



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 0150 0003 5688 9347

September 22, 2008

Katie Nousis, Administrator
Todd's Place LLC
569 State Street North Box 303
Eden Valley, MN 55329

Re: Results of State Licensing Survey

Dear Ms. Nousis:

The above agency was surveyed on August 7 and 11, 2008, 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 black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Stearns County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
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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: TODD'S PLACE LLC

HFID #: 23258

Date(s) of Survey: August 7 and 11, 2008

Project #: QL23258005

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 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 # _____</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 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="checkbox"/></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 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="checkbox"/></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
<p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p>		<p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <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 <p>[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.]</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. • Supervision is provided as required. 	<p>Focus Survey</p> <p>___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p>
<p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[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</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>Focus Survey</p> <p>___ Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction</p>

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><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ 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>___ Survey not Expanded</p> <p>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ 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 Rule 4668.0016 Subp. 8

Waiver 99-7: MN Rule 4668.0865 Subp. 2 requirement not met

INDICATOR OF COMPLIANCE: # 8**INDICATOR OF COMPLIANCE: # 6**

Based on observation, interview and record review, 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 is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. and was granted a variance to MN Rule 4668.0003 Subpart 11. The agency failed to have a registered nurse (RN) conduct an assessment of the client's functional status and need for central storage of medication and develop a service plan for the provision of central storage of medication for one of one client (#1) record reviewed in accordance with the waiver requirements at MN Rule 4668.0865 Subp. 2. The findings include:

On August 7, 2008 the reviewer observed that the agency was centrally storing medications for client #1 in a locked closet. Client #1's record lacked documentation that the RN had conducted an assessment of the client's functional status and need for central storage of medication and that a service plan had been developed for the provision of the service of central storage of medication. When interviewed August 7, 2008, the owner stated that she was unaware that an assessment for the need for central storage of medications and the development of a service agreement for the provision of that service needed to be done.

2. MN Rule 4668.0016 Subp. 8

Waiver 99-7: MN Rule 4668.0865 Subp. 9 requirement not met

INDICATOR OF COMPLIANCE: # 8**INDICATOR OF COMPLIANCE: # 6**

Based on observation, interview and record review 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 is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11 and was granted a variance to MN Rule 4668.0003 Subpart 11. The agency failed to store schedule II medications in accordance with the waiver requirements at MN Rule 4668.0865 Subpart 9. The findings include:

During observation of the central storage medication area with employee B on August 7, 2008, it was noted that the schedule II medications for client #2 were set-up in dose boxes which were not permanently affixed to the physical plant. During an interview on August 7, 2008, the owner stated she was not aware that the set-up medications needed to be in a compartment which was permanently affixed to the physical plant.

3. MN Rule 4668.0016 Subp. 8

Waiver 99-7: MN Rule 4668.0855 Subp. 9 requirement not met

INDICATOR OF COMPLIANCE: # 8**INDICATOR OF COMPLIANCE: #6**

Based on observation, interview and record review, 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 is licensed as a Class A Home Care Provider in accordance with the definition of MN Rule 4668.0003 Subpart 11. and was granted a variance to MN Rule 4668.0003 Subpart 11. The agency failed to document the name, date, time quantity of dosage and the method of administration of all prescribed legend and over-the-counter medications with the signature and title of the authorized person who provided medication administration for three of three clients' (#1, #2 and #3) records reviewed in accordance with the waiver requirements at MN Rule 4668.0855 Subpart 9. The findings include:

Client #1's record contained a physician order, dated April 22, 2008, for Diphenhydramine Hydrochloride 50 milligrams (mg.), one capsule, every six hours; Benztropine Mesylate one mg., one tablet, daily; Aspirin 81 mg., one tablet, daily; Ziprasidone Hydrochloride 80 mg., one capsule, twice a day; and Docusate Sodium 50 mg., one tablet, twice a day.

During the record review on August 7, 2008, it was noted that the 8:00 a.m. dose of Benztropine Mesylate, Aspirin, Ziprasidone Hydrochloride, Docusate Sodium and Diphenhydramine Hydrochloride were not documented as given on August 5 and 6, 2008. The Diphenhydramine Hydrochloride was documented as given twice a day at 8:00 a.m. and 8:00 p.m. on August 1, 2, 3 and 4, 2008. The record lacked documentation as to why the medication was not administered every six hours as ordered. The medication administration record (MAR) lacked documentation as to why the other medications were not administered as ordered on August 5 and 6, 2008.

Client #1's dose boxes for the 8:00 a.m. doses on August 5 and 6, 2008, were observed on August 7, 2008 and were noted to be empty. When interviewed August 7, 2008, employee B stated the medications were given, but not documented as given. When interviewed August 7, 2008, the owner stated she was unaware that the Diphenhydramine Hydrochloride was not being administered as ordered.

Client #2's record contained a physician order, dated April 30, 2008, for Atenolol 50 mg., one tablet daily; Morphine Sulfate 90 mg. three times a day; and Centrum Vitamin, one tablet daily. During the record review on August 7, 2008, it was noted that the 8:00 a.m. medications for August 5 and 6, 2008 were not documented as given. The MAR lacked documentation as to why the medications were not administered as ordered. When interviewed August 7, 2008, the owner stated the unlicensed staff, who administered the medications, failed to document the administration of the medications.

The communication book for the agency contained an entry by the registered nurse (RN) on May 28, 2008, which stated, "(client #3) hasn't gotten his 12N med last 2 days. Please try to remember this." The MAR for client #3 indicated he was to receive Hydralazine 25 mg. four times a day. The 12 noon dose was not recorded as given on May 27 and May 28, 2008. During a phone interview on August 8, 2008, the owner stated she did not know why the medications were not administered and that the RN was on vacation.

4. MN Rule 4668.0070 Subp. 2**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to provide records of training for one of two employees' (A) records reviewed. The findings include:

Employee A was hired September 28, 2005. Her record lacked evidence of having received infection control training in the past 12 months. When interviewed August 7, 2008, the owner stated all of the employees had received infection control training on January 9, 2008, however, employee A's record lacked documentation of having received this training.

5. MN Rule 4668.0100 Subp. 2**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) had unlicensed staff who administered medication demonstrate their competency in medication administration for one of one unlicensed employee (B) record reviewed. The findings include:

Client #1's record indicted that employee B, an unlicensed person, assisted the client with medication administration on August 1, 2 and 3, 2008. Employee B's record contained evidence of training and competency in "medication reminders"; however, lacked evidence of training or competency in medication administration. When interviewed August 7, 2008, employee B stated the RN had explained the procedure for medication administration; however, she was not aware that she had demonstrated competency to the RN prior to assisting client #1 with administration of medications.

6. MN Rule 4668.0100 Subp. 9**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) supervised persons who performed home health aide tasks that required supervision for one of one unlicensed personnel (B) reviewed. The findings include:

Client #1's medication administration record indicated that employee B assisted the client with medication administration on August 1, 2 and 3, 2008. The client's record lacked evidence of supervision by the RN. When interviewed August 7, 2008, the owner stated the RN was not conducting the supervisory visits as she was unaware that they needed to be provided.

7. MN Rule 4668.0140 Subp. 2**INDICATOR OF COMPLIANCE: # 1**

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

Client #1's service agreement, dated January 1, 2008, indicated the client was to receive laundry services, housekeeping, planned activities, transportation to and from scheduled doctor appointments, 24 hour on site staff, medication set-up and medication administration. The service agreement lacked the identification of the persons or categories of persons who were to provide the services and the schedule or frequency of sessions of supervision. The contingency plan lacked the method for a client or responsible person to contact in case of an emergency or significant adverse change in the client's condition and circumstances in which emergency medical services were not to be summoned, consistent with the declarations made by the client under the Adult Health Care Decisions Act. When interviewed August 7, 2008, the owner stated she was not aware that these components needed to be included in the service agreement.

8. MN Rule 4668.0150 Subp. 6

INDICATOR OF COMPLIANCE: # 6

Based on record review and interview, the licensee failed to ensure that prescriber's orders for medications were renewed every three months for one of one client (#1) record reviewed. The findings include:

Client #1's record contained physician orders, dated April, 22, 2008, for the client's current medication orders. There was no record that the medication orders had been renewed since April 22, 2008. When interviewed August 7, 2008, the owner indicated the client had been seen by the physician on May 19, 2008, however, the physician did not sign the orders. A progress note by the registered nurse, dated May 19, 2008, stated "seen Dr. today-forgot papers."

A draft copy of this completed form was left with Katie Nouis at an exit conference on August 11, 2008. 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).