



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7069

September 15, 2010

Janet Byrnes, Administrator
Lyngblomsten Services Inc
1415 Almond Avenue
St. Paul, MN 55108

Re: Results of State Licensing Survey

Dear Ms. Byrnes:

The above agency was surveyed on August 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, which appears to read "Patricia Nelson", is located below the "Sincerely," text.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

CERTIFIED MAIL #: 7009 1410 0000 2303 7069

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:	JANET BYRNES	DATE: September 15, 2010
PROVIDER:	LYNGBLOMSTEN SERVICES INC	COUNTY: RAMSEY
ADDRESS:	1415 ALMOND AVENUE ST PAUL, MN 55108	HFID: 03381

On August 23 and 24, 2010, surveyors of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

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In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Statute §144A.44 Subd. 1(2)

Based on observation, interview and record review, the licensee failed to ensure services were provided in accordance with accepted nursing standards related to administration of eye drops for three of three clients (#1, #3 and #5) observed receiving eye drops. Findings include:

Client #1 began receiving services from the licensee May 1, 2010, which included assistance with medication administration. Client #1 was identified as having a history of Methicillin Resistant Staphylococcus Aureus (MRSA). Client #1 had a prescriber's order, dated July 21, 2010, for Refresh eye drops two drops in each eye twice daily. Employee C (unlicensed staff) was observed on August 24, 2010, at 7:20 a.m. to administer Refresh eye drops one drop in each eye to client #1. When interviewed August 24, 2010, regarding the discrepancy in the amount of eye drops administered, employee C checked the client's medication administration record and acknowledged that the client should have

received two drops of the Refresh eye drops instead of one. Employee C was observed to administer the additional dose of eye drops to client #1. Employee C did not wash her hands after administering the additional eye drops, but rather put the eye drops away in the client's cupboard, left the client's apartment and went to client #5's apartment and began providing care to client #5. When interviewed August 24, 2010, employee A (registered nurse) confirmed that employee C should have washed her hands after administering the client's eye drops.

During medication administration observation on August 24, 2010, employee B was observed to enter client #3's apartment. Employee B (unlicensed staff) washed her hands and administered Alphagan one drop to client #3's left eye, administered the client's oral medications, and then administered Timolol one drop to both of the client's eyes. Employee B then documented the medications that were given on the client's administration record. Employee B did not wash her hands after administering the client's eye drops or medications prior to leaving the client's apartment. Employee B then went to client #6's apartment to do a safety check and then went to client #4's apartment and filled the client's portable oxygen tank. Employee B was not observed to wash her hands between providing services to the clients. When interviewed August 24, 2010, employee B confirmed she had not washed her hands between providing services to the clients.

Client #5 began receiving services from the licensee June 12, 2008 which included assistance with medication administration. Client #5 had prescriber's orders for Tobramycin eye drops one drop in both eyes, three times a day, and to clean the client's eye lids every morning with lid wash. Employee C (unlicensed staff) was observed on August 24, 2010, at 7:50 a.m. to provide eye care to client #5. Employee C applied Steri Lid wash to a tissue and wiped the client's eye lids with the same tissue. Employee C immediately after applying the Steri Lid wash administered the Tobramycin eye drop one drop to both the client's eyes. Client #5 was observed to have difficulty opening her eyes after the Steri Lid eye wash, and employee C had to repeatedly ask client #5 to open her eyes to administer the Tobramycin eye drops. The manufacturer's label for the Steri Lid wash indicated that after applying the eye wash to the client's eyes, the solution was to be left on the client's eyes for sixty seconds, and then rinsed off. These recommendations were not followed during client #5's eye care. After administering client #5's Tobramycin eye drops, employee C removed her gloves, but did not wash her hands. Employee C was observed to leave the client's apartment and go to another client's apartment to provide care. When interviewed August 24, 2010, employee A (registered nurse) confirmed that employee C should have followed the manufacturer's recommendation related to the Steri Lid wash and washed her hands after removing her gloves.

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

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Seven (7) days

2. MN Statute §144A.44 Subd. 1(13)

Based on observation, interview and record review, the licensee failed to recognize safety hazards related to liquid oxygen use for two of two clients (#1 and #4) observed receiving oxygen therapy. Findings include:

The licensee had a guideline titled “Oxygen Safety Rules” which indicated, “DO NOT use any household electric equipment in oxygen enriched areas (e.g., electric razors, heaters, electric blankets). Keep them at least five feet away.”

Client #1’s liquid oxygen tank was observed on August 24, 2010, at 7:20 a.m. to be stored in the client’s bedroom approximately two inches from an osculating fan which was turned on. Employee C (unlicensed staff) was observed to fill the portable oxygen tank from the large liquid oxygen tank while the fan was on and located in close proximity of the liquid oxygen tank. When questioned August 24, 2010, regarding any specific safety concerns related to the use and storage of liquid oxygen, employee C stated she was not aware of any. When interviewed August 24, 2010, employee A (registered nurse) confirmed the “Oxygen Safety Rules” guidelines are what staff are trained on and should be following.

Client #4’s liquid oxygen tank was observed on August 24, 2010, in the client’s living room touching a pole lamp that had three light fixtures attached. Employee B (unlicensed staff) was observed to fill the portable oxygen tank from the liquid oxygen tank. When interviewed employee B (unlicensed staff) stated she was unaware that the liquid oxygen tanks should not be touching the lamp.

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

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

TIME PERIOD FOR CORRECTION: Seven (7) days

cc: Ramsey 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 4460 0004 8714 3347

July 25, 2005

Janet Byrnes, Administrator
Lyngblomsten Services Inc.
1415 Almond Avenue
St. Paul, MN 55108

Re: Results of State Licensing Survey

Dear Ms. Byrnes:

The above agency was surveyed on May 25, 26, 27, 31, and June 1, 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: Original-Facility
Paul Mikelson, President Governing Board
Case Mix Review File
Ramsey County Social Services
Sherilyn Moe, Office of Ombudsman
Kelly Crawford, Minnesota Department of Human Services

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: LYNGBLOMSTEN SERVICES INC

HFID # (MDH internal use): 03381

Date(s) of Survey: May 25, 26, 27, 31 and June 1, 2005.

Project # (MDH internal use): QL03381012

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"> 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. 	Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided

Indicators of Compliance	Outcomes Observed	Comments
2. The Provider promotes client rights. <ul style="list-style-type: none"> MN Statute §144A.44 MN Rule 4668.0030 MN Rule 4668.0040 Indicator of Compliance #2 continued: <ul style="list-style-type: none"> 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. 	Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided
3. The Provider promotes and protects each client's safety, property, and well-being. <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. 	Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided
4. The Provider maintains and protects client records. <ul style="list-style-type: none"> MN Rule 4668.0160 [Note to MDH staff: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders]	<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. 	Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued <input type="checkbox"/> Education Provided
5. The Provider employs and/or contracts with qualified and trained staff. <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 	<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. 	Annual Licensing Survey <input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided Follow-up Survey # _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> New Correction Order(s) issued

Indicators of Compliance	Outcomes Observed	Comments
<ul style="list-style-type: none"> MN Rule 4668.0100 [For subpart 2 see indicator #6] <p>Indicator of Compliance #5 continued:</p> <ul style="list-style-type: none"> MN Rule 4668.0120 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"> 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>_____ Education Provided</p>
<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><u>X</u> Met</p> <p>_____ Correction</p> <p>_____ 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</p> <p>_____ 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 	<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</p> <p>_____ Order(s) issued</p> <p>_____ Education Provided</p> <p>Follow-up Survey # _____</p> <p>_____ Met</p> <p>_____ Not Met</p> <p>_____ New Correction</p> <p>_____ Order(s) issued</p> <p>_____ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>Indicator of Compliance #7 continued:</p> <ul style="list-style-type: none"> • MN Rule 4668.0180 subpart 4 • MN Rule 4668.0180 subpart 5 • MN Rule 4668.0180 subpart 6 • MN Rule 4668.0180 subpart 7 • MN Rule 4668.0180 subpart 9 • MN Statute 144A.47 <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:
	#5	MN Rule 4668.0075 Subp. 1	X	<u>Education:</u> Provided
	#5	MN. Rule 4668.0075 Subp. 2	X	<u>Education:</u> Provided
	#5	MN Rule 4668.0100 Subp. 4	X	<u>Education:</u> Provided
	#6	MN Rule 4668.0150 Subp. 4	X	<u>Education:</u> Provided
	#4	MN Rule 4668.0160 Subp. 5	X	<u>Education:</u> Provided

Correction Order Number	Indicator of Compliance Number	Rule/ Statute Referenced	Education provided	Statement(s) of Deficient Practice/Education:
	#2	MN Statute § 144A.44	X	<u>Education:</u> Provided
	N/A	CLIA Waiver	X	<u>Education:</u> Provided
	N/A	Minnesota Board of Nursing Education Module	X	<u>Education:</u> Provided

A draft copy of this completed form was left with Janet Byrnes, Administrator/Director Ancillary Services at an exit conference on June 1, 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>

(Form Revision 5/05)