



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7009 1410 0000 2303 6857

October 1, 2010

Dale Breiland, Administrator  
Garden House Estates LTD  
1 Riverside Drive  
Duluth, MN 55808

Re: Licensing Follow Up visit

Dear Mr. Breiland:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Home Care & Assisted Living Program, on (date).

The documents checked below are enclosed.

X Informational Memorandum

Items noted and discussed at the facility visit including status of outstanding licensing correction orders.

MDH Correction Order

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) 201-4309.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Nelson".

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosure(s)

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

01/07 CMR1000

Division of Compliance Monitoring Home Care & Assisted Living Program  
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** GARDEN HOUSE ESTATES LTD

**DATE OF SURVEY:** September 23, 2010

**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 F

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Cori Haapanen, Administrator  
Angela Rosas, Registered Nurse

**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 February 9, 10 and 11, 2010. 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 issued as a result of a visit made on February 9, 10 and 11, 2010 is as follows:**

- |  |           |
|--|-----------|
| <b>1. MN Rule 4668.0815 Subp. 2</b>      | Corrected |
| <b>2. MN Rule 4668.0825 Subp. 4</b>      | Corrected |
| <b>3. MN Rule 4668.0855 Subp. 2</b>      | Corrected |
| <b>4. MN Rule 4668.0855 Subp. 9</b>      | Corrected |
| <b>5. MN Rule 4668.0865 Subp. 2</b>      | Corrected |
| <b>6. MN Statute 144A.44 Subd. 1 (2)</b> | Corrected |
| <b>7. MN Statute 144A.441</b>            | Corrected |



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7008 2810 0001 2257 4209

April 8, 2010

Dale Breiland, Administrator  
Garden House Estates LTD  
1 Riverside Drive  
Duluth, MN 55808

Re: Results of State Licensing Survey

Dear Mr. Breiland:

The above agency was surveyed on February 9, 10 and 11, 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 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) 201-5273.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written in a cursive style.

Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program  
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273  
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Class F 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 F home care providers (Class F). Class F 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 to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, talk with clients and/or their representatives, make observations 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 F 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 box. This form must be used in conjunction with a copy of the Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: GARDEN HOUSE ESTATES LTD

HFID #: 20837

Date(s) of Survey: February 9, 10, 11, 2010

Project #: QL20837007

Indicators of Compliance	Outcomes Observed	Comments
<p>1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0815</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0050</li> <li>MN Rule 4668.0800 Subp. 3</li> <li>MN Rule 4668.0825 Subp. 2</li> <li>MN Rule 4668.0845</li> </ul>	<ul style="list-style-type: none"> <li>Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed.</li> <li>The service plan accurately describes the client's needs.</li> <li>Care is provided as stated in the service plan.</li> <li>The client and/or representative understand what care will be provided and what it costs.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</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 the clients' rights.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0030</li> <li>• MN Statute §144A.44</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0040</li> <li>• MN Rule 4668.0170</li> <li>• MN Statute §144D.04</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are aware of and have their rights honored.</li> <li>• Clients are informed of and afforded the right to file a complaint.</li> <li>• Continuity of Care is promoted for clients who are discharged from the agency.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Statute §144A.46</li> <li>• MN Statute §626.557</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0035</li> <li>• MN Rule 4668.0805</li> </ul>	<ul style="list-style-type: none"> <li>• Clients are free from abuse or neglect.</li> <li>• Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements.</li> <li>• There is a system for reporting and investigating any incidents of maltreatment.</li> <li>• There is adequate training and supervision for all staff.</li> <li>• Criminal background checks are performed as required.</li> </ul>	<p><b>Focus Survey</b></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><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>4. The clients' confidentiality is maintained.</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0810</li> </ul>	<ul style="list-style-type: none"> <li>• Client personal information and records are secure.</li> <li>• Any information about clients is released only to appropriate parties.</li> <li>• Client records are maintained, are complete and are secure.</li> </ul>	<p><i>This area does not apply to a Focus Survey</i></p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>
<p>5. The provider employs (or contracts with) qualified staff.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0065</li> <li>• MN Rule 4668.0835</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0825</li> <li>• MN Rule 4668.0840</li> <li>• MN Rule 4668.0070</li> <li>• MN Statute §144D.065</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable.</li> <li>• Nurse licenses are current.</li> <li>• The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated.</li> <li>• The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</li> <li>• Personnel records are maintained and retained.</li> <li>• Staff meet infection control guidelines.</li> </ul>	<p><b>Focus Survey</b></p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input type="checkbox"/> Survey not Expanded</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><b>Follow-up Survey #</b> _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>6. Changes in a client’s condition are recognized and acted upon. Medications are stored and administered safely.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0855</li> <li>• MN Rule 4668.0860</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0800</li> <li>• MN Rule 4668.0815</li> <li>• MN Rule 4668.0820</li> <li>• MN Rule 4668.0865</li> <li>• MN Rule 4668.0870</li> </ul>	<ul style="list-style-type: none"> <li>• A registered nurse is contacted when there is a change in a client’s condition that requires a nursing assessment.</li> <li>• Emergency and medical services are contacted, as needed.</li> <li>• The client and/or representative is informed when changes occur.</li> <li>• The agency has a system for the control of medications.</li> <li>• A registered nurse trains unlicensed personnel prior to them administering medications.</li> <li>• Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.</li> </ul>	<p><b>Focus Survey</b></p> <p>___ Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>
<p>7. The provider has a current license.</p> <p><b>Focus Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0019</li> </ul> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>• MN Rule 4668.0008</li> <li>• MN Rule 4668.0012</li> <li>• MN Rule 4668.0016</li> <li>• MN Rule 4668.0220</li> </ul> <p><u>Note:</u> 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.</p>	<ul style="list-style-type: none"> <li>• The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided.</li> <li>• The agency operates within its license(s) and applicable waivers and variances.</li> <li>• Advertisement accurately reflects the services provided by the agency.</li> </ul>	<p><b>Focus Survey</b></p> <p><input checked="" type="checkbox"/> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Expanded Survey</b></p> <p><input checked="" type="checkbox"/> Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p><b>Follow-up Survey #</b> ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>8. The provider is in compliance with MDH waivers and variances</p> <p><b>Expanded Survey</b></p> <ul style="list-style-type: none"> <li>MN Rule 4668.0016</li> </ul>	<ul style="list-style-type: none"> <li>Licensee provides services within the scope of applicable MDH waivers and variances</li> </ul>	<p><i>This area does not apply to a Focus Survey.</i></p> <p><b>Expanded Survey</b></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><b>Follow-up Survey #</b> <u>        </u></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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 licensing 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 4668.0815 Subp. 2**

**INDICATOR OF COMPLIANCE: # 6**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and revised each client’s evaluation at least annually or more frequently when there was change in the client’s condition that required a change in service for one of one client’s (#1) record reviewed. The findings include:

Client #1’s RN evaluation and service plan were, dated July 17, 2007. The evaluation indicated the client ambulated independently with a walker and was able to transfer herself independently and with some help. Documentation on November 27, 2009, indicated the client was angry with staff because they were going to lock her door (apartment door) when she went to dinner and on November 28, 2009; the client was removing her “tab alarm.” The client’s record indicated she sustained falls on November 5, 16, 21, 24, 29 and December 23 and 27, 2009 and January 2 and February 5, 2010.

When interviewed February 10, 2010, the RN indicated they were using a alarm on the client when she was up in the chair and that they locked her apartment door when they took her down to dinner in the evening, because she would not wait for help to toilet when she returned to her room after dinner. The



RN confirmed the RN evaluation had not been reviewed or updated since July 17, 2007. The RN also indicated the service plan or care plan did not include the use of the alarm or the locking of the client's apartment door.

## **2. MN Rule 4668.0825 Subp. 4**

### **INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that written instructions and documentation of competency was maintained for unlicensed staff who performed delegated nursing procedures for one of one client's (#B1) record reviewed that received delegated procedures. The findings include:

Client #1's service plan, dated July 17, 2007, indicated the client received physical therapy twice a day by unlicensed personal. Although there are written instructions for the physical therapy, there is no documentation the unlicensed personnel providing the care were instructed by the RN prior to doing the physical therapy exercises. The client's Medication Administration Records for November and December 2009 and January 2010 indicated oxygen saturation levels were checked once weekly by unlicensed personnel. The client's record lacked evidence of written instructions for performing the oxygen saturation levels. The client's record indicated on November 28, 2009, that a "tabs alarm" was applied to the client and on February 9 and 10, 2010, the client was observed with a "tabs alarm" in place while she was sitting in her recliner in her room. The client's record lacked evidence of written instructions for the "tabs alarm." When interviewed February 10, 2010, the RN confirmed there were no written instructions for oxygen saturation levels, and the "tabs alarm." The RN also indicated she instructed the unlicensed staff on how to do the physical therapy exercises, oxygen saturation, and the "tabs alarm" during a staff meeting, but there was no documentation of the instruction or return demonstration.

## **3. MN Rule 4668.0855 Subp. 2**

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

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) conducted a nursing assessment of the client's functional status and need for assistance with medication administration for one of one client's (#1) record reviewed. The findings include:

Client #1's record lacked evidence that the RN conducted a nursing assessment of the client's functional status and need for assistance with medication administration. When interviewed February 10, 2010, the RN confirmed an assessment had not been completed.

## **4. MN Rule 4668.0855 Subp. 9**

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

Based on record review and interview, the licensee failed to ensure medications were administered as prescribed by the physician for one of one client (#1) reviewed. The findings include:

Client #1's record contained a physician's order, dated August 18, 2007, for Lantus insulin 52 units "basil" twice a day increasing additional 2 units every third day for morning blood glucose greater than 110. The client's November 2009 Medication Administration Record (MAR) indicated on November 1, 4, 7, 16, and 22, 2009, the client's blood glucose were 128, 128, 154, 130, and 130, respectively and the client received Lantus insulin 52 units at 8:15 a.m. on these dates instead of the additional 2 units as ordered. The client's December 2009 MAR indicated on December 1, 13, 16, 19, 24, 27, and 30, 2009, the client's blood glucose were 134, 113, 139, 133, 146, and 153, respectively and the client received Lantus 52 units at 8:15 a.m. on these dates instead of the additional 2 units as ordered.

When interviewed February 10, 2010, the registered nurse confirmed the client did not receive the additional insulin as ordered.

#### **5. MN Rule 4668.0865 Subp. 2**

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

Based on observation, record review and interview, the licensee failed to ensure a registered nurse(RN) conducted an assessment of the client's functional status and need for central medication storage and developed a service plan for the provision of central storage of medications for one of one client (#1) who received central storage of medications. The findings include:

Client #1's medications were observed stored in the medication cart in the office on February 9, 2010. The client's record lacked evidence that a RN evaluation of the client's functional status and need for central storage was completed. The client's service plan, dated July 17, 2007, did not include central storage of medication. When interviewed February 10, 2010, the RN confirmed the medications were stored in central storage and that an assessment and service plan had not been completed.

#### **6. MN Statute §144A.44 Subd. 1(2)**

##### **INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure clients received care and services according to a suitable and up-to-date plan for one of one client (#1) reviewed. The findings include:

Client #1's registered nurse evaluation, dated July 17, 2007, indicated she ambulated independently with a walker and was able to transfer herself independently and with some help.

The client's record indicated the following: She received ½ tablet of Hydrocodone/APAP (Vicodin-analgesic medication) 10/500 milligrams (mg.) at 8:25 p.m. on November 4, 2009 and fell on November 5, 2009 on the eleven to seven shift. On November 16, 2009, at 8:00 p.m. she received ½ tablet of Hydrocodone/APAP 10/500 mg. and at 9:56 p.m. was found lying on the bathroom floor bleeding from a cut on the left side of her head. She was taken to the hospital and the laceration was closed with two staples. On November 21, 2009, she received ½ tablet of Hydrocodone/APAP 10/500 mg. at 7:45 p.m. and at 10:00 p.m. was found sitting on the floor by the closet in her room. On November 24, 2009, she was found on her knees next to her bed trying to toilet herself. On November 28, 2009, she received ½ tablet of Hydrocodone/APAP 10/500 mg. at 9:00 p.m. and November 29, 2009, at 1:20 a.m. the client was found sitting on the floor in her room. The client also had falls on November 30, and December 23

and 27, 2009, and January 2 and February 5, 2010. The client's record lacked evidence of further evaluation of the falls by a registered nurse (RN).

On November 27, 2009, she was angry with staff because they were going to lock her door when she went to dinner and on November 28, 2009; she was removing the "tab alarm."

When interviewed February 10, 2010, the RN indicated they were using a alarm on the client when she was up in the chair and that they locked her apartment door when they took her down to dinner in the evening because she would not wait for help to toilet when she returned to her room after dinner. The RN confirmed the RN evaluation had not been reviewed or updated since July 17, 2007, and that there was no assessment of the client's falls and no assessment of the interventions to address the repeated falls. The RN also indicated the service plan or care plan did not include the use of the alarm or the locking of the client's apartment door.

## 7. MN Statute §144A.441

### **INDICATOR OF COMPLIANCE: # 2**

Based on record review and interview, the licensee failed to ensure the correct bill of rights was given to one of one client's (#1) record reviewed. The findings include:

Client #1's record lacked evidence that she received the bill of rights for assisted living clients. The bill of rights in the client's record, dated July 17, 2007, did not include the thirty day advanced notice of the termination of services. When interviewed February 10, 2010, the registered nurse and administrator confirmed the client did not receive the correct bill of rights.

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A draft copy of this completed form was left with Dori Haapanen at an exit conference on February 11, 2010. 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) 201-5273. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F 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).



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 2412

July 19, 2006

Dale Breiland, Administrator  
Garden House Estates, LTD  
1 Riverside Drive  
Duluth, MN 55808

Re: Licensing Follow Up visit

Dear Mr. Breiland:

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 10, 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,

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

Enclosure(s)

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

06/06 FPC1000CMR

**Minnesota Department Of Health  
Health Policy, Information and Compliance Monitoring Division  
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

**PROVIDER:** GARDEN HOUSE ESTATES LTD

**DATE OF SURVEY:** July 10, 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:  
ALHCP

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Dori Haapanen, Administrator  
Angela Rosas, RN

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up # 4

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on March 10, 2006. 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 4668.0855 Subp. 6**

**Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7005 0390 0006 1222 1279

March 17, 2006

Dale Breiland, Administrator  
Garden House Estates  
1 Riverside Drive  
Duluth, MN 55808

Re: Licensing Follow Up Revisit

Dear Mr. Breiland:

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 March 10, 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

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Dale Breiland, President Governing Body  
St. Louis County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
CMR File

10/04 FPC1000CMR

Minnesota Department Of Health  
Health Policy, Information and Compliance Monitoring Division  
Case Mix Review Section

INFORMATIONAL MEMORANDUM

**PROVIDER:** GARDEN HOUSE ESTATES LTD

**DATE OF SURVEY:** March 10, 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:  
ALHCP

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:**

Dori Haapanen, Administrator  
Robin Botten, HHA

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up Third follow up

**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 a follow up visit on November 4, 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 4668.0855 Subp. 9** **Corrected**

- 2) Although a State licensing survey was not due at this time, correction orders were issued.



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite 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 box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: GARDEN HOUSE ESTATES LTD  
 HFID # (MDH internal use): 20837  
 Date(s) of Survey: March 10, 2006  
 Project # (MDH internal use): QL20837001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided



Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. 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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A Follow up #3</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)</p> <p><u>Note:</u> 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.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</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:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
8	MN Rule 4668.0855 Subp.6 Limitations on administering medications	X	X	Employee D, an unlicensed staff person, was observed on March 10, 2006 adjusting the dose of insulin on an insulin pen. When asked, employee D said she was dialing up a dose of medication to administer to client # 9. Client # 9's record contained prescribers orders dated October 12, 2005 for 2 medications. When interviewed, March 10, 2006, the administrator indicated they thought that unlicensed personnel could adjust the dose of the medication to be given as long as it was double checked with another person.  <b><u>Education:</u></b> Provided

A draft copy of this completed form was left with Dori Haapanen at an exit conference on March 10, 2006. 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 ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

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).

(Form Revision 7/04)



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8711 8857

December 20, 2005

Dale Breiland, Administrator  
Garden House Estates LTD  
1 Riverside Drive  
Duluth, MN 55808

Re: Licensing Follow Up Revisit

Dear Mr. Breiland:

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 November 4, 2005

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

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Dale Breiland, President Governing Body  
Gloria Lehnertz, Minnesota Department of Human Services  
St. Louis County Social Services  
Sherilyn Moe, Office of the Ombudsman  
CMR File

10/04 FPC1000CMR

Minnesota Department Of Health  
Health Policy, Information and Compliance Monitoring Division  
Case Mix Review Section

INFORMATIONAL MEMORANDUM

**PROVIDER:** GARDEN HOUSE ESTATES LTD

**DATE OF SURVEY:** November 4, 2005

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
ALHCP

**NAMES AND TITLES OF PERSONS INTERVIEWED:**

Dori Haapanen, Administrator  
Angela Rosas, RN

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up Second follow-up

**ITEMS NOTED AND DISCUSSED:**

- 1). An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on December 1, 2, and 3, 2004 and the follow up visit on April 8, 2005. The results of the surveys were delineated during the exit conferences. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the Correction orders issued on December 1, 2, and 3, 2004, is as follows:

**3. MN Rule 4668.0860, Subp.2 Corrected**

- 2). Although a State licensing survey was not due at this time, correction orders were issued.



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite 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 box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: GARDEN HOUSE ESTATES LTD  
 HFID # (MDH internal use): 20837  
 Date(s) of Survey: November 4, 2005  
 Project # (MDH internal use): QL20837001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. 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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A Follow up #2</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <u>Note:</u> 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.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided</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:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
8	MN Rule 4668.0855 Subp. 9 Medications Records	X	X	<p>Based on record review and interview the licensee failed to ensure medication were administered as ordered by the physician for one of five clients (#1) reviewed. The findings include:</p> <p>Client #1 had a physicians order dated September of 2005 for Warfarin “2mg, 1mg, 2mg series.” Client #1’s October 2005 Medication Administration record indicated client #1 received 2mg on October 2, 2005, 2mg on October 3, 2005, 1mg on October 4, 2005, 2mg on October 5, 2005, 1mg on October 6, 2005, 2mg on October 7, 2005 and 2mg on October 8, 2005. There was no documentation as to why the medication was not administered as ordered. When interview November 4, 2005 the registered nurse confirmed the Warfarin was not administered according to the physician’s orders.</p> <p><b><u>Education:</u></b> Provided</p>

A draft copy of this completed form was left with Dori Haapanen at an exit conference on November 4, 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 ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

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).



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8715 0130

June 3, 2005

Mr. Dale K Brieland, Administrator  
Garden House Estates, LTD  
1 Riverside Drive  
Duluth, MN 55808

Re: Licensing Follow Up Revisit

Dear Mr. Brieland,

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Licensing and Certification Program, on April 8, 2005.

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 Assisted Living Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosure(s)

cc: Jocelyn F. Olson, Assistant Attorney General  
Dale Brieland, President Governing Board  
Kelly Crawford, Minnesota Department of Human Services  
St. Louis County Social Services  
Mary Henderson, Program Assurance Unit  
Licensing and Certification File  
Case Mix Review File

10/04 FPC1000CMR



*Protecting Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8715 0130

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOR ASSISTED LIVING HOME CARE PROVIDERS**

June 3, 2005

Mr. Dale K Brieland, Administrator  
Garden House Estates, LTD  
1 Riverside Drive  
Duluth, MN 55808

RE: Project Number QL20837001

Dear Mr. Brieland:

On, April 8, 2005 a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders found during an inspection completed on December 1,2, and 3, 2004 with correction orders received by you on February 11, 2005.

The following correction orders were not corrected in the time period allowed for correction:

**3. MN Rule 4668.0860, Subp. 2**

Based on record review and interview, the licensee failed to have a prescriber's order for a medication for which licensee provides assistance with medication administration for one of three clients (# B1) reviewed. The findings include:

Client # B1 pro re nata medication (PRN) record indicated that the client received Naproxen 500mg one tablet for pain May 27, 2004, September 14, 23, 24, 25, and 29, 2004. The physicians order for this medication dated July 24, 2003 stated may use Naproxen 500mg twice a day PRN for one month. There was no other order for this medication in the record. When interviewed December 2, 2004 the Registered Nurse confirmed the medication had been given in May and September without a current order.

**TO COMPLY:** There must be a written prescriber's order for a drug for which an assisted living home care provider licensee provides assistance with self-administration of medication or medication administration, including an over-the-counter drug.

**TIME PERIOD FOR CORRECTION:** Fourteen (14) days.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you

are assessed in the amount of: \$ 350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$ 350.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to this Department within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.**

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 will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

Sincerely,

Jean Johnston  
Program Manager  
Case Mix Review Program

cc: Jocelyn F. Olson, Assistant Attorney General  
Dale Brieland, President Governing Board  
Kelly Crawford, Minnesota Department of Human Services  
St. Louis County Social Services  
Mary Henderson, Program Assurance Unit  
Licensing and Certification File  
Case Mix Review File

12/04 FPCCMR 2697

**Minnesota Department Of Health**  
**Health Policy, Information and Compliance Monitoring Division**  
*Case Mix Review Section*

INFORMATIONAL MEMORANDUM

**PROVIDER:** GARDEN HOUSE ESTATES LTD

**DATE OF SURVEY:** April 8, 2005

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER:  
ALHCP

**NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:** Janel Schmitz, CMA

**SUBJECT:** Licensing Survey \_\_\_\_\_ Licensing Order Follow Up  X

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on December 1, 2, and 3, 2004. 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 4668.0065 Subp. 3 Corrected**

**2. MN Rule 4668.0835 Subp. 3 Corrected**

**3. MN Rule 4668.0860 Subp. 2 Not Corrected Fine \$350.00**

Based on record review and interview the licensee failed to have prescriber's orders for medications for which the licensee provides assistance with medication administration for three of five clients (1, 4, and 5) reviewed. The findings include:

Client # 1's pro re nata (PRN) medication record indicated the following: March 23, 2005 at "5:15" client # 1 received Tramadol 100mg two tablets for pain, March 24, 2005 at "3:30" client # 1 received Tramadol 100mg two tablets for pain, and on March 27, 2005 at 9:00 AM client # 1 received Tramadol 50mg two tablets. Client # 1's record contained a physicians order dated February 14, 2005 for Tramadol 50 mg one tablet by

mouth every six hours PRN (as needed). During interview, April 8, 2005, the administrative assistant confirmed there were no other physician orders for the above medication.

Client # 4's PRN medication record indicated the following: March 15, 2005 at 11:00 AM client # 4 received "Abreva" to cold sores. Client # 4's record did not contain a prescriber's order for the Abreva. During an interview, April 8, 2005, the administrative assistant confirmed there was not an order for Abreva for client # 4.

Client # 5's PRN medication record indicated the following: March 21, 2005 at 8:00 PM client # 5 received "Abreva" to "sores". Client # 5's record did not contain a prescriber's order for the Abreva. During interview on April 8, 2005 the administrative assistant confirmed there was not an order for the Abreva in client # 5 record.

- 2) The exit conference was not tape -recorded.



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8714 2753

February 7, 2005

Dale Brieland, Administrator  
Garden House Estates LTD  
1 Riverside Drive  
Duluth, MN 55808

Re: Results of State Licensing Survey

Dear Mr. Brieland:

The above agency was surveyed on December 1, 2, and 3, 2004 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: Dale Brieland, President Governing Board  
Case Mix Review File

CMR 3199 6/04



Assisted Living Home Care Provider  
**LICENSING SURVEY FORM**

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite 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 box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: GARDEN HOUSE ESTATES LTD  
 HFID # (MDH internal use): 20837  
 Date(s) of Survey: December 1, 2, and 3, 2004  
 Project # (MDH internal use): QL20837001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided



Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promotes the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> Education  <u>      </u> provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observes infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><u>      </u> Met  <u>  X  </u> Correction  <u>      </u> Order(s) issued  <u>  X  </u> Education  <u>      </u> provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> Education  <u>      </u> provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> Education  <u>      </u> provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><u>  X  </u> Met  <u>      </u> Correction  <u>      </u> Order(s) issued  <u>      </u> Education  <u>      </u> provided</p>

Indicators of Compliance	Outcomes Observed	Comments
<p>7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)</p>	<p>Staff has received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)</p>	<p>The agency has a system for the control of medications. Staff is trained by a registered nurse prior to administering medications. 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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)</p>	<p>Clients are given information about other home care services available, if needed. Agency staff follows any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A</p>
<p>10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17)  <u>Note:</u> 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.</p>	<p>The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</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:

\_\_\_\_\_ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0815 Service Plan		X	<b><u>Education:</u></b> Provided
3	MN Rule 4668.0065, Subp.3 Infection Control training	X	X	Based on record review and interview, the facility failed to assure that each employee received infection control training for each 12 months of employment for one of two unlicensed employees (# 3) reviewed. The findings include: Employee # 3 was hired April 2002. Review of in-service training documentation indicated that the last time employee #3 had attended infection control training was in 2002. Interview with the Registered Nurse and administrator, on December 2, 2004, confirmed that employee #3 had not attended infection control training since 2002. She indicated employee #3 would receive training before the month was over.  <b><u>Education:</u></b> Provided
7	MN Rule 4668.0835, Subp. 3 In-service Training	X	X	Based on record review and interview, the facility failed to assure that unlicensed personnel, who perform assisted living home care services, complete eight hours of in-service training for each 12 months of employment for one of two unlicensed personnel (#3) reviewed. The findings include: Employee #3s' personnel record indicated the employee received three and a half hours of in-service training during 2003. When interviewed December 2, 2004 the Registered Nurse stated that training is accumulated on a

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				calendar basis. She confirmed that employee #3 had not had eight hours of in-service as required.  <b><u>Education:</u></b> Provided
8	MN Rule 4668.0860, Subp. 2 Prescriber's orders	X	X	Based on record review and interview, the licensee failed to have a prescriber's order for a medication for which licensee provides assistance with medication administration for one of three clients (# B1) reviewed. The findings include: Client # B1 pro re nata medication (PRN) record indicated that the client received Naproxen 500mg one tablet for pain May 27, 2004, September 14, 23, 24, 25, and 29, 2004. The physicians order for this medication dated July 24, 2003 stated may use Naproxen 500mg twice a day PRN for one month. There was no other order for this medication in the record. When interviewed December 2, 2004 the Registered Nurse confirmed the medication had been given in May and September without a current order.  <b><u>Education:</u></b> Provided
	CLIA Waiver		X	<b><u>Education:</u></b> CLIA handout given

A draft copy of this completed form was left with Dori Haapanen at an exit conference on December 3, 2004. 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 ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

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).