



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1613

April 27, 2006

Kristi Olson, Administrator
Keystone Community of Eagan LLC
3810 Alder Lane
Eagan, MN 55122

Re: Licensing Follow Up visit

Dear Ms. Olson:

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 April 18, 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,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Ron Drude, Minnesota Department of Human Services
Case Mix Review File

10/04 FPC1000CMR

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

INFORMATIONAL MEMORANDUM

PROVIDER: KEYSTONE COMMUN OF EAGAN LLC

DATE OF SURVEY: April 18, 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 _____

NAMES AND TITLES OF PERSONS INTERVIEWED:

Carla LaFavor, RN
Sylvia Hammer, RN/Administrator

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 September 26, 27, 28, and 29, 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 4668.0065 Subp. 1	Corrected
2. MN Rule 4668.0825 Subp. 4	Corrected
3. MN Rule 4668.0855 Subp. 7	Corrected
4. MN Rule 4668.0855 Subp. 9	Corrected
5. MN Rule 4668.0865 Subp. 3	Corrected
6. MN Statute §144A.44 Subd. 1(2)	Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3224

February 28, 2006

Kristi Olson, Administrator
Keystone Community of Eagan, LLC
3810 Alder Lane
Eagan, MN 55122

Re: Results of State Licensing Survey

Dear Ms. Olson:

The above agency was surveyed on September 26, 27, 28, and 29, 2005, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Kristi Olson, President Governing Body
Dakota County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman for Older Minnesotans
CMR 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: KEYSTONE COMMUN OF EAGAN, LLC
 HFID # (MDH internal use): 23505
 Dates of Survey: September 26, 27, 28, and 29, 2005
 Project # (MDH internal use): QL23505001

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 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 checked="" type="checkbox"/> Correction Order(s) issued <input checked="" 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 checked="" type="checkbox"/> Correction Order issued <input checked="" 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
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)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order issued <input checked="" type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	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.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
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)	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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
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.	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).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided

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:
#2	MN Statute §144A.44 Subd.1(2)	X	X	<p>Based on record review and interview, the agency failed to ensure that each client received services according to accepted nursing standards for one of three client (#1) records reviewed. The findings include:</p> <p>Client #1 had accuchecks (blood sugar checks) completed by unlicensed agency staff twice daily. The agency training for “Glucose Level Check, Skills Education” instructed staff to “report out-of-range levels.” The client had accucheck readings of 352, 225, 225, and 335 on four different days in August of 2005. The client’s usual accucheck readings ranged from approximately 76 to 155. When interviewed, September 27, 2005, the RN/administrator indicated that unlicensed staff reported any blood sugar readings that deviated from the client’s norm. It was determined that the normal ranges for client #1 had not been established and the agency was unable to provide any documentation that a nurse was notified of any abnormal accucheck readings for client #1. The RN/administrator stated that there was licensed staff in the building during the day and evening shift, so the client’s high accucheck readings may have been verbally reported to a licensed staff member.</p> <p><u>Education:</u> Provided</p>
#3	MN Rule 4668.0065 Subp.1 Tuberculosis screening	X	X	<p>Based on record review and interview, the agency failed to ensure employees had tuberculosis screening prior to providing direct care to clients for three</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>of four unlicensed employees (A, B and D) reviewed. The findings include:</p> <p>Employees' A, and B began working as direct care staff July of 2005. Employee D began working as a direct care staff January of 2005.</p> <p>There was no documentation of tuberculosis screening in Employee A's record. On September 27, 2005, this reviewer was provided with negative Mantoux test results for employee A dated December of 2003. Employee B's record contained documentation of a negative Mantoux reading dated August of 2005. When interviewed September 27, 2005, the administrator stated the employee had provided direct care services to clients prior to August of 2005 test results. The agency was unable to provide any documentation of tuberculosis screening for employee D.</p> <p><u>Education:</u> Provided</p>
#7	MN Rule 4668.0825 Subp.4 Performance of routine procedures	X	X	<p>Based on record review and interview, the agency failed to retain documentation regarding each unlicensed person's demonstrated competency in two of the three-delegated procedures reviewed. The findings include:</p> <p>Client #3 received a nebulizer treatment twice daily. When interviewed, September 28, 2005, the registered nurse (RN)/administrator stated the care attendants had been trained in the delegated procedure and a RN had determined competency for each care attendant. The RN was unable to provide any documentation for each care attendant's demonstrated competency for the nebulizer administration.</p> <p>Client #2 was observed September 26,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>27 and 28, 2005, receiving oxygen via a nasal canula. The client used liquid oxygen and according to her medical record a care attendant filled her portable tank at 6:00 a.m. and 2:00 p.m. each day. When interviewed September 28, 2005, the RN/administrator stated the care attendants had been trained in the delegated procedure and a RN had determined competency for each care attendant. The RN was unable to provide any documentation for each care attendant's demonstrated competency for oxygen administration.</p> <p><u>Education:</u> Provided</p>
#8	<p>MN Rule 4668.0855 Subp.7 Medication Administration: Performance of routine procedures</p>	X	X	<p>Based on record review and interview, the agency failed to ensure the registered nurse (RN) determined each person's ability to competently follow delegated nursing procedures for medication administration for one of four employees (D) reviewed. The findings include:</p> <p>Employee D's skill competency evaluation for medication administration, dated February of 2005, was signed by a licensed practical nurse (LPN). During an interview September 27, 2005, a care attendant stated another care attendant on medication procedures trained her and she was unaware if her medication procedures had ever been observed by anyone other than a care attendant. When interviewed September 27, 2005, the RN/administrator stated the RN provides the training for all agency care attendants and the RN also determines each care attendant's competency. She stated it was an oversight that the LPN had signed the competency evaluation.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0855 Subp.9 Medication records	X	X	<p>Based on record review and interview, the agency failed to ensure medication administration records were complete for three of three clients' (#1, #2 and #3) records reviewed. The findings include:</p> <p>Client #1's medication administration records indicated the client was to receive Seroquel 25 milligrams (mg.) on August 28, 2005, Cilostazol 100 mg. at 7:30 a.m. on one day in August of 2005, Lipitor 10 mg. at 8:00 p.m. on one day in July of 2005, and Senna two tablets at 8:00 a.m. on one day in July of 2005. There was no documentation indicating that the medications had been administered or why they had not been administered as ordered. Client #1 received insulin injections two times a day. The medication administration record noting his insulin administration indicated a second staff member was to "co-sign" each time the client was given an insulin injection. There were thirteen instances in August 2005, which lacked documentation of a co-signature. When interviewed September 26, 2005, the registered nurse (RN) stated it was the agency policy to have a second staff member check the prefilled insulin syringe, before the insulin was administered, to ensure the right dose was administered. The RN indicated staff members have been counseled to co-sign the medication administration record.</p> <p>Client #2's medication administration records indicated the client was to receive artificial tears at 9:00 a.m. on three days in August of 2005, Neurontin 300 mg. at 12 noon on August 17, 2005 and at hour of sleep (HS) on two days in August of 2005. There was no documentation indicating that the medications had been administered or why they had not been</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>administered as ordered.</p> <p>Client's #3's medication administration records indicated the client was to receive Ambien 5 mg. at HS on two days in July of 2005. There was no documentation by a staff person indicating the medication had been administered or why it had not been administered as ordered.</p> <p>During an interview September 27, 2005, the RN/administrator stated the agency was aware that all care attendants were not always filling out the medication administration records after they administered a client's medication and additional training was being provided to them.</p> <p><u>Education:</u> Provided</p>
#8	MN Rule 4668.0865 Subp.3 Control of medications	X	X	<p>Based on record review and interview, the agency failed to maintain a system for control of medications for one of three clients' (#1) records reviewed. The findings include:</p> <p>Client #1 received medication administration from the facility staff. The client had a physician's order, dated July of 2005, which indicated "Family and patient to look for any agitation, anxiety, etc. If none occurs, patient may stop the Seroquel in 2 weeks and observe. Continue present medications except for: decrease Seroquel to 25 milligrams (mg.) nightly if doing well." The client's medication administration records were reviewed on September 26, 2005, and it was noted the client was still receiving Seroquel 25-mg. daily. There was no documentation in the client record that the client was experiencing any anxiety or agitation. When interviewed, September 26, 2005, the client stated s/he was not experiencing any anxiety</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>and wondered whys/he was receiving “so many pills.” When interviewed September 26, 2005, the nurse stated a behavioral sheet should have been started in July after the physician’s order to monitor the client’s anxiety and agitation. The registered nurse provided the reviewer with a copy of a behavior-monitoring sheet the agency was scheduled to implement in October 2005.</p> <p><u>Education:</u> Provided</p>

A draft copy of this completed form was left with Sylvia Hammer, Administrator at an exit conference on September 29, 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).

(Form Revision 7/04)