

Aitkin County Board of Commissioners  
Request for County Board Action/Agenda Item Cover Sheet



To: Chairperson, Aitkin County Board of Commissioners      Date: 3-20-12

Via: Patrick Wussow, County Administrator

From: Patrick Wussow, County Administrator

Title of Item:

Request from Chappy's Golden Shores

Requested Meeting Date: 3-27-12      Estimated Presentation Time: \_\_\_\_\_

Presenter: Patrick Wussow, County Administrator

**Type of Action Requested** (check all that apply)

- For info only, no action requested       Approve under Consent Agenda
- For discussion only with possible future action       Adopt Ordinance Revision
- Let/Award Bid or Quote (attach copy of basic bid/quote specs or summary of complex specs, each bid/quote received & bid/quote comparison)
- Approve/adopt proposal by motion       Approve/adopt proposal by resolution (attach draft resolution)
- Authorize filling vacant staff position
- Request to schedule public hearing or sale       Other (please list) Review
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute \_\_\_\_\_

**Fiscal Impact** (check all that apply)

- Is this item in the current approved budget? Yes \_\_\_\_\_ No \_\_\_\_\_ (attach explanation)
- What type of expenditure is this?  Operating  Capital  Other (attach explanation)
- Revenue line account # that funds this item is: \_\_\_\_\_
- Expenditure line account # for this item is: \_\_\_\_\_

**Staffing Impact** (Any yes answer requires a review by Human Resources Manager before going to the board)

- Duties of a department employee(s) may be materially affected.  Yes  No
- Applicable job description(s) may require revision.  Yes  No
- Item may impact a bargaining unit agreement or county work policy.  Yes  No
- Item may change the department's authorized staffing level.  Yes  No



**Supporting Attachment(s)**

- Memorandum Summary of Item
- Copy of applicable county policy and/or ordinance (excerpts acceptable)
- Copy of applicable state/federal statute/regulation (excerpts acceptable)
- Copy of applicable contract and/or agreement
- Original bid spec or quote request (excluding complex construction projects)
- Bids/quotes received (excluding complex construction projects, provide comparison worksheet)
- Bid/quote comparison worksheet
- Draft County Board resolution
- Plat approval check-list and supporting documents
- Copy of previous minutes related to this issue
- Other supporting document(s) (please list) Current request and past memos

**Provide eleven (11) copies of supporting documentation NO LATER THAN Wednesday at Noon to make the Board's agenda for the following Tuesday. Items WILL NOT be placed on the Board agenda unless complete documentation is provided for mailing in the Board packets. (see reverse side for details)**

# AITKIN COUNTY ADMINISTRATION

**Aitkin County Courthouse**  
217 Second Street N.W. Room 130  
Aitkin, MN 56431  
218-927-7276  
Fax: 218-927-7374

**TO: Aitkin County Board of Commissioners**

**FROM: Patrick Wussow, Aitkin County Administrator**

**RE: Request from Chappy's Golden Shores**

**DATE: March 21, 2012**

Trish and Mike Olson of Chappy's Golden Shores submitted the attached request to have their contract with Aitkin County reinstated.

For your review staff has attached a memo dated March 12, 2012 to address this most recent request. Additionally, staff is attaching previous information from November of 2010 and January 2011.

Please contact me with any questions.

# Aitkin County Health & Human Services

204 First Street NW  
AITKIN, MINNESOTA 56431  
PHONE 1-800-328-3744 or 1-218-927-7200 - FAX # 218-927-7210

DATE: March 12, 2012

TO: Aitkin County Board of Commissioners  
Aitkin County Administrator

RE: Chappy's request to re-instate the Home and Community Based Contract

The decision to discontinue contracting with Chappy's Golden Shores back in March of 2010 has been well documented in past meetings. The concerns in which that decision were based on date back as far as 2001. It was the opinion of administration and staff that Chappy's continued unacceptable business practices despite having a specific contract with this agency. It was our opinion that these practices put vulnerable consumers at risk. It was generally felt that it would be irresponsible and a potential liability for the County to maintain a contract.

Based on the fact our agency attempted to work with Chappy's through countless staff hours between 2001 to 2010 with little indication issues raised were consistently and professionally dealt with, I would not recommend contracting with Chappy's.

Respectfully submitted,

Tom Burke  
Director

# Aitkin County Health & Human Services

204 First St. NW  
AITKIN, MINNESOTA 56431  
PHONE 1-800-328-3744 or 1-218-927-7200 - FAX # 927-7210

DATE: January 20, 2011

TO: Aitkin County Board of Commissioners  
Commissioner Wedel  
Commissioner Marcotte  
Commissioner Napstad  
Commissioner Niemi  
Commissioner Westerlund  
County Administrator Pat Wussow

FROM: Tom Burke, Director of ACHHS

RE: Chappy's Contract

Keith (Mike) Olson of Chappy's Golden Shores has requested to speak with the board regarding a contract for Home and Community-Based Services. Health & Human Services has not changed their position with respect to denying the request to renew the contract.

Dear Administrator,

We are requesting to be put on the Health and Human Services agenda scheduled for December 28<sup>th</sup> 2010. We are requesting a Home and Community Based Contract, with Aitkin County. We have been in Business for the past 14 years providing services for the elderly. We are requesting this contract be reinstated. We are requesting to be put on the agenda to discuss this matter with the Aitkin County Board members.

Thank you very much,

Chappy's Golden Shores  
Mike and Trish Olson  
Phone: 218-244-6384

DEC 20 2010

# AITKIN COUNTY ADMINISTRATION

**Aitkin County Courthouse**  
217 Second Street N.W. Room 130  
Aitkin, MN 56431  
218-927-7276  
Fax: 218-927-7374

December 10, 2010

Murtha Law Office  
Thomas F. Murtha IV  
315 West First Street, Suite 100  
P.O. Box 221  
Duluth, Minnesota 55801

Dear Mr. Murtha:

Aitkin County is in receipt of your letter dated November 23, 2010. Staff has reviewed the request, the license status of Chappy's Golden Shores will not be changed at this time.

If you have additional questions please contact me at 218-927-7276

Sincerely,

Patrick Wussow  
Aitkin County Administrator

# MURTHA LAW OFFICE

**Thomas F. Murtha IV**  
Attorney at Law  
tfmurthaiv@gmail.com

315 West First Street, Suite 100  
P.O. Box 221  
Duluth, Minnesota 55801

Telephone (218) 740-7300  
Cell (218) 838-2829  
Fax (218) 740-7322

November 23, 2010

NOV 29 2010

Patrick Wussow  
Aitkin County Administrator  
217 2nd Street NW Rm 130  
Aitkin, MN 56431

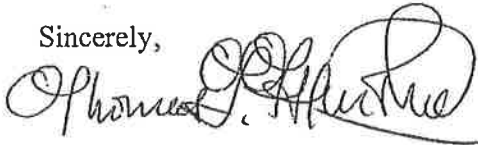
RE: Home and Community-Based Waiver of Services Contract with Chappy's Golden Shores

Dear Mr. Wussow,

I represent Chappy's Golden Shores. On behalf of my client I request a Home and Community Based Contract with your county. My client has provided services to your county for the past 13 years. My client has no strikes against them with the Minnesota Department of Health. My client was surveyed by the State in June 2010 and received a very positive report. My client also had a regular survey completed and met all criteria.

My client has had a foster care license with Aitkin County since 1998. As an Aitkin County business, my client should be granted a Home and Community based Contract with Aitkin County. Thank you for your attention to this matter. Please provide a written response at your earliest convenience.

Sincerely,



Thomas F. Murtha IV

TFM

Cc: Mike Olson

Attention: Pat W

See page 3 for  
request for  
agenda.  
for  
contract  
Home's  
Comments  
Based  
waiver  
contract.

To: Aitkin County Commissioners,

This is Chappy's Golden Shores, Assisted Living home in Hill City, MN. After two years with no contract, and phone calls to Tom Burke requesting a contract with the response of I haven't considered it, and goodbyes, I am writing to you the commissioners of Aitkin County to re evaluate this issue. We are tax paying citizens in this county, providing a beautiful assisted living home to our community. The reason we are writing is because this last week it came to our attention, that for the past month we were working with our next door neighbors of 36 years, who is also family that she couldn't move to our facility because we didn't have a Hoyer lift, or a way to puree her food, nor did we have a nurse available to her when needed. This was told by a Aitkin county worker. Well we have 5 Hoyer lifts, a puree machine, thick it for stroke patients, and lift chairs, and 2 standing lifts, and a nurse who is there daily, and on call 24 hrs a day. Now in our small town of Hill City, she has lived here her whole life. She has been down in Aitkin nursing home for the past 6 months, and her husband who is 83 years old was driving daily to see her. He couldn't keep the drive up any more so he wanted her to be close to home. They live in Hill City, about 4 blocks from Chappy's. She is an Aitkin county resident, who now will have to go to Evergreen terrace, and her husband will have to drive another 20 minutes everyday to spend time with her. This is very heartbreaking to us, that when a senior needs a place to go, in our own county, they are turned away. Aren't we here to protect our seniors, and provide for them? This is why it is urgent that something gets done, weather we have a workshop meeting to discuss these issues, or you as the head of Aitkin County look over this information and come visit Chappy's for yourselves to see what a good alternative there is for seniors in our own county. We have been here for 15 years now, and what to continue to be able to employ staff, especially the way the economy is now, and the small amount of businesses left in this small town. We can't continue to do this without your help. We have continued to provide services to the wonderful seniors for the past two years, spending our own money to provide care for these seniors. Some clients we have had for 10 plus years, and have no other family members left to care for them. We go 4 months with no payments for these seniors, because we care about them, and they depend on us., and without a contract it takes that long to wait for medical assistance (ma) to start, so we can receive payment. Aitkin County has lost thousands of dollars because we have no contract in the past two years. We wouldn't turn a senior away because of money, number one, everyone deserves a good place to live, but we feel it's time for you as the management to look at the whole picture.

We were informed of who started these allegations against us. It was our disgruntled employee, that was told to leave for stealing food from our home. As you will see in section one of the information I have sent you, we were proven innocent of all charges. State spent many days, in our home, looking at all documentation we do, all employee books, all staffing schedules, and watching the cares we provide daily. The state inspectors spent hours with my nurses, nurses aids, and us as owners questioning, and talking to clients. Also Aitkin county came to our home with the accusation that we took property from a vulnerable adult which was found untrue with the paperwork we had to prove otherwise. This was also told by our disgruntled employee. All these statements were untrue, false and could of caused a lot of seniors lives, families lives, and workers lives to be bad outcomes. As owners we promised we would get through this because we were innocent. Could you imagine 13 years of no charges against us except one paperwork error, of a signature in 2006, with state inspection, which was a learning process of new paperwork needed to be added to clients books, they came back for a spot check and we were in compliance. Now after a bad worker gets fired and now we are accused of multiple issues which were false, but the reputation we had built up with all of the medical professionals and counties was being tested. How after that many years were we so bad overnight? I could see if we had multiply infractions with state, and counties over the past 15 years that they should pull our license. Many homes are investigated daily, and found to have errors or abuse, or finding clients scalded in showers dead. They still don't loose their home and community based waiver contracts. We have had to hold ourselves up, and be strong, and stand by each other to keep going. Most people would of quit, and moved on, but that's not what chappy's is about. We worry every day, if we can continue to be able to staff 12 people anymore. Will they be left with no job also because of the false allegations?

We also have had Jane Brink Ombudsman in our home multiply times over the past 2 years, checking in to see how things are going. She has helped us many times get through some rough times when a clients



family member is told they can't live here because we have no contract. She informs the surrounding counties that they can still move in but will have to switch plans to medicaid or ucare. This is money that if we had a contract would go towards case management for your county, and we would be helping our county out. Why would our commissioners not want to see revenue for our county, than to throw it away. In this economy wouldn't ever dime help?

We have multiply licenses. Housing with services, class f license, board and lodge license, corporate foster care license, a blood license to draw blood sugars. We have a registered nurse who is also going for her masters degree. She is in our home daily, goes to appointments, and comes 24hrs a day as needed. We have trained staff, with background checks down, which are sent to Deb Jensen as I receive them. We have inspections from the board and lodge license, and also from Deb Jensen yearly. We have state inspections done whenever they want to which have been 2 in the past two years. We have Medicaid and Ucare inspections down unannounced every couple months. We have not been in any violations at all. We have home care agencies in our home daily, providing wound care, physical therapy, occupational therapy, and protime checks. We have communication with doctors 24 hrs a day, as needed for clients cares. We have trained staff, 3 on during the day, and 3 on during the night. We are only required to have 2 on per shift. Also Mike and I are available 24 hours. We have medical companies in our home daily, for o2 monitoring, and medical equipment training. We have medivan at our home to transport clients daily to appointments. Cub pharmacy blisters our medications for us monthly. We are in compliance with all rules and regulations that state requires us to be. All clients after October of 2011 are required to get a verification code from the senior linkage line, this is in compliance.

My question is this? When there was a home in Hill City that started, they received a client from Itasca county who was private pay. He lived there for 7 months until this home closed down. He then moved to our facility. Four months later he needed to apply for ma, and I contacted a financial worker, to help me with the process from Aitkin County. She needed to know if anyone had done a screen from Itasca County, I said he was from Aitkin County wouldn't they of done a screen when he moved into the McNeil's Home. She said a client doesn't need a screen if they are private pay. Well my thought on this is why was one home allowed to not have to have a screen down prior to placement when we were told it was state law? I know that it isn't state law the rules and regulations say that, but isn't that why we lost our contract? Our client was private pay and had to spend down to 3,000.00 before she could apply for MA. We notified Deb Jensen of her moving in within the 24 hrs. We also knew there was abuse allegations against the family, and Itasca county was checking on this part. We asked Aitkin if they needed to do the screen and they informed us that Itasca county should do the screen. We contacted them and Itasca county said where the body lies is the county of responsibility. We then contacted Aitkin again and they came and did the screen, and 2 days later we lost our contract. We weren't even by law, needing this screening done. When a social worker from your county looks at a 92 year old man and asks him which he would be more than happy to tell you how he was treated, why would you even love her, he response was she's my wife of 73 years. He then stood up and walked away in tears, and asked her to never speak to him again. She then looked at Mike, and said you need to use your head not your heart, mike's response was when I quit using my heart for this job is the day I quit doing this work. Who was in the wrong? All staff, and clients, and family members were present when these words were spoken.

I believe with the information I am sending you, it should give you enough information to see that we were doing nothing wrong but taking care of seniors, in a loving environment. We don't do this work because it's a job, that supports a lot of families. What we know is we learned throughout these 15 years is that theses seniors need help, they need to feel safe, and deserve love, care and someone to listen to them. As they live with us for years, they become family to all of us. As they begin their dying process, we surround them with their families, and we listen to their last words. It's always, thank you, and I love you. We didn't do anything wrong except give 15 years, 365 days a year, 24 hrs a day of our lives to seniors who deserved the best care. We go to every doctors appointment, sit in er rooms for 6 hours and if admitted, spend every minute by them to make sure they get food ordered, changed, and companionship when there scared.

If you could take the time and call some of these people, and ask them what they thought of Chappy's, you would get a very good response. Any social worker from the hospitals, medics one ambulance service, first responders from Hill City, pharmacies, doctors, crisis workers from Itasca county, guardians from Itasca county, transport companies, Cass county social services, other assisted living homes, ombudsmen from our county, past family members, funeral homes, ministers from Zion church, St. Johns catholic church, medical equipment companies, medical care coordinators, ucare care coordinators, you would hear what a good job we do. There wouldn't be any statements about our attitudes, the way our business is ran, or negative comments. We may take the clients that are depressed, had a stroke, Alzheimer's, dementia, but we can tell you they very happy, and glad someone gave them a change to still have a life and do the activities they thought they would never be able to do again. We don't give up on them, they them make their choices, but we support them in their decisions, and love them unconditionally until the end of their life.

Please read the information and please help us to work the differences out, and help us to continue to do a good job. Please either set up a meeting to resolve these concerns you may have or tom burke may have, or determine that we were falsely accused and reinstate our home and community based waiver contract.

Any question contact us at 218-244-6384. We have a lot of information that you may want, and we can provide it for you.

Thank you,

Mike and Trish Olson and the Staff at chappy's Golden Shores

Wondering if we could get put on the agenda,  
to have either a workshop or with the info provided if  
we could be on agenda to reinstate contract.

thanks

Trish & Mike  
Olson

# Aitkin County Health & Human Services

204 First St. NW

AITKIN, MINNESOTA 56431-1291

Phone 1-800-328-3744 or 218-927-7200 Fax # 218-927-7210

04/29/2010

Mr. and Mrs. Mike Olson  
604 Summit Ave  
Hill City, MN 55748

Dear Mike and Trish,

I spoke to you awhile ago about the neighbor person who was in your home, reportedly for a few nights, using another residents bed. You assured me that she only stayed for the afternoon and stated that you would get me a letter from the family as proof of that. I have not yet received that from you and am asking you to get it to me by May 7th.

Also, I have recently received information that you are often understaffed. I am requesting that you send me your staffing schedule for the past three months for both homes. This should include the names of every person that worked and what hours they worked each day. I also need this by May 7th. If I don't receive these from you, I will have no choice but to recommend a negative action on your license to the state of Minnesota. This could include anything from a probationary period on your license, to revocation. Please call me with any questions.

Sincerely,



Deb Jensen  
Social Worker

DJ/tbm

*This was again from  
our disgruntled employee  
who has fired for stealing  
food.*

Cindy Moe-Yotter March 29 at 6:10pm  
Trish,

I am so sorry you guys are getting into any kind of trouble for this. It was so kind of you to open up your house for us. I will write something up later tonight, I have to get dinner going I am having company!

Sorry Deb, she had surgery, and  
it was stomach surgery. she got a  
really bad infection, I did write her,  
right when I got the letter. Sorry  
she's been very sick & in bed.

Shirley

Cindy Moe-Yotter  
35859 Spang Road  
Hill City, MN 55748

To Whom it May Concern,

May 1, 2010

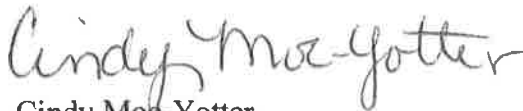
On December 24, 2009, while having Christmas Eve Dinner our garage caught on fire. Within minutes the garage was totally engulfed in flame. My mother, Mavis Moe, who has ALS (Lou Gehrig's) in the late stages, needed to leave her home which was next to the burning garage. After we got mom out of the house, we could not get her in to the neighboring house with her electric wheelchair. Her manual wheelchair was burning in the garage, it was cold and we were having a snow storm at the time. I call Trish Olson, of Chappy's in Hill City, MN and she let us borrow a wheelchair so we could get mom in to the neighboring house and warm.

The garage was a total loss and the side of Mavis's house next to the garage had also been damaged from the fire. The fire department did not want anyone sleeping in the house for the night. Since Mavis needs a hospital bed, and handicap accessible bathroom and living area, I called Chappy's again and asked if there was anyway we could have mom sleep at Chappy's. Mike and Trish opened up their doors for us in our time of need.

Mavis arrived at Chappy's between 9:00PM and 10:00PM on December 24, 2009 and left Chappy's between 9:30AM and 10:30AM on December 25, 2009. Mavis's family and a friend of the family did all of her cares during her stay at Chappy's.

Mavis and her family are very thankful that on a cold night in December we lived in a small community where we had many friends who left their families on Christmas Eve to help us. We are very thankful that Mike and Trish opened their doors to us and that mom was safe and warm.

Sincerely,



Cindy Moe-Yotter  
Daughter of Mavis Moe



Jim Moe  
Husband of Mavis Moe



Attention \* - Pay Period is weekly - Monday - Sunday -  
 GIRLS

March 2010

Work weeks - Advances 2 days notice please

February 2010							April 2010						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6	4	5	6	7	8	9	10
7	8	9	10	11	12	13	11	12	13	14	15	16	17
14	15	16	17	18	19	20	18	19	20	21	22	23	24
21	22	23	24	25	26	27	25	26	27	28	29	30	
28													

Every shift is 12 HRS unless otherwise noted  
 7:00 AM - 7:00 PM / 7:00 PM - 7:00 AM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	1	2	3	4	5	6
	Denita TRISH	Denita C-1 Tami C-2	Jami C-1 Darlene C-2	Tina C-1 TRISH C-2	Jami C-1 Darlene C-2	Steph C-1 Tina C-2
	Vickie Darlene	Vickie C-1 mike/TRISH C-2	Vickie C-1 Denita C-2	Vickie C-1 Steph C-2	VICKIE C-1 TRISH C-2	Vickie C-1 Tami C-2
7	Steph C-1 Denita C-2	Denita C-1 Tina C-2	Steph C-1 Tina	Denita C-1 Dar C-2	Steph C-1 Tina C-2	Jami TRISH
	Vickie C-1 Darlene C-2	Vickie C-1 mike C-2	Vickie C-1 Jami C-2	Vickie C-1 Steph 7:00-10:30 TRISH 10:30 morning	Vickie C-1 mike C-2	Vickie C-1 Darlene C-2
14	Jami C-1 TRISH C-2	Tina C-1 Darlene C-2	Denita C-1 Dar C-2	Steph Jami	Denita C-1 Dar C-2	Steph C-1 Jami C-2
	Vickie C-1 Darlene C-2	Vickie C-1 mike C-2	VICKIE C-1 Tina C-2	Vickie C-1 Tami TRISH 2:00-4:00 PM	VICKIE C-1 TRISH C-2	Vickie C-1 Steph C-2
21	Jami C-1 mike C-2	Jami C-1 Dar C-2	Steph C-1 Jami C-2	Denita C-1 Tina C-2	Steph C-1 Jami C-2	Denita C-1 Tina C-2
	Vickie C-1 TRISH C-2	Vickie C-1 mike C-2	Vickie C-1 Darlene C-2	VICKIE C-1 TRISH C-2	Vickie C-1 TRISH C-2	Vickie C-1 Steph C-2
28	Denita C-1 Tina C-2	Steph C-1 Denita C-2	Denita C-1 Tina C-2	1	2	3
	Vickie C-1 Darlene C-2	Vickie C-1 mike C-2	Vickie C-1 Steph C-2			
4	Jami C-1 Tina C-2	Steph C-1 Denita C-2	Denita C-1 Tina C-2			
	Vickie C-1 mike C-2	Vickie C-1 mike C-2	Vickie C-1 Steph C-2			

Emergency Situations A

All STAFF present when all called unless  
 out of town, live within 5 blocks of Chappy's  
 Protocol of Chappy's

one has emergency page - to contact Rest of Staff

**April 2010**

7:00 AM to 7:00 PM  
7:00 PM to 7:00 AM

unless noted differently

March 2010							May 2010						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6							1
7	8	9	10	11	12	13	2	3	4	5	6	7	8
14	15	16	17	18	19	20	9	10	11	12	13	14	15
21	22	23	24	25	26	27	16	17	18	19	20	21	22
28	29	30	31				23	24	25	26	27	28	29
							30	31					

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1	2	3
				TRISH C-1 TINA C-2 Vickie C-1 Steph C-2/TRISH 5:00pm	Jami C-1 Darc-2 vickie C-1 TRISH C-2	Jami C-1 Tina C-2 vickie C-1 Steph C-2
4	5	6	7	8	9	10
Jami C-1 Tina C-2 Vickie TRISH C-2	Steph C-1 Jami C-2 Mike/TRISH C-2 Vickie C-1	Denita C-1 Jami C-2 Vickie C-1 TRISH C-2	Jami C-1 Darc-2 Vickie C-1 Darlene C-2	Steph C-1 Denita C-2 Vickie C-1 TRISH C-2	Jami C-1 Darc-2 Vickie C-1 Jami C-2	Steph C-1 Tina C-2 vickie C-1 Steph until 11:00pm TRISH 11:00am
11	12	13	14	15	16	17
Steph C-1 Tina C-2 Vickie C-1 TRISH C-2	Steph C-1 Jami C-2 Vickie C-1 Mike C-2	Jami until 5:00pm Tina C-2 Vickie C-1 Mike/TRISH C-2	Steph C-1 Tina C-2 Vickie C-1 Tina C-2	Denita C-1 Darc-2 Vickie C-1 TRISH C-2	Steph C-1 Tina C-2 Vickie C-1 TRISH C-2	Denita C-1 Darc-2 Vickie C-1 TRISH C-2
18	19	20	21	22	23	24
Denita C-1 Darc-2 Mike C-2 Vickie C-1	Denita C-1 Tina C-2 Vickie C-1 Mike C-2	Tina C-1 Darc-2 Vickie C-1 Mike C-2	Denita C-1 Darc-2 Vickie C-1 Tina C-2	Steph C-1 Jami C-2 Vickie C-1 TRISH C-2	Denita C-1 Darc-2 Vickie C-1 TRISH C-2	Steph C-1 Jami C-2 Denita until 12:40pm TRISH 12:40am vickie C-1
25	26	27	28	29	30	31
Steph C-1 Jami C-2 Vickie C-1 Darc-2	Jami C-1 Denita C-2 Vickie C-1 Mike/TRISH C-2	Steph C-1 Darc-2 Vickie C-1 Mike C-2	Steph C-1 Jami C-2 Vickie C-1 Darc-2	Denita C-1 Jami C-2 Vickie C-1 TRISH C-2	Steph C-1 Jami C-2 Vickie C-1 TRISH C-2	Denita C-1 Tina C-2 Vickie C-1 TRISH C-2
2	3	4	5	6	7	8
Denita C-1 Tina C-2 Vickie C-1 TRISH C-2	Jami C-2 Steph C-1 Vickie C-1 Mike/TRISH C-2	Steph C-1 Denita C-2 Vickie C-1 Darlene C-2	Steph C-1 Denita C-2 Vickie C-1 Mike C-2	Jami C-1 Darc-2 Vickie C-1 TRISH C-2	Denita C-2 Steph C-1 Vickie C-1 Mike C-2	Jami C-1 Darc-2 Vickie C-1 TRISH C-2

until 10:00 PM



**SERVICES WE PROVIDE  
NURSE CALL STATION/CAMERA MONITORS**

**PHYSICIAN CONTACT WITH ATTENDING PHYSICIAN**

**ON CALL NURSE 24 HRS A DAY  
MONTHLY CARE PLAN EVALUATIONS AND VITAL CHECKS  
DONE 1 TIME A WEEK**

**24 HR NURSES AIDS ON SITE TO ASSIST WITH PERSONAL  
CARES**

**3 MAIN MEALS AND SNACKS AVAILABLE 24 HRS**

**LARGE PRIVATE ROOMS (SOME WITH PRIVATE BATH OR  
SHARED BATHROOM)**

**TRANSPORTATION TO DOCTORS, EYE, AND DENTAL  
APPOINTMENTS, WITH OWNERS GOING TO ALL VISITS WITH  
CLIENTS**

**WOUND CARE PROVIDED**

**MODIFIED DIETS, RENAL, DIABETIC AND LOW SODIUM**

**ADMINISTRATION OF MEDICATIONS  
INSULIN INJECTIONS.BLOOD GLUCOSE MONITORING**

**ASSIST WITH ALL PERSONAL CARES: BATHING, TURNING,  
TRANSFERING, GROOMING, LAUNDRY, AND CLEANING**

**FEEDING CLIENTS WHO NEED ASSISTANCE**

**CATHATER CARE/STOMA CARE, FEEDING TUBE CARE  
AVAILABLE**

**PASSIVE RANGE OF MOTION**

**INDIVIDUAL SUPERVISION/BEHAVIORAL SERVICES**

**SOCIALIZATION ACTIVITES**

**HOSPICE PROVIDED FOR END OF LIFE CARE**

**ALZHEMIERS CARE/MEMORY THERAPY**

**ALL LEVEL OF CARE A-K**

**HANDICAP BUS AVAILABLE**

**STANDING LIFTS, HOYER LIFTS, AND ROLL IN SHOWERS**

**OXYGEN THERAPY**

**COUNTY ASSISTANCE OR PRIVATE PAY ACCEPTED**

**ACTIVITIES TO KEEP YOU YOUNG AT HEART**



PLAYING CARDS



PLAYING CATCH



GOING HUNTING



MAKING CRAFTS



Relaxing with the paper



playing poker with the guys



Fourth of July float



Working in the garden

**CHAPPY'S GOLDEN SHORES  
ASSITED LIVING, IN A SECURE,  
LOVING, FAMILY ATMOSPHERE**



**OWNED AND OPERATED FOR 13 YEARS**

**530 PARK AVENUE  
HILL CITY, MN 55748**

**OWNERS: MIKE AND TRISH OLSON  
PHONE:218-697-8145  
CELL PHONE: 218-244-6384  
FAX:218-697-2573**

**LICENSED AS A CLASS F CUSTOMIZED LIVING  
PLUS HOME THROUGH THE STATE OF  
MINNESOTA AND FOSTER CARE HOME WITH  
AITKIN COUNTY**

When your loved one can no longer care for themselves in their home, Chappy's Golden shores is a place you can call home. A family setting, where you are treated with dignity, respect, kindness, and most importantly "love".

## ABOUT CHAPPY'S GOLDEN SHORES

Chappy's Golden Shores is conveniently located in a peaceful neighborhood along side of Hill Lake. Our home is 6,000 square-foot home customized to accommodate 10 residents.

We have created a family like environment where residents feel comfortable, and respected and treated with dignity. From the time they get up in the morning to the time they go to bed, it is your choice on what you do for the day.

### Our mission and Values

We are an assisted living facility, but truly a family. We have created an environment that values and respects each person's talents and abilities. Seniors deserve privacy, dignity, independence, and respect for all you have done and what you have to accomplish still. This is not the end of your journey but the beginning of a new chapter.

## CHAPPY'S STAFF



Jami, Vickie, Steph, Tina, Dar and Denita,

Our staff is our family. The staff at Chappy's has been with us for the past 13 years. We are trained to identify any signs of medical problems, so residents receive prompt attention. We are trained in CPR and first aid yearly, infection control, medication management, Alzheimer's, dementia, stroke, heart failure, diabetes, depression, renal failure, edema, feeding tubes, oxygen therapy, neb treatments, catheter care, and stoma care. All staff are nursing assistants, with military nursing, home health care, and nursing home care backgrounds. They wanted to work in a more home environment, to spend more one on one care to know you the client.

Our registered nurse Denise has 25 years experience in the Grand Rapids and the surrounding area. She does weekly checks on clients, monthly visits, and 62 day care plan evaluations on clients. She is available 24-hrs a day. Also has contact with all doctors, when needed.

The owners Mike and Trish have lived in the Hill City area for 35 years. We have dedicated our lives to serving our clients. We value the belief that you trust us enough to call us your family, so we will do everything we can to make sure you are safe, and happy.

And lastly our clients, are from Grand Rapids, Hill City, Minneapolis, and surrounding areas. They were looking for a family environment, with lot's of love.



## A look inside of Chappy's Golden Shores

Upon entering Chappy's you are welcomed by a spacious Great room, with many windows, and a real fireplace. Here is where the whole family meets for socializing, watching TV, snuggling by the fireplace, or doing activities.



Off the living room is 2 sitting rooms with fireplaces to sit and read a book, visit with families, or just a place to watch the fire. Also there is two living rooms off of the sitting rooms, for you to enjoy TV, or just relax.



We have two dining rooms, for residents to sit and eat. If you look out the patio doors, you see big decks, with a great big garden on one side, and beautiful wooded landscaping off the other deck. You can enjoy watching the birds and squirrels come to eat, or look at beautiful Hill lake.



We have 11 private bedrooms, each with a private roll in shower, or shared bathroom. Each room is spacious, and a place where you can call your own.





First time after contract was taken SFLJR

Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Chappy's Golden Shores  
530 Park Avenue  
Hill City, MN 55748  
Aitkin County

Report #: HL21006004

Date: July 16, 2010

Date of Visit: June 8, 9, 23, 24, 25, 2010

By: Division of Compliance Monitoring,

Nature of Visit:

On June 8, 9, 23, 24 25, 2010, an unannounced visit was made at Chappy's Golden Shores in order to investigate an alleged violation of state licensing rules for home health agencies.

It is alleged that the clients' rights are violated. Staff do not receive adequate training, background studies are not being done, the nighttime staff person is not able (due to disabilities), to take care of the clients, a surveillance camera is set up possibly without the consent of the clients and/or their families. In addition, the agency does not provide appropriate records when a client is transferred to another agency.

Conclusion:

A violation of clients' rights **did not occur**. Interviews and record review established that staff do receive adequate training including orientation to home care rules, infection control, dressing changes, insulin injection, medication administration and oxygen use. All personnel had background checks in their personnel records. The surveillance camera was installed for one client who was discharged. The camera is no longer in use. Appropriate records were sent at discharge.

xc: Division of Compliance Monitoring - Licensing & Certification

CMR Class F Revised 06/09

CORRECTION ORDER

Page 1 of 1

CERTIFIED MAIL #:

FROM: Minnesota Department of Health, Division of Compliance Monitoring  
85 East Seventh Place, Suite 220, P.O. Box 64938, St. Paul, Minnesota 55164-0938  
Home Care & Assisted Living Program  
[Click to insert ]  
Pat Nelson, Program Manager - (651) 201-4301

TO:	<u>KEITH M OLSON</u>	DATE:
PROVIDER:	<u>CHAPPYS GOLDEN SHORES</u>	COUNTY: <u>AITKIN</u>
ADDRESS:	<u>604 SUMMIT AVENUE</u>	HPID: <u>21006</u>
	<u>HILL CITY, MN 55748</u>	

On June 8, 9, 22, 23, 24, 2010, reviewer(s) of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

**NO VIOLATIONS**

- cc: County Social Services
- Ron Drude, Minnesota Department of Human Services
- Sherilyn Moe, Office of the Ombudsman
- Mary Henderson, Program Assurance (Penalty Assessment Only)
- Jocelyn Olson, Attorney General Office (For follow up uncorrected orders)
- Attorney General's Office - MA Fraud (for follow uncorrected orders & HWS Contract issues)

Here is the first set of allegations against US  
d, we were fined in no violations. She spent  
5 days with US.



*Protecting, Maintaining and Improving the Health of Minnesotans*

June 16, 2011

Keith Olson, Administrator  
Chappys Golden Shores  
604 Summit Avenue  
Hill City, MN 55748

Dear Mr. Olson:

An investigation has been conducted pursuant to a complaint that was filed with this office. A copy of the investigative results is enclosed.

If you have questions relative to this case, please contact the Investigator identified in the report.

If you have additional concerns regarding the investigation of this complaint, or if you are unable to resolve your concerns through the Investigator, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Stella French". The signature is written in a cursive style.

Stella French, J.D., Director  
Office of Health Facility Complaints  
Division of Compliance Monitoring  
85 East Seventh Place, Suite 220  
P.O. Box 64970  
St. Paul, MN 55164-0970  
Telephone: (651) 201-4212 Fax: (651) 281-9796

Enclosure

SF/jo



**GRAND ITASCA CLINIC & HOSPITAL**  
1601 Golf Course Road  
Grand Rapids, MN 55744  
218-326-5000

MRN: 56588

March 23, 2010

Chappy's Assisted Living  
Fax Number: 218-697-2573

Re: *Client in question*  
DOB: 03/16/1926

To Whom It May Concern:

I am writing on behalf of *Client in question*, date of birth 03/16/26.

*Client* was hospitalized at Grand Itasca Clinic and Hospital from 02/05/10 through 02/09/10. She was hospitalized due to numerous pressure ulcers at various stages due to debility. She has previously been taken care of at home, but due to a large amount of pressure ulcers, it was felt that she required more assistance. She then was discharged to Chappy's assisted living.

From what I understand *Client* is doing quite well in assisted living with wound care. *Client* was discharged there emergently because it was felt that she was unsafe and unable to be taken care of at home.

If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

Daniel W. Souler, MD

DWS/crb

Reviewed and electronically signed by provider.



2nd  
Inspection  
found untrue

Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Chappys Golden Shores  
530 Park Avenue  
Hill City, Minnesota 55748  
Aitkin County

Report #: HL21006005

Date: April 22, 2011

Date of Visit: March 30, 2011  
Time of Visit: 7:30 a.m.

By: Lisa Jacobsen, R.N.  
Special Investigator

Type of Facility:  Nursing home  HHA  Home Care Provider/Assisted Living  
 SLF  ICF/MR  Home Care  
 Hospital  Other: \_\_\_\_\_

Facility Self Report  Complaint

Allegation(s): The allegation is neglect based on the following: Client #1 is forced to consume excessive amounts of food and water and did not receive adequate wound care. In addition, staff are not following accepted practices regarding medications when they administer deceased clients' medications to current clients.

An unannounced visit was made at this facility and an investigation was conducted under:

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/MR (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Licensing Rules for Home Care (MN Rules Chapter 4668)

- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

### Conclusion:

Minnesota Vulnerable Adults Act (MN 626.557)

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

Abuse  Neglect  Financial Exploitation was:

Substantiated  Not Substantiated  Inconclusive based on the following information:

Neglect is not substantiated related to the allegation that client #1 was forced to consume excessive amounts of food and water and did not receive adequate wound care.

Client #1 began receiving services from the licensee on February 9, 2010 which included assistance with dressing, grooming, bathing, toileting, incontinence care, feeding, medication administration and wound care. Client #1 was admitted to the facility with at least nineteen pressure ulcers on numerous areas of her body including her ears, shoulders, spine, elbows, sides of knees, neck, hips and buttocks. The pressure ulcers were in various stages, with the most severe ones being Stage 4 with bone visible. The sizes of the pressure ulcers varied with the largest on her left hip measuring 10.5 centimeters by 8 centimeters. Documentation and interviews revealed facility staff had reduced the total number of pressure ulcers during her stay to approximately 6. The three most severe ones on her coccyx, sacrum and left hip area were Stage 4 ulcers.

Client #1 was hospitalized February 28, 2011 to March 3, 2011 with septic shock secondary to multiple stage 4 pressure ulcers. The hospital discharge summary dated March 3, 2011 indicated the licensee had been doing "outstanding wound care." Hospital records indicated the facility sent Client #1 back the hospital on March 4, 2011 with increased shortness of breath. Client #1 was hospitalized from March 4, 2011 to March 9, 2011 with pneumonia. The hospital discharge summary dated March 9, 2011 indicated after discussion with family, it was decided to provide comfort care instead of aggressive treatment. Client #1 was discharged back to the facility for "End of life care." Client #1 expired at the facility on March 20, 2011.

Documentation and interviews revealed facility staff provided wound care treatments as ordered at least twice a day and monitoring of the wounds. In addition, Client #1 received skilled nursing visits from a home care agency at least once a week for wound care and assessment. Documentation and interviews revealed Client #1 was provided assistance with eating and drinking and was very difficult to feed her due to frequent refusals and/or it took an excessive amount of time to feed her. There was no evidence that Client #1 was forced to consume excessive amounts of food and water.

Although the complainant indicated that medications of clients who were deceased were administered to current clients, this practice could not be substantiated during the site visit. Observations of the medication storage areas did not reveal medications of clients who no longer resided at the facility. Staff interviews confirmed medications of deceased clients were destroyed and not used for current clients.

A concern regarding client #2 being coerced into signing over his assets to the facility was reviewed during the onsite visit and was found to be unsubstantiated. Client #2 was interviewed and adamantly denied that he had



been coerced into signing over his assets to the facility. Client #2 stated that the land no longer belonged to him and was going to be sold at an auction. Client #2 stated the owners bought the land out of the "goodness of their hearts" so that I can still go out there and "see my stuff." Staff interviews confirmed the county was going to sell Client #2's land in a public auction and the owners of the facility purchased the land at a public auction on October 10, 2002.

**Compliance:****State Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Met**

The facility was found to be in compliance with State Licensing Rules for Home Care (MN Rules Chapter 4668). No state licensing orders were issued.

**State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met**

The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557). No state licensing orders were issued.

**State Statutes Chapters 144 & 144A – Compliance Met**

The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

**Facility Corrective Action:**

The facility took the following corrective action(s):

**Definitions:****Minnesota Statutes, section 626.5572, subdivision 7 - Not Substantiated**

"Not Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.

**The Investigation included the following:****Document Review: The following records were reviewed during the investigation:** Medical Records Care Guide Medication Administration Records Treatment Sheets

- |   |   |
|---|---|
| <input type="checkbox"/> Facility Incident Reports                    | <input type="checkbox"/> Physician Progress Notes     |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input type="checkbox"/> Physician Orders                             | <input type="checkbox"/> Social Service Notes         |
| <input type="checkbox"/> Nurses Notes                                 | <input type="checkbox"/> Meal Intake Records          |
| <input type="checkbox"/> Activities Reports                           | <input type="checkbox"/> Weight Records               |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records    | <input type="checkbox"/> Assessments                  |
| <input type="checkbox"/> Skin Assessments                             | <input type="checkbox"/> Care Plan Records            |

**Other pertinent medical records:**

- Hospital Records   
  Ambulance/Paramedics   
  Medical Examiner Records   
  Death Certificate  
 Police Report

**Additional facility records:**

- |  |   |
|--|---|
| <input type="checkbox"/> Resident/Family Council Minutes               | <input type="checkbox"/> Personnel Records/Background Check, etc.   |
| <input checked="" type="checkbox"/> Staff Time Sheets, Schedules, etc. | <input type="checkbox"/> Facility In-service Records                |
| <input type="checkbox"/> Facility Internal Investigation Reports       | <input checked="" type="checkbox"/> Facility Polices and Procedures |
| <input type="checkbox"/> Call Light Audits                             | <input type="checkbox"/> Other, specify: _____                      |

Number of additional resident(s) reviewed: 1

Were residents selected based on the allegation(s)?  Yes  No  N/A Specify: \_\_\_\_\_

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

Yes  No  N/A Specify: Client #1 is deceased.

**Interviews: The following interviews were conducted during the investigation:**

Interview with complainant(s):  Yes  No  N/A Specify: \_\_\_\_\_

If unable to contact complainant, attempts were made on:

Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_

Interview with family:  Yes  No  N/A Specify: \_\_\_\_\_

Did you interview the resident(s) identified in allegation:  Yes  No  N/A Specify: Client #1 is deceased

Did you interview additional residents:  Yes  No

Total number of resident interviews: 1

Interview with staff:  Yes  No  N/A Specify: \_\_\_\_\_

Canvassen Warning given as required:  Yes  No

Total number of staff interviews: 4

Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

Interview with Alleged Perpetrator(s):  Yes  No  N/A Specify: \_\_\_\_\_

Attempts to contact: Date time: \_\_\_\_\_ Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_

Unable to contact was subpoena issued:  Yes, date subpoena was issued \_\_\_\_\_  No

Were contacts made with any of the following:

Emergency personnel  Police Officers  Medical Examiner  Other: Specify \_\_\_\_\_

**Observations were conducted related to:**

- Wound Care
- Medication Pass
- Meals
- Personal Care
- Dignity/Privacy Issues
- Restorative Care
- Nursing Services
- Safety Issues
- Facility Tour
- Infection Control
- Cleanliness
- Injury
- Use of Equipment
- Transfers
- Incontinence
- Call Light
- Other: Medication Storage

Was any involved equipment inspected:  Yes  No  N/A

Was equipment being operated in safe manner:  Yes  No  N/A

Were photographs taken:  Yes  No Specify: \_\_\_\_\_

By: Division of Compliance Monitoring - Licensing & Certification

Wendigo Pines Assisted Living & Memory Care  
November 18, 2010  
Page 2

Henderson at the Minnesota Department of Health, Division of Compliance Monitoring, P.O. Box 64900, St. Paul, Minnesota 55164-0900.

**FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subpart 7, if, upon subsequent re-inspection after a fine has been imposed under Minnesota Rule 4668.0800 Subpart 6, 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" on the original orders. 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.

Also, at the time of the reinspection completed on August 13, 2010, additional violations were cited and are documented on the enclosed Correction Order form. When all orders are corrected, the order form should be signed and returned to this office at the Minnesota Department of Health, P.O. Box 64900, St. Paul, Minnesota 55164-0900.

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.

Sincerely,

Mary Henderson, Program Assurance Supervisor  
Licensing and Certification Program  
Division of Compliance Monitoring  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900  
Telephone: (651)201-4115 Fax: (651)215-9697

Enclosures

cc: Licensing and Certification File  
Mary Absolon, Licensing and Certification Program  
Pat Nelson, Home Care and Assisted Living Program  
Stella French, Office of Health Facility Complaints  
Itasca County Social Services  
Ron Drude, Provider Enrollment Unit, Department of Human Services  
Sherilyn Moe, Office of Ombudsman  
Jocelyn Olson, Office of the Attorney General  
Minnesota Board of Nursing

*Example of other names that are surveyed*  
*Still have home & community based waiver contracts*

*You can go to  
www.health.state.mn.us/divs/fpc*

*look up resolved complaints*

*& surveys  
See other names*

*with multiple violations*

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

INFORMATIONAL MEMORANDUM

**PROVIDER:** WENDIGO PINES ASSTED LIVING

**DATE OF SURVEY:** August 3, 4, 5 and 13, 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:**

- Raisa Kotula, Registered Nurse/Owner
- Cherie Alsaker, Licensed Practical Nurse
- Dawn Bachal, Personnel Care Attendant
- Kayle Higgins, Personnel Care Attendant
- Carrie Hersehbach, Personnel Care Attendant
- Bonnie Weimers, Personnel Care Attendant
- Cassie Thoennes, Personnel Care Attendant
- Becky Wilcox, Personnel Care Attendant
- Donna Meyers, Personnel Care Attendant
- Debbie Gordon, Office Manager

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

**ITEMS NOTED AND DISCUSSED:**

- 1) An unannounced visit was made to determine compliance with state licensure requirements. 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.
- 2) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of complaint investigations completed on April 6, 2010 and June 7, 2010. The results of the status of the state licensing orders 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 state licensing orders issued as a result of a complaint investigation completed on April 6, 2010, is as follows:

**1. MN Statute 144A.44 Home Care Bill of Rights. Subdivision 1. State of Rights (13), (14), (15)  
Corrected**

The status of the state licensing orders issued as a result of a complaint investigation completed on June 7, 2010, is as follows:

**1. MN Rule 4668.0050 Subp. 1                      Not Corrected                      \$350.00**

Based on interview and record review, the facility failed to ensure that there was sufficient staff in numbers to adequately provide the services agreed to in the service plans for three of three client's (A6, A7 and A8) who lived in housing with services A on July 16, 2010. The findings include:

Documentation by employee BB (unlicensed personnel) in the agency communication book in housing with services B on July 16, 2010, on the 10:00 p.m. to 6:00 a.m. shift, indicated she was having problems with one of the clients and that employee AE (unlicensed personnel) went over to housing with services site B to assist employee BB with the client.

A review of the July 2010 schedule indicated on July 15 and 16, 2010, employee BB was the only staff person working in housing with services site B and employee AE was the only staff person working in housing with services site A from 10:00 p.m. on July 15, 2010 to 6:00 a.m. on July 16, 2010.

Client A6 had a diagnosis of Cerebral Palsy and Arthritis. The client's service plan, dated February 16, 2006, indicated the client was to receive services 24 hour care.

Client A7 had a diagnosis of Dementia. The client's service plan, dated March 16, 2009, indicated the client was to receive services 24 hours a day.

Client A8 had a diagnosis of Dementia. The client's service plan, dated August 3, 2007, indicated the client was to receive services 24 hours a day.

When interviewed August 13, 2010, employee AA stated that all of clients needed 24 hour assistance because of their diagnoses and from time to time they are unsteady on their feet and need assistance to ambulate to the bathroom at night.

A review of in-service training documentation revealed that on June 17, 2010 an in-service was held regarding leaving the clients unattended in the houses. The in-service sign in sheet indicated that employee BB had attended the in-service training and employee AE had not signed the sheet as attending the in-service training.

When interviewed August 15, 2010, regarding the events that occurred in housing with service site B on July 16, 2010, employee BB stated that employee AE had come over to housing with service site B to assist her with a client who had become very agitated. Employee BB went on to state that employee AE was in the house assisting her for about 10 minutes. Employee BB did not recall what time it was that employee AE was assisting her.

When interviewed August 3, 2010, employee AA (registered nurse) stated that there was only

one person scheduled to work in each house on the 10:00 p.m. to 6:00 a.m. shift. She stated the clients in housing with services A should not have been left unattended and went on to state they probably left the clients in housing with services site A unattended while employee AE was helping out in housing with services site B. Employee AA also stated that she had trained staff on not leaving the houses unattended. When interviewed on August 13, 2010, employee AA stated at the in-service meeting she had told the staff that they were not to leave their house and leave the clients unattended. If they were the only one scheduled on their shift and they needed assistance they were to call housing with services site C or D, because there was always two staff scheduled shift.

**2. MN Rule 4668.0815 Subp. 2                      Not Corrected                      \$250.00**

Based on record review and interview, the agency failed to ensure that a registered nurse (RN) reviewed a client's service plan at least annually for two of two clients (C2 and D4) reviewed. The findings include:

Client C2 began receiving services on March 2, 2009. The client's record contained a service plan, dated March 1, 2009, that indicated the client received 24 hour care, meals and medications. When interviewed August 4, 2010, employee AA (RN) stated the client's service plan had not been reviewed since March 2009 (one year and five months). Employee AA also stated she was not aware that the service plan had to be reviewed annually.

Client D4 began receiving services on November 24, 2008. The client's record contained a service plan dated November 24, 2008. The service plan indicated the client received 24 hour care, medication administration and meals. The client's record lacked evidence that the service plan had been reviewed since November 24, 2008. When interviewed August 4, 2010, employee AA stated the client's service plan had not been reviewed since November 24, 2008.

**3. MN Rule 4668.0825 Subp. 2                      Not Corrected                      \$250.00**

Based on record review and interview, the licensee failed to develop a service plan that included the frequency of supervision of the tasks for seven of seven clients (A1, C1, C2, D1, D2, D3 and D4) reviewed. The findings include:

Client A1's record contained a service plan that was dated April 29, 2010. The service plan did not include the frequency of supervision of staff. The client's record indicated she required assistance with bathing, dressing, grooming and medication administration.

Client C1's record contained a service plan that was not dated. The service plan did not include the frequency of supervision of staff. The client's record indicated she needed assistance with bathing, dressing and hair care.

Client C2's record contained a service plan that was dated March 1, 2009. The service plan did not include the frequency of supervision of staff. The client's record indicated he required assistance with bathing, dressing, grooming, toileting and medication administration.

Client D1's record contained a service plan that was dated September 24, 2009. The service plan did not include the frequency of supervision of staff. The client's record indicated he required



assistance with dressing, toileting, bathing and medication administration.

Client D2's record contained a service plan that was dated June 29, 2010. The service plan did not include the frequency of supervision of staff. The client's record indicated he needed assistance with bathing, grooming, dressing and medication administration.

Client D3's record contained a service plan dated September 18, 2009. The service plan did not include the frequency of supervision of staff. The client's record indicated he needed assistance with bathing and was observed to receive medications from staff on August 4, 2010.

Client D4's record contained a service plan dated November 24, 2008. The service plan did not include the frequency of supervision of staff. The client's record indicated the client required assistance with bathing, grooming and medication administration.

When interviewed August 4, 2010, employee AA (registered nurse) confirmed the clients' service plans did not include the frequency of supervision of staff.

**4. MN Rule 4668.0845 Subp. 2 A (2) Corrected**

**5. MN Rule 4668.0865 Subp. 8 Not Corrected \$300.00**

Based on observation and interview, the licensee failed to provide central storage of medication that assured that all drugs were stored in locked compartments. The findings include:

On August 3, 2010, at 8:15 a.m., employee AA (registered nurse) and the surveyor entered the office, which is a separate building from the four other housing with services sites. The door to the office was unlocked and no one was in the office. The following was observed: five blister pack cards of medications belonging to client A2 (who expired on July 25, 2010) were sitting on a chair in the office; on a open shelf there were two bottles of Aspirin 325 milligrams (mg.), a box of Budesonide 0.5 mg belonging to client A3 (who expired on June 10, 2010); six bottles of Acetaminophen 500 mg. and a blister pack of Senna belonging to client A4 (who expired on June 19, 2010); four sealed bottles of Milk of Magnesia, two bottles of antidiarrheal caplets, a bottle of Aspirin 81 mg., two bottles of Tussin Cough Syrup, a bottle of Zyprexa 5 mg., a bottle of Zyprexa 10 mg, a four week cycle of Namenda belonged to client A5 (who was discharged on August 2, 2010); and five four week cycle cards of Namenda that were not labeled with a client's name.

Throughout the survey employee AF (office manager), family members and clients accompanied by staff members were observed to enter the office.

When interviewed on August 3, 2010, employee AA confirmed the office was unlocked when the office was entered on August 3, 2010, at 8:15 a.m. Employees AA also stated that the medications were stock supply medications or belonged to clients who were no longer living at the housing with services. Employee AA went on to state that employee AF was not authorized to administer medications.

When interviewed on August 3, 2010, employee AF (office manager) stated that she does not lock the office when she leaves the office to go to one of the other buildings on site.

**6. MN Rule 4668.0865 Subp. 9 Corrected****7. MN Statue 144A.44 Subdivision (2) Not Corrected****\$250.00**

Based record review and interview, the license failed to provide care and services according to acceptable medical and nursing standards by failing to ensure narcotic medication were counted every shift. The findings include:

The controlled medication records kept in the secured locked box in the medication room in housing with services C revealed the following:

The controlled medication record for client C1's Lorazepam 0.5 milligrams (mg.) was not documented as being counted at the end of the 10:00 p.m. to 6:00 a.m. shift on July 23, 24, 25 and August 1 and 2, 2010.

The controlled medication record for client C4's Lorazepam 1 mg. was not documented as being counted at the end of the 10:00 p.m. to 6:00 a.m. shift on July 23, 24, 26, 27 and August 1 and 2, 2010.

A review of the medication procedure that was signed by employee AA and dated May 10, 2010, indicated narcotic count sheets are to be done at the beginning and ending of each shift.

When interviewed on August 4, 2010, employee AA (registered nurse) stated the staff is to count the medications at the beginning and end of each shift and confirmed that the controlled medication records for client C1 and C4 indicated the medications were not being counted according to the policy.

On August 3, 2010, at 8:15 a.m., employee AA (registered nurse) and the surveyor entered the office, which is a separate building from the four other housing with services sites. The door to the office was unlocked and no one was in the office. The following was observed: five blister pack cards of medications belonging to client A2, who expired on July 25, 2010, were sitting on a chair in the office; on an open shelf there was two bottles of Aspirin 325 milligrams (mg.) and a box of Budesonide 0.5 mg. belonging to client A3, who expired on June 10, 2010; six bottles of Acetaminophen 500 mg., a blister pack of Senna belonging to client A4, who expired on June 19, 2010, four sealed bottles of Milk of Magnesia, two bottles of antidiarrheal caplets, a bottle of Aspirin 81 mg., two bottles of Tussin Cough Syrup, a bottle of Zyprexa 5 mg., a bottle of Zyprexa 10 mg, a four week cycle of Namenda belong to client A5, who was discharged on August 2, 2010, and five four week cycle cards of Namenda that were not labeled with a client's name.

Throughout the survey employee AF (office manager), family members and clients accompanied by staff members were observed to enter the office.

When interviewed on August 3, 2010, employee AA confirmed the office was unlocked when the office was entered on August 3, 2010, at 8:15 a.m. Employee AA also stated that these medications were stock supply medications or belonged to clients who were no longer living at the housing with services. Employee AA went on to state that employee AF was not authorized

to administer medications.

When interviewed on August 3, 2010, employee AF (office manager) stated that she does not lock the office when she leaves the office to go one of the other buildings on site.

**8. MN Statue 144A.441 Subdivision (14)**

**Corrected**



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7003 2260 0000 9973 1298

November 18, 2010

Raisa Kotula, Administrator  
Wendigo Pines Assisted Living  
20371 Wendigo Park Road  
Grand Rapids, MN 55744

Dear Ms. Kotula:

1) RE: Results of State Licensing Survey

The above agency was surveyed on August 3, 4, 5, and 13, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order form is enclosed. This document will be posted on the MDH website.

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

2) RE: Licensing Follow Up Visit

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 August 3, 4, 5, and 13, 2010.

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  
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.

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,



Patricia Nelson, Supervisor  
Home Care & Assisted Living Program

Enclosures

cc: Itasca County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Mary Henderson, Program Assurance  
Jocelyn Olson, Attorney General Office  
Attorney General's Office – MA Fraud  
Minnesota Board of Nursing

01/07 CMR3199

CERTIFIED MAIL #: 7003 2260 0000 9973 1298

FROM: Minnesota Department of Health, Division of Compliance Monitoring  
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900  
Home Care & Assisted Living Program



Patricia Nelson, Supervisor - (651) 201-4309

TO:	RAISA KOTULA	DATE: November 18, 2010
PROVIDER:	WENDIGO PINES ASSTED LIVING	COUNTY: ITASCA
ADDRESS:	20371 WENDIGO PARK ROAD	HFID: 21725
	GRAND RAPIDS, MN 55744	

On August 3, 4, 5 and 13, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
.....

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

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

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

**1. MN Rule 4668.0030 Subp. 6**

Based on record review and interview, the licensee failed to retain documentation in the client's record of receipt of the Home Care Bill of Rights for one of two clients (C1) reviewed in housing with services site C. The findings include:

Client C1's record contained a Home Care Bill of Rights Acknowledgement form that was not signed or dated to indicate the client received the bill of rights. When interviewed August 4, 2010, employee AA (registered nurse) stated the client did receive the bill of rights, but there was no documentation in the client's record indicating the client received the bill of rights.

**TO COMPLY:** The licensee shall retain in the client's record documentation of compliance with this part.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

## 2. MN Rule 4668.0810 Subp. 6

Based on record review and interview, the licensee failed to maintain a complete record for three of three clients reviewed (A1, A2 and A3) in housing with services A, and one of one client reviewed (B1) in housing with services B. The findings include:

A review of the agency communication book in housing with services C indicated a client had left the building on July 16, 2010. During an interview with employee AA (registered nurse) on August 3, 2010, employee AA verified client A1 had left housing with services C on July 16, 2010. Employee AA went on to state that the local police were called and assisted in finding the client. There was no documentation in client A1's record pertaining to this incident.

Client B1 began receiving services on October 19, 2009. The client's record contained a physician's visit note, dated July 12, 2010, indicating the client had an incision and drainage of an abscess. The client was to have a sterile dressing change every day. The client's record lacked evidence that the dressing had been changed daily as ordered. When interviewed August 4, 2010, employee AA (registered nurse) stated the licensed practical nurse did the dressing changes daily. Employee AA also confirmed the dressing changes were not documented in the client's record and there was no documentation in the client's record pertaining to the abscess. When interviewed August 4, 2010, employee AB (licensed practical nurse) stated she had done the dressing change daily, but could not find where she had documented the treatment.

Client A2 began receiving services on January 5, 2010. The discharge client roster form given to the surveyor indicated the client expired on July 25, 2010, at the facility. The last documentation in the client's record, dated July 25, 2010, stated the client was unresponsive and refused liquid. The client's record did not contain any further documentation as to when the client expired. When interviewed August 5, 2010, employee AA (registered nurse) also stated there was no discharge summary completed.

Client A3 began receiving services on April 26, 2007. The discharge client roster form given to the surveyor indicated the client expired on June 19, 2010, at the facility. The last note in the client's record was dated June 18, 2010, 2:00 p.m. to 10:00 p.m. which indicated staff would continue to try and give fluids and check on her every one to two hours. The client's record did not contain any further documentation as to when the client expired. When interviewed August 5, 2010, employee AA stated the client had expired on June 19, 2010 and that there was no further documentation pertaining to the client's condition at the time of death.

**TO COMPLY:** The client record must be accurate, up to date, and available to all persons responsible for assessing, planning, and providing assisted living home care services. The record must contain:

A. the following information about the client:

(1) name;

- (2) address;
  - (3) telephone number;
  - (4) date of birth;
  - (5) dates of the beginning and end of services;
  - (6) names, addresses, and telephone numbers of any responsible persons;
  - (7) primary diagnosis and any other relevant current diagnoses;
  - (8) allergies, if any; and
  - (9) the client's advance directive, if any;
- B. an evaluation and service plan as required under part 4668.0815;
- C. a nursing assessment for nursing services, delegated nursing services, or central storage of medications, if any;
- D. medication and treatment orders, if any;
- E. the client's current tuberculosis infection status, if known;
- F. documentation of each instance of assistance with self-administration of medication and of medication administration, if any;
- G. documentation on the day of occurrence of any significant change in the client's status or any significant incident, including a fall or a refusal to take medications, and any actions by staff in response to the change or incident;
- H. documentation at least weekly of the client's status and the home care services provided, if not addressed under item F or G;
- I. the names, addresses, and telephone numbers of the client's medical services providers and other home care providers, if known;
- J. a summary following the discontinuation of services, which includes the reason for the initiation and discontinuation of services and the client's condition at the discontinuation of services; and
- K. any other information necessary to provide care for each individual client.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

### **3. MN Rule 4668.0815 Subp. 1**

Based on record review and interview, the licensee failed to ensure the registered nurse (RN) established a service plan no later than two weeks after initiation of assisted living home care services for one of



two clients (C1) reviewed in housing with services C. The findings include:

Client C1 began receiving services on March 29, 2009. The service plan in the client's record was not dated or signed by the responsible person nor did it include a signature of the provider staff.

When interviewed August 4, 2010, employee AA (registered nurse) confirmed that the service plan was not dated or signed by the client or the person preparing the service plan.

**TO COMPLY:** No later than two weeks after the initiation of assisted living home care services to a client, a registered nurse must complete an individualized evaluation of the client's needs and must establish, with the client or the client's responsible person, a suitable and up-to-date service plan for providing assisted living home care services in accordance with accepted standards of practice for professional nursing. The service plan must be in writing and include a signature or other authentication by the class F home care provider licensee and by the client or the client's responsible person documenting agreement on the services to be provided.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

#### **4. MN Rule 4668.0815 Subp. 4**

Based on observation, record review and interview, the licensee failed to ensure that service plans were complete for one of one client (A1) reviewed in housing with services A, one of one client (B1) reviewed in housing with services B, two of two clients (C1 and C2) reviewed in housing with service C and three of three clients (D1, D2 and D3) reviewed in housing with services D. The findings include:

Client A1 began receiving services on April 24, 2010. The client's monthly activities of daily living record for July 2010 indicated she received assistance with bathing once a week and assistance with grooming daily. Client A1's medications were observed stored in central storage on August 4, 2010. The client's service plan, dated April 29, 2010, did not include bathing, grooming, central storage of medication, the frequency for which the services were to be provided, or the person who was to provide the service. The client's service plan also did not include the name, address and phone number of the person to be notified in case of a condition change or emergency.

Client B1 began receiving services on October 19, 2009. The client's service plan, dated March 16, 2010, listed the following services: 24 hour care, meals, snacks and medication administration. On August 4, 2010, the client was observed to have a catheter. When interviewed August 4, 2010, employee BA (unlicensed personnel) indicated she assisted the client on emptying the catheter leg bag throughout the day and also performed catheter care. On August 4, 2010, the client's medications were also observed stored in the locked medication cupboard. The service plan did not include the catheter care, the frequency, the title of the person that was to provide the service, schedule for supervision, or the fees for service.

Client C1 began receiving services on March 29, 2009. The client's service plan, which was undated, stated the client received 24 hour care. The service plan did not include the frequency of services, the title of person to provide the care, schedule for supervisory visits or the fees. When interviewed August 4, 2010, employee CB (unlicensed personnel) stated staff assists the client with dressing, shower, ambulation to table, application of Ted stockings, oxygen and filling of the portable oxygen tanks and medication administration. The client's medications were observed on August 4, 2010, to be stored in the medication cupboard.

Client C2 was observed on August 4, 2010, to receive assistance with dressing, toileting, medication administration, blood sugar monitoring and insulin injection. The client's resident care plan, that was not dated, stated the client received assistance with a weekly shower, oral care and toileting. The client's service plan, dated March 1, 2009, stated the client received 24 hour care, meals and "med." The client's service plan did not include the frequency of the services to be provided, the title of the person providing the service and the schedule of supervisory visits.

Client D1 began receiving services on September 23, 2009. The client's registered nurse assessment, dated September 23, 2009, indicated the client required assistance with dressing, toileting, bathing, hair care and oral hygiene. The client's service plan that was dated and signed on September 24, 2009, did not include a description of services, frequency of services, title of person to provide the service, a schedule of supervision or the fees.

Client D2 began receiving service on June 29, 2010. The client's service plan, dated June 29, 2010, did not include the frequency of services, the title of the staff person to provide the services, a schedule for supervisory visits or the fees.

Client D3 began receiving services on September 18, 2009. The client's service plan, dated September 18, 2009, only listed the fees for services. The client's record indicated he received assistance with bathing, dressing, medication administration and toileting.

When interviewed August 4, 2010, employee AA (registered nurse) confirmed the clients' service plans were not complete.

**TO COMPLY:** The service plan required under subpart 1 must include:

- A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;
- B. the identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;
- D. the fees for each service; and
- E. a plan for contingency action that includes:
  - (1) the action to be taken by the class F home care provider licensee, client, and responsible person if scheduled services cannot be provided;
  - (2) the method for a client or responsible person to contact a representative of the class F home care provider licensee whenever staff are providing services;
  - (3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;

(4) the method for the class F home care provider licensee to contact a responsible person of the client, if any; and

(5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

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

Based on observation, record review and interview, the licensee failed to ensure that unlicensed staff was instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure, that the RN specified in writing specific instructions for performing the procedure and demonstrated to the RN that he/she was competent to perform the procedure for two of two clients (B1 and C1) who were observed receiving delegated nursing procedures. The findings include:

Client B1 was observed on August 4, 2010, to have a catheter connected to a leg bag by employee BA (unlicensed personnel). The client's record lacked evidence that the RN had specified in writing specific instructions for caring for the client's catheter. Employee BA's record lacked evidence that she had been trained by a RN in catheter care.

When interviewed August 4, 2010, regarding client B1's catheter care employee BA stated she assisted the client with his catheter. Employee BA was unable to find any written instruction pertaining to the catheter care. Employee BA also stated that another unlicensed personnel had showed her how to do the catheter care.

When interviewed August 4, 2010, employee AA (RN) stated there should have been written instructions pertaining to the catheter care in the medication administration book, but they were not here when she looked for them. Employee AA also verified employee BA's record lacked documentation that she had been trained by a RN in catheter care.

Client C1 was observed on August 4, 2010, at 8:00 a.m. during medication administration observation to be receiving oxygen per nasal cannula at two liters. The client's record did not contain written instructions for how the oxygen was to be administered. When interviewed August 4, 2010, client C1 stated the staff assisted her with the oxygen.

When interviewed regarding client C1's oxygen on August 4, 2010, employee CB (unlicensed personnel) stated she did not know if there were written instructions for the oxygen. Employee CB went on to state the client usually used two liters of oxygen unless she was having breathing problems and then the client received three liters of oxygen. Employee CB also stated that unlicensed personnel showed her how to administer the oxygen and how to fill the portable oxygen tank. Employee CB's record lacked documentation that she had been trained by a RN.

When interviewed August 4, 2010, employees AA (RN) stated that a respiratory therapist from the oxygen company had been there and trained all the staff. Employee AA went on to state she could not find documentation as to who attended the training or written instructions on how to perform the oxygen procedures. When interviewed August 4, 2010, employee CB stated that she was not trained by the respiratory therapist.

Employee CA (unlicensed personnel) was observed on August 4, 2010, at 11:25 a.m. to do a blood sugar check on client C2. The client's record did not contain written instructions on how to perform the procedure.

When interviewed regarding client C2's blood sugar checks on August 4, 2010, employee CA stated there were no written instructions for the blood sugar checks. Employee CA went on to state that she had been shown by another unlicensed staff on how to do the blood sugar checks. Employee CA's record lacked evidence that she had been trained by the RN prior to performing the procedure.

When interviewed August 5, 2010, employee AA(RN) confirmed that employee CA's record lacked evidence that she had been trained by a RN on to how to perform blood sugar checks and that the client's record did not contain written instructions.

**TO COMPLY:** A person who satisfies the requirements of part 4668.0835, subpart 2, may perform delegated nursing procedures if:

- A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;
- B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;
- C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;
- D. the procedures for each client are documented in the client's record; and
- E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

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

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

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 six of six clients (A1, C1, C2, D1, D2 and D3) reviewed. The findings include:

Client A1 began receiving services on April 24, 2010. The client's RN evaluation lacked evidence that a RN conducted a nursing assessment of the client's functional status and need for assistance with medication administration.

Clients C1 and C2 began receiving services on March 29, 2009, and March 2, 2009, respectively. Client C1's and C2's registered nurse evaluation dated March 30, 2009, and March 2, 2009, respectively lacked evidence that a RN conducted a nursing assessment of the client's functional status and need for assistance with medication administration.

Clients D1, D2 and D3 began receiving services on September 23, 2009, June 29, 2010, and September 18, 2009, respectively. Client D1's, D2's, and D3's registered nurse evaluation dated September 24, 2009, June 29, 2010, and September 18, 2009, respectively lacked evidence that a RN conducted a nursing assessment of the client's functional status and need for assistance with medication administration.

**TO COMPLY:** For each client who will be provided with assistance with self-administration of medication or medication administration, a registered nurse must conduct a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration, and develop a service plan for the provision of the services according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part 4668.0845, and must be maintained as part of the service plan required under part 4668.0815.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

#### **7. MN Rule 4668.0855 Subp. 5**

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) was notified, either within twenty-four hours after its administration, or within a time period that was specified by a RN prior to the administration, when an unlicensed person administered a pro re nata (PRN, as needed) medication to a client for one of one client (A1) reviewed in housing with services A who received PRN medications. The findings include:

Client A1's PRN medication record indicated the client received Tylenol #3 one tablet on August 1, 2010, at 10:15 p.m., Tylenol #3 one tablet on August 2, 2010, at 9:00 a.m., Ativan 0.5 milligrams (mg.) one tablet on August 2, 2010, at 3:00 p.m., Tylenol #3 one tablet on August 2, 2010, at 7:30 p.m., and Tylenol 500 mg. two tablets on August 3, 2010, at 3:00 a.m. The client's record lacked evidence the RN was notified that the PRN medications were administered to the client.

The client's monthly activities of daily living record for July 2010 contained a statement which stated, all PRN medications given must be documented on the medication administration record (MAR) and in the nurses notes and if the nurse was called.

When interviewed August 4, 2010, employee AA (RN) stated that the unlicensed personnel are to call the RN before giving PRN medications or the licensed practical nurse if she is there at the time. Employee AA stated she could not remember if she was called or not regarding administration of the client's PRN medication on August 1, 2 and 3, 2010.

**TO COMPLY:** A person who satisfies the requirements of subpart 4 and has been delegated the responsibility by a registered nurse, may administer medications, orally, by suppository, through eye drops, through ear drops, by use of an inhalant, topically, by injection, or through a gastrostomy tube, if:

- A. the medications are regularly scheduled; and
- B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:

- (1) within 24 hours after its administration; or
- (2) within a time period that is specified by a registered nurse prior to the administration.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

#### **8. MN Rule 4668.0855 Subp. 7**

Based on observation, interview and record review, the licensee failed to ensure that the registered nurse (RN) documented in the client's record, the specific instructions for performing the procedures for each client and the unlicensed staff person demonstrated to an RN their ability to assist with or administer the medications. The findings include:

Client B2 had a prescriber's orders, dated October 7, 2009, for Albuterol MDI two puffs four times a day, June 3, 2010, for Advair 250/50 micrograms one puff twice a day and January 19, 2010 and for Albuterol Sulfate 2.5 milligrams/3 milliliters one vial four times a day.

Employee BA was observed on August 4, 2010, at 3:40 p.m. to administer two inhalers and a nebulizer treatment to client B2. Client B2's record did not contain written instructions for how the inhalers or nebulizer treatment were to be administered. A review of employee BA's record lacked evidence the RN had trained employee BA on inhalers or nebulizer treatments.

When interviewed August 4, 2010, employee BA stated the RN had trained her in medication administration. When interviewed August 5, 2010, employee AA (RN) stated she had trained the staff in medication administration, but there were no written instructions in the client's record to address how to administer inhalers or nebulizers. Employee AA also stated there was no documentation in employee BA's record pertaining to the training.

Client C2's record contained prescriber's orders, dated February 3, 2010, for Lantus Insulin 23 units every hours of sleep and an order, dated January 5, 2010, for NovoLog insulin 11 units twice a day. The client was observed to be given NovoLog insulin 11 units on August 4, 2010, at 12:00 noon by employee BA (unlicensed personnel). The client's record did not contain written instructions for how to administer the insulin injection. When interviewed August 4, 2010, employee BA stated the RN had showed her how to give insulin injections. A review of employee BA's record lacked evidence that the RN had trained employee BA on insulin injections.

When interviewed August 5, 2010, employee AA (RN) confirmed there were no written instructions in the client's record on how to administer the insulin injection. Employee AA went on to state that she had trained employee BA on insulin injections, but there was no documentation of the training in employee BA's record.

**TO COMPLY:** A person who satisfies the training requirements of subpart 4 may perform assistance with self-administration of medication or medication administration if:

- A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;
- B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;

C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;

D. the procedures for each client are documented in the client's records; and

E. the class F home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

#### **9. MN Rule 4668.0855 Subp. 8**

Based on observation, record review and interview, the licensee failed to ensure the registered nurse (RN) retained documentation of medication administration training for three of three unlicensed personnel (C, CB and BA) observed administering medications to clients. The findings include:

Employees CA, CB and BA (unlicensed personnel) were observed to administer medications to clients on August 4, 2010. Employee CA's, CB's and BA's personnel records lacked documentation that they had been trained by a RN in medication administration.

When interviewed on August 4, 2010, employees CA, CB and BA all stated that they had been trained in medication administration by the registered nurse. When interviewed August 5, 2010, employee AA (RN) stated she had trained the unlicensed personnel in medication administration and went on to state the employees' records lacked documentation of the training.

**TO COMPLY:** A class F home care provider licensee must retain documentation in the personnel records of the unlicensed personnel who have satisfied the training requirements of this part.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

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

Based on record review and interview, the licensee failed to ensure medications were administered as prescribed for one of one client (A1) reviewed in housing with services site A. The findings include:

Client A1's record contained a prescriber's order, dated July 3, 2010, for Tylenol #3 one tablet every four hours as needed for pain. The client's "PRN" medication record indicated on July 30, 2010, at 7:15 p.m. the client received Tylenol #3 two tablets for mouth pain instead of the one tablet that was ordered. The client's record also had a prescriber's order, dated April 24, 2010, for Ativan 0.5 milligrams (mg.) one tablet three times daily as needed for anxiety. The client's "PRN" medication record indicated that on July 31, 2010, at 4:30 p.m. the client received two tablets of Ativan 0.5 mg. on August 1, 2010, at 9:35 a.m. the client received two tablets of Ativan 0.5 mg. and on August 1, 2010, at 10:15 p.m. the client received two tablets of Ativan 0.5 mg. instead of the one tablet of Ativan that was ordered.

When interviewed August 4, 2010, employee AA (registered nurse) confirmed the Tylenol #3 and the Ativan were not given as ordered.

The medication room in housing with services site C was toured with employee AA (registered nurse) on August 4, 2010, at 10:00 a.m. In the bottom cupboard, there was a red box that contained a zip lock bag with client C2's name and Lantus 23 units written on the bag. The zip lock bag contained 21 filled insulin syringes. Upon review of the syringes it was noted that they had air bubbles in them. After employee AA removed the air bubble from one of the insulin syringes there was only 22 units of Lantus insulin in the syringe. Employee AA confirmed there was only 22 units of insulin in the syringe. In another zip lock bag in the red box there were 15 syringes with NovoLog insulin 11 units. There were also one or more small bubbles in all 15 syringes. This was also confirmed by employee AA at the time.

Client C2's record contained prescriber's orders, dated February 3, 2010, for Lantus Insulin 23 units every hours of sleep and January 5, 2010, for NovoLog insulin 11 units twice a day.

When interviewed August 4, 2010, employee AA stated employee BA (licensed practice nurse) drew up the insulin for the clients and the unlicensed personnel administered the insulin to the clients. Employee AA went on to state she would ask the LPN to re-draw the insulin for client C2.

**TO COMPLY:** The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

#### **11. MN Rule 4668.0860 Subp. 9**

Based on record review and interview, the licensee failed to ensure medication or treatment orders were renewed at least every 12 months two of two clients (C1 and C2) who had received services for longer than a year in housing with services C. The findings include:

Client C1 and C2 began receiving services on March 29, 2009, and March 2, 2009, respectively. The clients' records lacked evidence that their medication and treatment orders were reviewed at least annually. Client C1's and C2's orders had not been reviewed by the physician since March 29, 2009, and March 2, 2010, respectively.

When interviewed August 4, 2010, employee AA (registered nurse) stated she was unaware that the medication and treatment orders needed to be renewed annually.

**TO COMPLY:** A medication or treatment order must be renewed at least every 12 months or more frequently as indicated by the nursing assessment required under part 4668.0855, subpart 2.

**TIME PERIOD FOR CORRECTION:** Seven (7) days



**12. MN Rule 4668.0865 Subp. 2**

Based on record review and interview, the licensee failed to have a registered nurse (RN) conduct an assessment of the client's functional status and need for central medication storage and develop a service plan for the provision of central storage of medications for one of one client (A1) reviewed in housing with services A, two of two clients (C1 and C2) reviewed in housing with services C and three of three clients (D1 and D2 and D3) reviewed in housing with service D. The findings include:

Client A1 began receiving services on April 24, 2010. The client's RN evaluation lacked evidence that a RN conducted a nursing assessment of the client's functional status and need for central storage of medications.

Clients C1 and C2 began receiving services March 29, 2009, and March 2, 2009, respectively. Client C1's and C2's RN evaluation dated March 30, 2009, and March 2, 2009, respectively lacked evidence that a RN conducted a nursing assessment of the client's functional status and need for central storage of medications.

Clients D1, D2 and D3 began receiving services on September 23, 2009, June 29, 2010, and September 18, 2009, respectively. Client D1's, D2's and D3's RN evaluation dated September 24, 2009, June 29, 2010, and September 18, 2009, respectively lacked evidence that a RN conducted a nursing assessment of the client's functional status and need for central storage of medications.

**TO COMPLY:** For a client for whom medications will be centrally stored, a registered nurse must conduct a nursing assessment of a client's functional status and need for central medication storage, and develop a service plan for the provision of that service according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part 4668.0845. The service plan for central storage of medication must be maintained as part of the service plan required under part 4668.0815.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

**13. MN Rule 4668.0865 Subp. 3**

Based on observation and interview, the facility failed to establish and maintain a system to ensure medications were not used after their expiration date in three of four housing with services (B, C and D). The findings include:

On August 4, 2010, at 10:00 a.m. in the medication cupboard in housing with services C the following expired medications were noted: a jar of Vaporizing colds rub with an expiration date of May 2007, a bottle of anti diarrheal pills with an expiration date of January 2010, a bottle of liquid antacid with an expiration date of January 2010, a tube of Aspercreme with an expiration date of July 2009 and two tubes of Vitamin A&D ointment with expiration dates of April 2010 and July 2010.

On August 4, 2010, at 2:00 p.m. one bottle of stool softener with an expiration date of July 2009 was found in the medication cupboard in housing with services site D.

On August 4, 2010, at 3:00 p.m., a bottle of Aspirin 325 milligrams with an expiration date of August 8, 2010, and a bottle of anti diarrheal tablets with an expiration date of June 2010 were found in the medication cupboard in housing with services B.

When interviewed August 4, 2010, employee AA (registered nurse) confirmed that the medications had expired. Employee AA also stated that the house managers were to check periodically to see if medications had expired.

**TO COMPLY:** A. A registered nurse or pharmacist must establish and maintain a system that addresses the control of medications, handling of medications, medication containers, medication records, and disposition of medications.

B. The system must contain at least the following provisions:

(1) a statement of whether the staff will provide medication reminders, assistance with self-administration of medication, medication administration, or a combination of those services;

(2) a description of how the distribution and storage of medications will be handled, including a description of suitable storage facilities;

(3) the procedures for recording medications that clients are taking;

(4) the procedures for storage of legend and over-the-counter drugs;

(5) a method of refrigeration of biological medications; and

(6) the procedures for notifying a registered nurse when a problem with administration, record keeping, or storage of medications is discovered.

**TIME PERIOD FOR CORRECTION:** Seven (7) days

#### **14. MN Rule 4668.0870 Subp. 2**

Based on observation, record review and interview, the licensee failed to ensure medications belonging to the client were given to the client or responsible person when the client was discharged and document in the client's record to whom the medications were given for two of two clients (A2 and A4) reviewed who were discharged. The findings include:

On August 3, 2010, at 8:15 a.m. on a chair in the main office there was a blister pack of Levothyroxine belonging to client A2 who was discharged on July 25, 2010. When interviewed August 3, 2010, employee AA (registered nurse) confirmed the client was discharged and went on to state the client's other medications were given to the family. Client A2's record lacked documentation to whom the medications were given to at the time of discharge.

On August 3, 2010, at 8:15 a.m. on an open shelf in the main office there was a bottle of Senna belonging to client A4 who was discharged on June 16, 2010. When interviewed August 3, 2010, employee AA confirmed the client was discharged and they were waiting for the family to pick up the medication as they forgot to give the Senna with the other medication that were given to the family. When interviewed August 5, 2010, employee AA confirmed the client's record did not indicate to whom the medications were given to at the time of discharge.

**TO COMPLY:** Current medications belonging to a client must be given to the client, or the client's responsible person, when the client is discharged or moves from the housing with services establishment. A class F home care provider licensee must document in the client's record to whom the medications were given.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

**15. MN Statute §626.557 Subd. 14(b)**

Based on record review and interview, the licensee failed to develop an individual abuse prevention plan for one of one client (A1) reviewed in housing with services A and two of two clients (C1 and C2) reviewed in housing with services C. The findings include:

Client A1's vulnerable adult assessment, dated April 24, 2010, identified that the client was vulnerable in the following areas: ability to manage finances, ability to report abuse and neglect and social support system.

Client C1's vulnerable adult assessment, dated March 28, 2009, identified that the client was vulnerable in the following areas; ability to manage finances, ability to follow directions consistently, ability to report abuse or neglect and social support.

Client C2's vulnerable adult assessment, dated March 2, 2009, identified the client was vulnerable in the area of being able to report abuse or neglect.

A review of the Assessment for Resident Vulnerability and Safety form that is used by the licensee noted that areas of vulnerability should be addressed in the resident's care plan.

A review of client A1's, C1's and C2's records lacked evidence that the client assessment vulnerabilities were addressed on their care plans.

When interviewed August 4, 2010, employee AA (registered nurse) stated the client's care plans did not address all of the clients' vulnerabilities.

**TO COMPLY:** Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

**TIME PERIOD FOR CORRECTION:** Thirty (30) days

cc: Itasca County Social Services  
Ron Drude, Minnesota Department of Human Services  
Sherilyn Moe, Office of the Ombudsman  
Mary Henderson, Program Assurance  
Jocelyn Olson, Attorney General Office  
Attorney General's Office – MA Fraud  
Minnesota Board of Nursing



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7004 1160 0004 8715 0208

July 14, 2005

Sandra Francisco, Administrator  
Country Haven Alzheimer's Home  
20371 Wendigo Park Road  
Grand Rapids, MN 55744

Re: Licensing Follow Up Revisit

Dear Ms. Francisco:

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 March 24, 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: Sandra Francisco, President Governing Board  
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:** COUNTRY HAVEN ALZHEIMERS HOME

**DATE OF SURVEY:** March 24, 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:**

Sheila Phelps, office manager

**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 March 24, 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 4668.0815 Subp. 4

Corrected

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



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Certified Mail # 7004 1160 0004 8714 2517

January 28, 2005

Sandra Francisco, Administrator  
Country Haven Alzheimer's Home  
20371 Wendigo Park Road  
Grand Rapids, MN 55744

Re: Results of State Licensing Survey

Dear Ms. Francisco:

The above agency was surveyed on January 11, 12, and 18, 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: Sandra Francisco, 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: COUNTRY HAVEN ALZHEIMERS HOME

HFID # (MDH internal use): 21725

Date(s) of Survey: 01/11/2005, 01/12/2005 and 01/18/2005

Project # (MDH internal use): QL21725001

Indicators of Compliance	Outcomes Observed	Comments
<p>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)</p>	<p>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.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>

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><input checked="" type="checkbox"/> Met  <input type="checkbox"/> Correction  <input type="checkbox"/> 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 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><input checked="" 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 checked="" 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 checked="" 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 checked="" 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 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 checked="" 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 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input checked="" 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 <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 checked="" 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:
1.	MNRule 4668.0815 Subp.5	X	X	Based on record review and interview, the agency failed to provide contingency plans for four (#1, #2, #3 & #4) reviewed. The service plans did not include a plan for contingency. Findings include:  Client #1 and #4 began receiving services in 2004. Client #2 and #3 began receiving services in 2003. On January 14, 2005, the director confirmed that the service plans did not include a plan for contingency

A draft copy of this completed form was left with Roberta Jo Jerry R.N at an exit conference on January 18, 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)



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # ~~7004-1350-0003-0567-0919~~  
7004 1350 0003 0567 1398

~~February 6, 2008~~  
February 15, 2008

Cheryl Heikkila, Administrator  
McKinney Lake House  
2304 McKinney Lake Road  
Grand Rapids, MN 55744

Re: Results of State Licensing Survey

Dear Ms. Heikkila:

The above agency was surveyed on January 7, 8, and 9, 2008, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

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

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

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style.

Jean Johnston, Program Manager  
Case Mix Review Program

Enclosures

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

01/07 CMR3199

Division of Compliance Monitoring • Case Mix Review  
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301  
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>  
*An equal opportunity employer*



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: MCKINNEY LAKE HOUSE  
 HFID #: 23682  
 Date(s) of Survey: January 7, 8 and 9, 2008  
 Project #: QL23682002

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 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>Follow-up Survey # <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>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 checked="" type="checkbox"/> Met</p> <p><input 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>Follow-up Survey # <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 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>Follow-up Survey # <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>Follow-up Survey # <input type="text"/></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>Follow-up Survey # <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>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><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>Follow-up Survey # <input type="text"/></p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> 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><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>Follow-up Survey # <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>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>Follow-up Survey # <input type="text"/></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 4668.0825 Subp. 4**

**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) had trained unlicensed personnel in the proper methods to perform delegated nursing procedures prior to performing the procedures for two of three clients' (A2 and A3) records reviewed. The findings include:

Client A2's December 2007 and January 2008 medication administration record indicated she had received range of motion by employee AD, an unlicensed person.

Client A3's December 2007 and January 2008 service delivery record indicated she received a daily splint application and hot packs to her knee two times per shift by employee AD. There was no documentation that the RN had trained employee AD prior to performing the delegated nursing procedures. When interviewed January 7, 2007, employee AD indicated she was trained by another unlicensed staff person on how to perform the range of motion for client A2. When interviewed January



8, 2008, the owner confirmed there was no documentation that the RN had provided training to employee AD.

## **2. MN Rule 4668.0855 Subp. 5**

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

Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) was notified within 24 hours after administration when unlicensed personnel administered a pro re nata (PRN, as needed) medication for two of two clients' (A2 and A3) records reviewed. The findings include:

Client A2's PRN Medication Administration Record indicated she received Ambien 5 milligrams (mg.) on November 27 and December 17, 2007. Client A2's record lacked evidence the RN was notified when the medication was given.

Client A3's PRN Medication Administration Record indicated she received Tylenol 500 mg., one or two, on December 6, 7, 14, 17, 23, 24, 25 and 26, 2007 and January 4 and 6, 2008. Client A3's record lacked evidence that the RN was notified when the medication was given. When interviewed January 8, 2008, employee AD indicated she did not notify the RN prior to giving the PRN medications. The owner also confirmed the RN was not notified prior to administration of the PRN medications.

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

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

Based on record review and interview, the licensee failed to have complete medication records for two of three clients' (A2 and A3) records reviewed. The findings include:

Client A2's medication administration record indicated she received "cough syrup" on December 21, 22, 23, 24 and 25, 2007.

Client A3's medication administration record indicated she received "Hydrocodone" on November 12, 17, 21 and 22, 2007. The clients' medication records lacked the quantity of dosage for the medications that were administered. When interviewed January 8, 2008, the owner confirmed the dosage of the medication that the clients received had not been recorded.

## **4. MN Statute §144A.46 Subd. 5(b)**

### **INDICATOR OF COMPLIANCE: # 3**

Based on record review and interview, the licensee failed to ensure a background study was completed on three of three employees' (AA, AC and AD) records reviewed. The findings include:

Employees AA, AC and AD were hired May 2007, November 2006 and October 2006, respectively. Their records lacked evidence that a background study had been completed. When interviewed January 8, 2008, the owner confirmed the background studies had not been completed.

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A draft copy of this completed form was left with Cheryl Heikkila at an exit conference on January 9, 2008. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class 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).



Inspector's

*Protecting, Maintaining and Improving the Health of Minnesotans*

**Office of Health Facility Complaints Investigative Report  
PUBLIC**

**Facility:**

Wendigo Pines Assisted Living  
20371 Wendigo Park Road  
Grand Rapids, MN 55744  
Itasca County

Report #: HL21725010

Date: May 29, 2009

Date of Visit: August 29, 2008  
Time of Visit: 8:00 a.m.

By: Marilyn Norling, R.N.  
Special Investigator

**Nature of Visit:**

An unannounced visit was made at Wendigo Pines Assisted Living, a home care agency in order to investigate the following allegation of abuse in accordance with state licensing rules and the Vulnerable Adults Act (VAA), which occurred in the client's home in Wendigo Pines Assisted Living.

The allegation is: Client #1, who becomes agitated during perineal care and bathing, is being physically restrained by staff during the procedures. On August 26, 2008, the client had bruising on both wrists. Staff indicated that they hold the client down to do perineal care and tie the client in the shower chair during bathing.

**Investigative Findings:**

All employees and persons were interviewed in private as desired and given the Tennessee Statement.

During the course of the investigation, the investigator completed the following tasks:

- The medical record and the hospice notes for client #1 were reviewed.
- Facility staff and family members were interviewed.
- Observations of cares being provided and client/staff interactions were completed from 9:00 a.m. until 10:30 a.m. on August 29, 2008. No concerns were identified.
- Facility staffing patterns were reviewed.
- Client #1 was visited. Due to his cognitive status he was unable to participate in conversation with the investigator. There were no bruises identified on his body on the day of the investigation.
- Facility policies and procedures were reviewed. Because the facility does not use physical restraints they did not have any policy regarding physical restraints.
- Facility incident/accident reports for July and August 2008 were reviewed.

**Medical Record Review:**

Review of the medical record for client # established the following:

- Client #1 suffers from end stage Alzheimer's disease. He is very resistive with cares and also strikes out at staff and other clients with no provocation. He has an order for Ativan 0.5 mg every eight hours as needed for severe agitation that does not respond to behavior intervention. Documentation revealed that client #1 does respond well to the use of the medication but is often quite tired after he receives the medication.

- The care plan for client #1 directs staff to anticipate client #1's needs, use simple statement to assist him to understand what you are asking him to do, provide privacy, and decrease his stimulation in the afternoon hours. The care plan calls for assistance of one staff for bathing.
- Review of the nurses' notes showed behavior outbursts by client #1 on a frequent basis, usually connected with staff providing personal cares for the client. Client #1 also has frequent altercations with other clients in the facility.

**Staff Interviews:**

At the time of the onsite investigation, the investigator spoke directly with the three staff that were on duty in the house where client #1 resides. Caregiver (B) stated that because client #1 is so combative and throws himself about during cares, staff has used a transfer belt to secure him to the shower chair. She stated that staff puts the belt around client #1's waist and around the back of the shower chair to try to keep client #1 safe during his shower. She stated that client #1 strikes out and hits things causing him to have bruises so they "tried to hurry" with his shower.

Caregivers (C) and (D) were also interviewed. Both stated that had never been on duty during client #1's shower and did not have any knowledge of a transfer belt being used during his shower.

Employee (A) was interviewed at the time of the onsite investigation on August 29, 2008. She stated that the facility policy does not allow any physical restraints to be used in the facility. Therefore, the facility had no policy regarding the use of physical restraints. Employee (A) stated that she was not aware that staff was using a transfer belt to secure client #1 to the shower chair during bathing. She directed staff that this was to stop immediately.

Employee (A) stated that client #1 does occasionally have bruises on his arms and other parts of his body due to his striking out and hitting objects such as the safety bar in the bathroom. This was verified with review of incident reports and the nurses' notes for client #1.

**Conclusion:**

**Maltreatment did occur** related to the use of a transfer belt to secure client #1 to the shower chair during bathing. This was not a part of client #1's plan of care and the facility policy is that all clients are to be restraint free.

Client #1 did not have any bruises on his wrists at the time of the onsite investigation on August 29, 2008. Documentation and interview demonstrated that client #1 does obtain bruises due to his frequent striking out behavior, and these are documented in his medical record, and incident reports are completed.

The "mitigating factors" in Minnesota Statutes §626.557, subdivision 9c (c) were considered and it was determined that the facility is responsible for the maltreatment. The facility will be notified of the right to request reconsideration and/or appeal the maltreatment finding.

Due to the use of a physical restraint for client #1, whose care plan did not include the use of a physical restraint, a state licensing order is issued at MR Statute 144D.07.

xc: Division of Compliance Monitoring - Licensing & Certification  
Grand Rapids City Police Department  
Itasca County Attorney  
Grand Rapids City Attorney

CERTIFIED MAIL #: 7007 1490 0001 0885 6613

FROM: Minnesota Department of Health, Division of Compliance Monitoring  
85 East Seventh Place, Suite 300, P.O. Box 64970, St. Paul, Minnesota 55164-0970  
Office of Health Facility Complaints

*Sue Jackson*  
Sue Jackson, Acting Director

TO: Raisa Kotula DATE January 12, 2009  
PROVIDER: Wendigo Pines Assisted Living COUNTY Itasca  
ADDRESS: 20371 Wendigo Park Road, Grand Rapids, MN 55744

On January 12, 2009 an investigator with the Office of Health Facility Complaints completed a complaint investigation, which began on August 29, 2008. The following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: *Raisa Kotula* *RN-0612R* Date: 1-19-09  
*RAISA KOTULA*

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

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

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

1. MN Statute 144D.07

Client #1 suffers from end stage dementia and has aggressive behaviors. He strikes out at staff and at other residents, and places himself at risk by suddenly throwing himself backward or forward.

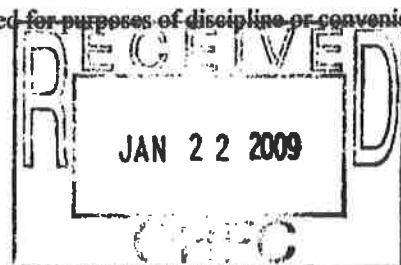
Based on staff interview, facility staff are using a transfer belt around the waist of client #1 to hold him in the shower chair when they do his weekly shower. Employee (B), direct care staff, verified that because client #1 would swing out and strike things during his shower staff tied him to the shower chair and "tried to hurry" with his bath. Review of the physician's orders and the plan of care for client #1 established that this use of restraints for client #1 is not a part of his plan of care.

Employee (A), administration, was interviewed at the time of the on site investigation and stated that she was not aware that this was happening. She directed staff to stop this practice immediately.

**TO COMPLY:** Residents must be free from any physical or chemical restraints imposed for purposes of discipline or convenience

**TIME PERIOD FOR CORRECTION:** Five days

xc: Division of Compliance Monitoring - Licensing & Certification  
State and County Departments of Welfare, Attn: Medical Assistance Program





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Post Correction Order Follow-Up  
PUBLIC DATA

Facility:

Wendigo Pines Assisted Living  
20371 Wendigo Park Road  
Grand Rapids, MN 55744  
Itasca County

Report #: HL21725010

Date: June 11, 2009

Date of Visit: June 5, 2009

Time of Visit: 8:30a.m.

By: Marilyn Norling, R.N.  
Special Investigator

Nature of Visit

An unannounced visit was made in order to follow-up one State licensing order which were issued on January 12, 2009, as the result of an investigation which had been completed on August 28, 2008.

The status of the order is as follows:

1. MN Statute 144D.07 - Corrected

xc: Minnesota Department of Health – Licensing and Certification



**Protecting, Maintaining and Improving the Health of Minnesotans**

Certified Mail # 7003 2260 0000 9973 1298

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS  
FOR CLASS F HOME CARE PROVIDERS**

November 18, 2010

Ms. Raisa Kotula, Administrator  
Wendigo Pines Assisted Living & Memory Care  
20371 Wendigo Park Road  
Grand Rapids, Minnesota 55744

Re: Project # HL21725016

Dear Ms. Kotula:

On August 3, 4, 5 and 13, 2010, survey staff of the Minnesota Department of Health, Home Care and Assisted Living Program completed a reinspection of the provider named above, to determine correction of orders found on the complaint investigation completed on June 7, 2010 with orders received by you on June 10, 2010.

State licensing orders issued pursuant to the complaint investigation completed on June 7, 2010 and found corrected at the time of the August 13, 2010 reinspection, are listed on the attached Informational Memorandum.

State licensing orders issued pursuant to the complaint investigation completed on June 7, 2010, found not corrected at the time of the August 13, 2010 revisit and subject to penalty assessment are as follows:

<b>1. MN Rule 4668.0050 Subp. 1</b>	<b>\$350.00</b>
<b>2. MN Rule 4668.0815 Subp. 2</b>	<b>\$250.00</b>
<b>3. MN Rule 4668.0825 Subp. 2</b>	<b>\$250.00</b>
<b>5. MN Rule 4668.0865 Subp. 8</b>	<b>\$300.00</b>
<b>7. MN Statute 144A.44 Subd. 2</b>	<b>\$250.00</b>

Therefore, in accordance with Minnesota Statutes section 144.653 and 144A.45 Subdivision 2. (4) the total amount you are assessed is \$1,400.00. This amount is to be paid by check made payable to the Commissioner of Finance, Treasury Department, State of Minnesota and sent to the Minnesota Department of Health, Division of Compliance Monitoring, P.O. Box 64900, St. Paul, Minnesota 55164-0900 within 15 days of the receipt of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Division of Compliance Monitoring, within 15 days of the receipt of this notice. Any request for a hearing as well as payment of the assessment shall be sent to the attention of Mary



See page  
6

Protecting, Maintaining and Improving the Health of Minnesotans

## A GUIDE TO HOME CARE SERVICES

**PURPOSE:** Minnesota Rules 4668.0075, subpart 1 states:

"Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, shall complete orientation to home care requirements before providing home care services to clients."

Licensees may use this guide to satisfy Minnesota Rule 4668.0075, subpart 1 and Minnesota Rule 4668.0805 subpart 1.

This guide was prepared by the Minnesota Department of Health, Division of Compliance Monitoring, as a means to satisfy Minnesota Rule 4668.0075, and Minnesota Rule 4668.0805, "Orientation to Home Care Requirements" and is intended as an overview and not a replacement of the licensure rules or statutes. Not every rule and statute is restated or explained in this guide. Individuals should refer to Minnesota Home Care Licensure Statutes 144A.43-144A.47 and Minnesota Home Care Rules 4668 and 4669, the Vulnerable Adults Act Minnesota Statute 626.557 and 626.5572 and the Maltreatment of Minors Act, Minnesota Statute 626.556 for specific requirements.

The rules and statutes may be accessed through the web:

<http://www.leg.state.mn.us/leg/statutes.asp>

### REGULATION OF HOME CARE PROVIDERS: STATE LICENSURE

Under Minnesota Statutes 144A.43-144A.47, the Minnesota Legislature authorized the Minnesota Department of Health (herein after referred to as "Department") to license most providers of home care, including private businesses, nonprofit organizations, and governmental agencies. The license is for the business, not for the employees who work for the home care provider.

The purpose of the license is to ensure that those who provide services are qualified to do so in a manner that affords some protection of the health, safety, and well being of the consumers of those services. A license is permission from the state to carry on the business of home care services. It does not provide payment for services and does not guarantee success in business.



Licensure also provides a quality mechanism for monitoring and remedying problems that occur, in this rapidly expanding business, by routine inspections as well as complaint investigations by the Department.

If a survey or complaint investigation reveals a violation of a rule or law, the Department will issue a correction order, which is a notice of the violation and an order to correct the problem in a certain time. If not corrected, the Department will issue a fine according to a schedule of fines in the rules. In very serious situations, the Department may suspend, revoke, or refuse to renew the license.

State licensing rules have some similar requirements as Medicare Home Health Agency regulations, and additional requirements, such as criminal background studies for licensees, managers, and employees, screening for tuberculosis, and handling medication and treatment orders. Only those home care providers that receive Medicare or Medicaid reimbursement must comply with Medicare regulations. All providers, including many individuals, except for those individuals who are exempted by law or rule, will be required to meet state licensing rules and be licensed by the State.

## **CLASSES OF LICENSES**

**Class A**, or professional home care agency license. Provider may provide all home care services, at least one of which is nursing, physical therapy, speech therapy, occupational therapy, nutritional services, medical social services, home health aide tasks, or the provision of medical supplies and equipment when accompanied by the provision of a home care service. These may be provided in a place of residence, including a residential center, and housing with services establishment.

**Class B**, or paraprofessional agency license. Under this license, a provider may perform home care aide tasks and home management tasks in a place of residence.

**Class C**, or individual paraprofessional license. Under this license, a provider may perform home health aide, home care aide, and home management tasks in a place of residence.

**Class F Home Care Provider**. Under this license, a provider may provide home care services solely for residents of one or more registered housing with services establishments, as provided by Minnesota Statutes 144A.4605. For purposes of this section, the term Class F home care provider means a home care provider who provides nursing services, delegated nursing services, other services performed by unlicensed personnel, or central storage of medications solely for residents of one or more housing with services establishments.

Some Class F Home Care Providers and/or the Housing with Services establishments they serve may choose to call themselves or their services

“assisted living” and must then meet the requirements for the use of the term assisted living as defined in Minnesota Statute 144G.

## **SERVICES AVAILABLE THROUGH STATE REGULATED HOME CARE PROVIDERS**

State regulations cover a large variety of home care and home management services provided to clients whose illness, disability or physical condition creates a need for the services at their residences. The licensee may not accept a client unless the licensee has sufficient staff, in numbers and qualifications, to adequately provide the services agreed to in the service agreement/service plan. If the licensee discontinues a home care service, for any reason other than the client’s failure to pay for the service, and the client continues to need the home care service, the licensee shall provide to the client a list of home care providers that provide similar services in the client’s geographic area.

Services that may be provided in a client’s residence include: professional nursing, physical therapy, occupational therapy, speech therapy, medical social services, respiratory therapy, nutritional services, home health aide tasks, services performed by unlicensed personnel, the provision of medical supplies and equipment if accompanied by the provision of a home care service, and home management services. (Services under the definition of home health aide tasks include home care aide tasks and home management tasks. Home care aide tasks may be performed for clients who are not receiving delegated medical or nursing procedures or assigned therapy services.) Home management tasks include at least two of the following: housekeeping, meal preparation, and shopping.

Personnel employed by a licensee or providing services under a contract, must be licensed, registered, or certified as required by the state and/or must meet the training and evaluation requirements of these rules. Each applicant for a license, persons who provide direct care, supervise direct care, or manage services for a licensee must be oriented to home care requirements prior to providing home care services to clients. Home health aide tasks and services provided by unlicensed personnel must be supervised by a registered nurse or therapist according to a schedule that is determined by the provider and client, and minimally established in the rule.

## **SERVICE AGREEMENT/PLAN**

A licensee shall enter into a service agreement/plan with the client or the client’s responsible person. Any modifications to the service agreement/plan must be communicated to the client or the client’s responsible person.

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

- (1) the action to be taken by the licensee, client, or responsible persons, if scheduled services cannot be provided;
  - (2) the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;
  - (3) who to contact in case of an emergency or significant adverse change in the client's condition;
  - (4) the method for the licensee to contact a responsible person of the client, if any;
- and
- (5) circumstances in which emergency medical services are not to be summoned, consistent with MN Statutes 145B and 145C, and declarations made by the client under that act.

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

The licensee must provide all services required by the client's service agreement/ plan. If unable, for any reason, to keep a scheduled appointment for a service that is not essential for medical or safety reasons, the licensee shall:

- (A) Follow the procedure established in the service agreement/ plan;
- (B) Provide a replacement person; or
- (C) Notify the client that the appointment will not be kept, and schedule a new appointment or arrange for a reasonable alternative.

If the service to be provided is essential for medical or safety reasons, it must be completed at the scheduled time. The licensee shall make arrangements to complete the service through a contract with another provider or through other reasonable means.

Every class A, B, or Class F Home Care Provider licensee that provides home health aide, home care aide tasks, or services by unlicensed personnel, must have a contact person available by telephone or other means whenever paraprofessionals are providing services.

## **HOME CARE BILL OF RIGHTS**

All home care providers, including those exempt from licensure, must comply with all parts of Minnesota Statutes, section 144A.44, the home care bill of rights. A written copy of the bill of rights shall be given to the client or the client's responsible person at the time a service agreement is agreed upon or at the initiation of services, whichever is earlier. Written documentation of receipt of the bill of rights must be maintained by the licensee.

The licensee may not request nor obtain from clients any waiver of any of the rights enumerated in the home care bill of rights.

## **CLIENT PROTECTION**

The home care rules have been developed with the goal that home care services are provided in a manner that protects the health, safety, and well-being of home care clients. Providers must comply with the requirements of these rules.

## **CRIMINAL DISQUALIFICATION\***

Before the commissioner issues an initial or renewal license, an owner or managerial official shall be required to complete a background study under Minnesota Statute section 144.057. No person may be involved in the management, operation, or control of a provider, if the person has been disqualified under the provisions of Minnesota Statutes chapter 245A. Individuals disqualified under these provisions can request a reconsideration, and if the disqualification is set aside are then eligible to be involved in the management, operation or control of the provider. Owners of a home care provider subject to the background check requirement are those individuals whose ownership interest provides sufficient authority or control to affect or change decisions related to the operation of the home care provider. For the purposes of this section, managerial officials subject to the background check requirement are those individuals who provide direct "contact" as defined in section 245A.04 or those individuals who have the responsibility for the ongoing management or direction of the policies, services, or employees of the home care provider. All employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057. If appropriate, these individuals shall be disqualified under the provisions of chapter 245A and Minnesota Rules, parts 9543.3000 to 9543.3090. Individuals disqualified under these provisions can request reconsideration.

\*Some language in this section was paraphrased from Minnesota law. Licensees should refer to the Statutes for the complete language.

## **REQUEST BY CLIENT FOR DISCONTINUATION OF LIFE SUSTAINING TREATMENT**

Minnesota Rule 4668.0170 defines the action that must be taken by a licensee if a client, family member, or other caregiver requests that life sustaining treatment be discontinued. The licensee shall act promptly upon the client's request within the requirements of this rule.

## **CONFIDENTIALITY OF CLIENT INFORMATION**

The licensee shall not disclose any personal, financial, medical, or other information about a client except:

- A. as may be required by law;
- B. to staff or contractors only that information necessary to provide services to the client;

- C. to persons authorized by the client to receive the information; and
- D. representatives of the commissioner authorized to survey or investigate home care providers.

## HANDLING OF CLIENTS' FINANCES AND PROPERTY

A licensee may not act as power-of-attorney nor accept appointment as guardian or conservator of clients unless there is a clear organizational separation between the home care service and the program that accepts guardianship or conservatorship appointments or unless the licensee is a Minnesota county or other unit of government.

A licensee may assist clients with household budgeting, including paying bills and purchasing household goods but may not otherwise manage a client's property. Receipts or documentation of all transactions and purchases paid with the clients' funds must be recorded and maintained.

A licensee may not borrow or in any way convert a client's property to the licensee's possession except by payment at the fair market value of the property.

Gifts of a minimal value may be accepted by a licensee or its staff as well as donations and bequests that are exempt from income tax.

## COMPLAINT PROCEDURE

Every licensee with more than one direct care staff person must have a system for receiving, investigating, and resolving complaints from its clients. The system is required to provide written notice to each client that includes:

- A. the client's right to complain to the licensee about services;
- B. the name or title of the person or persons to contact with complaints;
- C. the method of submitting a complaint to the licensee;
- D. the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and
- E. a statement that the provider will in no way retaliate because of a complaint.

The licensee is prohibited from taking any action in retaliation for a complaint made by the client.

## REPORTING OF MALTREATMENT OF VULNERABLE ADULTS AND MINORS

Minnesota law requires certain professionals and staff of licensed organizations to report maltreatment, (abuse, neglect, exploitation, unexplained injuries) of vulnerable adults and children to governmental authorities. Reporting is mandatory, and a person who fails to report is subject to criminal prosecution and civil liability.

## WHO MUST REPORT

All home care licensees and their employees must report suspected maltreatment. A report is required if there is reason to believe that abuse or neglect to a client has occurred. Staff of providers need not report directly to the authorities, but should follow their employers' procedures for reporting to a supervisor. If staff are unable or uncomfortable reporting to the licensee, they may report directly to the authorities. All home care providers are required by law to have a procedure for reporting.

## WHAT TO REPORT\*

Information as defined in **Minnesota Statute 626.556 defines abuse of children**, **Minnesota Statute 626.5572 defines abuse of vulnerable adults**.

## WHEN REPORTING IS NECESSARY

A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately (immediately is defined "as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.") orally report the information to the common entry point. Staff should report any abuse or neglect to the person identified by the employer's procedures. The common entry point may not require written reports. After a report is made, the agency may investigate. The law prohibits retaliation against anyone who makes a report in good faith.

The provider, upon learning of abuse or neglect, must investigate and report to the Common entry point. The Office of Health Facility Complaints is considered to be a Lead agency.

"Common entry point" means the entity designated by each county responsible for receiving reports under section 626.557.

"Lead Agency" is the primary administrative agency responsible for investigating reports made under section 626.557.

Serious criminal activity should be reported to law enforcement immediately, and then to the common entry point.

**The address and telephone number of OHFC is:  
Office of Health Facility Complaints  
P.O. Box 64970  
St. Paul, MN 55164-0970  
(651) 201-4201 (Metro area)**

**(800) 369-7994 (Toll-free statewide)**

**Inquiries or complaints about the Home Care Bill of Rights or home care services may also be directed to:**

**Office of Ombudsman for Long Term Care**

**(651) 431-2555**

**1-800-657-3591 (Toll-free statewide)**

**Fax: (651) 431-7452**

**Mailing Address**

**Home Care Ombudsman**

**Office of Ombudsman for Long Term Care**

**PO Box 64971**

**St. Paul, MN 55164-0971**

Home care consumers or members of the public should also report any violations of a client's rights or maltreatment to the Office of Health Facility Complaints (OHFC), Office of Ombudsman for Long Term Care, (at the address or phone number listed above) and/or the common entry point.

Pursuant to Minnesota Rule 4668.0140 and Minnesota Rule 4668.0815 a home care client's service agreement or a Class F Home Care Provider's service plan includes: "circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act."

Home health care personnel and clients should thoroughly know the provider's policy on emergencies. Many agencies require that the home health staff has been trained in first aid, adult CPR (cardiopulmonary resuscitation) and infant and child CPR; and clearing the airway of an infant, child and an adult.

## **EMERGENCY PROCEDURES/HOW TO USE 911**

**Examples of significant adverse changes in the client's condition which may necessitate emergency contact and notifying 911 include:**

1. has trouble breathing or has stopped breathing
2. has no pulse
3. is bleeding severely
4. is having: chest-neck-jaw-arm pain
5. is in a state of deteriorating unconsciousness or is unconscious
6. if a fracture is suspected
7. if the person has been badly burned
8. if unable to move one or more limbs
9. is having a seizure
10. is suffering from

- a. hypothermia-below normal body temperature
- b. hyperthermia-well above normal body temperature
- 11. has been poisoned
- 12. is having a diabetic emergency
- 13. has suffered a stroke
- 14. if there is any doubt as to seriousness of the situation

## **HOW TO USE 911**

- 1. dial or punch 911
- 2. then state:
  - a. this is an emergency
  - b. give the phone number you are calling from
  - c. give the address
  - d. describe the problem and how it happened, if known, otherwise just tell the facts and what has been observed
  - e. give your name
  - f. stay calm
  - g. reassure the client and family
  - h. follow direction of 911 dispatcher
  - i. hang up last!

**IF YOU DO NOT KNOW HOW TO GIVE CPR-TELL THE DISPATCHER AT ONCE.**



Another false claim from an  
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100677

# Certificate of Real Estate Value

PE-20

Buyers' last name(s), first, middle initial Address Daytime phone

Olson Keith M. 502 Summit Ave Hill City

218-244-6384

Sellers' last name(s), first, middle initial New address Daytime phone

Bazel Ruddy, Jr. 502 Summit Ave Hill City

218-697-2705

Street address or rural route of property purchased City or township County

7972 County 39 NE Kego Cass

1 Date of deed or contract Legal description of property purchased (lot, block and plat, or attach 3 copies of the legal description)

10-10-02

NW Sw Exc. N250 ft of W340 ft T-141 R-28 S-4

## Financial arrangements

2 Total purchase price 22,166.00  
3 Down payment  
4 Points or prepaid interest paid by seller  
Was personal property such as furniture, inventory or equipment included in the purchase price? If yes, describe below and list current (not replacement) value. (Use the back of this page if needed.)  
- we paid for the property had to sell it for cash that he owed.  
Total personal property current value: 5\$

## 6 Type of acquisition (check all that apply)

- Buyer and seller are relatives or related businesses
Transaction involved the trade of property
Buyer is a unit of government
Name added to or co-owner's name removed from deed (not a sale)
Property is a gift or inheritance
Buyer is a religious or charitable organization
Condemnation or foreclosure transaction
Buyer purchased partial interest only
Payoff or resale of contract
Purchase agreement signed over two years ago. Year signed:

## 7 Type of property transferred (check all that apply)

- Land only
Land and buildings
Construction of a new building after January 1 of year of sale

## 8 Planned use of property (check one)

- Residential single family
Residential duplex, triplex
Cabin or recreational (non-commercial)
Agricultural (number of acres:)
Apartment building (number of units:)
Commercial-industrial (type of business:)
Other (describe:)

9A Will this property be the buyer's principal residence? yes no

## Method of financing (complete only if seller-financed, including a contract for deed or assumed mortgage)

Check: Assumed Mortgage Contract Mortgage for Deed
Mortgage or contract for deed amount at purchase
Monthly payment for principal and interest
Interest rate now in effect
Total number of payments
Date of any lump sum (balloon) payments

I declare that the information on this form is true, correct, and complete to the best of my knowledge and belief.

Name (print or type) Signature Phone Date

Table with columns for Co, Acres, Yr Bldg, SD, Yr Land, Bldg, Tot, Bldg, Tot, Use, Deed, Yr Land, Bldg, Tot, FM, ID, CT, PT, Date, T, M, S. Includes handwritten entries like 'Kego' and 'WD'.

this was purchased Oct. 15th, 2002 -

here copy of Deed attached in question  
TERRI WORTH-JASACADY  
174594

Feb. 28<sup>th</sup>, 2011

**To Whom It May Concern:**

**I am writing this letter of recommendation for the owners of Chappy's, Mike and Trish Olsen.**

**I am a former employee who worked for them for about 2 yrs.**

**I have nothing but praise for the hard work they do every day and the dedication they so obviously have for the residents that are put in their care, not only for the residents themselves but for their families as well.**

**Every resident is treated with compassion and respect from the moment they arrive. More than that, they are treated as a part of Mike and Trish's own family.**

**I believe anyone who has to make the unbelievably hard decision to place their loved one in an assisted living environment would choose Chappys and Mike & Trish everytime. As a former employee, I certainly would!**

**Sincerely,**

*Theresa M. Landrus*

**Theresa M. Landrus**

*Intake written AT E.R. AT Grand Itasca Hospital new.*

---

**To Whom it May Concern,**

**Mike and Trish Olson as far as people go, I believe are very caring, kind, and giving. I have had the pleasure of their kindness way too many times to count in my lifetime. Their generosity has touched my family and I, in a way I truly can never repay them for. If I have ever needed anything Mike or Trish is there right away for me, or has followed up with me to let me know, I have to wait a bit. More than likely its because , there is an issue of sickness, doctor trips, or birthday party celebrations at Chappy's. I have seen first hand, the closeness and pride they take with the residence of Chappy's. My husband's grandma has been living there for I think about 3 years now, and I have heard really only good things from our family.**

**Family means a whole lot to them, and I guess I would say that I am very proud to say that Mike and Trish, include me in that. And I know that no matter where I am or what I need, I know they are the type of people that will be there for me, or my family.**

**Sincerely,**

  
**Jessica Lathrop**



## Rowe Funeral Home of Grand Rapids, Minnesota

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#### George Walter Wayne

(Died November 15, 2011)

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George Walter Wayne, 99, of Grand Rapids, MN, went peacefully to be with his Lord and Savior on November 15, 2011.

He was born in Floodwood, MN on April 28th, 1912. George was a barber in Floodwood, MN for 40 years and was an avid bow hunter and fisherman. He won the Minnesota State Bow Hunter's championship in 1967. He retired in 1976 to his lake home on Lake Pokegama in Grand Rapids, MN. George and Bertha were members of Bethany Lutheran and Hope Lutheran of Floodwood and, most recently, Zion Lutheran Church of Grand Rapids. George and Bertha have been residing at Chappy's Golden Shores in Hill City, MN since 2010.



Special thanks go to Mike and Trish Olson and the staff of Chappy's for the outstanding care they gave George this last year, and the care they continue to provide for Bertha.

George was preceded in death by his son Gary of Coon Rapids, MN; two sisters: Mae and Ruth; and three brothers: John, Ed and Henry.

He is survived by his wife of 73 years, Bertha; two sons, Brian(Nancy) of Grand Rapids, MN and Stuart(Cheryl) of Olathe, KS; 13 grandchildren and 28 great grandchildren; sister, Martha Reylek of Schafer, MN; brother, Bill Wain of Floodwood, MN; and sister, Esther Branson of Hudson, WI.

George was very loved and will be dearly missed by the many lives he touched through the years. A celebration service of his life is tentatively being planned at Rowe Funeral Home for April 28th, 2012 (what would have been his 100th birthday). Fond memories and condolences for the family may be left at Rowe Funeral Home and Crematory – 510 NW First Ave, Grand Rapids, MN 55744. 218-326-6505 or 1-800-557-5502.

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January 31, 2011

To Whom It May Concern:

This letter is written in reference for Mike and Trish Olson and Chappy's Golden Shores.

We have had the privilege of observing Mike and Trish Olson's hard work and dedication to Chappy's Golden Shores, since its inception. They have done a beautiful job building Chappy's from a home with one resident to the caring facility it is today.

We utilized their model to open our own assisted living care home, Billman House, in Las Vegas, Nevada.

Their philosophy that they shared with us was this:

Always put the resident first  
Treat each resident with dignity and respect  
Treat each resident with love, as you would want your own parent treated  
Make this facility a home  
Hire staff that is caring and loving and pay them well

Every time we visited Chappy's, we found the residents happy and well cared for. The homes were always clean and neat. The meals looked like Grandma used to make. It felt like a home and the obvious love the residents had for Mike and Trish spoke volumes.

We would highly recommend Chappy's Golden Shores to anyone who was in need of a home for an elderly relative.

Please feel free to contact us if you would like further clarification.

Sincerely,

William and Vicki Olson  
[swsunsets@triconet.org](mailto:swsunsets@triconet.org)  
(702) 354-1117  
(702) 354-1101

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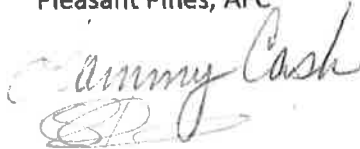
To Whom It May Concern:

2/10/2011

We have known Mike and Theresa Olson for many years now and have personally seen the wonderful care they have provided for their residents of Chappy's. They are very knowledgeable of procedures and policies associated with assisted livings. They have helped us to start our business which has been very successful. Most importantly, they have the compassion for the elderly that shows that they have only the highest respect for their residents. They are strong advocates and stand up for what is only right for each one of their residents. I have and will continue to highly recommend Chappy's to anyone who is looking for a home for their loved one. It is a safe, comfortable home that holds dignity, honor, and respect to the highest of standards. If you have any further questions, please feel free to contact us.

Respectfully submitted,

Tammy and Steve Cash  
Pleasant Pines, AFC

A handwritten signature in cursive script that reads "Tammy Cash". The signature is written in dark ink and is positioned to the left of the typed name and address.

107 Summit Ave. SE  
Remer, MN 56672  
218-244-1310

Mike and Trish,

We just want to say hi and see how you two are doing. Good, I hope! We wanted to fill you in on what's been happening over here. A few months back Ginger and I were very surprised to receive an award through "MSSA" (~~MSSA~~ Social Service Association). This included 14 counties, what a humbling honor.

This could not have happened without the help and encouragement of you two. I think back over the past few years and there was never a time that Trish was unwilling to make time to answer a question or to make time to dig in deeper if she didn't know the answer! Her help has meant a lot to us.

And you Mike, through our conversations it is very plain to see that you have a gift in dealing with elderly people. Your patience and your ability to make each resident feel special is wonderful. The few times that we have visited your facilities, each time it was very evident that your residents do really enjoy when you are with them.

In ending this letter Ginger and I do feel that our business is a reflection of yours and we do truly appreciate everything that you two have done to encourage and help us.

Jeff and Ginger

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Beautifully Located on  
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near Rural Hawley



Home Cooking



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Leviticus 19:32

Rise in the presence of the  
aged, show respect for the elderly  
and revere your God.  
I am the Lord.



Adult Foster Care  
License with:  
Clay County Social  
Services



Jeff & Ginger Dauner  
19452 90th Ave N.

Hawley, MN 56549-9198



For More Information Call:

(218) 483-4756

(218) 483-4800



April 28, 2010

To whom it may concern,

I had the fortune of meeting the Olson's while holding the position of Social Service Director at Itasca Memorial Hospital, later named Grand Itasca Hospital. As the Social Worker/Discharge Planner it was my responsibility to find placements in the community for our Senior population and other vulnerable adults. I took note of the commitment and involvement that the providers, be they adult foster care, assisted living or skilled nursing homes gave to their customers and residents. It became clear to me in a short time that Chappys' was always present and portrayed genuine concern for their residents. Other providers were not visible; did not wait to meet with the physician to discuss progress or treatment plans, did not sit by the bedside for hours on end. Chappys' stood out as an assisted living that was not merely a business, but a family.

I developed a level of confidence that each person I referred to Chappys' would not only be well cared for medically but also embraced and loved emotionally and spiritually. Chappys' would often accept the most difficult person to place and in little time, that person would be expressing feelings of being alive and happy again in spite of the difficult transition they had to accept in leaving their home due to inability to care for themselves. Chappys' (Mike and Trish), also took in those without a home, without a payer source and I am aware they have gone unpaid on more than one occasion. They do so because they care.

Chappys' fulfills a great need in this community for our most vulnerable population and it would be a great disgrace to not have such a quality provider in our area. Chappys' stands out as a model of care that I would wish to see captured as a standard of care by all.

Sincerely,



Mary E. Weber

Licensed Social Worker

Mat 3, 2010

To whom it may concern,

It is without reservation I highly recommend Chappys assisted living in Hill City, mn for any or all seniors.

I personally experienced family members being cared for. My mother was the first client resident of Chappys. She was the queen, mother, grandmother and friend of all staff and owners of chappys. Her care was exceptional. She loved them and loved being there.

I did have many issues with Aitkin County. It was most difficult to get finances situated through them and we were compelled to deal with them only. Months passed before chappys was paid with prior month's bills disregarded by Aitkin. Chappys lost out on payments without any effect on her care.

She passed away in a loving serene atmosphere surrounded by family and all chappys staff.

Three years later we needed care for my brother of course, only one place met our high expectations. Brother Les became a client of chappys on sept15, 2006. The care again was superior. I once again went through issues with Aitkin County. They game played until Feb. 2007. Chappys was not paid for that time and Aitkin disregarded our pleas. It once again did not affect his care at chappys. He remained till death surround by family and staff of chappys.

I am not sure what ultimate goal was for Aitkin County but efficiency and concern was lacking.

We have two segments of life that need care and compassion, children and seniors. Thank god we have establishments such as chappys for one segment. I and my family appreciate the care and love given to our family

Feel free to contact me for further information needed. I can be reached at 763 479 2850

Sincerely,

Darlene Chapman

4075 woodhill drive

Loretto, mn 55357

Mike and Trish Olson are an asset  
to the Community of Hill City!

They are caring people. They are always  
thoughtful, willing to drop everything  
to help others out. They both are  
the type of people who just make  
some one else's day brighter by being  
who they are!

Mike and Trish Olson are very loving  
people. They provide a wonderful home  
for the elderly. They treat their residents  
and staff with the upmost respect.  
Which is rare in the world we  
all live in today!

I've known Mike and Trish Olson for  
three plus years. They are in my  
opinion one of the most caring  
couples I know!

They are active in our community  
and that too! is awesome.

I respect and look up to Mike and Trish  
Olson. They are great people.

Sincerely,  
Justin Olson

Mike & Ruth,

The best things in the world  
aren't things, they are people  
like you! Thank You from  
the bottom of our hearts for  
the care & love you give  
to George & Bertha, & also  
for sharing your beautiful  
condo with us. We hope  
you can get away for a  
nice dinner on us.

Much Love to you  
both!

Thank you for everything.

God Bless,

Stu, Cheryl,

Jessica & Niki

Wayne

## TO WHOM IT MAY CONCERN

IN REGARDS TO THE FACILITY KNOWN AS "CHAPPY'S"  
OWNED AND OPERATED BY MIKE AND TRISH OLSON IN  
HILL CITY, MINNESOTA.

IN 1998, MY FATHER - VERLYN VAN STEENWYK WAS  
IN NEED OF 24 HOUR CARE THAT OUR FAMILY COULD NOT PROVIDE.  
AT THAT TIME HE WAS ON A DEWICK HILL SLIDE WITH VARIOUS  
MEDICAL PROBLEMS. AFTER MEETING WITH MIKE, WE KNEW  
THIS WAS A SOLUTION. THE FAMILY SURROUNDINGS AND LIFE STYLE  
PRESENTED A PEACEFUL AND YET ACTIVE TIME FOR HIS  
REMAINING LIFE.

OUR FAMILY WAS ALWAYS WELCOMED TO THEIR HOME AT  
ANY AND ALL HOURS OF THE DAY. WE DINED AND SLEPT  
PARTIALLY LIVING WITH THEM AND THE OTHER RESIDENTS  
WHILE LEARNING THEIR LIVES AND DISABILITIES. AT TIMES, ASSO  
HELPING WITH THEIR NEEDS.

THE CARE GIVEN TO MY FATHER WAS FAR BEYOND WHAT  
ANY OTHER HOMES COULD OR WOULD OFFER.

AT THE TIME OF HIS DEATH IN DECEMBER 1998, WE  
ALL HAD BECOME FRIENDS AND FAMILY. WHAT OTHER PLACE  
COULD DO THIS? I HIGHLY RECOMMEND THEIR SERVICES  
TO ANYONE.

SINCERELY

ROBERT VAN STEENWYK



To Chappy's Golden Shores + Atkin County  
Human Services:

This is to notify both parties that I was not talked or coerced into any making changes of medical coverage for my mother Carmen Martindale. It was simply explained to me that Medica would be better for my mother + the others that needed change.

I would agree IF I was running a business like this I would try to do the right thing for the business + clients that it cares for.

IF you were a power of attorney for your parents, you would do the best you could for them.

Mike + Trish Olson in my eyes have run a very nice nursing home. I do not want my mother Carmen Martindale to ever have to leave there. Her comfort means everything to me.  
I hope all of this can be resolved.

T

Thank you James Martindale

Trish -

Thank you so much for the wonderful care you give to our mother! It means so much to know you are there for her when we can't be.

I didn't know what to do after that terrible phone call from Arthur County on Nov. 22, telling us we would have to move mom by the end of April as they weren't renewing the contracts with Hospice. They said because of her health code "H" I probably wouldn't be able to get her into anywhere but a nursing home. 'What a shock!' Off this was happening, why weren't we notified sooner? I was told they would help with the paperwork, but the actual move was our responsibility. Imagine - displacing a 93 year old woman from her Home + Friends! I know she would have given up.

I called you looking for options and insurance that mom would be taken care of. After discussing different things I thought Priscilla would be the best choice for mom and asked you to set it up for me. I gave my permission to have her sign on home in Canada and wasn't going to be in the U.S. for a few weeks yet. What a sense of relief you gave me! It was reassuring to know she wouldn't be thrown out in the street! I knew in my heart that you would always get your patient's best. They are like family to you.

So here we are again - another call on Nov. 26 from Arthur - more questions unanswered. I told them if they want answers to their questions why don't they deal with their problem with Hospice not me! I told them you were taking care of everything at my request so please don't call me anymore.

Hopely this gets settled soon so we can all get some sleep and peace of mind!

What a nightmare they brought.

So this our new health care option in action!

Thanks again, Trish  
Carol Thomas + Family

# Rowe Funeral Home

Ken Spangler Ben Passeri David Huso  
*Friends Who Care*

510 NW First Avenue  
Grand Rapids, Minnesota 55744  
218-326-6505  
1-800-557-5502

February 26, 2011

Chappy's Golden Shores  
Hill City, Minnesota

I just wanted to take a moment to thank you for all the care you have provided over the years. I know how much families appreciate you and your staff. I have seen you go the extra mile many times (including the times when you have taken patients and family hundreds of miles to attend funeral services). I have never been told of any problems in the care of folks in our community. In fact, it is quite the opposite. Families cannot say enough good things about your staff. (I will always remember the occasion that you took care of a very special lady friend *and* her pet dog.)

I would also like to thank you for the help and kindness you have shown our staff at those times when you need to call on us.

If I can ever be of help to you, just let me know.

Sincerely,



Ken Spangler  
Rowe Funeral Home



2/16/11

To Whom It May Concern,

My name I Heather Stowe. I worked for Chappy's Golden Shores for Approximately 9 months starting the fall of 2003. While I worked for Chappy's, Theresa and Mike Olson were very attentive owners. They brought the clients to and from Medical appointments and made themselves very available for questions or concerns. When ever a client needed extra care they personally put the time in to care for those individuals. The pantry and refrigerator were always well stocked. We provided well balanced home cooked meals every day. A priority at Chappy's is cleanliness and hygiene. The client's are well groomed with staff assistance and the house is always clean and inviting. I believe this business is doing well because both Mike and Theresa put so much of themselves into it.

Heather Stowe

A handwritten signature in black ink, appearing to read "Heather Stowe", with a long horizontal flourish extending to the right.

January 31, 2011

Dear Mike & Trish,

It has come to my attention that the CARE & CARING done at Chappys has come into question.

I can attest that there isn't a more caring place. This I know from first hand experience as I advocated for a very dear friend. She was very happy there and she would have been very vocal if she was unhappy.

At no time did I find any of the residents unclean or the premises and no unpleasant odors.

You cared for all of them as if they were family and if one had something special he/she wanted to do it was done if it was safe and not harmful. The residents last days were lived to the fullest and it wasn't a warehouse situation.

I know if I need care I would want to go there without reservation.

When it came time for my friend to leave this world they didn't leave her alone until she completed her journey.

I sincerely hope you can continue your awesome care and your license unblemished!!



Betty L. Jones, LPN (ret)

CC: Rep. Carolyn McAlfatrik

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February 14, 2011

To whom it may concern:

I have know Mike (Keith) and Trish Olson for four months. They are a couple who have self respect as well as respect for one another. It is apparent that they show love and concern for their children as evidenced by the interaction between them.

They have earned my respect by the compassion they show for people in general, let alone their chosen profession. They have the ability to earn the trust of total strangers in a minimum amount of time. They seem to be willing to be there for anyone in need.

I believe any community would be better off with people like these who have enough love and kindness for everyone they meet.

I believe they are an honest and forth right couple who genuinely care about people. I am proud to call them friends.

Roger M. Sayen

To whom it may concern: I have known mike and trish olson for over 15 years. I know them as citizens and parents as well as business people in hill city. I can vouch for them as a character witness mostly in regards to my father, Bink Gowell. Before he died mike was always coming to his home and looking in on him. He wasn't a resident at chappys so they didn't "have" to check on him but they always were there for him because they cared. They are not just about the money while running their business. There is a genuine love and concern for all the people in their care. I would not hesitate to place anyone I love in their care. Any questions you can contact me at 218-410-0602.

Respectfully,

Nanci Blanchard

to whom it may concern,

My name is William Alger and I am writing this letter in regards to the operation and care quality given at Chappy's Golden Shores of Hill City, mn. From the first time I walked into Chappy's I could tell it was a little different, more like a home. and the way residents are cared for is also more like a real home invironment. The staff care for the residents like they're family, taking care that everything is done right, prompt, and in the safest way possible for the residents and staff. as someone who's worked on nursing care for several years I could not find a better and more qualified place to be or to work. and the staff (including owners) offer more than care, they offer companionship and friendship for all the residents, for some this is a whole lot more than their families are willing to offer. In short,... Chappy's Golden Shores(under the direction of Mike and Trish Olson) is the most qualified facility I know of and I've applied at and worked for a lot of them. I hope that if I ever need a place to go, there will be a place just like Chappy's to go to.

sincerely William Thomas Alger

To whom it may concern;

I am writing this letter with appreciation for the care given to my mother at Chappy's.

Accepting the fact that my mom could no longer live or care for herself was no easy task. Trusting that someone else was going to care for her needs, has been strengthened by my own observations.

When visiting my mother at Chappy's I see how she and the other people are treated, not as residents or patients, but people with needs.

The staff treat her with love and kindness that is genuine.

I listen to how the other people living there are talked to as well and it is the same.

In conclusion I would like to thank the care givers for taking pride in what they do and caring for my mom and including her as part of the family.

Sincerely

Kenneth R Helget



To Whom This May Concern;

My mother Rosella Krogh was a resident at Chappy's nursing and care home from April 1999 to Dec. 2005 when she passed away. When she was accepted as a resident at Chappy's she was in the mid stages of Alzheimer's. Even though Chappy's had no experience with Alzheimer's residents, they all got busy and studied up on everything they could about Alzheimer's so they could take care of Rosella the very best they could, Which They Did. Mike and Trish Olson guaranteed us that Rosella would have a home with them for the rest of her life. Chappy's cared for Rosella as if she were a genuine family member, taking care of every need that came along. I know for a fact that she would not have lived as long, as comfortably and safely anywhere else other than Chappy's

Son; Larry D. Krogh  
3315 River Rd.  
Grand Rapids, Mn  
218-326-5290

Feb 08, 2011  
4065 Mejdwick Dr NE  
Swatara MN 55785

Dear Chappie:

Just a note of appreciation to the staff of Chappie for the excellent care my friend Marion Stringham received from Sept 2002 to Dec 07, 2002, when she passed away. She was not easy to care for those last three months of her life, but the staff treated her with respect and dignity at all times. They also were very good at keeping us informed of any changes.

Thanking you again,

Sincerely

Roger Lundberg



April 30, 2010

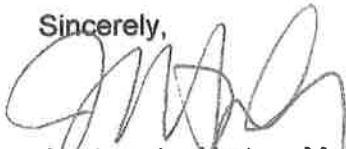
To Whom It May Concern:

This letter is with regard to the assisted living facility, Chappy's Golden Shores in Hill City, located at 604 Summit Avenue, Hill City, Minnesota 55748.

I am an internal medicine physician at Grand Itasca Clinic and Hospital in Grand Rapids, Minnesota. I have had the opportunity to work closely with Mike Olson at Chappy's Golden Shores over the past five and a half years that I have been a physician at Grand Itasca. Mr. Olson's facility takes a wide range of patient types with varying degrees of medical illness. I have found them to be an excellent provider of quality care. They have always been quite attentive to the health of their residents. I have found that the residents that live at Chappy's Golden Shores are quite happy and have a significantly better quality of life than one would expect given their multiple medical problems.

I consider Mike Olson at Chappy's Golden Shores an integral part of our health care network in southern Itasca County and would not hesitate to recommend their care to any of my patient's or my family members.

Sincerely,



Jamison L. Harker, M. D.

Po Box 219  
102 Lake Ave NE  
Hill City, MN 55748  
Pastor Gerard Valley  
(218) 341-3761 (cell)  
(218) 312-1416 (home)  
[Valley1986@scicable.com](mailto:Valley1986@scicable.com)

May 2, 2010

Re: Chappie's Home

To whom it may concern:

In the past year I have had the opportunity to watch the workers of Chappies in action, both in my capacity as a First Responder for the City of Hill City and as a minister in Hill City.

I have found the staff to be caring, concerned and active in the well-being of their clients. I have yet to come into Chappies, in any capacity, and think that their people are being ill-treated or receiving sub-standard care.

Chappies cares about their clients. Some would say they care too much and should be more business-like but I think the model they are pursuing works fine for them and their clients.

The question I ask myself is this "Would I be willing to be placed in their care if it was necessary?" The answer would be "yes."

If you should need anything further please do not hesitate to contact me at the above numbers or by e-mail.

Sincerely,  
  
Pastor Gerard Valley

APR, 30, 2010.

TO WHO IT MAY CONCERN.

AS MAYOR OF HILL CITY FOR THE LAST THREE AND A HALF YEARS, I RESIGNED IN MARCH FOR PERSONAL REASONS. IN THIS TIME I HAVE OBSERVED THE OPERATIONS OF CHAPPYS GOLDEN SHORES. THEY RUN A TOP NOTCH OPERATION THE WORKERS ARE KIND AND HAVE GREAT CONCERN FOR THE WELL BEING OF THE PEOPLE IN THEIR CARE. I HAVE KNOWN MIKE OLSON FOR 30 YEARS AND KNOW OF HIS LOVE AND CONCERN FOR THE ELDERLY. THEY GO ABOVE AND BEYOND THE CALL IN THEIR CARE. I HAVE BEEN A BAPTIST MINISTER IN HILL CITY FOR THIRTY YEARS AND HAVE VISITED THEIR FACILITY MANY TIMES THE PEOPLE LIVING THERE TELL ME THEY LIKE IT AND LOVE THE WORKERS. I HAVE NEVER HEARD ANY COMPLAINTS FROM ANY OF THEM. MIKE OLSON IS AN ASSET TO THE COMMUNITY.

IT WOULD BE A GREAT INJUSTICE TO CLOSE OR HINDER THEM IN ANY WAY, I WISH THE COUNTY SOCIAL SERVICES WOULD GET OFF THEIR HOBBY HORSE AND SUPPORT THEIR EFFORTS RATHER THAN HINDER A GREAT FACILITY LIKE THIS. LOOK AT THE FACTS NOT THE RETERIC COMMING OUT OF AITKIN ASK THE PEOPLE WHO LIVE THERE AND SEE FOR YOUR SELF. THANK YOU FOR YOUR TIME.

LONNIE LEE  
PASTOR HILL CITY  
BAPTIST CHURCH

A handwritten signature in cursive script, appearing to read "Lonnie Lee".

To who it may concern:

I have worked for Chappys for the past 3 years. Chappys is an amazing place and so are the people who are the owners they do so much for the Residents and Workers.

The Residents are part of my family and my kids family it would be bad for my children who think of these people as there Grandma & Grandpas and for me also who I love these people with all my heart. and what you'd be doing to these Residents also taking there families surrounding away from them and there families cause we are as much to them there family, they see are faces everyday and to take that away from them would be hard and I can't imagine what it would do to them.

Chappy is an amazing place to be for a worker part of as a Resident living here.

Thank for your time

Jamie Passig

5/2/2010

To Whom It May Concern:

I have been employed by Chappy's in Hill City for 8 1/2 years, I am also a Military Vet (hospital corpman). I have worked for Aitkin County as a home healthaide, respite worker, and housekeeper. I am fully capable of doing my job and handling the responsibilities in this position.

Throughout my 8 1/2 year employment it has been consistantly unsettling when we have visits from Aitkin County Caseworkers. Although our residents receive optimal care on a day to day basis, as a worker I feel I have to walk on egg shells when they are here. The stress and tension that comes from that flows over to my home life and makes it difficult to remain confident about myself.

The people I take care of at Chappy's are not residents to me-they are family. When Leslie Christensen told Mike Olson you can't run this business with your heart I was shocked. I thought

that is why we are here.

Denita J. Boden



To Whom it May Concern

My name is Connie Olson, my daughter Denita Boden has worked at Chappy's for 8 1/2 years. This is how I got to know the wonderful folks who live there and the other who work there.

Denita was in the US Navy for 6 years active duty was trained as a Medical Corpman. While on active duty she worked mostly in the Emergency Room, Geriatrics, Pediatrics, Delivery Room, she drove Ambulance, did sutures, she's done it all. She a hard worker and cares for her people.

Was also in the Navel Reserve for 6 years also. When she returned home to Hill City she went to ICC for H.H.A. She has more training than the average person who does take the HHA course.

She worked for Itasca County as a H.H.A. for a short time. But then went to work for Aitkin County and Crosby in the same field. She's done Respite, and Hospice. She's cared for people here in our area and beyond. When her grandmother was living here she worked her reg job and would come and care for her. She's a big asset to Chappy's with all her training.

Whenever I have been at Chappy's I've seen how busy and caring all the Chappy's staff is to their people. It just like one BIG family there. These workers do their jobs very well. They care for them as though they are their own parent or grandparent.

I've sat and visited many times with the folks down there, we've had great times talking over our younger days laughing at things we all did. I've seen how the clients care for the workers too, they always seem so happy. They know the staff cares for them. To the workers the people they care for are like extended family.

Chappy's is always clean and inviting, you can see this when you come to visit. The workers work hard to keep it that way too.

In the winter we've sit in what they call the "Great Room." It has a fireplace that makes it warm and cozy. Has a huge tv for those whose eyesight is not what it use to be fireplace that makes it warm and cozy. (With words going across the

bottom of the tv for those who need it.

I was invited to Chappy's awhile back was when a group came down to play music. The workers had everyone in the room who was able to be in there. We all had big smiles on our faces and was tapping toes to the music also singing along to the songs they knew. We all had a good time.

One of the clients wasn't able to come out into the great room. I don't recall not. My daughter told the players how she loves music. So the group asked if they could do a few songs just for her. They did just that played and sang songs just for her. She was thrilled!!!! Grinning from ear to ear.

All the holidays are big events as well as birthdays. Always special treats for all occasions. St Patty's day is always the traditional Irish fare. Workers will wear outfits that fit that holiday. The house is decorated from Thanksgiving to after New years. It's very festive looking.

Some people living there I've known for years. It is nice for families who live in the area to have an care facility so close to home. It makes visiting loved ones much easier and convenient. In our economy today people need to work to make ends meet. So people aren't able to stay at home to care for family like years before. Some are interested in the workers kids they also enjoy hearing and sometimes weather permitting go to watch the games the workers kids play. They enjoy being part of the community too.

Mike and Trish realized our town needed a place like this, lots of people don't have family left to around to care for them. They have worked hard to make it the place it is today. You can see Trish working in the yard doing flowers taking people to appointments.

Mike is the handy man around there. Mike loves to fish and has takes those out who are still able to go out fishing.

These last several weeks of uncertainty have been hard on my daughter as well as the rest of the staff including Mike and Trish. My daughter has come home mentally exhausted wondering if she is going to have a job to go too. The other workers are upset too wondering about their jobs and thier ability to

support thier families.

People here in town know having a place like Chappy's close by is an  
asset to the community.

Sincerely

Connie Olson

A handwritten signature in cursive script that reads "Connie Olson". The signature is written in black ink and is positioned below the printed name.



My niece Denita Boden works at Chappy's. I want to let you know I know the people who work there are dedicated to thier clients and jobs. Whenever I am up visiting and if Denita is working I'll go there to visit. I've seen how they all interact together. It's one happy family. The workers work hard to see that people needs are met. Chappy's always isclean amd inviting. I've been told the girls are good cooks too. I've sat on the outside deck in warmer weather with some. It is a nice place out there The gals bring us we cold juice,or water while we visit. Mike and Trish care a lot for thier people. They take clients to appt, and go shopping if they are able to do it. When they are ill and in the hospital they stay right there with them. Chappy's owners and workers do care and Chappy's is a caring place.

Charlene Paulson

5/1/2010

To whom it may concern,

It has been brought to my attention that Chappy's Golden Shores assisted living facility failed to get their contract renewed by Aitkin County. I believe this to be a terrible injustice, and disservice to our community.

Please allow me to share my personal experience with Chappy's, their wonderful caregivers, and Mike and Trish Olson.

Martha Konerza (my mom) lived on her own (after the passing of my father in 1994) until she was 90 years old. In June of 2004, mom started to lose the blessed ability to do so. She had an episode of falling while going to the bathroom in the middle of the night, and laying there until morning. At that point, we knew that Martha had entered a new stage of her life, needed our help, and supervision. That's when mom moved into our home. We took the best care of her that we possibly could. However, having two teenagers at home with busy event schedules, and my wife (Lori) and I both having fulltime shift jobs; we began to realize that we were not able to give my mother the quality care that she both needed and deserved. I could tell that she was starting to feel imprisoned in our home, and losing her will to live. This saddened me, and I knew that mom deserved better than this!

I was well aware of Chappy's as I pondered what was in my mother's best interests. Several of their staff members (caregivers) have had children that grew up with our children. We have been friends for several years. I have always known them to be compassionate, caring individuals.

Realizing that we needed to take action, Lori talked to Mike Olson. Shortly thereafter, Mike notified us that they had room for Martha, if we felt that this is where we should place her. The next day, Lori and I went to Chappy's and met with Mike and Trish. We saw the room they had for mom, and we had a productive visit. It was very apparent to Lori and I that Chappy's was much, much more than just a business or old people's home to the Olsons. They truly have a genuine love and concern for their residents. Every resident at Chappy's Golden Shores very rapidly becomes a family member! They are made to feel loved, needed, and vital. Not only do the folks at Chappy's care for their residents; they engage them in fun social activities, exercise, and most importantly.....they take the time to listen to these dear older people who so desperately still want to be heard and loved and needed!

After meeting with Mike and Trish, Lori and I talked with mom about this opportunity to live in a home where she could meet new friends, not be lonely; but rather well taken care of, and engaged in productive social activities. Needless to say mom was apprehensive about moving to a foreign place, and an environment of new people. So, we made an agreement. If mom was not happy at Chappy's after her first week there, she was more than welcome to come live with us again. Let me back up a little by saying that when

mom moved in with us the summer of 2004; Lori and my sister , Alice who was visiting from Washington State, had checked out some other assisted living facilities in Grand Rapids. These facilities, while nice, did not strike Lori and Alice as having the same homey and warm environment that Chappy's possessed.

In less than one week, my mother had fallen in love with Chappy's. This was now her new home, and she treasured it. She grew to love Mike and Trish. Trish and mom developed a special friendship. Not only did my mother (who was a lifelong registered nurse from the well renowned Swedish Hospital in Minneapolis) grow to respect Trish as a colleague in the medical profession; my mother grew to love Trish as a friend and daughter as well. Mike and Trish are truly professional in their care for the people that have been entrusted to them. Beyond their professionalism, they also care for them with their hearts. My mother knew, and treasured this!

After nearly five years in their care, my mother passed away in her bed at Chappy's on January 30<sup>th</sup>, 2010. During this 4 week ordeal (stricken with bacterial pneumonia), somebody was always close by caring for mom. They would hold her hand, stroke her hair, and let her know how much she was loved. I have never experienced anything like this before in my life. In the final hour of my mom's life, Trish Olson entered the bedroom where my mother lay. My mom broke into the biggest smile, with eyes that grew large and vibrantly blue. (Mom had been suffering and growing weaker in her final week, but only showed grace, dignity, and love for all who took such good care of her). Trish took my mother's hand, kissed her on the forehead and said, "Martha, I think its time for you to go home now. If this is what you need to do, you have our blessing. Don't worry about us or your children, we'll be o.k." Mom's smile got even bigger as she said, "O.k. boss". My mother always referred fondly to Trish as "the boss." Less than an hour later, my mom left this life for her real home in heaven. I lost my mom, but thanks to her, I gained a whole new family. Mike, Trish, and all the caregivers at Chappy's will always be my brothers and sisters. I have grown to love and appreciate these compassionate souls more than my words can ever express!

Should I ever reach the season of my life where I can no longer live on my own (or anyone else for that matter who reads this letter); we can only pray to be so blessed as to finish out our days at a Chappy's Golden Shores. I encourage you to visit their Facebook page, and look at the photo albums for each of their residents. A wise man once said that a picture is worth a thousand words. Let these pictures of peace, love, and contentment speak for themselves!

Chappy's has lost their contract with Aitkin County. Why? This makes no sense at all. A place that cares for their people in every way is under attack for what? As much as I miss my mother, I am very thankful that she does not have to witness this sad day. I can only hope and pray that this miscarriage of justice will be reversed!

Sincerely Yours,  
Ric Konerza

home 218-212-1420; cell 218-301-9409

*Ric Konerza*

Hi, Keith Available Sign Out

Yahoo! My Yahoo!

Web Search

Check Mail New

What's New Inbox 614 emails

Message

FW: chappys appeal of

Search Mail Go

Delete Reply Forward Spam Move Print Actions

Inbox (265)

Drafts (43)

Sent

Spam (105)

Trash

Contacts

Settings

Folders

bgad

bryan sun

business taxes

cazaran

chappys (4)

chents

danny olson

larry nutter

lawyers

orders

paul lewis

slip stream video

steve weiner

toy manufacturers (3)

untitled

Applications

Attach Large Files

Automatic Organizer

Calendar

Edit Photos

Evite

Flickr

My Drive

FW: chappys appeal of contract non renewal by Aitkin County - letter of suppor

Sun, May 2, 2010 8:22:02 PM

From: Richard Konerza (MP) [mailto:rkonerza@gsfschools.org]
To: "keitholson46@yahoo.com" [mailto:keitholson46@yahoo.com]

From: Judith Konerza [judith.konerza@gsfschools.org]
Sent: Sunday, May 02, 2010 2:20 PM
To: Richard Konerza (MP)
Subject: Re: chappys appeal of contract non renewal by Aitkin County - letter of suppor

To Whom it May Concern,

My mother-in-law, Martha Konerza, lived at Chappy's Golden Shores when she was no longer able to care capably for herself. She remained in their loving care until her death January 30th of this year. She lived there with dignity and grace and she died in the same manner. The love Chappy's showed throughout her stay was characteristic of who they are as people.

Chappy's provided care with great respect for Martha's dignity and personhood. The staff at Chappy's loved all the members living there. Each person was treated with love and care and according to their needs. The people there are family, not a number. Chappy's regularly held activities and meals that met the interests and needs of the individuals living there. They also took great care to provide meaningful interaction and listening ears to each person living and working there.

One of the outstanding features of Chappy's is that it is personal and not clinical in setting. Martha appreciated being in a family, not a clinical atmosphere during her final years; her family appreciated that as well. There are many clinical places to chose from, that setting did not fit our family or Martha.

I ask that you consider that people are individuals and Chappy's well meets the needs of the individual with professional personal and medical care. People appreciate the opportunity to choose where they will go and to not license Chappy's limits choice in the Aitkin County. Few people are able to live their

**FW: Chappy's contract nonrenewal**

Sun, May 2, 2010 9:24:11 PM

From: Richard Konerza (MP) <RKonerza@mapower.co> Add to Contacts  
To: "kellholson46@yahoo.com" <kellholson46@yahoo.com>

From: allceandjon@aol.com [allceandjon@aol.com]  
Sent: Sunday, May 02, 2010 5:55 PM  
To: Richard Konerza (MP)  
Subject: Chappy's contract nonrenewal

Dear Ric, I was shocked to hear of Chappy's not receiving renewal on their contract. In my 5 years spent visiting with mom each summer, I have observed a level of care that made me so thankful Chappy's existed. The staff became very familiar to me when I would pop-in in the mornings and afternoons during my stays in Minnesota. They behaved as if their job was "a calling" in the way they interacted with mom. When mom first went to Chappy's, I would worry about her, since I lived so far away. I would ask her, during my visits, if she felt "safe". I had no reason to believe she wasn't, but I still needed to confirm it face-to-face with her. Without hesitation, she assured me she was fine. As time went by, and I would meet Trish and Mike, observe the daily routine of the house, I was more confident that all was well with mom physically, mentally, and emotionally.

The thing that meant so much to me personally was the fact that mom was always accessible by phone. Whenever I called (almost weekly) the staff would carry the telephone to her and help her adjust the volume so we could talk.

I don't know the reason for Chappy's contract not being renewed, if it's a health violation, or some political reason; I just know, if I had to make the decision of where to place mom again, it would be at Chappy's...without question.

If this email can be of service, please forward it on. Love, Alice

**From:** Anita Wiswell (anitawiswell@rocketmail.com)  
**To:** keitholson46@yahoo.com;  
**Date:** Fri, April 30, 2010 5:39:17 PM  
**Cc:**  
**Subject:** Chappy's

Anita Wiswell  
P O Box 5200  
Pahrump, NV

To Whom it May Concern:

My name is Anita Wiswell, and I'm a retired social worker for the state of California. While employed by Inyo Co. Health and Human Services, I investigated child abuse, as well as elder abuse.

I have known Keith Olson for 29 years, and have listened to him talk about his elderly friend, Chappy. Keith always said there should be a special place for the elderly, where they didn't have to worry about being mistreated, where they were treated with respect, and loved like family. Too often I have seen the elderly give up because they are ignored, left to lay in feces and urine, where no one asks for their opinion; they die from lack of attention and love.

My mother-in-law was a client at Chappy's until her death. She loved it there, and the people who took care of her. She loved attention, and she got plenty of it. She died happy, and the family was very grateful that her last days were not her worst days. Keith and Trish Olson, along with their staff, try to make those last days as eventful as possible. They garden, do crafts, go hunting; whatever they miss doing from their youth, the Olson's try to give it to them. In a nursing home, you'll see elderly people who have lost the will to live. At Chappy's you will see fun events, interaction with one another, and a lot of smiles.

There is a waiting list for Chappy's, and that is because of a dream that Keith Olson had, and made that dream come true. I've always known Keith to be a quiet, determined man. I, personally, am very proud of the job he has done, and the lives he has changed. Chappy's is not a nursing home, or a foster home; it's a family home for a diverse clientele.

I would trust Keith and Trish with my loved ones, or with myself. I've never seen any place quite like it and was very impressed with the quality of care that was given. The Olson's obviously care about their clients, and show it through the love and care that they are given.

Sincerely,

Anita Wiswell

Chappy's  
604 Summit Avenue  
Hill City, MN 55748  
October 19<sup>th</sup>, 2001

Robyn Godfrey RN Case Manager  
Itasca County Health and Human Services  
1209 SE 2<sup>nd</sup> Avenue  
Grand Rapids, MN 55744  
218-327-6129

RE: ~~██████████~~ DOB 7/21/16

Itasca County will take over case management services from Aitkin County as of 10/11/01. I will be her Case Manager. Feel free to contact me if you have any questions regarding her care or her services. Olive continues to qualify for the Alternative Care Grant. She is responsible for the \$653.00 monthly rent for her stay at Chappy's. She is also responsible for a 25% premium for the AC Grant services which pays for her care and supervision needs at your care facility. This bill will go to her POA, from Itasca County. The AC Grant amount approved for you, for ~~██████~~'s care is \$2,273.38 monthly.

(It was a pleasure meeting all of you, and ~~██████~~? I really enjoyed our visit. She appeared to me to be getting good care. As owners and caregivers you are loving, responsive and seem to know ~~██████~~ needs. Thank you.

Respectfully,

  
Robyn Godfrey

10/10/01

10/11/01

This was back in 2001, when Aitkin took our contract the first time, working with Itasca County.

*Lisa M. (Barker) Anderson*

P.O. Box 401  
Hill City, MN 55748  
7181 259-2777

May 2, 2010

*To Whomever this may concern:*

*I am writing this letter on behalf of Trish and Mike Olson, Chappy's Golden Shores, and the staff and residents of Chappy's. I am Trish Olson's sister and I have been fortunate enough to watch the entire blossoming of Chappy's from the very beginning. It started as just a small dream and has turned into a miracle. From their very first resident it has been an amazing journey to be a part of. I have never seen two people put their entire heart and soul into something and give up so much to make something so wonderful.*

*I have been able to watch as the residents of Chappy's come into their lives, and become part of a big wonderful extended family. I have spent many holidays, birthdays, and just random fun days with many of the residents through the years, and have enjoyed everyone that has ever passed through the doors. My children love to visit the many grandma's and grandpa's, and we have grown to love them all.*

*The staff is made up of the most caring, loving, patient, hardworking, and considerate people you will ever meet, they put 110% into everything they do to make people happy, comfortable, safe and loved. The residents are their family too.*

*Chappy's is not a facility, or a place for people to go when they are getting on in age. Chappy's is a home... It is a place to reside, be happy, be safe and be loved. I cannot even imagine, someone trying to take my home away from me... Not only is it a beautiful place to live, it's clean, it's organized, it has gardens, activities, pets, children, and the number one thing it has is people who love them and that they love... Chappy's is a family, an environment where you can be happy and healthy... The care and concern is*



*evident when you walk in...*

*My family has watched as this has blossomed, and I will tell you in my opinion, that it would be a total injustice to the residents, staff, families and everyone involved if it was ever taken away. Our community needs a home like this. My sister and brother in law do an amazing job at taking care of the residents, I have never witnessed a holiday, birthday, doctor's appointment, shopping trip, or anything missed because they wanted to do something for themselves. They give up a lot to make Chappy's what it is, and the number one reason is LOVE... They love what they do and that is why they do it so well, it takes special people to do what they do... I wish there were more people like them in the world, so why would anyone want to take them away from all of us?*

*So in closing, please read these letters with an open heart and an open mind, consider if you were sick, or elderly... Then ask yourself where you would want to live. I know I have, and I would want to be where I have people who love me, cherish me, and would give up everything to fight for my rights as a human being. I would want to be where I am safe, happy, healthy and somewhere that I call home. That's what you get when you move into Chappy's. Thank you for your time and consideration in reading my letter. It comes from the heart....*

*Sincerely,*

A handwritten signature in cursive script, appearing to read "M. Johnson". The signature is written in dark ink on a white background.

April 30, 2010

To Whom It May Concern:

We have worked with Chappy's since they opened in Hill City. We have not seen anything that would cause us to report Chappy's for neglect or mistreatment of their clients.

On the calls that we have responded to at Chappy's, their staff has always been helpful and always concerned about the well being of their clients.

Respectfully,

A handwritten signature in cursive script that reads "Tami Meyer". The signature is written in black ink and has a fluid, connected style.

Tami Meyer  
President  
Hill City First Responders

To whom it may concern:

During my duties as a police officer in Hill City, I have responded to Chappie's assisted living facility on medical calls.

When I have responded, I have observed it to be orderly and clean. I have observed the residents to have no signs of neglect or abuse. The rooms appear to be clean and orderly.

The residents appear to be happy with the staff in the interactions I have observed. The staff appears to have a professional, personable and positive interactive relationships with the residents from my observations.

Officer Steel

Ronj. Steel 5/02/10

could put that latest picture of George and Bertha you had shown Brian and I last week. the one of them on the couch. thanks, and thank you for all you and your staff have done for us. you are truly gifts from GOD. we could never thank you all enough. Brian and Nancy

To whom it concerns:

Chappy's Golden Shores took care of my grandma for couple of years. They worked with the family and my grandma to make sure she was comfortable and her medical needs were met. My grandma was so happy at Chappy's and, so was the family we were welcome to the house any time. I loved all the workers there. Over all one of the best assisted living places I have seen and know if I or any one else needs to place another family member in a assisted living it will be Chappys if there is a opening and if not would be asked to put on waiting list for an open room. They are a family to us. I will never forget the care and times I got to share with my grandma because of the care and love she received there. They are the best and I am so happy I told my Mom and Grandpa to go Talk to Mike & Trisha about getting grandma placed there after her long stay in the hospital. I believe she had a long time with us because of Chappy's Assisted living.

Sincerely,  
Kathleen E. Holbein  
Grand Daughter of Deette E. Wiswell

#### **Gerard Valley**

- my condolences to the staff. I know your clients are family to you. Thanks for the valuable work you do.. .

Had an amazing visit with my great grandpa Hank . He recognized us all and was acting like himself. Love how the staff at [Chappy's Golden Shores](#) treat him :), like family

#### Stephanie Aiton

Hello Chappys! Hope you are all doing well and ready for the Christmas season. I have slacked in keeping in touch with you and I am sorry. Alot going on here and hopefully things will settle down soon. Think of you all the time and, you know how I miss my Dad. Is the time of year to celebrate our love for eachother so, please know how much I love all of you!

#### Tanya Wayne Peplinski

Mike and Trish, Thanks for all the love and care you have given grandpa this last year. Please let everyone there at Chappy's know that I can not thank them enough - they are the BEST! Lots of love to you and grandma - we will see you on Friday! [1](#)

---

#### Stephanie Aiton

Good evening everyone at Chappys! All is well here in Phoenix, weather is cold and rainy. We miss you guys and of course, miss Dad so much. Nice to think of his room there and how good you were to him. Have a happy day tomorrow. Love you.

Chappy's, thank you for being so wonderful and helping my Mom and the whole family with this sad time, and taking such great care of my Grandpa. You will always hold a special place in my heart ♥

Thursday 3-25-2010

Duane Weller Sr.  
1901 Goldfinch Dr.  
Buffalo, MN 55313

To whom it may concern,

On Monday PM 3-22-10 I received a voicemail from an Aitkin county social worker named Lesli Christensen telling me she needed to talk to me immediately. I received another voice mail from her on Tuesday AM 3-23-10 with the same message and also received a voicemail on my cell phone for a Mr. Martindale regarding the same message. I called her back Tuesday AM 3-23-10 . She informed me that there would be a letter explaining the messages. I received the letter dated 3-22-2010 and I have attached it to this letter. At this time she went on to explain to me that my dad, Willis Weller, would have to be moved to another home because Chappy's, where he lives, no longer qualified for county aid. The move would have to be on or before April 30<sup>th</sup> 2010. Leslie informed me that the county would assist in getting a new place for my dad and they suggested a home called McNeils in Hill City, MN.

I was not happy with this event because my dad is a volnurable adult and the move would be harmfull to his health. Chappy's home has been an excellant home for my dad and I feel Chappy's home has gone above and beyond their duties for caring for my dad and all their other clients. My hat is off to Mike and Trish for making peoples lives honorable lives.

Thank You,  
Duane Weller Sr.

A handwritten signature in blue ink that reads "Duane Weller Sr." The signature is written in a cursive style with a large, sweeping initial "D".

To Whome it May Concern,

In no way shape or form  
have we been coerced to change  
medical coverage for our Father  
(Willis Weller)

after talking it over with  
the brothers, we have decided  
moving our Dad would be too harsh  
on him and realized we needed  
to change his coverage in order to  
keep him where he is at.

This new plan would cover him  
better than the old, so we feel this  
move is better all around for him.

Jeffrey Weller

3-25-10



# NOTICE OF ACTION

DHS-2828-ENG 10-07

## Home and Community-Based Waiver Programs and AC

County agency name and address ICHHS, Itasca Resource Center  
1209 SE 2nd Avenue  
Grand Rapids, MN 55744

To: Michael Cochran  
530 Park Ave  
Hill City  
MN 55748

From: Case Manager Bob Hegarty  
Telephone 218-307-5524  
Date 4/21/10  
Case # 6003 6275

- This is to inform you that we are taking an action affecting your receipt of services under the following program:**
- Alternative Care (AC) Program
  - Community Alternative Care (CAC) Waiver
  - Community Alternatives for Disabled Individuals (CADI) Waiver
  - Developmental Disability (DD) Waiver
  - Elderly Waiver (EW)
  - Traumatic Brain Injury (TBI) Waiver

- The action we are taking is:**
- Decrease of services
  - Denial of services
  - Termination of services
  - Other action
- The effective date of the action is:**  
4/30/10

**The reason for this action is:** *You decided to stay at Chappys AL even though they will lose their contract with OutKln County 4/30/10. CADI Waiver services cannot continue at Chappys through Itasca County because we need to have the next county contract. Therefore, CADI Waiver will be closed effective 4/30/10*

**Legal Authority**

Attached to this notice may be additional forms explaining the action we are taking.  
**You have a right to appeal this action.**  
If you do not agree with this action, you may appeal within 30 days after receiving written notice of the action or decision. To appeal, read the next page.

This information is available in other forms to people with disabilities by contacting us at (651) 431-2400 (voice) or toll free at (800) 747-5484. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

1-18-10

Dear Staff, Irish and Mike,  
Ric and Lori tell us that  
you have been amazing  
in your vigilance and  
care for Mom during her  
illness. I so appreciate  
your willingness to update  
me and answer my questions  
when I call to talk with Mom.

We hope you will enjoy this small token of our thanks for all you  
do.

Many warm and special thoughts  
and happy wishes, too,  
are coming with this valentine-  
especially for you!

Love,

Jon & Alice  
in Wenatchee!



Trish and  
thanks for  
taking good care  
of my mom + her  
cat. We don't say it but  
we do appreciate all  
of you  
Cindy

Sending a note  
that expresses how  
grateful I am for  
everything you've done.  
AND DO

*Thinking Of You...  
With Appreciation For The Good Service  
And Kindness You Give To Millie!  
Carol And Dave Thomas*

**SHAW FLORISTS**

INV. #: 108113  
OCCASION: OTHER  
DELIVER: THURSDAY 04/01/10  
ITEM: FRESH ARR MISC.  
MAP INFO: - POOL ID:



Y

SOMEONE YOU KNOW DESERVES FLOWERS TODAY!

**SHAW FLORISTS**  
We deliver smiles!

326-SHAW (7429)  
1-800-326-SHAW  
WWW.SHAWFLORISTS.COM

*Chappy's Golden Shores  
530 Park  
Hill City, MN 55748  
(218) 697-2705*

108113

04/01

POKEGAMA HOTEL BUILDING 2 N.E. 3RD ST. GRAND RAPIDS, MINNESOTA 55744  
SERVING THE COMMUNITY FOR OVER 60 YEARS

To whom it should concern,

When decisions about Chappy's Golden Shores and its residents I felt some backgrounds should be made known.

When my brother and his wife, Keith and Trish Olson told me about the home they were opening it didn't sound like Mike (Keith) at all. I know he had been able to retire at the least three times., but from been a roofer, having a construction company, while having a successful band, who has traveled through out the country, and then becoming the owner of two bars. Yes, running an assisted living home was quite the leap, that is until I heard why,

When Mike owned the bar the only he liked to open up in the morning, it was pretty much the only time he worked, he liked to talk with a group of older hill city gentlemen who would stop and have coffee or beer and play cribbage while waiting for the post office to open .

As the gents got older some and some had died and one went into a nursing home. This particular gent had a lady friend he was seeing, which he quit seeing her after he went into the nursing home. When he was questioned why, he ashamedly answered that he would liked to keep seeing her but he would have to ask for money to take her out to eat. That was to embarrassing for him.

Mike took it upon himself to take the remaining other gents to the nursing home to visit him. He did this until one morning he went out to find the last of these Hill City gentlemen had died sitting in his car, in Mikes drive, waiting for him to take for their routine visit to the nursing home.

Mike and Trish, for quite a while, pondered over how things should be better, more dignified for these older citizens. When he heard of the Chapman place coming up for sale, Mike and his wife were struck with the idea that could be an answer! Chapman's, or Chappy's as he was as loving referred to by family and friends. This beautiful home right on Hill Lake could give this older citizen's a close, homey place close to home where they could spend the rest of their days in dignity close to friends and family.

Then I understood; he always tried to help where he saw a need. I could remember all the benefits we put together when he had his band for people suffering from various hardships.

I somehow wonder, when I hear Mike say he wants to get someone on their feet, and help them to walk or even take a few steps giving them hope and something to strive for. If in some way, in the back of his mind, Mike has remembered my parents talking about how when I as a baby was stricken with polio leaving me paralyzed in everything but my head and left arm, How, hard they worked over me to get me to walk again. And to hear them talk about how after every operation I had to be taught to walk again.

Mike and Trish and all girls at Chappy's try, with the grace of God, to find a way to fix things, to help someone who wanted to fight live when many, including drs, had been given no hope., have been told there is nothing that can be done, "they are old", "there going to die." To watch some who wants to live, survive and with our care and encouragement go on with their lives.

I am happy and proud to be employed at Chappy's Golden Shores. I have been here for over 11 years, I *have* seen someone who thought they never would be able to stand or walk again stand with a walker and even take a few steps, and in those few steps felt like she was on top of the world and could do a lot more than lay in bed and watch TV. And she did! I have seen a man who could hardly walk plant, tend, and harvest, a huge vegetable garden, granted with the help of his sons and the Chappy's crew. To see someone sent home from the hospital to die before they were ready and through round the clock bedside care get over the hurdle and live even years longer. Then, when they are ready they have been able, whenever possible been able to go peacefully at home with family and friends.

I worked as a domestic abuse legal advocate for thirteen years and this seems like it is abuse. In the domestic abuse program that I helped build, in Itasca County, we added the abuse of elderly or vulnerable. The abuse of the elderly or vulnerable was one hardest for me to work with. It tears my heart out to see the helpless hurt and their rights discarded so often. Now to see the people I have cared for and loved for so long, from their home, for no good reason but the inveciveness of a very few people, *is* both one of the cruelest and dangerous forms of abuse I have seen. What I am saying is that I feel that some of these people will not survive this abuse, No one ever that has said here that we have harmed any of our residents and now we have to sit back and watch this being done by just the people we should trust to see it not happen.

Sincerely concerned,

Vickie J, Olson

To whom it may concern,

4-30-10

Chappy's Golden Shores has been in my life since I was born. I am the daughter of Mike and Trish Olson, and my name is Monika Olson.

Well I have grown up with all these people, and they are like my family. I have so many stories and memories with each and every one of them. I love all these people with all my heart.

I just get so attached and if you took away these people from me, It would be like me loosing five Grandma's and four Grandpa's, and I know you all know how that feels. It would also be like ripping all of my childhood memories away from me.

So just remember as you are making your decision on keeping Chappy's running, just think of how many people you would be hurting... When you all get old and can't take care of yourself anymore you would be lucky to move into a house an amazing, loving, caring house like Chappy's. For real this is probably the best house around, and if you didn't keep us open, you would upset many people, and families.

Me without Chappy's is like peanut butter without jelly and that's just not right.

Love,

Monika L. Olson

To whom it may concern,

4-30-10

Chappy's golden shores people are like family to me, I care for them so much. It is like having a whole bunch of Grandma's and Grandpa's. I am a friend of the daughter of Mike and Trish, and my name is Lacey Washburn.

Ever since I have been here, I have met so many people that have been to Chappy's. I have learned so many cool things from the Chappy's people. I don't want Chappy's to go away, I love all the people there. I cried so much when I heard what was happening.

I have so many memories with the people there like Boot's. One time he was really sick and he had to go to the Emergency Room. We rushed up there to see him and he was so happy to us, and he said that he loved us.

It would break my heart if Chappy's went away. Everyone knows how much Mike and Trish care for these people. It's such a joy to see all the people do the arts and crafts, and play games. They also help in the garden, and when Mike takes them fishing.

Well I hope you know how much Chappy's means to me, and everyone else. Please make the best decision, I love Chappy's so much , so please don't take it away from me.

Love,

*Lacey Washburn*  
Lacey L. Washburn

To whom it may concern,

4-30-10

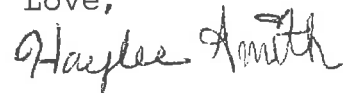
I have known of Chappy's since I was five. Because of my dear friend Monika. My mom Jami also has worked there for a while and we all have grown to love and care for all the people there including my five year old brother Hayden.

If Chappy's were to close I would be very sad, because I love all the people there and I know they would miss me too. Even if some of them can't remember what they ate for dinner. I know it brings them and me joy to spend time there.

When one of them people died at Chappy's I couldn't stop crying for five days. Each time we lost a member of Chappy's, I feel like a little piece of my heart was ripped out, and stomped on.

I just want you to know if you close Chappy's it would be more than a loss to more than just the owners.

Love,



Haylee Smith

# HOME MEDICAL

## Products & Services

March 29, 2010

To Whom It May Concern:

I have worked with Mike & Trish Olsen and their employees at Chappy's Golden Shores Home since November 2004.

As the medical services coordinator at Home Medical Products & Services in Grand Rapids, MN, I have worked very closely with them during that time with many of their residents. I have always found them to be very courteous, professional and most of all caring. I have seen them go above and beyond the normal for their residents over and over again because they genuinely care for them. This is what makes them so good at what they do.

It is because of these reasons and many more that I would highly recommend them to anyone as a great place to live.

If you have any questions, please feel free to call me at, (218) 326-2008 or 1-800-223-1909.

Sincerely,



Leslie Blavat  
Medical Services Coordinator  
/lb

237 E. Cloverland Drive #7  
Ironwood, MI 49938  
(906) 932-2323  
1-866-278-8311

535 A. Lincoln Street  
Rhinelander WI 54501  
(715) 368-2525  
1-866-278-8312

905 5th Avenue  
Antigo, WI 54409  
(715) 623-7272  
1-866-515-7272

3416 East Main  
Merrill, WI 54452  
(715) 536-2525  
1-866-536-2525

15907 West 1st Street  
Hayward, WI 54843  
(715) 634-1300  
1-800-392-0182

1601 Beaver Avenue  
Ashland, WI 54806  
(715) 682-9500  
1-800-727-4432

223 Silver Street  
Hurley, WI 54534  
(715) 561-2525  
1-800-627-4019

1413 Hill Avenue  
Superior, WI 54880  
(715) 392-7272  
1-800-682-5305

407 Knapp Street  
Rice Lake, WI 54868  
(715) 234-5000  
1-800-528-8969

1286 Pokagama Avenue South  
Grand Rapids, MN 56744  
(218) 328-2008  
1-800-223-1909



P.O. Box 216  
Hill City, MN 55748-0216  
May 2, 2010

To Whom It May Concern:

Hello, my name is Katherine Barker, and I have been a resident of Hill City since 1976. That is 33 years as a taxpaying citizen of Aitkin County.

In the early 1980s I worked as a Home Health Aide and Volunteer Driver for Aitkin County. Later I worked full time, at what is now Grand Itasca Hospital, as a nursing assistant to unit coordinator, to front desk, and to medical records. Also volunteered on the Health & Human Resource Board. I fully well understand the health field.

I'm writing to vouch for Chappys, an assisted-living home in Hill City that is owned by my daughter, Trish, and her husband, Mike Olson. I've watched Trish and Mike establish this home from the ground up starting with one client. This was their dream, because they have compassion for the elderly in their community.

---

Trish and Mike are “on call” 24/7. If they need to drop whatever they are doing to be with **any of** their people, they are there. Over the years, they’ve taken very little time off, so if need be they can be there for the staff or clients. My opinion is they are dedicated and work tirelessly for Chappys.

I’ve seen my daughter put her heart-and-soul into caring for those that **had no family** nor were not given much hope to survive by doctors. But it is with her, and Mike’s, love and devotion to their clients that even after family, and doctors, had given up on so many difficult “cases” that these “cases” not only survived -- they thrived! I’m very proud to see that my daughter, Trish, shares the same compassionate feelings towards the elderly as I do.

I ask why would Aitkin County NOT renew a contract for an established adult foster care home? Especially when dozens of family members **can vouch and witness** for the care their loved ones have received over these last 13 years by not only Mike and Trish, but by their caring staff!

To this small group of elderly people Chappys is **their home**. I would hope Aitkin County would give consideration to the fact that if these clients are forced to leave their home it would be an unnecessary, traumatic disruption for them. I don't think any **humane** human being would like to see such a burden placed upon any of **their very own** family members.

Most Respectfully,

Handwritten signature in blue ink that reads "Mrs. Katherine M. Barker". The signature is written in a cursive style with a large, looped initial "K" and "B".

Mrs. Katherine M. Barker

Home Phone: 218-697-2561

Email: [beartow@CenturyLink.net](mailto:beartow@CenturyLink.net)

THIS IS A STATEMENT AS TO THE SERVICE CHAPPY'S (MIKE & TRISH OLSEN PROVIDED FOR MY FATHER FROM 2004 TO 2008 AT THE TIME OF HIS DEATH MY FATHER HERBERT HERSCHACH FROM THE TIME OF MY MOTHER'S DEATH IN 1984 STAYED AT HOME UNTIL 2004 - HE WAS A CHRONIC ALCOHOLIC AND VERY DESPONDENT. IN 2004 HE WAS FORCED INTO ASSISTED LIVING I HELPED HIM SELECT CHAPPY'S NEED LESS TO SAY HE WAS TOTALLY UPSET. IT TURNED OUT TO BE THE BEST 4 1/2 YRS OF HIS LIFE. HE GAVE UP DRINKING COMPLETELY AND THE STAFF AND OWNERS OF CHAPPY'S TOOK HIM IN AND MADE HIM KING OF HIS FAMILY AGAIN. HE WAS ABLE TO GARDEN, COOK, ENTERTAIN AND TOOK A LOAD THAT I COULD NOT HAVE CARRIED IF HE WOULD HAVE STAYED HOME AS A FAMILY I CAN STATE MY BROTHERS & SISTER WERE TOTALLY SATISFIED WITH THE SERVICE & HOME MADE FOR HIM AT CHAPPY'S. AND HIS STAY THERE PROBABLY ADDED 4

GOOD YEARS TO HIS LIFE  
THANK YOU FOR TAKING  
TIME TO READ THIS

SINCERELY  
Ragen H. Hershcraft  
ROGER HERSHCRAFT  
4130110

P.S. MY DAD LIVED TO A NICE  
AGE OF 96 YRS 15 MOS

To Whom It May Concern:

I have been a volunteer at Chappys for 4 1/2 years. During this time I have had an opportunity to take residents on outings and spend quality time with them. They have grown to be part of my family and, for many of them we are the only family they have.

When there is turmoil with contracts and the county, etc. the idea of these people losing their home hurts from the inside out. It is always a sad day when rules and politics stands in the way of good people getting quality care. I can attest to the fact that on a day to day basis these residents are clean and cared for. Their dietary is top notch and all employees truly care about the people they are caring for. This isn't just another job - it's a way of life. We are caregivers by nature, that's what we do, and we do it well.

Jini Haugen, volunteer worker

Fire drills completed.

# EMERGENCY CHECK SHEET

	January	FEBRUARY	March	April	May	June	July	August	SEPT.	OCT.	NOV.	DEC.	TOTAL
<b>FIRE DRILLS</b>													
STAFF PRESENT	4	3	3	2	4	3	2	3	4	4	3	3	
CLIENTS PRESENT	10	10	9	10	10	8	10	9	10	10	10	9	
GO OVER MEETING AREA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
EMERGENCY EXITS	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
911 PROCEDURE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	

	January	FEBRUARY	March	April	May	June	July	August	SEPT.	OCT.	NOV.	DEC.	TOTAL
<b>EMERGENCY DRILLS</b>													
REFRESH	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
SMOKE ALARM TEST	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
POSITION CONTROL	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
CARBON MONOXIDE TEST	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	

	January	FEBRUARY	March	April	May	June	July	August	SEPT.	OCT.	NOV.	DEC.	TOTAL
<b>WEATHER DRILLS</b>													
TORNADO'S	PRACED	PRACED	PRACED	YES	YES	YES	YES	YES	YES	NO	YES	YES	
POWER OUTAGES	PRACED	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
WIND STORM	PRACED	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
SEVERE WEATHER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
FLOODING	PRACED	PRACED	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
911 PROCEDURE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
OXYGEN SETUP	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
FLASHLIGHTS	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
GET CLIENTS TO SAFE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
SURVIVAL PACK	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
NO TO CONTACT	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
ANALYSIS	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
MEDICATIONS	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
HOME MEDICAL	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
AITKIN COUNTY	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
RN present	NO	YES	NO	NO	NO	YES	NO	YES	YES	NO	NO	NO	
Date:	1-13-11	2-18-11	3-25-11	4-14-11	5-13-11	2-15-11	7-19-11	8-11-11	9-5-11	10-16-11	11-14-11	12-19-11	
Time tested	7:10 AM	4:35 PM	6:50 PM	9:00 AM	7:00 AM	6:41	10:00 AM	12:45 PM	3:15 PM	5:45 PM	9:00 AM	12:00 PM	

# February Activity Schedule

DATE	ACTIVITY	WHO JOINED	WHO DECLINED	STAFF SIGNATURE
1	playing ball	all		theresa olson
2	uno attack		g.b	theresa olson
3	bingo			theresa olson
4	baking		g.b	theresa olson
5	tea social/ music time			theresa olson
6	playing ball/ bowling			theresa olson
7	checkers			theresa olson
8	crafts/bible study		g.b, m.c	theresa olson
9	bingo			theresa olson
10	wii		g.b, mc	theresa olson
11	bean bag toss			theresa olson
12	movies			theresa olson
13	coloring/painting		g.b	theresa olson
14	valentines party			theresa olson
15	skippo		g.b	theresa olson
16	dominos			theresa olson
17	tossing ball/beauty day			theresa olson
18	exercise day			theresa olson
19	cribbage/go fish			theresa olson
20	birthday party			theresa olson
21	bingo			theresa olson
22	pizza party ice cram social			theresa olson
23	bowling			theresa olson
24	read a book			theresa olson
25	bible social			theresa olson
26	checkers			theresa olson
27	movie night			theresa olson
28	baking			theresa olson
29	wii adventures			theresa olson

Catholic mass - On Wednesday at home

Bible Study Baptist minister / Assembly of God - Every other week  
or as wanted.

Reb Jensen has first half of year.



# JANUARY

DATE	ACTIVITY	WHO JOINED	WHO DECLINED	STAFF SIGNATURE
1	wii	all		theresa olson
2	uno attack		g.b	theresa olson
3	poker/cards			theresa olson
4	baking		g.b	theresa olson
5	movie night			theresa olson
6	playing ball			theresa olson
7	checkers			theresa olson
8	crafts		g.b, m.c	theresa olson
9	bingo			theresa olson
10	puzzles		g.b, mc	theresa olson
11	bean bag toss			theresa olson
12	tea social/ music time			theresa olson
13	coloring/painting		g.b	theresa olson
14	monopoly			theresa olson
15	skippo			theresa olson
16	dominos			theresa olson
17	tossing ball			theresa olson
18	exercise day			theresa olson
19	cribbage/go fish			theresa olson
20	yaztee			theresa olson
21	bingo			theresa olson
22	pizza party ice cram social			theresa olson
23	bowling			theresa olson
24	read a book		g.b	theresa olson
25	bible social		g.b	theresa olson
26	checkers			theresa olson
27	movie night			theresa olson
28	baking			theresa olson
29	wii adventures			theresa olson

30 New Year's Day  
 31 Birthday Party

*Theresa*  
*Theresa*

AN OK'd *Theresa* H.H.A.T.O

DATE	ACTIVITY	WHO JOINED	DECLINED	THROAT
1	Sling Blings	Lucy edgie		Throat
2	Bingo		6:3	Throat
3	ball toss			Throat
4	poker			Throat
5	Bean Bag toss		6:3	Throat
6	Uno Attack		6:3	Throat
7	Uno Attack			Throat
8	movie night			Throat
9	Bowling with B&King			Throat
10	go fish		6:3	Throat
11	yo zee			Throat
12	Birthday party			Throat
13	Dominoes		6:3	Throat
14	Trivial Pursuit			Throat
15	pizza party			Throat
16	Bingo			Throat
17	tea social			Throat
18	ball toss		6:3	Throat
19	Monopoly			Throat
20	Ice cream social			Throat
21	Bowling			Throat
22	B&King			Throat
23	Bingo			Throat
24	Christmas party			Throat
25	movie night		6:3	Throat
26	Billie Holiday			Throat
27	Dominoes		6:3	Throat
28	Karaoke			Throat
29	Cribbage			Throat
30	New Year Eve Party			Throat
31				

~~Throat~~  
Deante

# Unhappy's Golden One's

1/10/2022

DATE	ACTIVITY	WHO JOINED	WHO DECLINED	STAFF SIGNATURE
1	SKIPPO		G.W	Therese
2	Karaoke		G.W	Therese
3	Ice cream / Social		G.W G.B	Therese
4	Bingo		G.W G.B	Therese
5	Bird watching		G.W G.B	Therese
6	Tossing ball		G.B	Therese
7	Baking Cookies		G.B G.W	Therese
8	Wine & Cheese		G.W G.B	Therese
9	Wind Catchers		G.B G.W	Therese
10	Crumbling		G.W	Therese
11	Demos		G.W G.B	Therese
12	Tea Social			Therese
13	Reading HR		G.B G.W	Therese
14	Bingo		G.B G.W	Therese
15	Birthday		G.W G.B	Therese
16	go fish Birthday Party		G.B	Therese
17	SKIPPO			Therese
18	go fish / crabs		G.B	Therese
19	Ben Bay game			Therese
20	Manicures		G.B	Therese
21	Bingo			Therese
22	Birthday		G.B	Therese
23	Ice cream Social			Therese
24	Family visiting HR			Therese
25	Memorial			Therese
26	Clubhouse			Therese
27	Bible Study			Therese
28	Movie night			Therese
29	Bingo			
30	SKIPPO			
31	end of month Social / Party			

1/10/2022

WHO JOINED

WHO DECLINED

STAFF SIGNATURE

DATE	ACTIVITY	WHO	NET	THRU
1	Picnic		G.B., DK	Thru
2	Pleasy Ball		G.B., DK	Thru
3	Bullseye / Birthday party		G.B., DK	Thru
4	Manopoly		G.B., DK	Thru
5	Skippo		G.B., DK	Thru
6	Domino's		G.B., DK	Thru
7	Gold Fish		BB, DK	Thru
8	Puzzles / social		P.L.	Thru
9	Movie night		G.B., DK	Thru
10	Kennerke		G.B., DK	Thru
11	Ice cream social		G.B., G.W.	Thru
12	Clue / Birthday party		G.B.	Thru
13	tea / coffee social		G.B., G.W., DK	Thru
14	Bingo		G.B., G.W., DK	Thru
15	Sun patches		G.B., G.W., DK	Thru
16	Volleyball wot		G.B., G.W., DK	Thru
17	Baking		G.B., G.W., DK	Thru
18	Bean Bag toss		G.B., DK	Thru
19	Shirley temple wine		G.B., DK, A	Thru
20	nail / Hair day		G.B.	Thru
21	Puzzles / music		G.B., G.W.	Thru
22	Skippo		G.B., G.W., DK	Thru
23	Bird watching		G.B., G.W., DK	Thru
24	Movie night		G.B., DK	Thru
25	Cribbage / Hair day		G.B., DK	Thru
26	Domino's		G.B., DK	Thru
27	Bingo		G.B., DK	Thru
28	Movie night		G.B., G.W.	Thru
29	Bean Bag toss		G.W.	Thru
30	Manopoly			Thru
31	Costume Kid Trick or Treat			Thru

copy of

# Sept Activity Log

DATE	ACTIVITY	WHO JOINED	WHO DECLINED	STAFF SIGNATURE
1	Bingo		G.B. MC	Theresa
2	WIT		GB	Theresa
3	Picking vegetables	All outside		Theresa
4	Movie night	All joined		Theresa
5	Picnic	All joined		Theresa
6	Uno		GB	Theresa
7	Bingo			Theresa
8	Social HR			Theresa
9	Minister visited			Theresa
10	music / social			Theresa
11	puzzles / cards			Theresa
12	Ball / movie			Theresa
13	Birthday party	MI	D.K	Theresa
14	Wii / puzzles	<del>MI</del>	D.K GB	Theresa
15	CRAPTS		D.K	Theresa
16	movie Day		G.B D.K	Theresa
17	Tea / Social		G.B D.K	Theresa
18	Ball, Orange gls		G.B D.K	Theresa
19	Baking		G.B D.K	Theresa
20	travel		G.B D.K M.C	Theresa
21	Ice cream social		G.B, D.K MI	Theresa
22	Bingo		GB	Theresa
23	Lame watching		GB	Theresa
24	Baiting		GB	Theresa
25	music / dancing		GB	Theresa
26	Baking / social		G.B, D.K, MI	Theresa
27	movie night		G.B, D.K	Theresa
28	Fingernails / Handker		G.B, D.K	Theresa
29	Bean Bag toss		G.B, D.K	Theresa

30th exercising

August

DATE	ACTIVITY	WHO JOINED	DECLINED	notes
1	Puzzles rinds		G.W.J.H	
2	Pinning		G.B.M.C	
3	WII		G.B.M.C D.K.	
4	Skipo		D.L.G.B	
5	uno attack		G.V.B.M.C	
6	Bean Bag toss			
7	Bridge		G.B.M.C	
8	Puzzles			
9	tea time / Ice cream			
10	Poker / CARDS		D.K.J.H	
11	Baking			
12	Gardening / Birding			
13	movies Pope		G.B.M.C	
14	Ball Crazy eight			
15	cooking residents		G.B.M.C	
16	playing Ball		G.W	
17	Poker / Bridge		G.W.M.C G.W	
18	cooking painting		G.W, G.B.M.C	
19	WII		G.W, G.B.M.C	
20	Karaoke			
21	picnic social			
22	music parties		G.B.G.W.M.C	
23	crafts		G.B, G.W.M.C	
24	Puzzles / crafts			
25	Baking		G.B.M.C G.W	
26	gardening			
27	movies popcorn		G.B, M.C G.W, H.B	
28	Scrapbooking / reading		G.W	
29	Bridge		G.W, M.C	
30	trouble		G.W, M.C	
31	WII		M.B, G.B	

Handwritten notes or scribbles at the bottom left of the page.

Schedules to show we had plenty of staff

January 2011

12 HR shifts to 2 workers  
Bottom 15 night staff

Edward & Pauline  
Line here 24 hrs a day  
on call as needed

January 2011							February 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5	6	7	8	9	10	11	6	7	8	9	10	11	12
12	13	14	15	16	17	18	13	14	15	16	17	18	19
19	20	21	22	23	24	25	20	21	22	23	24	25	26
26	27	28	29	30	31		27	28					

Emergency Room

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26 If Trish working emergency happens And ed & Pauline step in & take over shift	27 Working emergency happens Step in & take over shift	28 Mike goes to E.R. & Trish goes with her owners.	29	30	31	1 Denise Pauline Trish here from 6:00 Ed / Pauline
2 Denise Pauline Trish 6-10:00pm Ed / Pauline	3 Steph Pauline Trish 5:30-9:00pm Ed / Pauline	4 Steph Denise Trish here 7:00-12:00pm Vicki / Trish	5 Denise Pauline Trish 7-11:30am Strutt / Mike	6 Janni Denise Trish 6-2:15pm Ed / Pauline	7 Denise Pauline Trish 7-12:00 Ed / Pauline	8 Janni Denise Trish 7-11am Vicki / Trish
9 Janni DAR Trish here until 10:00am Vicki / Trish	10 Denise Den / Pauline Trish here until 4pm Ed / Pauline	11 Denise Janni Trish here until 12:00 Vicki / Trish	12 Janni Den Trish here until 7-11:00 Denise / Mike	13 Steph Pauline Trish here until 10:00am Vicki / Trish	14 Janni Den Trish here until 9:00am Vicki / Trish	15 Steph Pauline Trish here until 9:00am Ed Pauline
16 Steph Pauline Trish 6-11:00am Ed / Pauline	17 Steph Janni Trish 7-11:45am Ed / Pauline	18 Janni Pauline Trish 6-10:30am Ed / Pauline	19 Steph Pauline Trish 7-10:30am Janni / Mike	20 Denise Den Trish 7-10:45am Vicki / Trish	21 Steph Pauline Trish here until 9:00am Ed / Pauline	22 Denise Den Trish 7-12:00pm Vicki / Trish
23 Denise DAR Trish 7-10:45am Vicki / Trish	24 Denise Pauline Trish 7-11:00am Ed / Pauline	25 Pauline DAR Trish 7-11:00am Vicki / Trish	26 Denise Den Trish here until 9:00am Pauline / Ed	27 Steph Janni Trish here until 9:00am Vicki / Trish	28 Denise Den Trish here until 9:45am Vicki / Trish	29 Steph Janni Trish here until 9:15am Ed Pauline
30 Steph Janni Trish here 7:00-12:00 Ed Pauline	31 Janni Den Trish here 7:00-11:40am Ed Pauline	1 Vicki / Trish	2 TOTAL: 3-5 day shift TOTAL - 4-5 night shift ② at least during any shift at slow times	3 TOTAL: 3-5 day shift TOTAL - 4-5 night shift OK'd HRS to carry All good.	4 TOTAL: 3-5 day shift TOTAL - 4-5 night shift OK'd HRS to carry All good.	5 TOTAL: 3-5 day shift TOTAL - 4-5 night shift OK'd HRS to carry All good.

Ed cooked All meals except some lunches & breakfast All meals on menu OK'd menus

RN up to 17 HRS  
RN phone calls: 2 1/2 HRS total -

# February 2011

12 HR shifts to 2 workers per 10 clients  
Bottom night shifts

extra help: always here except on vacation strikes  
or kids activities / events

January 2011							March 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3	4	5	6	7	8	6	7	8	9	10	11	12
9	10	11	12	13	14	15	13	14	15	16	17	18	19
16	17	18	19	20	21	22	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28	29	30	31		
30	31												

If Trish / Mike working Mike goes to Denise on house calls

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>Ed, or Edie, Pauline step In i. take over. otherwise other staff called in for owners shifts. OK'd -</p> <p>31</p>	<p>Steph DAR Trish here until 7-12:00 Vickie / Trish</p> <p>1</p>	<p>Steph DAR Trish here until 7-12:00 Vickie / Trish</p> <p>2</p>	<p>Steph Jami Trish here until 9:00 am DAR / Mike</p> <p>3</p>	<p>Denita Pauline Trish here 7-11:45 am V / Trish</p> <p>4</p>	<p>Steph Jami Trish here until 9:45 am Ed / Pauline</p> <p>5</p>	<p>Denita Pauline Trish here until 11:00 am Ed / Pauline</p> <p>6</p>
<p>Denita Pauline Trish 7-10:45 am Vickie / Trish</p> <p>7</p>	<p>Steph Pauline Trish here until 9:30 am Pauline / Ed Denise here 4 hrs</p> <p>8</p>	<p>Steph Denita Trish 7:00 - 11:30 am Vickie / Trish</p> <p>9</p>	<p>Denita Pauline Trish here until 9:00 am Steph / Mike</p> <p>10</p>	<p>Jami DAR Trish here until 9:30 am Ed / Pauline</p> <p>11</p>	<p>Denita Pauline Trish 7-11:45 am Vickie / Trish Denise on 5 hrs</p> <p>12</p>	<p>Jami DAR Trish here until 10:30 am Vickie / Trish</p> <p>13</p>
<p>Jami DAR Pauline / Ed Steph</p> <p>14</p>	<p>Denita DAR Trish 7-2:00 pm Ed / Pauline</p> <p>15</p>	<p>Denita Jami Trish 7-10:45 am Vickie / Trish</p> <p>16</p>	<p>Jami DAR Trish here until 9:00 am Denita / Mike</p> <p>17</p>	<p>Steph Pauline Trish here until 9:00 am Vickie / Trish</p> <p>18</p>	<p>Jami DAR Trish here until 9:00 am Pauline / Ed</p> <p>19</p>	<p>Steph Pauline Trish 7-2:00 pm Ed / Pauline</p> <p>20</p>
<p>Pauline / Ed Steph Pauline Trish 7:00-11:00 am Trish / Vickie</p> <p>21</p>	<p>Steph Jami Trish here until 9:00 am Trish / Vickie Denise on 4 hrs</p> <p>22</p>	<p>Jami Pauline Trish here until 9:00 am Pauline / Ed</p> <p>23</p>	<p>Steph Pauline Trish here until 1:00 pm Mike / DAR</p> <p>24</p>	<p>Denita Jami Trish here 6:00-10:00 am Pauline / Ed</p> <p>25</p>	<p>Steph Pauline Trish 7-11:30 am Trish / Vickie</p> <p>26</p>	<p>Denita Jami Trish here until 9:30 am Trish / Vickie</p> <p>27</p>
<p>Denise Hospital Mike here 2 1/2 pm Denita Trish 7-11:00 am Jami Trish here 10:25 am Pauline / Ed</p> <p>28</p>	<p>Denita Pauline Trish 7-11:00 am Pauline / Ed</p> <p>29</p>	<p>Denita Pauline / Ed Trish 9:30-10:30 pm</p> <p>30</p>	<p>Steph Pauline Trish here until 1:00 pm Mike / DAR</p> <p>31</p>	<p>Denita Jami Trish here 6:00-10:00 am Pauline / Ed</p> <p>1</p>	<p>Steph Pauline Trish 7-11:30 am Trish / Vickie</p> <p>2</p>	<p>Denita Jami Trish here until 9:30 am Trish / Vickie</p> <p>3</p>

TOTALS: 3-4 day shift  
TOTALS: 4-5 night shift

② - least during any shift

Edward cooks all meals except lunch sometimes while sleeping. All meals on menu OK'd

\* OK'd hours to CARES  
All good.

RN up to total hrs month: 19 hrs

plus photo chart



Mike 24 HRS aday PRN on call

Trish pickup / AS needed

Ed & Pauline on call 24 HRS as needed other help here except out of town / weekends

March 2011 12HR Shifts to 2 weeks per 10 charts

ALL STAFF ON CALL AS needed emergencies

If trish / Mike working Mike goes to ER shifts / RN if needed

January 2011							April 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7	3	4	5	6	7	8	9
8	9	10	11	12	13	14	10	11	12	13	14	15	16
15	16	17	18	19	20	21	17	18	19	20	21	22	23
22	23	24	25	26	27	28	24	25	26	27	28	29	30

Mike 2 HRS pm  
Denita 2 HRS pm

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31	1	2
Steph Jami Trish / Vickie	Jami Denita Pauline / Ed	Pauline Jami Vickie / Trish	Den Jami Plybia / Ed	Steph Jami Trish / Vickie	Steph Denita Pauline / Ed	Steph Jami Pauline / Ed
Steph Jami Trish / Vickie	Jami Denita Pauline / Ed	Steph DAR Trish / Vickie	Steph Jami Mike / DAR	Denita Pauline Pauline / Ed	Steph Jami Vickie / Trish	Denita Jami Trish / Vickie
Denita Pauline Ed / Pauline	Steph Pauline Ed / Pauline	Steph Denita Vickie / Trish	Denita Pauline Steph / Mike	Jami DAR Trish / Vickie	Denita Pauline Pauline / Ed	Jami DAR Ed / Pauline
Jami DAR Trish / Vickie	Denita DAR Trish / Vickie	Denita Jami Pauline / Ed	Jami Den Denita / Mike	Steph Pauline Pauline / Ed	Jami DAR Trish / Vickie	Steph Pauline Trish / Vickie
Steph Pauline Pauline / Ed	Steph Jami Pauline / Ed	Jami Pauline Trish / Vickie	Steph Pauline Jami / Mike	Denita DAR Trish / Vickie	Jami DAR Trish / Vickie	Jami Pauline Trish / Vickie
Ed checked all needs except some lunches & some blankets 2 Dinners not checked by Ed						
TOTAL HRS 3-4 day shift / 1 min wheel @ per 10 charts 4-5 night shift • Awake & Sleeping 2 per 10 charts						
RW TOTAL HRS month: 14 HRS						

Trish 25  
Mike 25  
Denita 25

OK! HRS to callers all good - name done

Mike 24 HRS 4 day PRVON CALL / census daily at least 1 HR - or problems  
 TRISH backup / AS needed

**April 2011**

ALL STAFF ON CALL AS needed emergencies

for emergency trips Mike growth / TRISH if needed

Ed / Pauline 24 HRS on call  
 need extra help  
 except for other  
 tour  
 needs

March 2011							May 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7	8	9	10	11	12	13	14
13	14	15	16	17	18	19	15	16	17	18	19	20	21
20	21	22	23	24	25	26	22	23	24	25	26	27	28
27	28	29	30	31			29	30	31				

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Ed / Pauline 27	Back up other staff				Steph Pauline Trish here 1:00-3:00pm Pauline / Ed	Denita DAR Trish here 9:00-12:00pm Pauline / Ed RPT
Den DAR Trish here 7:00-9:00am Trish / Vickie	Den Pauline Trish here 9:00am-12:00pm Trish / Vickie	Pauline DAR Trish here 9-10:30am Pauline / Ed	Denita DAR Trish here 8-10:30am Pauline / Ed	Steph Jami Trish here 8-11:00pm Pauline / Ed	DAR Denita Trish here 9-12:00pm Trish / Vickie	Steph Jami Trish here 10:00-12:00pm Trish / Vickie
Steph Jami Trish here 10-3:30pm Pauline / Ed	Jami DAR Trish here 9-2pm Pauline / Ed	Steph DAR Trish here 9-3:30pm Trish / Vickie	Steph DAR Trish here 9-3:30pm Trish / Vickie	Den Pauline Trish here 9:00am Trish / Vickie	Pauline Jami Trish here until 9:00am Ed / Pauline	Denita Trish here 11:00am-3:30pm Pauline Ed / Pauline
Denita Steph Trish here 9-2:30pm Vickie Trish	Steph Mike 9:00am-11:00am Pauline Trish here until 9:00am Trish here until 4:30pm Vickie	Steph Mike 8:45am-10:45am Denita Trish here until 10:30am EIP	Denita Pauline / Ed Trish here 12-2:30pm Steph / Mike	Denita DAR Ed / Pauline Steph	Denita Pauline Vickie Trish	Denita DAR Vickie Trish
Jami DAR Ed / Pauline	Denita DAR Trish here 9:00-11:30am Ed / Pauline	Denita Jami Trish here 9:00-11:30am Vickie / Trish	Jami DAR Trish here 9:00-11:30am Denita / Mike	Steph Pauline Vickie / Trish	Jami DAR Trish here 9:00-11:30am Ed / Pauline	Steph Pauline Ed / Pauline
Steph Pauline Vickie Trish	Steph Jami Vickie Trish Ed / Pauline		forms hrs: 3-4 day shift minimal have night shift 2 hrs until 4:5 AS needed		OK'd hrs to cover RPT form hrs: 11 HRS ANCALL HRS / 4 HRS	

Mike 24 hours on call  
 Trash Backup as needed

AM STAFF ON CALL as needed

May 2011

RN Mike  
 5 1/2 hours

Emergency trips Mike goes unless  
 trash not working

April 2011							June 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2							
3	4	5	6	7	8	9	5	6	7	8	9	10	11
10	11	12	13	14	15	16	12	13	14	15	16	17	18
17	18	19	20	21	22	23	19	20	21	22	23	24	25
24	25	26	27	28	29	30	26	27	28	29	30		

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Steph Pauline VIT	2 Steph Jani EIP	3 Jani Pauline MISH: 10:00am 5:45pm vicki/ trash	4 Steph Pauline Jani Mike	5 Renita DAR VIT	6 Steph Pauline EIP	7 Denita Den EIP
8 Denita DAR VIT	9 Denita Pauline EIP	10 Pauline Den EIP	11 Denita Den VIT Pauline Mike	12 Steph Jani VIT	13 Denita Den VIT	14 Steph Jani EIP
15 Steph Jani EIP	16 Jani Den VIT	17 Steph Den EIP	18 Steph Jani DAR Mike	19 Denita Pauline EIP	20 Steph Jani VIT	21 Renita Pauline VIT
22 Denita Pauline EIP	23 Steph Pauline EIP	24 Steph Denita VIT	25 Denita Pauline Steph Mike	26 Jani Den VIT	27 Denita Pauline EIP	28 Jani Den EIP
29 Jani Den VIT	30 Denita Den VIT	31 Denita Jani EIP	1 RN on call RN visits: 12 1/2 hours 3-4 on day shift 4-5 on night shift at least 2 on each shift OK'd memo	2	3	4 OK'd memo to CARRS Ocellines
5	6	7			10	11

3-4 on duty shift  
4-5 on night shift

At least 2 on all times

mile 24 Haac  
Trish backup AS

June 2011

Old Hanstocross 16th June  
30th June  
All staff on call as needed



May 2011							July 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7	3	4	5	6	7	8	9
8	9	10	11	12	13	14	10	11	12	13	14	15	16
15	16	17	18	19	20	21	17	18	19	20	21	22	23
22	23	24	25	26	27	28	24	25	26	27	28	29	30
29	30	31					31						

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	1	2	3	
	Denita Dan	Denita Jami	Jami Dar RN Denita Mike	Steph Pauline EIP	Jami Dan VIT	Steph Pauline VIT
5	6	7	8	9	10	11
Steph Pauline EIP	Steph Jami EIP	Jami Pauline VIT	Steph Pauline VIT	Steph Denita VIT	Steph Pauline EIP	Denita Dan EIP
12	13	14	15	16	17	18
Denita Dan VIT	Denita Pauline VIT	<del>Denita</del> Denita Dan Pauline EIP	Denita Dan VIT	Steph Jami EIP	<del>Jami</del> Denita VIT	Steph Jami VIT
19	20	21	22	23	24	25
Steph Jami EIP	Jami Steph EIP	Steph Dan VIT	Steph Jami RN VIT	Denita Pauline VIT	Steph Jami EIP	Denita Pauline EIP
26	27	28	29	30	1	2
Denita Pauline VIT	Steph Pauline VIT	Steph/Jami Denita EIP	Denita Pauline/DAR VIT	Jami Denita EIP	Denita/Jami DAR/Pauline	Jami/Denita Dan/Pauline
3	4	5	6	7	8	9
<del>Denita</del> DAR	Denita/DAR Steph	Denita Jami	Jami DAR	Steph Pauline Jami	Jami DAR	Steph Pauline

or  
to

9:00

am

1:00

July

meals old by nurse / All checks OK 3-4 on day shift  
 Miller - Doctor's Emergency contact to nurse

3-4 am night

TRISH 4 hrs everyday / on call 24 hr a day / Doctor's apt.

June 2011							August 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4	1	2	3	4	5	6	
5	6	7	8	9	10	11	7	8	9	10	11	12	13
12	13	14	15	16	17	18	14	15	16	17	18	19	20
19	20	21	22	23	24	25	21	22	23	24	25	26	27
26	27	28	29	30			28	29	30	31			

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26 DAR	27	28	29	30	1
2 Ed Setup menu for 1 month Corked by Ed, D, STAFF.				Renita / Janice DAR / Pauline Vickie / TRISH	Tara / Renita DAR / Pauline Ed / Pauline
3 Sighs Debra 7:45-1:15 Pauline Janice / Dar 1-7:00 VTRish	4 PAT 4 HRS	5	6	7 Steph Karin	8 Tara DAR
9 Tara DAR	10 V / Trish	11 Tara DAR Trish here until 1:00 am Renita / Vickie	12 Steph Janice	13 V / Trish	14 Steph DAR Ed / Janice / Vickie
15 Vickie / Janice	16 Ed / Vickie	17 Tara / Vickie DAR	18 Steph DAR	19 DAR DAR	20 Vickie / TRISH Vickie / Janice
21 DAR Ed / Janice	22 Vickie / TRISH	23 Ed / Laine	24 Steph Janice	25 Ed / Janice	26 Steph DAR
27 DAR Ed / Janice	28 Ed / Janice	29 Steph DAR 7 HRS TESS TRAINING	30 Steph DAR 12 HRS TESS TRAINING	31 DAR DAR	1 DAR DAR
2 Vickie / TRISH	3 Ed / Janice	4 DAR / TRISH	5 DAR / TRISH	6 Ed / Janice	7 Vickie / Steph
8 Vickie / TRISH	9 Ed / Janice	10 DAR / TRISH	11 DAR / TRISH	12 Ed / Janice	13 Vickie / Steph
14 Ed / Janice	15 Ed / Janice	16 DAR / TRISH	17 DAR / TRISH	18 Ed / Janice	19 Vickie / Steph
20 Ed / Janice	21 Ed / Janice	22 DAR / TRISH	23 DAR / TRISH	24 Ed / Janice	25 Vickie / Steph
26 Ed / Janice	27 Ed / Janice	28 DAR / TRISH	29 DAR / TRISH	30 Ed / Janice	31 Vickie / Steph
1 Ed / Janice	2 Ed / Janice	3 DAR / TRISH	4 DAR / TRISH	5 Ed / Janice	6 Vickie / Steph
7 Ed / Janice	8 Ed / Janice	9 DAR / TRISH	10 DAR / TRISH	11 Ed / Janice	12 Vickie / Steph
13 Ed / Janice	14 Ed / Janice	15 DAR / TRISH	16 DAR / TRISH	17 Ed / Janice	18 Vickie / Steph
19 Ed / Janice	20 Ed / Janice	21 DAR / TRISH	22 DAR / TRISH	23 Ed / Janice	24 Vickie / Steph
25 Ed / Janice	26 Ed / Janice	27 DAR / TRISH	28 DAR / TRISH	29 Ed / Janice	30 Vickie / Steph
31 Ed / Janice	1 Ed / Janice	2 DAR / TRISH	3 DAR / TRISH	4 Ed / Janice	5 Vickie / Steph

Irish 7:00-9:00 am

4 HRS RN

All medicines and outside work completed

Medivan transport  
Janice & Bazel 305 week

TRISH

on call nurse calls: SHAS  
visits: 18 HRS - Insulin

Skilled nurse's  
George Munking Halifax 11/1/08

Menu: old through end of month  
Cork made meals / STAFF  
old HRS to nurse.

# September 2011

August 2011							October 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6		1	2	3	4	5	6	7
7	8	9	10	11	12	13	8	9	10	11	12	13	14
14	15	16	17	18	19	20	15	16	17	18	19	20	21
21	22	23	24	25	26	27	22	23	24	25	26	27	28
28	29	30	31				29	30	31				

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1	2	3
				Reinta 12 Tess 12 Pauline 7-11 Trish 7-11	Steph Janice Trish 7-11 Ed / Janice	Denita Tess 7-11 Pauline Ed / Janice
Denita m... Tess 10-2:30 Pauline Vickie / Janice	Steph Tess Trish Vickie / Janice	Steph Denita Trish Ed / Pauline	Denita Tess Steph / Trish	Janice Tess Ed / Janice	Denita Tess Pauline 7-11 Vickie / Janice	Janice Den Trish 7-11 Vickie / Janice
Jami Den Pauline 7-11 Ed / Janice	DAR Denita Tess 7-11 Ed / Pauline	Denita Janice Pauline 7-11 Vickie / Janice	Janice DAR Steph 7-11 Denita / Trish	Steph Pauline 7-11 Pauline Vickie / Janice	Denita DAR Tess 7-11 Ed / Pauline	Steph Tess 7-11 Pauline Ed / Pauline
Steph Tess 7-11 Pauline Janice / Vickie	Steph, Pauline JAMIE Vickie Pauline	JAMIE Tess 7-2 PM Ed / Pauline	Steph Pauline Janice / Janice	Steph Pauline Denita Ed / Pauline	Steph 7-11 Tess Pauline Vickie / Pauline	Denita 7-11 DAR TESS Vickie / Janice
Pauline 7-11 Denita DAR Ed Pauline	Denita 7-11 Tess TRISH Ed / Janice	Denita Tess 7-11 Pauline Vickie / Pauline	Denita 7-11 DAR Tess / Pauline	Steph 7-11 Tess Vickie / Janice	Denita DAR Ed / Pauline	Steph 7-11 Janice Pauline Ed / Pauline
Steph Janice Ed / Pauline		18 HRS Vickie	ALL CARES Vickie	HRS to CARES plans good		

Menu OK'd -

October 2011

Trish here 4 hrs a day  
on call 24 HRS

September 2011							November 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
4	5	6	7	8	9	10	6	7	8	9	10	11	12
11	12	13	14	15	16	17	13	14	15	16	17	18	19
18	19	20	21	22	23	24	20	21	22	23	24	25	26
25	26	27	28	29	30		27	28	29	30			

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25	26	27	28	29	30	1
<p>Stygh 2-11 Trish</p> <p>Denita 7-11 TSS</p> <p>Jami 16 DAR</p> <p>TSS/Vickie/Stygh 23</p> <p>Ed/Pauline</p> <p>Denita 30 DAR</p> <p>11:00-11:30</p>	<p>Jami 2-11 Stygh Trish WHS</p> <p>Stygh / Pauline TSS Ed Pauline</p> <p>Denita 17 RW Here Jami Pauline</p> <p>Jami Pauline Trish/Jamie</p> <p>Jami Pauline Stygh</p> <p>Ed/Jamie</p> <p>Denita Pauline TSS</p> <p>Stygh/Vickie</p>	<p>RN Here Stygh 2-11 DAR</p> <p>Ed/P 11</p> <p>TSS Vickie/TSS</p> <p>Jami Denita</p> <p>Ed/Jamie 18</p> <p>Jami Pauline TSS Trish</p> <p>Trish/Jamie 19</p> <p>24 HRS WHS to care plans good</p>	<p>Stygh 7-11 Jami</p> <p>Jamie DAR</p> <p>Denita TSS</p> <p>Den 5 HRS Stygh Trish</p> <p>Jami/Pauline DAR</p> <p>Denita/Ed 26</p> <p>Stygh Trish TSS Mike</p> <p>Vickie/Stygh/Pauline 2</p> <p>RN Here - 3</p>	<p>Denita 2-11 Pauline TSS WHS</p> <p>2 P</p> <p>Jami/Pauline 13</p> <p>Denita TSS Vickie/Pauline</p> <p>TSS Pauline Jami</p> <p>ED/Pauline 27</p> <p>Denita Pauline Stygh Trish</p> <p>Vickie/Stygh 3</p>	<p>Ed</p> <p>Stygh 7-11 TSS Jami</p> <p>V/Pauline</p> <p>Denita/Pauline Trish Stygh</p> <p>TSS Ed/Pauline</p> <p>Den Pauline 7-11 Stygh Trish Mike</p> <p>Vickie/Stygh 21</p> <p>Stygh Pauline TSS Trish</p> <p>Ed/Jamie 4</p> <p>Mike here 24 HRS AS needed A day</p>	<p>Stygh 7-11 Pauline</p> <p>Ed</p> <p>Denita 7-11 Pauline Trish WHS</p> <p>TSS V/Pauline</p> <p>Jami/Pauline 15</p> <p>DAR</p> <p>Ed/Pauline</p> <p>TSS Stygh/Trish</p> <p>TSS/Vickie/Trish 29</p> <p>Ed/Jamie 5</p>

November 2011

#1 Cases Johnson's Old

Mitch & Fish on call 24/7  
 makes goes to AD-ELISGS

October 2011							December 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3	4	5	6	7	8	4	5	6	7	8	9	10
9	10	11	12	13	14	15	11	12	13	14	15	16	17
16	17	18	19	20	21	22	18	19	20	21	22	23	24
23	24	25	26	27	28	29	25	26	27	28	29	30	31
30	31												

Mem OK'd

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	1	2	3	4	5
		TCS Jami	Deirdre Patrick Dan Lisa TCS	Skylar Jami W/Loree	Deirdre Patrick DAR W/Loree	Skylar Steph Jami W
6	7	7-11 Patrick Steph DAR Patrick	Steph Patrick Jami 7-11 Jami DAR	Deirdre Patrick TCS EP/Skylar	W/Loree Steph Patrick Jami	Deirdre Patrick TCS
13	14	Steph 7-11 Patrick TCS EP/Jami	Deirdre 7-11 TCS Skylar Steph Jami	Jami TCS W/Skylar	W/Loree Deirdre Patrick TCS EP/Loree	W/Loree Jami Patrick Deirdre EP/Loree
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Trash line 4 hrs a day  
 up to 10 hrs needed each day

Medician for transports  
 Set up pr care plan with  
 care coordinator

BN were 20 hrs this  
 month -



# November 2011

23<sup>rd</sup> TRISH goes

October 2011							December 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3	4	5	6	7	8	1	2	3	4	5	6	7
9	10	11	12	13	14	15	8	9	10	11	12	13	14
16	17	18	19	20	21	22	15	16	17	18	19	20	21
23	24	25	26	27	28	29	22	23	24	25	26	27	28
30	31						29	30	31				

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

*Handwritten notes in the calendar cells:*

- Nov 16:** Tess
- Nov 17:** DARR
- Nov 18:** 7-11, DARR, Denita, TESS
- Nov 19:** 7-11, DARR, Jami, 3-17
- Nov 20:** Jami, DARR, 7-11
- Nov 21:** Denita, DARR, Pauline
- Nov 22:** Steph, Denita, Jami, Pauline
- Nov 23:** Denita, TESS, Skyler, Steph, DARR, Pauline
- Nov 24:** DARR, TESS, Skyler/VO, Steph, Pauline
- Nov 25:** EP/Lovee, Skyler, Jami, DARR
- Nov 26:** EP/Lovee, Steph, Skyler, TESS
- Nov 27:** Skyler/VO, Steph, Skyler, TESS, Lovee/EP
- Nov 28:** VO/Lisa, Steph, Skyler, Jami, 7-11, EP/Lovee
- Nov 29:** EP/Lovee, Skyler, Jami, TESS, VO/Lisa
- Nov 30:** SKYLER/Denita, Pauline, Steph, TESS, Skyler, Jami
- Nov 1:** EP/Lovee, VO/Lovee, SKYLER, Steph, TESS, Ed/Lovee
- Nov 2:** VO/L, Pauline, Denita, DARR, Ed/Lovee
- Nov 3:** Pauline, Denita, DARR
- Nov 4:** Denita, DARR, VO/TRISH
- Nov 5:** Denita, TESS, VO
- Nov 6:** TESS, Jami, Ed/Lovee
- Nov 7:** Denita, Steph, DARR, TESS, Ed/Lovee
- Nov 8:** Steph, Jami, DARR, VO
- Nov 9:** Denita, DARR, VO
- Nov 10:** Steph, Jami, VO



RN on call And here about 20 Hours a week

Menu OK'd

January 2012

Schedule

Grand Thessa  
ACCESS home care  
here 3 times  
week

RN here 6 HRS on Wednesday  
5 HRS on Monday  
and every other Thursday  
5 HRS

December 2011							February 2012							
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
					1	2	3				1	2	3	4
4	5	6	7	8	9	10	5	6	7	8	9	10	11	
11	12	13	14	15	16	17	12	13	14	15	16	17	18	
18	19	20	21	22	23	24	19	20	21	22	23	24	25	
25	26	27	28	29	30	31	26	27	28	29				

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
	Steph JAMI Vickie / Janice <del>Steph / Janice</del>	JAMI TESS Skylar <del>Vickie / Janice</del>	Steph TESS JAMI / Alton	Steph Denita <del>Alton</del> / Skylar	Steph TESS Vickie <del>Steph / Janice</del>	Denita DARR Skylar / Vickie <del>Steph / Janice</del>
8	9	10	11	12	13	14
Denita DARR <del>Steph / Janice</del> Vickie / Skylar	Denita TESS Alton / Skylar Vickie / Janice	TESS JAMI Alton / Vickie <del>Steph / Janice</del>	Denita DARR Alton <del>Steph / TESS</del>	Steph JAMI Vickie <del>Steph / Janice</del>	Denita DARR Janice <del>Steph / Skylar</del>	Steph JAMI <del>Steph / Skylar</del> / Janice
15	16	17	18	19	20	21
Steph JAMI Skylar / Janice	Steph JAMI Skylar / Vickie	Steph DARR <del>Steph / Janice</del> Vickie / Janice	Steph JAMI DARR / Skylar	Denita TESS Janice / Skylar	Steph JAMI Vickie / Janice	Denita TESS Vickie / Janice
22	23	24	25	26	27	28
Denita TESS Skylar / Janice	Steph TESS Skylar / Janice	Steph Denita Vickie / Janice	Denita TESS Trish / Steph	TESS JAMI Trish / Janice	Denita TESS Vickie / Lisa	DARR JAMI Janice / Skylar
29	30	31	1	2	3	4
DARR JAMI Vickie / Janice	Denita JAMI Vickie / Janice	Denita JAMI Skylar / Janice	JAMI DARR Skylar / Denita	Steph TESS Skylar / Janice	JAMI DARR Vickie / Janice	Steph TESS Vickie / Janice
5	6	7	8	9	10	11
Steph TESS Skylar / Janice	Steph JAMI Trish here daily for 4 hours	JAMI TESS	Steph TESS	Steph Denita	All cares to Han OK'd Medivan for transport	

# February 2012

Michelle  
RN on med  
4 HRS 10H

11-11

12th home  
again  
12.15

Lovee = Janice  
RN every Wednesday 6HRS  
RNs every other Thursday

January 2012							March 2012						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7	4	5	6	7	8	9	10
8	9	10	11	12	13	14	11	12	13	14	15	16	17
15	16	17	18	19	20	21	18	19	20	21	22	23	24
22	23	24	25	26	27	28	25	26	27	28	29	30	31
29	30	31											

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	1	2	3	4
	Nickie / Lovee	Skylar / Lovee	Skylar / Denita	Skylar / Lovee	Vickie / Lovee	Vickie / Lovee
5	Steph Jami Lovee / Skylar	Jami TESS Vickie / Lovee	Steph TESS Lovee / Jami	Steph RN Denita Skylar / Lovee	Steph TESS Lovee / Skylar	Denita DIAR Vickie / Skylar
12	Denita & TESS Lovee / Skylar	Jami TESS Vickie / Skylar	7:00am Denita DIAR Lovee / TESS	Steph Jami Lovee / Skylar	Denita DIAR Skylar / Lovee	Steph Jami Vickie / Lovee
19	Steph Jami Vickie / Lovee	Steph Jami Lovee / Skylar	Steph Jami Lovee / DIAR	Denita TESS Skylar / Janice	Steph Jami Skylar / Lovee	Denita TESS Vickie / Skylar
26	Steph TESS Vickie / Skylar	Steph Denita Skylar / Vickie	Denita TESS Skylar / Steph	Jami TESS Skylar / Trish	Denita TESS Skylar / Janice	Jami DIAR Vickie / Janice
4	Jami DIAR Trish / Skylar	Denita Jami Vickie / Lisa	Jami DIAR Janice / Denita	Steph TESS Skylar / Janice	Jami DIAR Skylar / Janice	Steph TESS Vickie / Skylar