



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2257 3998

January 13, 2010

Nancy Stratman, Administrator
Cokato Manor Companion Care
600 Third Street SE
West St Paul, MN 55321

Re: Results of State Licensing Survey

Dear Ms. Stratman:

The above agency was surveyed on December 21, 22, and 23, 2009, 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: Wright County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General

01/07CMR3199



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: COKATO MANOR COMPANION CARE

HFID #: 26004

Date(s) of Survey: December 21, 22, and 23, 2009

Project #: QL26004002

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 # <input type="checkbox"/></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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> 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>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><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> 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>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>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded</p> <p>___ 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 <u>X</u> Correction Order(s) issued <u>X</u> 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>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 <u>X</u> Correction Order(s) issued <u>X</u> 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</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><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>

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 4668.0030 Subp. 5**INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to have the client acknowledge receipt of the Minnesota Home Care Bill of Rights for one of one client's (#1) records reviewed. The findings include:

Client #1 began receiving services from the licensee on July 1, 2008. Client #1's record lacked acknowledgement of receipt of the bill of rights.

When interviewed, December 21, 2009, the director of nurses stated there should have been a yellow copy of acknowledgement in the client's record; she stated she did not know if the client received a copy of the bill of rights. When interviewed, December 21, 2009, the client stated she could not remember if she had received the bill of rights.

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

Based on record review and interview the licensee failed to ensure that the unlicensed staff demonstrated competency in medication administration to a registered nurse (RN) prior to the administration of medications for one of one employee's (B) record reviewed. The findings include:

The Aide Care Plan for client #2, dated, June 23, 2009, indicated the home health aides (HHA) were to "cleanse eyes with warm washcloth and have client "blink" or "close" his eyes for at least 30 seconds"; then instill Patanol eye drops, one drop each eye twice a day. The aide intervention records for October 13 and 14, 2009, indicated employee B provided eye drop administration for client #2.

When interviewed, December 21, 2009, employee B stated she provided administration of client #2's eye drops on several occasions. Employee B stated that prior to the administration of client #2's eye drops, the RN provided verbal training on the procedure; however, employee B stated she had not demonstrated to the RN her ability to competently follow the procedure.

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

Based on record review and interview the licensee failed to ensure unlicensed staff were trained and competency tested before providing home health aide (HHA) tasks for one of one unlicensed employee's (B) record reviewed. The findings include:

Client #1's aide care plan, dated, April 21, 2009, indicated the home health aides (HHA) were to remind the client to take medications; provide safety checks twice a day, in the morning and in the evening; and glucometer checks twice a day. Aide intervention records for client #1, indicated employee B provided medication reminders and safety checks on December 16, 2009. Aide intervention records for client #2, indicated employee B provided eye wash and administration of eye drops to client #2 on October 13, 14 and 20, 2009.

The licensee hired employee B on February 18, 2009. Employee B's record lacked evidence of training and competency testing for all HHA tasks.

When interviewed, December 21, 2009, the director of nurses stated they generally hire only unlicensed staff that have a HHA certificate; however, employee B did not have a certificate and she stated she did not know if employee B was trained and competency tested in the HHA tasks or not. She acknowledged the record lacked documentation of competency testing of tasks.

When interviewed, December 21, 2009, employee B stated she had worked with another unlicensed staff person for one week before she worked alone. Employee B stated she had not been trained and competency testing by the registered nurse (RN) in any of the HHA tasks.

4. 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 unlicensed personnel who performed services that required supervision for one of one client's (#1) record reviewed. The findings include:

Client #1's aide care plan, dated April 21, 2009, noted the client was to have blood sugar checks twice a day; weekly vital sign monitoring; monthly weights; medication reminders, four times a day; and safety checks AM and HS (hour of sleep, evening.) Client #1's record contained "aide supervision sheets," dated from June 2, 2009, through December 8, 2009, and occurring approximately every two to three weeks. These supervision records had a section for "supervisor observations" which included "thorough documentation; practices universal precautions; and safe body mechanics" all records had the comment "unobserved" noted on them. The section for the observation of "practices universal precautions, and safe body mechanics" was generally left blank. The "aide supervision sheet" also included a section titled, "direct observation of: _____", which also remained blank.

When interviewed, December 21, 2009, the registered nurse manager, for client #1, stated the home health aide was seldom present at the time of the supervisory visit. Some of the assessment of supervision of the home health aid (HHA) was taken from the client's responses if the HHA was punctual, neat appearing, courteous, attentive, using appropriate language and completing tasks.

5. 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 two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1's service agreement, dated, July 1, 2008, indicated client #1 had a nurse package which included the registered nurse (RN) and home health aide (HHA) services for a fee of \$530 per month. The service agreement did not describe the services that would be provided, the frequency of these services or identify the category of persons who were to provide the services.

Client #2's service agreement, dated, July 1, 2009, indicated the skilled observation visit by the registered nurse (RN) was \$70 per hour and the fees for the HHA were crossed out and no other fees were listed. The service agreement indicated the HHA provided personal cares twice a week. An attached modification sheet indicated the service agreement had been modified on June 18, 2009, to include HHA services four times a day. On June 23, 2009, the HHA services had been decreased to twice a day. No fee changes were indicated on the modification sheet. The service agreement lacked the description of services provided and the identification of the persons who were to provide the services.

When interviewed, December 21, 2009, the RN stated she was unaware these items needed to be included on the service agreement. When interviewed, by telephone, December 23, 2009, the RN stated client #2 had a fee increase on September 1, 2009, from \$35 to \$40 per hour for HHA services and from \$70 to \$80 per hour for RN services. She stated a letter with the fee increase had been sent to the client at the end of July. The service agreement had not been updated to reflect these new fees and the fee increase had not been agreed to and authenticated by the client or the client's responsible person.

6. MN Rule 4668.0160 Subp. 6

INDICATOR OF COMPLIANCE: # 4

Based on record review and interview the licensee failed to have a complete record for two of two clients' (#1 and #2) records reviewed. The findings include:

Client #1's record contained Nursing Intervention sheets that indicated the registered nurse (RN) set up medication for seven days on December 1 and 8, 2009. The record for client #1 also contained a "client medication list" which listed the medications, route of administration, dosage, and frequency and time of administration of medications. Client #1's record lacked documentation of what medications had been set up including the dosages, routes and times they were to be administered.

Client #2's Aide Care Plan, dated, June 23, 2009, indicated the client was to have Patanol eye drops, one drop into each eye, twice a day. Aide intervention sheets for October 13, 14, and 20, 2009, indicated the home health aide (HHA) washed the client's eyes and administered the eye drops. The record for client #2 lacked documentation indicating the medication, dosage, route and time of administration for each day of administration.

When interviewed, December 21, 2009, the registered nurse (RN) stated she set-up the medications in daily dose boxes weekly for seven days of administration and the Home Health Aide (HHA) provided medication reminders for client #1 to take the medications. The RN stated she documented the set-up of the medications on the Nursing Intervention sheet indicating she had set-up the medications for seven days. She was unaware she needed to document what medications and the dosages of medication that had been set-up in the daily dose boxes.

When interviewed, December 21, 2009, employee B stated she documented the application of the eye drops for client #2 on the aide intervention sheet by stating "drops given." She stated there wasn't any medication administration record to document the medication, route and time of administration for each day. Employee B also stated client #2 no longer received the Patanol eye drops as he received a different eye drop.

A draft copy of this completed form was faxed to Nancy Deiter, RN, prior to an exit conference on December 23, 2009. 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).