said she was not sure if any supervisory visits had occurred during that time period.</p> <p><u>Education:</u> Provided</p>
#7	#5	MN Rule 4668.0130, Subp. 2 Training Topics	X	<p>Based on record review and interview, the agency failed to ensure that unlicensed employees received required home health aide task training for four of four employees' (A, B, D and E) records reviewed. The findings include:</p> <p>Employees A, B, D, and E all worked as unlicensed direct care staff and began providing services July of 2004, September of 2003, March of 1998, and April of 2005, respectively. Their records lacked documentation that they had received training in the areas of nutrition, fluid intake, basic meal preparation or special diets. When interviewed July 7, 2005, the registered nurse indicated she wasn't aware these topics were to be included in the training.</p> <p><u>Education:</u> Provided</p>
#8	#1	MN Rule 4668.0140 Subp. 1 Service Agreements	X	<p>Based on record review and interview, the agency failed to assure that the client or the client's responsible person agreed in writing to the service agreement for one of four clients' (#5) records reviewed. The findings include:</p> <p>Client #5 began receiving services May of 2003. The client's record contained a currently utilized unsigned and undated</p>

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>service agreement. When interviewed July 12, 2005, the director verified that the service agreement had not been signed.</p> <p><u>Education:</u> Provided</p>
#9	#1	MN Rule 4668.0140 Subp. 2 Contents of Service Agreement	X	<p>Based on record review and interview, the facility failed to provide a complete service agreement for four of four clients' (#1, #2, #4 and #5) records reviewed. The findings include:</p> <p>Clients #1, #2, #4, and #5 service agreements did not include a method for the client or the responsible person to contact a representative of the licensee when cares were being done. Client #2 and client #5's service agreements did not include fees for services. Client #5 did not have a contingency plan in case services could not be provided. When interviewed regarding contents of the service agreement, July 7, 2005, the registered nurse stated she did not know that the fees had to be on the service agreement, because the county managed the fees.</p> <p><u>Education:</u> Provided</p>
#10	#6	MN Rule 4668.0150 Subp. 3 Prescriber orders	X	<p>Based on record review and interview, the agency failed to have prescriber's order for a medication for one of four clients' (#1) records reviewed. The findings include:</p> <p>Client #1 received medication administration, which included Cortisporin eardrops. The client's record did not contain an order for the medication. When interviewed July 7, 2005, the registered nurse stated that she was unaware a prescriber order was required for the medication.</p> <p><u>Education:</u> Provided</p>
#11	#3	MN Statute §144A.46 Subd. 5 Background studies	X	<p>Based on record review and interview the facility failed to assure a background study was completed for one of one (C) licensed staff reviewed. The findings include:</p> <p>Employee C had been providing services</p>

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Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
				<p>since August of 2002. Her record contained a copy of a background study from a previous employer, and July 8, 2005, employee C brought another background study from a second home health agency but there was no background study completed by the licensee. When interviewed July 7, 2005, the registered nurse confirmed the preceding findings.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Pat Caron, owner at an exit conference on July 13, 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 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)