



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 6260

November 11, 2010

Tom Berard, Administrator
Comfort Keepers
9298 Central Ave NE
Blaine, MN 55434

Re: Comfort Keepers
Correction Orders – October 29, 2010

Dear Mr. Berard:

This is in response to your phone call received on November 5, 2010, in regard to your request for review for the correction order **MN Rule 4668.0140 Subp. 2** issued pursuant to a survey completed on October 6, 2010 and sent to you on October 29, 2010. Information provided in the phone call, the correction order, as well as survey documents and discussion with representatives of MDH staff have been carefully considered and the following determination has been made:

MN Rule 4668.0140 Subp. 2: The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;**
- B. identification of the persons or categories of persons who are to provide the services;**
- C. the schedule or frequency of sessions of supervision or monitoring required, if any;**
- D. fees for services;**
- E. a plan for contingency action that includes:**
 - (1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;**
 - (2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;**

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

This correction order has been modified. The correction order as modified is valid. The revised correction order is attached. Please sign the correction order form, make a copy for your file, and return the entire original form to this office when all orders are corrected.

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,

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

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

CERTIFIED MAIL #:7009 1410 0000 2303 6260

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:	TOM BERARD	DATE: November 29, 2010
PROVIDER:	COMFORT KEEPERS	COUNTY: ANOKA
ADDRESS:	9298 CENTRAL AVE NESTE 404 BLAINE, MN 55434	HFID: 26035

On October 5 and 6, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____
.....

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

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

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

1. MN Rule 4668.0140 Subp. 2

Based on record review and interview, the licensee failed to ensure the service agreements were complete for two of two clients (#1 and #2) reviewed. The findings include:

Client #1 began receiving services on July 15, 2010. Client #1's service agreement, dated July 8, 2010, indicated she received the following services: homemaking and companion, medication reminders and assistance with grooming and dressing. The client's medication administration record indicated employee B administered medications to the client on September 14, 15, 16, 20, 21, 22 and 23, 2010. The client's service agreement, dated July 8, 2010, did not include medication administration and also did not include a contingency plan.

When interviewed October 6, 2010, employee A (registered nurse) stated another agency sets up the client's medications and employee B does administer the client's medications at times. When interviewed October 6, 2010, employee D (general manager) verified the client's service agreement did not include medication administration and a contingency plan.

When interviewed October 10, 2010, employee B (unlicensed personnel) stated that in addition to the services listed on the service agreement, she also assisted the client with medication administration by opening the medication container and placing the medications on a plate for the client to take. During the home visit on October 10, 2010, client #1 also stated that employee B assisted her with medication administration.

Client #2 began receiving services on October 15, 200. The client's service agreement, dated October 9, 2010, indicated she received home making services one time a week. Information provided during the survey revealed the client received medication set-up. A review of the client's progress notes indicated that employee E set up the client's medications. In addition, the client's service agreement did not include a contingency plan.

When interviewed on October 5, 2010, employee D (general manager) stated the licensed practical nurse set-up the client's medications every two week. Employee D also confirmed the service agreement did not include the medication set-up or a contingency plan. When interviewed October 6, 2010, employee E (licensed practical nurse) stated that she sets up the client's medications every two weeks and documents the medication set-up in the log book in the client's home and in the progress notes in the computer.

TO COMPLY: The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;
- B. identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required, if any;
- D. fees for services;
- E. a plan for contingency action that includes:

(1) the action to be taken by the licensee, client, and responsible persons, if scheduled services cannot be provided;

(2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;

(3) who to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the licensee to contact a responsible person of the client, if any; and

(5) circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0150 Subp. 3

Based on record review and interview, the licensee failed to ensure there were prescriber's orders for medications for one of two (#1) clients reviewed. The findings include:

Client #1 began receiving services on July 15, 2010. The client's medication administration record indicated employee B administered medications to the client on September 14, 15, 16, 20, 21, 22 and 23, 2010. The client's record did not contain prescriber's orders for the medications administered to the client by employee B.

When interviewed on October 6, 2010, employee A (registered nurse) stated that another agency sets up the client's medications and employee B does assist the client with medication administration. Employee A went on to state there were no prescriber's orders for the medications administered to the client in the client's record.

TO COMPLY: All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.

TIME PERIOD FOR CORRECTION: Seven (7) days

cc: Anoka 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 # 7009 1410 0000 2303 6284

October 29, 2010

Tom Berard, Administrator
Comfort Keepers
9298 Central Ave NE
Blaine, MN 55434

Re: Results of State Licensing Survey

Dear Mr. Berard:

The above agency was surveyed on October 5 and 6, 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, appearing to read "Patricia Nelson", is written above the typed name.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Anoka 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 6284

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:	TOM BERARD	DATE: October 29, 2010
PROVIDER:	COMFORT KEEPERS	COUNTY: ANOKA
ADDRESS:	9298 CENTRAL AVE NESTE 404 BLAINE, MN 55434	HFID: 26035

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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.

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Based on record review and interview, the licensee failed to ensure the service agreements were complete for two of two clients (#1 and #2) reviewed. The findings include:

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When interviewed October 6, 2010, employee A (registered nurse) stated another agency sets up the client's medications and employee B does administer the client's medications at times. When interviewed October 6, 2010, employee D (general manager) verified the client's service agreement did not include medication administration and a contingency plan.

When interviewed October 10, 2010, employee B (unlicensed personnel) stated that in addition to the services listed on the service agreement, she also assisted the client with medication administration by opening the medication container and placing the medications on a plate for the client to take. During the home visit on October 10, 2010, client #1 also stated that employee B assisted her with medication administration.

Client #2 began receiving services on October 15, 2010. The client's service agreement, dated October 9, 2010, indicated she received home making services one time a week. Information provided during the survey revealed the client received medication set-up. A review of the client's progress notes indicated that employee E set up the client's medications. In addition, the client's service agreement did not include a contingency plan.

When interviewed on October 5, 2010, employee D (general manager) stated the licensed practical nurse set-up the client's medications every two week. Employee D also confirmed the service agreement did not include the medication set-up or a contingency plan. When interviewed October 6, 2010, employee E (licensed practical nurse) stated that she sets up the client's medications every two weeks and documents the medication set-up in the log book in the client's home and in the progress notes in the computer.

TO COMPLY: The service agreement required by subpart 1 must include:

- A. a description of the services to be provided, and their frequency;
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Class C licensees need not comply with items B and C and this item, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0150 Subp. 3

Based on record review and interview, the licensee failed to ensure there were prescriber's orders for medications for one of two (#1) clients reviewed. The findings include:

Client #1 began receiving services on July 15, 2010. The client's medication administration record indicated employee B administered medications to the client on September 14, 15, 16, 20, 21, 22 and 23, 2010. The client's record did not contain prescriber's orders for the medications administered to the client by employee B.

When interviewed on October 6, 2010, employee A (registered nurse) stated that another agency sets up the client's medications and employee B does assist the client with medication administration. Employee A went on to state there were no prescriber's orders for the medications administered to the client in the client's record.

TO COMPLY: All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.

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cc: Anoka County Social Services
Ron Drude, Minnesota Department of Human Services
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