

ADJOURNED MEETING OF THE COUNTY BOARD OF COMMISSIONERS March 27, 2012 – BOARD AGENDA

- 10:00 1) J. Mark Wedel, County Board Chairperson
- A) Call to Order
 - B) Pledge of Allegiance
 - C) Board of Commissioners Meeting Procedure
 - D) Approval of Agenda
 - E) Citizens' Public Comment*
- 2) Consent Agenda
- A) Correspondence File March 13, 2012 – March 26, 2012
 - B) Approve 3/13/12 County Board Minutes
 - C) Approve Resolution – Exempt Permit Form LG220 of the White Pine Riders
 - D) Approve Resolution – Exempt Permit Form LG220 of the Wealthwood Rod & Gun Club
 - E) Approve MCCC Amended and Restated Joint Powers Agreement
 - F) Approve Auditor Warrants – February Sales & Use Tax
 - G) Approve Commissioner Warrants
 - H) Accept Letter of Resignation – Robert Krueger, Snake River Watershed Citizens Advisory Committee & Authorize News Release for Committee Opening
 - I) Approve Donations Received for Annual Environmental Education Days
 - J) Approve 2012 Boat & Water Safety Agreement Grant
 - K) Approve Purchase of Four Police Vehicles – Sheriff's Department
 - L) Approve Resolution – Unorganized Township Precinct Boundaries
- 10:05 3) Patrick Wussow, County Administrator
- A) Request From Chappy's Golden Shores
 - B) Approve Aitkin Airport Agreement
 - C) Approve Personnel Committee Recommendations
 - 1. Office Support Specialist – Health & Human Services
 - D) Approve Marketing Agreement with Maven Perspectives for Long Lake Conservation Center
 - E) General Government Legislative Discussion
- 11:15 4) John Welle, County Engineer
- A) Award Bids/Quotes
 - 1. Approve Resolution – Liquid Calcium Chloride
 - 2. Approve Resolution – Traffic Marking
 - B) Final Contract Payments
 - 1. Approve Resolution – Final Payment S.P. 01-598-13
 - 2. Approve Resolution – Final Payment S.P. 01-610-23
 - 3. Approve Resolution – Final Payment S.P. 01-610-21
 - C) Approve Resolution – Bridge Priority

(Note: 2 Page Agenda)

* Comments from visitors must be informational in nature and not exceed five (5) minutes per person. The County Board cannot engage in a discussion or debate in those five minutes but will take the information and find answers if that is appropriate. As part of the County Board protocol, it is unacceptable for any speaker to slander or engage in character assassination at a public Board meeting.

**** Please note: all times, except public advertised hearings, are approximate and subject to change without notice.**

**ADJOURNED MEETING OF THE
COUNTY BOARD OF COMMISSIONERS
March 27, 2012 – BOARD AGENDA**

- 11:45 5) Mike Dangers, County Assessor
A) Year End Summary of Value Changes
- 12:00 6) Terry Neff, Environmental Services Director
A) Approve 2012 Proposed Fee Schedule
- 12:15 7) Board Discussion
Mark Wedel – CMCC
Laurie Westerlund – Park Board, Mille Lacs Watershed, P&Z, AMC, HRA
Don Niemi – ARDC, Lakes & Pines
Brian Napstad – MHB
Anne Marcotte – AMC
- 1:00 Adjourn

* Comments from visitors must be informational in nature and not exceed five (5) minutes per person. The County Board cannot engage in a discussion or debate in those five minutes but will take the information and find answers if that is appropriate. As part of the County Board protocol, it is unacceptable for any speaker to slander or engage in character assassination at a public Board meeting.

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AITKIN COUNTY BOARD

March 13, 2012

The Aitkin County Board of Commissioners met this 13th day of March, 2012 at 9:00 a.m. with the following members present: Chairperson J. Mark Wedel, Commissioners Laurie Westerlund, Don Niemi, Brian Napstad, County Administrator Patrick Wussow, and Administrative Assistant Sue Bingham. Commissioner Anne Marcotte arrived at 9:01 a.m.

CALL TO ORDER

Motion by Commissioner Napstad, seconded by Commissioner Westerlund and carried, all members voting yes to approve the March 13, 2012 agenda.

**APPROVED
AGENDA**

Motion by Commissioner Napstad, seconded by Commissioner Niemi and carried, all members voting yes to approve the Consent Agenda as follows: A) Correspondence File: March 6, 2012 – March 12, 2012; B) Approve Minutes: March 6, 2012; C) Approve February Manual Warrants: General Fund \$71,528.78, Road & Bridge \$395,087.46, Health & Human Services \$4,895.67, State \$31,359.32, Forest Development \$29.99, Long Lake Conservation Center \$-15,548.97 for a total of \$487,352.25; D) Approve Commissioner Warrants: General Fund \$161,242.45, Road & Bridge \$40,027.58, Health & Human Services \$124.73, State \$360.00, Trust \$18,943.20, Forest Development \$9,208.02, Taxes & Penalties \$760.00, Long Lake Conservation Center \$2,871.22 for a total of \$233,537.20; E) Approve \$450.00 Donation – Fleming Township to Sentence to Serve; F) Approve Vehicles for Public Auction – Sheriff's Department

**CONSENT
AGENDA**

Under the consent agenda, motion by Commissioner Napstad, seconded by Commissioner Niemi and carried, all members voting yes to approve on-line public auction for the following Sheriff's Department vehicles - 2005 Ford Taurus, 2008 Ford Pickup, and four DWI forfeitures - 2004 Ford Superduty truck, 1997 Toyota Camry, 1994 Ford Explorer, and 1986 Chevrolet Camero.

**SHERIFF'S DEPT
VEHICLES -
ON-LINE PUBLIC
AUCTION**

Representatives from MnDot, ARDC, and Toward Zero Deaths discussed the proposed 2013-2016 Area Transportation Improvement Program and road safety with the Board.

**MnDOT
PRESENTATION**

Motion for a resolution by Commissioner Westerlund, seconded by Commissioner Niemi and carried, all members voting yes to approve resolution – MnDot Detour Agreement No. 00674:

IT IS RESOLVED, that Aitkin County enter into Mn/Dot Agreement No. 00674 with the State of Minnesota, Department of Transportation for the following purposes:

**RESOLUTION
031312-020
MnDOT DETOUR
AGREEMENT NO.
00674**

To provide for payment by the State to the County for the use of CSAH Nos. 28 and 12 as a detour route during the contract construction to be performed upon, along and adjacent to, Trunk Highway No. 18 approximately 6.5 miles east of Trunk Highway No. 169 under State Project No. 0102-23 (T.H. 18=157).

IT IS FURTHER RESOLVED, that the Aitkin County engineer is authorized to execute the Agreement and any amendments to the Agreement.

AITKIN COUNTY BOARD

March 13, 2012

Motion by Commissioner Napstad, seconded by Commissioner Westerlund and carried, all members voting yes to move forward with the project and to accept quotes for construction of Aitkin Salt Storage Shed: \$90,800.00 for material from Wheeler Lumber, \$16,000.00 for engineering services agreement from Wheeler Lumber, and \$78,450.00 for material installation from Nelson's Agri Service. The cost of wall construction will be brought before the Board for final approval, after bids have been received.

**AITKIN SALT
STORAGE SHED**

John Welle, County Engineer discussed the 2012-2017 Capital Road Improvement Program with the Board.

**2012 – 2017
CAPITAL ROAD
IMPROVEMENT
PROGRAM**

Motion by Commissioner Napstad, seconded by Commissioner Niemi and carried, all members voting yes to approve the Highway Department's Proposed 2012 Construction Program.

**HWY DEPT 2012
CONSTRUCTION
PROGRAM**

Break: 11:16 a.m. to 11:26 a.m.

BREAK

Robert Goede, MCIT Risk Management Consultant reviewed the 2011 MCIT Annual Report with the Board.

**MCIT ANNUAL
REPORT**

Motion for a resolution by Commissioner Marcotte, seconded by Commissioner Napstad and carried, all members voting to set the 2012 salary for the County Attorney at \$103,200.00.

BE IT RESOLVED, the Aitkin County Board of Commissioners set the 2012 salary of Aitkin County Attorney James Ratz at \$103,200.00 based upon market, budget, experience, and duties of the office.

**RESOLUTION
031312-021
2012 ATTORNEY
SALARY**

Motion for a resolution by Commissioner Marcotte, seconded by Commissioner Westerlund and carried, all members voting to set the 2012 salary for the Sheriff at \$81,932.00.

BE IT RESOLVED, the Aitkin County Board of Commissioners set the 2012 salary of Aitkin County Sheriff Scott Turner at \$81,932.00 based upon market, budget, experience, and duties of the office.

**RESOLUTION
031312-022
2012 SHERIFF
SALARY**

Motion for a resolution by Commissioner Marcotte, seconded by Commissioner Napstad and carried, all members voting to set the 2012 salary for the County Recorder at \$69,268.66.

BE IT RESOLVED, the Aitkin County Board of Commissioners set the 2012 salary of Aitkin County Recorder Diane Lafferty at \$69,268.66 based upon market, budget, experience, and duties of the office.

**RESOLUTION
031312-023
2012 RECORDER
SALARY**

AITKIN COUNTY BOARD

March 13, 2012

Motion for a resolution by Commissioner Marcotte, seconded by Commissioner Westerlund and carried, all members voting to set the 2012 salary for the County Auditor at \$76,121.50.

BE IT RESOLVED, the Aitkin County Board of Commissioners set the 2012 salary of Aitkin County Auditor Kirk Peysar at \$76,121.50 based upon market, budget, experience, and duties of the office.

Motion for a resolution by Commissioner Marcotte, seconded by Commissioner Napstad and carried, all members voting to set the 2012 salary for the County Treasurer at \$65,175.40.

BE IT RESOLVED, the Aitkin County Board of Commissioners set the 2012 salary of Aitkin County Treasurer Lori Grams at \$65,175.40 based upon market, budget, experience, and duties of the office.

Bobbie Danielson, Human Resources Manager discussed placing the Elected Official's salaries on the County's regular salary schedule and implementing it in 2013 for setting Elected Official's salaries. The Board asked for more detailed information. No action was taken.

Steve Bennett, IT Director gave the Board a demonstration on the use and features of the iPad.

During the meeting, the Board heard updates on the following committees: i) Economic Development, ii) FAC, iii) Pine County Wetlands, iv) MAC, v) ECRL, vi) Forest Advisory, vii) Managing Black Ash

Patrick Wussow, County Administrator discussed General Government Legislation with the Board.

Motion by Commissioner Niemi, seconded by Commissioner Westerlund and carried, all members voting yes to adjourn the meeting at 1:40 p.m. until Tuesday, March 27, 2012 at 10:00 a.m.

J. Mark Wedel, Chairperson
Aitkin County Board of Commissioners

Patrick Wussow, County Administrator

**RESOLUTION
031312-024
2012 AUDITOR
SALARY**

**RESOLUTION
031312-025
2012 TREASURER
SALARY**

**SALARY
SCHEDULE FOR
ELECTED
OFFICIALS**

**iPAD
DEMONSTRATION**

**COMMITTEE
UPDATES**

**GENERAL
GOVERNMENT**

ADJOURN

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED March 27, 2012

By Commissioner: xx

032712-0xx

Exempt Permit LG220 of the White Pine Riders

BE IT RESOLVED, the Aitkin County Board of Commissioners agree to approve the Application for Exempt Permit – Form LG220 – of the White Pine Riders, at the following location – Jackson’s Hole, which has an address of 36232 Kestrel Avenue, MN 55760 – Salo Township. (Note: Date of activity for Raffle – June 09, 2012)

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT

All Members Voting Yes

**STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)**

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 27th day of March A.D., 2012, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this 27th day of March A.D., 2012

KIRK PEYSAR, County Auditor

BY _____, Deputy

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED March 27, 2012

By Commissioner: xx

032712-0xx

Exempt Permit LG220 of the Wealthwood Rod & Gun Club

BE IT RESOLVED, The Aitkin County Board of Commissioners agree to approve the Application for Exempt Permit – Form LG220 – of the Wealthwood Rod & Gun Club, at the following location – Wealthwood Rod & Gun Club, which has an address of 23573 420th Place, Aitkin, MN 56431 – Hazelton Township. (Note: Date of activity for Raffle – September 29, 2012)

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT

All Members Voting Yes

**STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)**

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 27th day of March A.D., 2012, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this 27th day of March A.D., 2012

KIRK PEYSAR, County Auditor

BY _____, Deputy

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



To: Chairperson, Aitkin County Board of Commissioners Date: 3/14/12

Via: Patrick Wussow, County Administrator

From: James Ratz, County Attorney

Title of Item: Amended and Restated Joint Powers Agreement

Requested Meeting Date: 3/20/12 Estimated Presentation Time: _____

Presenter: _____

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) _____
- 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) _____

Provide eleven (11) copies of supporting documentation NO LATER THAN Wednesday at 12:00 pm 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)

JAMES P. RATZ
AITKIN COUNTY ATTORNEY
217 SECOND STREET N.W., ROOM 231
AITKIN, MINNESOTA 56431


TELEPHONE (218) 927-7347
TOLL FREE 1-888-422-7347
FAX (218) 927-7365

SENIOR ASSISTANT COUNTY ATTORNEY
LISA ROGGENKAMP RAKOTZ

ASSISTANT COUNTY ATTORNEYS
SARAH WINGE
BENJAMIN M. SMITH
REBECCA A. TRAPP

PARALEGALS
MICHELE J. MOTHERWAY
TAMMY K. SPELDRICH

CRIME VICTIM COORDINATOR
JESSICA L. BROWN
TELEPHONE (218) 927-7446

To: Patrick Wussow, County Administrator
From: James P. Ratz, County Attorney 
Date: March 14, 2012
Subject: **MCCC Amended and Restated Joint Powers Agreement**

Our primary software in which we store, organize, and assemble documents is MCAPS. MCCC, Minnesota Counties Computer Cooperative, is the joint power entity (of which we already are a member) responsible for the development, maintenance, and support of MCAPS. MCCC is requesting each member of the JPE sign an amended joint powers agreement to amend the insurance and indemnification language. These services are already in my current approved budget. No additional funds are requested.

JPR:mjm

**AMENDED AND RESTATED
JOINT POWERS AGREEMENT**

THIS AMENDED AND RESTATED JOINT POWERS AGREEMENT, made as of the 6th day of June, 2007, by and between the Minnesota Counties Computer Cooperative (“MCCC”) and _____ (“Member”), to amend, restate and redefine the operation of MCCC, and the rights, benefits, obligations and liabilities of MCCC members.

WITNESSETH:

WHEREAS, MCCC and its participating members have established by agreement an organization through which the parties may jointly and cooperatively provide for the establishment, operation, and maintenance of data processing facilities and management information systems for the use and benefit of the parties; and

WHEREAS, Minnesota Statutes, Section 471.59, authorizes two or more units of government jointly or cooperatively to exercise any power common to the contracting parties or any other similar power and by agreement to provide for a joint board representing the parties to the agreement;

NOW THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth, and pursuant to Minnesota Statutes, Section 471.59, as amended, and any other applicable statutes, the parties hereto do hereby mutually agree, affirm and contract with each other as follows:

**Article I
Purpose**

Member and the other members of MCCC have established a cooperative mechanism whereby they may jointly exercise powers common to each participating member to:

- A. Develop and acquire or license software programs and related information systems and services of interest to MCCC members and licensees;
- B. Provide for post-installation training, maintenance, enhancement and related services for software programs and related information systems;
- C. Pursue government and related technology grants and related opportunities to acquire or improve software programs and information systems of interest to MCCC members and eligible licensees;
- D. Assess, collect, hold and disburse dues, contract payments and other member contributions authorized by the Board;
- E. Employ a full time Executive Director to administer MCCC operations and directives of the Board, and such other employees as may be necessary or desirable to administer MCCC operations;

- F. Rent, purchase or otherwise acquire and hold property and other assets necessary or reasonably desirable for the successful operation of the MCCC;
- G. Organize and conduct annual regional and MCCC conferences, User Group training sessions, workshops and other meetings of members and licensees; and
- H. Engage in such other similar or related services and programs as determined by the Board as are incident to and proper or reasonable to carry out the foregoing.

It is further the intent of the members to establish procedures whereby additional qualifying members may be added to Agreement, and to establish a mechanism whereby additional and/or alternative programs and services may be developed for the benefit of MCCC members and eligible software licensees.

Article II Name

The name of this joint powers entity shall be the MINNESOTA COUNTIES COMPUTER COOPERATIVE, hereinafter sometimes referred to as the "MCCC".

Article III Membership

Membership in the MCCC shall be open to any governmental unit or other political subdivision of the State of Minnesota as contemplated by M.S. 471.59 Subdivision 1. The Board may impose such conditions on membership, and may create or modify different classes, levels or types of membership within the MCCC with differing member rights, privileges or obligations as it deems appropriate to protect the interest of the MCCC and to provide for the benefit of its members; and in compliance with such conditions as are required by this Agreement, then-current Bylaws as amended ("Bylaws"), or by applicable statutes, rules or regulations for joint powers organizations. During the term of membership, Member shall be entitled to use MCCC software and related services for all software in use by any User Group that Member belongs to and has paid all applicable User Group fees or other associated charges relating to such Software.

All Members agree that they will not sell, license, distribute, or otherwise transfer the Cooperative's source or object code or system or user documentation or any derivatives thereof without the permission of the Board and that all copies of such Cooperative source code, object code or system or user documentation or any derivatives will be maintained in confidence; will not be disclosed or distributed to third parties without the Cooperative's prior written consent and that all such Cooperative or third party licensor property (including copies thereof) will be removed from such Member's computer system and returned to the Cooperative or destroyed promptly following such Member's termination or withdrawal of Cooperative membership. In the event that any Member or Licensee is authorized to and modifies the source code, such Member or Licensee shall indemnify, defend and hold the Cooperative harmless for any claims resulting from such modifications or any unauthorized disclosure or use of such source code.

Article IV
Board of Directors; MCCC Executive Committee

There is hereby created a Board of Directors of the MCCC, herein referred to as the "Board", which shall be empowered to oversee and administer the MCCC, in the manner provided in the Bylaws. The Board shall be fully empowered to oversee and direct all the affairs of the MCCC and to do all things necessary or convenient for the furtherance of the purposes of the MCCC, including but not limited to: expending and receiving funds; entering into contracts, leases, and other agreements and obligations; employing personnel either as employees or by contract, including consultants, such as technology advisors, attorneys, accountants or others. Member and each other MCCC member shall elect its Board representative as provided in the Bylaws, who shall serve for an indefinite term until such representative dies, resigns, retires from employment with, or is otherwise removed or replaced by the ultimate governing body of such member.

At all times between meetings of the Board, and in a manner consistent with this Agreement, the Bylaws, and all applicable laws, the MCCC Executive Committee, as established and defined in the Bylaws, shall have the full authority and direction of the Board to oversee and manage the business of the MCCC, except as may be limited or otherwise modified from time to time by Board resolution, and/or except for matters of long range policy or any proposed amendment of this Agreement or the Bylaws, which shall be the exclusive province of the full Board. The MCCC Executive Committee shall be comprised of the officers and regional representatives designated in the Bylaws, and will be subject at all time to the direction and control of the Board.

Article V
User Groups

The Board shall be empowered to create, manage, modify, or terminate MCCC user groups, to be comprised of members and other licensed end users of similar software programs and other information systems ("User Groups"). As may be permitted from time to time by the Board, User Groups may elect and replace User Group officers; create and administer annual User Group budgets; and prepare recommendations for User Group software or information systems acquisitions, enhancements or related services of interest to that User Group's participants. Operation of each User Group is subject at all times to compliance with the then-current form of User Group Rules and Regulations for that User Group, which may be modified from time to time by the Executive Committee, and given immediate or delayed effect, as specified therein.

Article VI
Bylaws and Operating Policies and Procedures

The Board shall adopt, and shall have the sole power and authority to amend or replace the Bylaws, which shall provide for the operation and administration of the MCCC. The Board may also adopt and modify User Group Rules and Regulations, Operating Policies and Procedures, or other policies or agreements that may be created or utilized from time to time to direct and document the specific activities of the MCCC, consistent with this Agreement and the Bylaws.

Article VII
Financial Matters/Limitation of Liability

MCCC shall have a calendar fiscal year beginning January 1 and ending each December 31. On or before June 1 of each year, the MCCC Executive Committee shall prepare and circulate to each member a proposed annual budget for the following calendar fiscal year, comprised of budgeted operating costs, other expenses, capital costs and other revenues and expense categories, which budget will be subject to review, adjustment and/or approval for the next year by the full Board on or before each June 30. During each fiscal year, the approved MCCC budget and individual line items therein may be adjusted by the Executive Committee in order to reflect actual costs incurred; changes in estimated expenses, costs or revenues; or reallocation of budgeted costs and expenses, with any such adjustments promptly reported to all members. Each User Group shall be responsible for determining and providing amounts to MCCC's Executive Director by June 30 of each fiscal year, which will be invoiced to participating User Group members for the following year's participation and other shared fees and expenses and as otherwise provided in the Bylaws.

Member agrees to promptly pay its proportional share of all MCCC expenses, as well as such member's User Group fees or other contributions upon receipt of and in the manner designated in MCCC invoices. All software licenses and similar agreements will include comparable provisions for User Group members who are not eligible for membership as defined in Article III above. Any member whose invoices are not paid at the time of any Board vote will be temporarily ineligible to vote until such invoice(s) and any interest or other expenses are paid. Minnesota Statutes Chapter 118A shall govern all depositories and investments of MCCC funds.

The Board may, at its discretion and from time to time, determine that an assessment is necessary to insure the financial integrity of the MCCC, to operate and maintain the MCCC or to carry out other purposes of the MCCC pursuant to this Agreement. Such assessments shall be in a form, manner and amount as determined by the Board, and shall be payable by members in the manner specified by the Board, provided that any proposed member assessment exceeding \$50,000 will not be binding on any member unless and until such assessment has also been ratified by the applicable County Board of Commissioners or other ultimate governing body of a majority of MCCC members.

To the extent contemplated by Minnesota Statutes Section 471.59, Subd. 1a, Member shall not be liable for the acts or omissions of any other MCCC member or participating MCCC governmental units, in the absence of a written agreement by such governmental unit to be responsible for the acts or omissions of another participating governmental unit.

Article VIII
Withdrawal of Member

Member or any other MCCC members may only withdraw from this Agreement, or any MCCC User Group created pursuant to Article V, except as provided in this Article VIII. To withdraw from a User Group and/or the MCCC, the withdrawing member must first give at least ninety (90) days prior written notice of its intent to do so to the MCCC's Executive Director, to be delivered by certified or registered mail or national overnight courier service, with such

withdrawal to become effective as of the first day of the calendar quarter following the quarter in which such notice was given and the 90 day notice period expires.

Any member that withdraws shall remain jointly and severally liable for its full share of all fees, costs, expenses, debts, obligations and liabilities which were incurred by or on its behalf during the term of its membership, including, without limitation, any such amounts attributable to such member's participation in any User Group for then-current or pending software or other information system deliverable, service obligation, updates, enhancements or other participatory projects or other work then in progress through the expiration or conclusion of each such User Group program as approved by the User Group prior to the member's delivery of the termination notice specified in the prior paragraph. Financial liability of a member who desires to withdraw and payment arrangements for all such liabilities will be determined by the Board, who shall calculate and offer a present value discount if such liabilities are paid as a lump sum by the withdrawing member on or prior to the effective date of termination.

The withdrawal of a member shall not affect the continuance of the MCCC or any User Group by the remaining members and other participants. A member that ceases to qualify for participation in the MCCC or terminated participation, shall have no right or claim to the assets, reserves or other holdings of the MCCC. The withdrawing member may be entitled to a share of the assets of the MCCC only if deemed appropriate by the Board, who may, in its sole discretion, determine the nature and timing of any distribution of assets to a withdrawing member.

Withdrawing members may apply for post-termination use of MCCC software in use by such Member as of withdrawal, in the same manner as provided in Article X below for terminating Members.

Article IX Insurance

From time to time, MCCC may purchase and maintain liability insurance coverage with carriers and such coverage terms as are approved by the Executive Committee in order to insure the activities of MCCC and its joint software, information systems and services, with copies of such policies made available to members upon request.

Article X Term of Agreement/Termination

This Agreement shall remain in effect indefinitely until:

- A. Terminated by the written agreement of all MCCC members;
- B. Suspended or superseded by a subsequent agreement between the MCCC members, adopted and approved at a duly called meeting or otherwise as provided by the Bylaws;
- C. Dissolution of MCCC by affirmative vote of a majority of its members;
- D. Otherwise terminated by operation of law;

- E. Terminated by the parties' mutual written agreement; or
- F. Terminated by MCCC following delivery of any exclusion notice issued by MCCC to Member under Article VI of the then-current MCCC Bylaws, or otherwise in any manner provided for therein.

In the event that the MCCC is terminated as specified in subsections (A)-(D) above, and subject to the provisions below relating to software products then in use by MCCC, any property or other assets acquired by the Board shall be distributed to the then-current members in a manner commensurate with their contributions, or otherwise as determined by the Board. However, sufficient reserves shall be retained and maintained consistent with the MCCC's obligations and known or foreseeable risks, under this Agreement, the Bylaws, and applicable laws or regulations.

Termination under subsections (E)-(F) of this Agreement, or of the MCCC as provided in subsections (A)-(D) above will also terminate that member's rights and license to use MCCC software or related services, except with MCCC's express prior written consent. MCCC agrees to grant its consent upon request and provided that such member is no longer delinquent in any payment or other pre-termination obligations for the then-current version(s) of any software owned by MCCC, and/or licensed from third parties and sublicensable after termination of such membership. Any such post-termination use of software by a former MCCC member will be on a nonexclusive, nontransferable basis; fully subject to the terms of any then-current license or sublicense agreements; and contingent on the execution of an assumption, release and indemnification agreement in a form specified by MCCC, acknowledging that such software is being acquired without warranty and in "AS IS" condition, and that the user(s) thereof will indemnify, defend and hold MCCC, its members, employees, licensees and other affiliates harmless from any liability for post- termination use thereof.

Article XI Entire Agreement; Amendments

This Agreement and the Bylaws constitutes the parties' entire agreement and understanding regarding the organization and operation of the MCCC, and replaces all prior oral or written agreements or understandings regarding the subject matter thereof. Any member may propose one or more amendments to this Agreement, which shall be forwarded to all members upon receipt. In order to amend this Agreement, at least two-thirds of all members must affirmatively approve of such amendment, effective as of the date of the last required member approval obtained.

Article XII Remedies

Amounts not paid by Member within 30 days of invoice (or such other time period as may be specified by the Board) shall bear interest on the unpaid balance from date of invoice at the lower of : (a) 9 percent per annum, compounded quarterly; or (b) the highest legal rate allowed by applicable law. MCCC shall also be entitled to recover or be reimbursed from Member for any collection costs or expenses, including, without limitation, its reasonable attorney's fees.

Article XIII
Governing Law/Jurisdiction and Venue

This Agreement will be governed by the internal laws of the State of Minnesota, applicable to contracts to be entered into and performed wholly within this state. Each party irrevocably submits to the jurisdiction of the applicable federal or state courts located in Ramsey County, Minnesota, and Member and MCCC each agree that such courts shall be the exclusive venues for any disputes arising hereunder.

IN WITNESS WHEREOF, the undersigned Member and MCCC have caused this agreement to be signed in duplicate or counterpart originals, all of which are considered to be a single agreement dated and effective as of the date hereof and delivered on their behalves.

County of _____ (MEMBER)

MINNESOTA COUNTIES
COMPUTER COOPERATIVE (MCCC)

ATTEST:

Name:
Chair Board

By: _____
Lisa Christine Meredith, Executive Director

By: _____

By: _____
MCCC Board Chair

By: _____

By: _____

**AMENDMENT NO. 1 TO MINNESOTA COUNTIES COMPUTER COOPERATIVE
AMENDED AND RESTATED JOINT POWERS AGREEMENT**

This Amendment No. 1 to the Amended and Restated Joint Powers Agreement (“Agreement”) is entered into by and between the Minnesota Counties Computer Cooperative (“MCCC”) and its participating members.

WHEREAS, MCCC and its participating members entered into an Amended and Restated Joint Powers Agreement, dated June 6, 2007, which states and defines the operation of the MCCC, and the rights, benefits, obligations and liabilities of MCCC members;

WHEREAS, Article XI of this Agreement allows for its amendment upon the affirmative approval of at least two-thirds of MCCC members;

WHEREAS, participating MCCC members raised concerns regarding certain provisions of the Agreement subsequent to its adoption on June 6, 2007;

AND WHEREAS, the MCCC and its’ participating members wish to address these concerns;

NOW THEREFORE, the parties hereby mutually agree to amend the Agreement as follows:

FIRST - At page 1 of the Agreement, the second Whereas clause shall be amended as follows (deletions in ~~strikeout~~, additions in underline):

WHEREAS, Minnesota Statutes, Section 471.59, authorizes two or more units of government jointly or cooperatively to exercise any power common to the ~~contracting~~ parties or any other similar power and by agreement to provide for a joint board representing the parties to the agreement.

SECOND – At page 4 of the Agreement, the third and fourth paragraphs of Article VII – Financial Matters / Limitation of Liability, shall be amended to read as follows (deletions in ~~strikeout~~, additions in underline):

The Board may, at its discretion and from time to time, determine that an assessment is necessary to insure the financial integrity of the MCCC, to operate and maintain the MCCC or to carry out other purposes of the MCCC pursuant to this Agreement. Such assessments shall be a form, manner and amount as determined by the Board, and shall be payable to by members to MCCC in the manner specified by the Board, provided that any proposed member assessment exceeding ~~\$50,000~~ the amount equivalent to a member's one-year current MCCC membership dues will not be binding on any member unless and until such assessment has also been ratified by the applicable County Board of Commissioners or other ultimate governing body of a majority of the MCCC members.

~~To the extent contemplated by Minnesota Statutes Section 471.59, Subd. 1a, Member shall not be liable for the acts or omissions of any other MCCC member or participating MCCC governmental units, in the absence of a written agreement by such governmental unit to be responsible for the acts or omissions of another participating governmental unit.~~

THIRD - At page 5 of the Agreement, Article IX – INSURANCE is deleted in its entirety and replaced with the following:

“ARTICLE IX-INSURANCE AND INDEMNIFICATION

From time to time, MCCC may purchase and maintain liability insurance coverage with carriers and such coverage terms as are approved by the Executive Committee in order to insure the activities of MCCC and its joint software, information systems and services, with copies of such policies made available to MCCC members upon request.

- A. MCCC shall be considered a separate and distinct public entity to which the parties have transferred all responsibility and control for actions taken pursuant to

this Amended and Restated Joint Powers Agreement. MCCC shall comply with all laws and rules that govern a public entity in the State of Minnesota, and shall be entitled to the protections of Minnesota Statutes, Chapter 466.

- B. MCCC shall defend, indemnify and hold Member harmless against all claims, losses, liability, suits, judgment, costs and expenses by reason of the action or inaction of the Board and/or employees and/or the agents of MCCC. This Agreement to indemnify and hold harmless does not constitute a waiver by any participant of limitations on liability provided under Minnesota Statutes, Section 466.04.
- C. To the full extent permitted by law, actions by the parties pursuant to this Agreement are intended to be and shall be construed as a “cooperative activity”, and it is the intent of the parties that they shall be deemed a “single governmental unit” for the purposes of liability, all as set forth in Minnesota Statutes, Section 471.59, Subd. 1a(a); provided further that for purposes of that statute, each party to this Agreement expressly declines responsibility for the acts or omissions of the other party.

The parties to this Agreement are not liable for the acts or omissions of the other participants to this Agreement, except to the extent to which they have agreed in writing to be responsible for acts or omissions of the other MCCC members.”

FOURTH – At page 7 of the Agreement, Article XIII – Governing Law/Jurisdiction and Venue shall be amended as follows (deletions in ~~strikeout~~, additions in underline):

This Agreement will be governed by the ~~internal~~ laws of the State of Minnesota, ~~applicable to contracts to be entered into and performed wholly within the state.~~ Each party submits to the jurisdiction of the applicable federal or state courts located in

Ramsey County, Minnesota, ~~and~~. Member and MCCC each agree that ~~said~~ such courts shall be the exclusive venue for any disputes arising hereunder.

IN WITNESS WHEREOF, the undersigned member and MCCC have caused this Amendment No. 1 to be signed in duplicate or counterpart originals, all of which are considered to be a single amendment and, pursuant to Article XI, this amendment will become effective upon the approval of at least two-thirds of all MCCC members, effective as of the date of the last required MCCC member approval obtained.

County of _____ (MEMBER)

MINNESOTA COUNTIES
COMPUTER COOPERATIVE (MCCC)

ATTEST:

Name:
Chair Board

By: _____
Lisa Christine Meredith, Executive Director

By: _____

By: _____
MCCC Board Chair

By: _____

By: _____

DKB1
3/14/12 2:10PM

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 1

February Sales & Use Tax
march 27, 2012

Print List in Order By: 2
1 - Fund (Page Break by Fund)
2 - Department (Totals by Dept)
3 - Vendor Number
4 - Vendor Name

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D
D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

DKB1
3/14/12 2:10PM
1 General Fund

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
1	DEPT			Commissioners	
	89991 Bremer Bank				
	01-001-000-0000-6625		28.87	Warr Nbr 705 02/16/2012	Office Equipment
	89991 Bremer Bank		28.87	1 Transactions	
1	DEPT Total:		28.87	Commissioners	1 Vendors 1 Transactions
40	DEPT			Auditor	
	89991 Bremer Bank				
	01-040-000-0000-5840		0.02	Receipt Nbr 937 02/28/2012	Misc Receipts
	89991 Bremer Bank		0.02	1 Transactions	
40	DEPT Total:		0.02	Auditor	1 Vendors 1 Transactions
42	DEPT			Treasurer	
	89991 Bremer Bank				
	01-042-000-0000-5840		0.31	Receipt Nbr 2552 02/01/2012	Misc Receipts
	01-042-000-0000-5840		0.16	Receipt Nbr 2556 02/03/2012	Misc Receipts
	01-042-000-0000-5840		0.06	Receipt Nbr 2559 02/06/2012	Misc Receipts
	01-042-000-0000-5840		0.13	Receipt Nbr 2559 02/06/2012	Misc Receipts
	01-042-000-0000-5840		0.06	Receipt Nbr 2566 02/10/2012	Misc Receipts
	01-042-000-0000-5840		0.13	Receipt Nbr 2567 02/10/2012	Misc Receipts
	01-042-000-0000-5840		0.14	Receipt Nbr 2575 02/15/2012	Misc Receipts
	01-042-000-0000-5840		0.06	Receipt Nbr 2577 02/17/2012	Misc Receipts
	01-042-000-0000-5840		0.96	Receipt Nbr 2581 02/21/2012	Misc Receipts
	01-042-000-0000-5840		0.06	Receipt Nbr 2590 02/27/2012	Misc Receipts
	01-042-000-0000-6405		42.36	Warr Nbr 701 02/02/2012	Office & Computer Supplies
	01-042-000-0000-6405		0.89	Warr Nbr 701 02/02/2012	Office & Computer Supplies
	89991 Bremer Bank		45.32	12 Transactions	
42	DEPT Total:		45.32	Treasurer	1 Vendors 12 Transactions
43	DEPT			Assessor	
	89991 Bremer Bank				
	01-043-000-0000-5840		1.61	Receipt Nbr 639 02/08/2012	Misc Receipts
	01-043-000-0000-5840		1.61	Receipt Nbr 639 02/08/2012	Misc Receipts
	01-043-000-0000-5840		0.23	Receipt Nbr 639 02/08/2012	Misc Receipts

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

DKB1
3/14/12 2:10PM
1 General Fund

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
89991 Bremer Bank		3.45	3 Transactions	
43 DEPT Total:		3.45	Assessor	1 Vendors 3 Transactions
44 DEPT			Central Services	
89991 Bremer Bank				
01-044-000-0000-5840		0.21	Receipt Nbr 646 02/27/2012	Misc Receipts
01-044-000-0000-5840		0.06	Receipt Nbr 646 02/27/2012	Misc Receipts
89991 Bremer Bank		0.27	2 Transactions	
44 DEPT Total:		0.27	Central Services	1 Vendors 2 Transactions
49 DEPT			Information Technologies	
89991 Bremer Bank				
01-049-000-0000-5525		3.44	Receipt Nbr 515 02/02/2012	Label & Listing Sales
01-049-000-0000-5525		9.38	Receipt Nbr 516 02/03/2012	Label & Listing Sales
01-049-000-0000-5525		8.79	Receipt Nbr 518 02/17/2012	Label & Listing Sales
01-049-000-0000-5525		11.55	Receipt Nbr 519 02/24/2012	Label & Listing Sales
01-049-000-0000-6402		10.31	Warr Nbr 705 02/16/2012	Computer Supplies & Software
01-049-000-0000-6405		0.02	Warr Nbr 701 02/02/2012	Office Supplies (Non Computer)
89991 Bremer Bank		43.49	6 Transactions	
49 DEPT Total:		43.49	Information Technologies	1 Vendors 6 Transactions
90 DEPT			Attorney	
89991 Bremer Bank				
01-090-000-0000-5840		0.64	Receipt Nbr 1043 02/01/2012	Misc Receipts
01-090-000-0000-5840		0.64	Receipt Nbr 1050 02/21/2012	Misc Receipts
01-090-000-0000-5840		1.29	Receipt Nbr 1054 02/28/2012	Misc Receipts
89991 Bremer Bank		2.57	3 Transactions	
90 DEPT Total:		2.57	Attorney	1 Vendors 3 Transactions
100 DEPT			Recorder	
89991 Bremer Bank				
01-100-000-0000-6311		85.64	Sales Tax- Feb.Copies	Sales Tax
01-100-000-0000-6312		0.36	Adj. Sales Tax- Feb.Copies	Sales Tax Adjustment

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

DKB1
3/14/12 2:10PM
1 General Fund

<u>Vendor Name</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>		<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
89991 Bremer Bank		86.00		2 Transactions	
100 DEPT Total:		86.00	Recorder	1 Vendors	2 Transactions
200 DEPT			Enforcement		
89991 Bremer Bank					
01-200-000-0000-5840		3.09	Receipt Nbr 1925 02/14/2012		Misc Receipts
01-200-000-0000-6205		0.52	Warr Nbr 39049 02/17/2012		Postage
01-200-000-0000-6405		2.20	Warr Nbr 38998 02/03/2012		Office Supplies
89991 Bremer Bank		5.81		3 Transactions	
200 DEPT Total:		5.81	Enforcement	1 Vendors	3 Transactions
252 DEPT			Corrections		
89991 Bremer Bank					
01-252-252-0000-5872		79.76	Receipt Nbr 1918 02/03/2012		Phone Card Prisoner Welfare(Taxable)
01-252-252-0000-5872		54.68	Receipt Nbr 1924 02/14/2012		Phone Card Prisoner Welfare(Taxable)
01-252-252-0000-5872		126.70	Receipt Nbr 1935 02/28/2012		Phone Card Prisoner Welfare(Taxable)
01-252-252-0000-5885		15.01	Receipt Nbr 1918 02/03/2012		Commissary Sales Taxable
01-252-252-0000-5885		19.48	Receipt Nbr 1935 02/28/2012		Commissary Sales Taxable
01-252-252-0000-6405		1.78	Warr Nbr 38960 02/03/2012		Prisoner Welfare
89991 Bremer Bank		297.41		6 Transactions	
252 DEPT Total:		297.41	Corrections	1 Vendors	6 Transactions
520 DEPT			Parks		
89991 Bremer Bank					
01-520-000-0000-5510		4.63	Receipt Nbr 853 02/21/2012		Co Parks Campground Fees
01-520-000-0000-5510		1.93	Receipt Nbr 854 02/27/2012		Co Parks Campground Fees
01-520-000-0000-5510		1.54	Receipt Nbr 855 02/27/2012		Co Parks Campground Fees
89991 Bremer Bank		8.10		3 Transactions	
520 DEPT Total:		8.10	Parks	1 Vendors	3 Transactions
1 Fund Total:		521.31	General Fund		42 Transactions

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

DKB1
3/14/12 2:10PM
3 Road & Bridge

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
0	DEPT			Undesignated	
	89991 Bremer Bank				
	03-000-000-0000-5855		1.93	Receipt Nbr 1368 02/08/2012	Charges- Individuals
	03-000-000-0000-5855		1.93	Receipt Nbr 600 02/09/2012	Charges- Individuals
	03-000-000-0000-5855		1.93	Receipt Nbr 600 02/09/2012	Charges- Individuals
	03-000-000-0000-5855		5.79	Receipt Nbr 601 02/17/2012	Charges- Individuals
	89991 Bremer Bank		11.58	4 Transactions	
0	DEPT Total:		11.58	Undesignated	1 Vendors 4 Transactions
303	DEPT			R&B Highway Maintenance	
	8410 Bremer Bank				
	03-303-000-0000-6513		817.32	Feb.Diesel Tax	Motor Fuel & Lubricants
	8410 Bremer Bank		817.32	1 Transactions	
	89991 Bremer Bank				
	03-303-000-0000-6590		10.74	Warr Nbr 39087 02/17/2012	Repair & Maintenance Supplies
	03-303-000-0000-6513		392.00	Feb.Sales Tax	Motor Fuel & Lubricants
	89991 Bremer Bank		1,220.06	2 Transactions	
303	DEPT Total:		1,220.06	R&B Highway Maintenance	2 Vendors 3 Transactions
3	Fund Total:		1,231.64	Road & Bridge	7 Transactions

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

DKB1
3/14/12 2:10PM
5 Health & Human Services

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
430	DEPT		Social Services		
	89991 Bremer Bank				
	05-430-700-4800-6625		Warr Nbr 701 02/02/2012		Office & Other Equipment
	89991 Bremer Bank			1 Transactions	
430	DEPT Total:		Social Services	1 Vendors	1 Transactions
5	Fund Total:		Health & Human Services		1 Transactions

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

DKB1
3/14/12 2:10PM
9 State

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
0	DEPT		Undesignated		
4580	Mn Dept Of Finance				
	09-000-000-0000-2022		84.00	Feb Birth	Birth/Death Surcharges
	09-000-000-0000-2022		400.00	Feb Death	Birth/Death Surcharges
	09-000-000-0000-2024		63.00	Feb. Childrens	St Share Of Birth Cert.- Children
	09-000-000-0000-2031		24.00	Feb.Torrens	Real Estate Assurance (Was 5874 And 627
	09-000-000-0000-2036		4,357.50	Feb.State General	Recording Surcharges (Was 5871 & 6281)
	09-000-000-0000-2036		210.00	Feb.State General	Recording Surcharges (Was 5871 & 6281)
4580	Mn Dept Of Finance		5,138.50	6 Transactions	
3375	Mn Dept Of Health				
	09-000-000-0000-2027		425.00	Feb.State Well	State Well Cert Fees (Was 5097 & 6203)
3375	Mn Dept Of Health		425.00	1 Transactions	
0	DEPT Total:		5,563.50	Undesignated	2 Vendors 7 Transactions
9	Fund Total:		5,563.50	State	7 Transactions

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

DKB1
3/14/12 2:10PM
10 Trust

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
923	DEPT			Forfeited Tax Sales	
	89991 Bremer Bank				
	10-923-000-0000-6311		4.50	Sales Tax- Feb. Maps	Sales Tax
	89991 Bremer Bank		4.50	1 Transactions	
923	DEPT Total:		4.50	Forfeited Tax Sales	1 Vendors 1 Transactions
10	Fund Total:		4.50	Trust	1 Transactions

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

DKBI
3/14/12 2:10PM
11 Forest Development

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
924	DEPT		Forest Resource		
89991	Bremer Bank				
	11-924-000-0000-6406		2.06	Warr Nbr 701 02/02/2012	Field Supplies
	11-924-000-0000-6406		2.06	Warr Nbr 701 02/02/2012	Field Supplies
	11-924-000-0000-6406		2.06	Warr Nbr 705 02/16/2012	Field Supplies
89991	Bremer Bank		2.06	3 Transactions	
924	DEPT Total:		2.06	Forest Resource	1 Vendors 3 Transactions
925	DEPT		Reforestation		
89991	Bremer Bank				
	11-925-000-0000-6312		0.50	Adj. Sales Tax- Feb. Maps	Sales Tax Adjustment
89991	Bremer Bank		0.50	1 Transactions	
925	DEPT Total:		0.50	Reforestation	1 Vendors 1 Transactions
11	Fund Total:		2.56	Forest Development	4 Transactions

Aitkin County



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

DKB1
3/14/12 2:10PM
19 Long Lake Conservation C

Vendor Name	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u> <u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
521 DEPT			LLCC Administration	
89991 Bremer Bank				
19- 521- 000- 0000- 5885		95.30	Receipt Nbr 760 02/07/2012	Commissary Sales Taxable
19- 521- 000- 0000- 5885		87.23	Receipt Nbr 763 02/22/2012	Commissary Sales Taxable
19- 521- 000- 0000- 5885		5.19	Receipt Nbr 765 02/28/2012	Commissary Sales Taxable
89991 Bremer Bank		187.72	3 Transactions	
521 DEPT Total:		187.72	LLCC Administration	1 Vendors 3 Transactions
19 Fund Total:		187.72	Long Lake Conservation Center	3 Transactions
Final Total:		7,541.82	21 Vendors	65 Transactions

Aitkin County

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	521.31	General Fund
3	1,231.64	Road & Bridge
5	30.59	Health & Human Services
9	5,563.50	State
10	4.50	Trust
11	2.56	Forest Development
19	187.72	Long Lake Conservation Center
All Funds	7,541.82	Total

Approved by,
.....
.....

Print List in Order By: 2
1 - Fund (Page Break by Fund)
2 - Department (Totals by Dept)
3 - Vendor Number
4 - Vendor Name

Explode Dist. Formulas N

Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D
D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

1 General Fund

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
0	DEPT			Undesignated		
3951	Pro West & Associates, Inc 01-000-000-0000-2561		112.50	Modify AS400 download process	12030601	Technology Fund Carryover (Unallocated)
3951	Pro West & Associates, Inc		112.50	1 Transactions		
0	DEPT Total:		112.50	Undesignated	1 Vendors	1 Transactions
1	DEPT			Commissioners		
248	Association Of Mn Counties 01-001-000-0000-6241		30.00	Policy committee mtg-Napstad	34000	Registration Fee
248	Association Of Mn Counties		30.00	1 Transactions		
8175	Centurylink 01-001-000-0000-6250		7.27	local phone	313645966	Telephone
8175	Centurylink		7.27	1 Transactions		
6097	Verizon Wireless 01-001-000-0000-6250		34.36	cell phone charges	286287802	Telephone
	01-001-000-0000-6250		26.02	ipad monthly access charge	786663881	Telephone
	01-001-000-0000-6250		26.02	ipad monthly access charge	786663881	Telephone
	01-001-000-0000-6250		26.02	ipad monthly access charge	786663881	Telephone
	01-001-000-0000-6250		26.02	ipad monthly access charge	786663881	Telephone
6097	Verizon Wireless		138.44	5 Transactions		
1	DEPT Total:		175.71	Commissioners	3 Vendors	7 Transactions
12	DEPT			Court Administration		
8175	Centurylink 01-012-000-0000-6250		116.37	local phone	313645966	Telephone
8175	Centurylink		116.37	1 Transactions		
10185	Centurylink Communications Inc 01-012-000-0000-6250		27.12	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		27.12	1 Transactions		
3699	O'Hara Jr., Ltd./William D. 01-012-000-0000-6232		36.00	FEES-PR-11-821	17094	Attorney Services
	01-012-000-0000-6232		12.00	FEES PR-11-53	17095	Attorney Services

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
01-012-000-0000-6232		402.00	FEES PR-12-96	17096 Attorney Services
01-012-000-0000-6232		30.00	MILEAGE-60@.50	17096 Attorney Services
01-012-000-0000-6232		36.00	FEES PR-11-1153	17097 Attorney Services
01-012-000-0000-6232		204.00	FEES PR-12-13	17098 Attorney Services
01-012-000-0000-6232		36.00	FEES-PR-11-1083	17099 Attorney Services
01-012-000-0000-6232		36.00	fees PR-11-1160	17100 Attorney Services
3699 O'Hara Jr., Ltd./William D.		792.00		8 Transactions
5176 Wetzel Law Firm				
01-012-000-0000-6232		1,002.00	fees-01PX-99-99-	2012-0061 Attorney Services
01-012-000-0000-6232		321.33	lodging/mileage	2012-0061 Attorney Services
5176 Wetzel Law Firm		1,323.33		2 Transactions
12 DEPT Total:		2,258.82	Court Administration	4 Vendors 12 Transactions
40 DEPT			Auditor	
88012 Aitkin Co Auditor				
01-040-021-0000-6205		200.00	postage	Postage
88012 Aitkin Co Auditor		200.00		1 Transactions
5398 CDW Government, Inc				
01-040-021-0000-6405		135.73	Metrologic Scanner Bk.	H085024 Office & Computer Supplies
01-040-021-0000-6625		674.81	new scanner	H199170 Office Equipment & Other Equipment
5398 CDW Government, Inc		810.54		2 Transactions
8175 Centurylink				
01-040-000-0000-6250		50.93	local phone	313645966 Telephone
01-040-021-0000-6250		291.64	local phone	314154028 License Center-Phone
8175 Centurylink		342.57		2 Transactions
10185 Centurylink Communications Inc				
01-040-000-0000-6250		19.08	LD Phone Charges	320146217 Telephone
10185 Centurylink Communications Inc		19.08		1 Transactions
1457 CPS Technology Solutions, Inc				
01-040-000-0000-6231		55.00	April Maintenance	359194 Services, Labor, Contracts
01-040-000-0000-6231		24.00	April Maintenance	359194 Services, Labor, Contracts
1457 CPS Technology Solutions, Inc		79.00		2 Transactions

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
2214	Holder/Maryann 01-040-021-0000-6301		750.00	April Rent		Rentals
2214	Holder/Maryann		750.00		1 Transactions	
86290	Mn Counties Information Systems					
	01-040-000-0000-6231		3,367.00	Payroll IFS 2012 Qrtly support	393	Services, Labor, Contracts
	01-040-000-0000-6231		2,008.00	Payroll IFS 2010 Qrtly adjustm	393	Services, Labor, Contracts
	01-040-000-0000-6231		811.00	iSeries 400 2012 2nd Q support	393	Services, Labor, Contracts
	01-040-000-0000-6231		221.00-	iSeries 400 2010 Qrtly adjustm	393	Services, Labor, Contracts
	01-040-000-0000-6231		250.00	IFS Enhancement fee	406	Services, Labor, Contracts
	01-040-000-0000-6231		219.63	IFS Tech Support	406	Services, Labor, Contracts
	01-040-000-0000-6231		90.00	IFS Golden Bill-1st Q	406	Services, Labor, Contracts
	01-040-000-0000-6231		90.00	IFS Golden Bill-2nd Q	406	Services, Labor, Contracts
86290	Mn Counties Information Systems		6,614.63		8 Transactions	
86235	Office Shop Inc/The					
	01-040-021-0000-6405		7.47	Unv. Tape	257802-0	Office & Computer Supplies
	01-040-021-0000-6405		5.76	RUBBER BANDS	257911-0	Office & Computer Supplies
	01-040-021-0000-6405		12.81	IVR CLEANER/DUSTER	257952-0	Office & Computer Supplies
	01-040-000-0000-6405		6.19	Correction ribbon	257993-0	Office & Computer Supplies
	01-040-000-0000-6405		288.55	MICR toner for Troy printer	257993-1	Office & Computer Supplies
86235	Office Shop Inc/The		320.78		5 Transactions	
40	DEPT Total:		9,136.60	Auditor	8 Vendors	22 Transactions
42	DEPT			Treasurer		
8175	Centurylink					
	01-042-000-0000-6250		29.09	local phone	313645966	Telephone
8175	Centurylink		29.09		1 Transactions	
10185	Centurylink Communications Inc					
	01-042-000-0000-6250		6.21	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		6.21		1 Transactions	
4233	S & T Office Products Inc					
	01-042-000-0000-6405		22.51	Post it, ribbon, ink, moistenr	01PB7192	Office & Computer Supplies
4233	S & T Office Products Inc		22.51		1 Transactions	

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
42	DEPT Total:		57.81	Treasurer	3 Vendors	3 Transactions
43	DEPT			Assessor		
783	Canon Financial Services, Inc 01-043-000-0000-6231		182.87	Copier contract - 021	11694343	Services, Labor, Contracts
783	Canon Financial Services, Inc		182.87		1 Transactions	
8175	Centurylink 01-043-000-0000-6250		80.00	local phone	313645966	Telephone
8175	Centurylink		80.00		1 Transactions	
10185	Centurylink Communications Inc 01-043-000-0000-6250		14.96	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		14.96		1 Transactions	
1457	CPS Technology Solutions, Inc 01-043-000-0000-6231		42.00	April Maintenance	359194	Services, Labor, Contracts
1457	CPS Technology Solutions, Inc		42.00		1 Transactions	
6097	Verizon Wireless 01-043-000-0000-6250		197.60	Monthly cell phone	68069088200001	Telephone
6097	Verizon Wireless		197.60		1 Transactions	
43	DEPT Total:		517.43	Assessor	5 Vendors	5 Transactions
44	DEPT			Central Services		
783	Canon Financial Services, Inc 01-044-000-0000-6231		350.60	Contract copier - 019	11714526	Services, Labor, Contracts
783	Canon Financial Services, Inc		350.60		1 Transactions	
10185	Centurylink Communications Inc 01-044-000-0000-6250		2.36	LD Phone Charges	320146217	Telephone
	01-044-000-0000-6250		0.46	Toll free phone	320295974	Telephone
10185	Centurylink Communications Inc		2.82		2 Transactions	
3336	Office Of Enterprise Technology 01-044-000-0000-6231		1,300.00	FEBRUARY USEAGE	12020318	Services, Labor, Contracts

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
3336	Office Of Enterprise Technology		1,300.00		1 Transactions	
9671	Pitney Bowes 01-044-048-0000-6301		565.56	Rental charges	8410541-MR12	Postage Rentals
9671	Pitney Bowes		565.56		1 Transactions	
44	DEPT Total:		2,218.98	Central Services	4 Vendors	5 Transactions
45	DEPT			Motor Pool		
10185	Centurylink Communications Inc 01-045-000-0000-6250		1.05	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		1.05		1 Transactions	
2340	Hyytinen Hardware Hank 01-045-000-0000-6512		18.16	Floor mat	1022727	Car Equipment
2340	Hyytinen Hardware Hank		18.16		1 Transactions	
45	DEPT Total:		19.21	Motor Pool	2 Vendors	2 Transactions
49	DEPT			Information Technologies		
8175	Centurylink 01-049-000-0000-6250		36.36	local phone	313645966	Telephone
8175	Centurylink		36.36		1 Transactions	
10185	Centurylink Communications Inc 01-049-000-0000-6250		6.91	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		6.91		1 Transactions	
1457	CPS Technology Solutions, Inc 01-049-000-0000-6231		96.83	April Maintenance	359194	Programming, Services, Contracts
1457	CPS Technology Solutions, Inc		96.83		1 Transactions	
86290	Mn Counties Information Systems 01-049-000-0000-6231		5,593.00	Prop Tax 2012 2nd Q support	393	Programming, Services, Contracts
	01-049-000-0000-6231		15,537.00	Prop Tax 2012 2nd Q support	393	Programming, Services, Contracts
	01-049-000-0000-6231		117.00	Network 2012 2nd Q support	393	Programming, Services, Contracts
	01-049-000-0000-6231		156.00-	Prop Tax 2010 Qrtly adjustment	393	Programming, Services, Contracts
	01-049-000-0000-6231		478.00-	Prop Tax 2010 Qrtly adjustment	393	Programming, Services, Contracts

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Accr	Rpt Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
	01-049-000-0000-6231		78.00-	Network 2010 Qrtly adjustment	393	Programming, Services, Contracts
86290	Mn Counties Information Systems		20,535.00	6 Transactions		
6097	Verizon Wireless					
	01-049-000-0000-6231		26.04	mobile broadband	386695110	Programming, Services, Contracts
6097	Verizon Wireless		26.04	1 Transactions		
49	DEPT Total:		20,701.14	Information Technologies	5 Vendors	10 Transactions
52	DEPT			Administration/Personnel Dept		
8175	Centurylink					
	01-052-000-0000-6250		43.64	local phone	313645966	Telephone
8175	Centurylink		43.64	1 Transactions		
10185	Centurylink Communications Inc					
	01-052-000-0000-6250		19.95	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		19.95	1 Transactions		
6097	Verizon Wireless					
	01-052-000-0000-6250		52.91	cell phone charges	286287802	Telephone
6097	Verizon Wireless		52.91	1 Transactions		
52	DEPT Total:		116.50	Administration/Personnel Dept	3 Vendors	3 Transactions
90	DEPT			Attorney		
117	Aitkin Co Sheriff					
	01-090-000-0000-6250		34.36	monthly cell bill-J.Ratz	12-0074	Telephone
117	Aitkin Co Sheriff		34.36	1 Transactions		
8175	Centurylink					
	01-090-000-0000-6250		65.46	local phone	313645966	Telephone
8175	Centurylink		65.46	1 Transactions		
10185	Centurylink Communications Inc					
	01-090-000-0000-6250		18.81	LD Phone Charges	320146217	Telephone
	01-090-000-0000-6250		3.85	Toll free phone	320295974	Telephone
10185	Centurylink Communications Inc		22.66	2 Transactions		

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
10855	Culligan 01-090-000-0000-5612		64.00	monthly water supply	150x00548404	Drug & Forfeiture Ms387.213
10855	Culligan		64.00	1 Transactions		
5892	McGregor Printing & Graphics, Inc 01-090-000-0000-6405		203.07	2000 envelopes	12732	Office & Computer Supplies
5892	McGregor Printing & Graphics, Inc		203.07	1 Transactions		
3273	Mn Co Attorneys Assn 01-090-000-0000-6406		51.30	MN Co Atty Directory	18120270	Law Publ. & Subscriptions
3273	Mn Co Attorneys Assn		51.30	1 Transactions		
86235	Office Shop Inc/The 01-090-000-0000-6625		1,063.41	Copier system, J Brown office	908206-0	Office Equipment
	01-090-000-0000-6625		534.36	OFFICE SUPPLIES	909182-0	Office Equipment
86235	Office Shop Inc/The		1,597.77	2 Transactions		
6146	RS Eden 01-090-000-0000-5612		164.85	UA Reimbursement	40546	Drug & Forfeiture Ms387.213
6146	RS Eden		164.85	1 Transactions		
11116	Trapp/Rebecca 01-090-000-0000-6208		75.16	meals-Cornerhouse Trng 03/05/2012 03/09/2012		Training/Education
	01-090-000-0000-6333		33.30	mileage-Brd court	60@.555	Crt.Related Travel Expenses
11116	Trapp/Rebecca		108.46	2 Transactions		
5173	West Payment Center 01-090-000-0000-6406		143.21	Subscription 02/05/2012 03/04/2012	824630738	Law Publ. & Subscriptions
5173	West Payment Center		143.21	1 Transactions		
5259	Wright County Sheriff's Office 01-090-000-0000-6234		123.00	subpoena svc-Schlumpberger	27182	Co Sheriff Services
5259	Wright County Sheriff's Office		123.00	1 Transactions		
90	DEPT Total:		2,578.14	Attorney	11 Vendors	14 Transactions

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
8175	Centurylink 01-100-000-0000-6250		21.82	local phone	313645966	Telephone
8175	Centurylink		21.82	1 Transactions		
10185	Centurylink Communications Inc 01-100-000-0000-6250		16.01	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		16.01	1 Transactions		
4233	S & T Office Products Inc 01-100-000-0000-6405		27.69	office supplies	01PB7191	Office & Computer Supplies
4233	S & T Office Products Inc		27.69	1 Transactions		
100	DEPT Total:		65.52	Recorder	3 Vendors	3 Transactions
110	DEPT			Courthouse Maintenance		
8239	Ameripride Linen & Apparel Services 01-110-000-0000-6422		40.81	tissue,towels,loap	3500295914	Janitorial Supplies
8239	Ameripride Linen & Apparel Services		40.81	1 Transactions		
8175	Centurylink 01-110-000-0000-6250		14.55	local phone	313645966	Phone
8175	Centurylink		14.55	1 Transactions		
10185	Centurylink Communications Inc 01-110-000-0000-6250		3.15	LD Phone Charges	320146217	Phone
10185	Centurylink Communications Inc		3.15	1 Transactions		
2186	Hillyard Inc - Kansas City 01-110-000-0000-6422		398.94	Lqd trap, liners,ice melt	600146712	Janitorial Supplies
	01-110-000-0000-6422		130.68	Mop,wet web ft lg blue	600148574	Janitorial Supplies
2186	Hillyard Inc - Kansas City		529.62	2 Transactions		
2340	Hyytinen Hardware Hank 01-110-000-0000-6422		7.26	HASP	1021599	Janitorial Supplies
	01-110-000-0000-6422		22.32	Floor covering adhv/batteries	1021733	Janitorial Supplies
	01-110-000-0000-6422		6.60	Blades, battery	1023597	Janitorial Supplies
	01-110-000-0000-6422		8.33	Phillips 6" bits	1024279	Janitorial Supplies
2340	Hyytinen Hardware Hank		44.51	4 Transactions		

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
2644	Krause Lock & Key 01-110-000-0000-6590		100.83	Door rekeyed, 4 keys	72923	Repair & Maintenance
2644	Krause Lock & Key		100.83	1 Transactions		
9486	Larson Plumbing & Heating 01-110-000-0000-6231		40.00	Clean screen in water cooler	3250	Services, Labor, Contracts
9486	Larson Plumbing & Heating		40.00	1 Transactions		
9692	Minnesota Energy Resources Corporation 01-110-000-0000-6254		1,613.43	Gas-Courthouse	43233287	Utilities & Heating
	01-110-000-0000-6254		14.26	Gas-LA Tool Building	49116015	Utilities & Heating
9692	Minnesota Energy Resources Corporation		1,627.69	2 Transactions		
3532	Nelson Lawn & Landscaping 01-110-000-0000-6231		85.00	Shovel sidewalk 2/22/12	454	Services, Labor, Contracts
	01-110-000-0000-6231		150.00	Shovel sidewalk 2/29/12	454	Services, Labor, Contracts
3532	Nelson Lawn & Landscaping		235.00	2 Transactions		
6097	Verizon Wireless 01-110-000-0000-6250		34.36	cell phone charges	286287802	Phone
6097	Verizon Wireless		34.36	1 Transactions		
110	DEPT Total:		2,670.52	Courthouse Maintenance	10 Vendors	16 Transactions
120	DEPT			Service Officer		
8175	Centurylink 01-120-000-0000-6250		7.27	local phone	313645966	Telephone
8175	Centurylink		7.27	1 Transactions		
10185	Centurylink Communications Inc 01-120-000-0000-6250		16.71	LD Phone Charges	320146217	Telephone
	01-120-000-0000-6250		5.99	Toll free phone	320295974	Telephone
10185	Centurylink Communications Inc		22.70	2 Transactions		
120	DEPT Total:		29.97	Service Officer	2 Vendors	3 Transactions
122	DEPT			Planning & Zoning		
734	Bright/Irene					

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name	Account/Formula	Rpt Accr	Amount	Warrant Description	Service Dates	Invoice #	Paid On Bhf #	Account/Formula Description	On Behalf of Name
		01-122-000-0000-6350		55.00	BOA/On sites		03/07/2012		Per Diem	
		01-122-038-0000-6330		39.41	BOA mileage		71@.555		Boa/Pc Mileage	
734	Bright/Irene			94.41		2 Transactions				
783	Canon Financial Services, Inc									
		01-122-000-0000-6231		338.92	Contract copier - 017		11714524		Services, Labor, Contracts, Programming	
783	Canon Financial Services, Inc			338.92		1 Transactions				
8175	Centurylink									
		01-122-000-0000-6250		50.91	local phone		313645966		Telephone	
8175	Centurylink			50.91		1 Transactions				
10185	Centurylink Communications Inc									
		01-122-000-0000-6250		17.15	LD Phone Charges		320146217		Telephone	
10185	Centurylink Communications Inc			17.15		1 Transactions				
5516	Paquette/Jeremy M									
		01-122-000-0000-6350		55.00	BOA/on site		03/07/2012		Per Diem	
		01-122-038-0000-6330		95.46	BOA mileage		172@.555		Boa/Pc Mileage	
5516	Paquette/Jeremy M			150.46		2 Transactions				
10017	Tveit/Galen									
		01-122-000-0000-6350		55.00	BOA / On site		03/07/2012		Per Diem	
		01-122-038-0000-6330		48.84	BOA mileage		88@.555		Boa/Pc Mileage	
10017	Tveit/Galen			103.84		2 Transactions				
122	DEPT Total:			755.69	Planning & Zoning		6 Vendors		9 Transactions	
200	DEPT				Enforcement					
11960	A.S.A.P. Towing									
		01-200-000-0000-6359		179.01	tow '95 Grand Am-12-0971		1014		Wrecker Service	
11960	A.S.A.P. Towing			179.01		1 Transactions				
10507	Aitkin County Fair									
		01-200-000-0000-6230		130.00	friends of the Fair listing				Printing, Publishing & Adv	
10507	Aitkin County Fair			130.00		1 Transactions				
8175	Centurylink									
		01-200-000-0000-6250		189.10	local phone		313645966		Telephone	

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Accr	Rpt Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
	01-200-000-0000-6250		50.91	local phone	313645966	Telephone
8175	Centurylink		240.01		2 Transactions	
10185	Centurylink Communications Inc					
	01-200-000-0000-6250		83.81	LD Phone Charges	320146217	Telephone
	01-200-000-0000-6250		53.10	LD Phone Charges	320146217	Telephone
	01-200-000-0000-6250		14.49	Toll free phone	320295974	Telephone
10185	Centurylink Communications Inc		151.40		3 Transactions	
1152	Cook/Steven					
	01-200-003-0000-6340		29.25	lunches-Forensic class	3/6-3/9	Meals
1152	Cook/Steven		29.25		1 Transactions	
10475	Creative Product Sourcing,Inc					
	01-200-000-0000-6405		63.75	DARE pencils,bracelets	44050	Office Supplies
10475	Creative Product Sourcing,Inc		63.75		1 Transactions	
1570	Erickson Oil Products Inc					
	01-200-000-0000-6511		21.70	December & Feb. gas	9334	Gas And Oil
1570	Erickson Oil Products Inc		21.70		1 Transactions	
4641	Holiday Credit Office					
	01-200-000-0000-6511		629.38	Jan & Feb gas	1400000288942	Gas And Oil
4641	Holiday Credit Office		629.38		1 Transactions	
10567	Lake Country Auto Center Of Aitkin					
	01-200-000-0000-6302		36.99	Oil change 207	10364	Car Maintenance
	01-200-000-0000-6302		45.19	Oil change #206	10379	Car Maintenance
	01-200-000-0000-6302		40.92	Oil change DARE pickup	10387	Car Maintenance
10567	Lake Country Auto Center Of Aitkin		123.10		3 Transactions	
5892	McGregor Printing & Graphics, Inc					
	01-200-000-0000-6230		157.11	Business cards-216,212,office	12739	Printing, Publishing & Adv
5892	McGregor Printing & Graphics, Inc		157.11		1 Transactions	
3160	Mille Lacs Energy Coop-Albert Lea					
	01-200-000-0000-6254		330.55	Fleming tower	27-13-003-02	Utilities
	01-200-000-0000-6254		415.79	Seavey Tower	55-21-002-01	Utilities

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
3160 Mille Lacs Energy Coop-Albert Lea		746.34	2 Transactions	
3712 Office Depot				
01-200-000-0000-6405		69.99	Toner cartridge	600433377001 Office Supplies
3712 Office Depot		69.99	1 Transactions	
3927 Post Board				
01-200-000-0000-6240		90.00	POST license-S.Sandberg	11034 Dues
01-200-000-0000-6240		90.00	POST license-J.Novotny	12418 Dues
01-200-000-0000-6240		90.00	POST license-Sh.Cook	14226 Dues
01-200-000-0000-6240		90.00	POST license-J.Wersal	16970 Dues
01-200-000-0000-6240		90.00	POST license-T.Winter	17305 Dues
01-200-000-0000-6240		90.00	POST license-S.Turner	9541 Dues
3927 Post Board		540.00	6 Transactions	
4010 Rasley Oil Company				
01-200-000-0000-6511		203.55	February gas	AITCOSHERS Gas And Oil
4010 Rasley Oil Company		203.55	1 Transactions	
4681 Streichers				
01-200-000-0000-6610		34.99	Partition panels-New squad	I911179 Equipment & Radios
01-200-000-0000-6410		11.73	Name Plate / Sheryl Cook	I912186 Clothing Allowance
4681 Streichers		46.72	2 Transactions	
6097 Verizon Wireless				
01-200-000-0000-6250		674.64	cell phone charges	286090412 Telephone
01-200-000-0000-6250		260.22	Squad pc connection	786663881 Telephone
6097 Verizon Wireless		934.86	2 Transactions	
5066 Visa				
01-200-000-0000-6405		24.38	fluorescent light	Office Supplies
01-200-003-0000-6332		173.60	hotel/Evidence Trng-Lenk	Hotels / Motels
01-200-003-0000-6332		485.08	Hotel-Cornerhouse Trng-Cook	Hotels / Motels
01-200-003-0000-6340		26.04	meals/Evidence Trng-Lenk	Meals
01-200-003-0000-6340		79.61	training meals-Steve Cook	Meals
5066 Visa		788.71	5 Transactions	
200 DEPT Total:		5,054.88	Enforcement	17 Vendors 34 Transactions

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
202	DEPT			Boat & Water		
1682	Fishers Resort 01-202-000-0000-6231		450.00	2012 boat slip	548	Services & Labor (Incl Contracts)
1682	Fishers Resort		450.00	1 Transactions		
202	DEPT Total:		450.00	Boat & Water	1 Vendors	1 Transactions
203	DEPT			Snowmobile		
6097	Verizon Wireless 01-203-000-0000-6250		34.36	cell phone charges	286090412	Telephone
6097	Verizon Wireless		34.36	1 Transactions		
203	DEPT Total:		34.36	Snowmobile	1 Vendors	1 Transactions
252	DEPT			Corrections		
117	Aitkin Co Sheriff 01-252-000-0000-6374		32.00	xport vehicle tabs		Auto & Trailer License
117	Aitkin Co Sheriff		32.00	1 Transactions		
116	Aitkin Feed & Farm Supply Inc 01-252-000-0000-6590		313.69	Softener pellets	90516	Repair & Maintenance Supplies
116	Aitkin Feed & Farm Supply Inc		313.69	1 Transactions		
456	Bob Barker Company, Inc. 01-252-000-0000-6424		215.81	Inmate supplies	WEB000210085	Inmate Supplies
456	Bob Barker Company, Inc.		215.81	1 Transactions		
783	Canon Financial Services, Inc 01-252-000-0000-6231		103.50	Contract copier - 016	11714523	Services & Labor (Incl Contracts)
783	Canon Financial Services, Inc		103.50	1 Transactions		
8175	Centurylink 01-252-000-0000-6250		109.09	local phone	313645966	Telephone
8175	Centurylink		109.09	1 Transactions		
10185	Centurylink Communications Inc 01-252-000-0000-6250		70.86	LD Phone Charges	320146217	Telephone
	01-252-000-0000-6250		14.49	Toll free phone	320295974	Telephone

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
10185	Centurylink Communications Inc		85.35		2 Transactions	
5583	Crawford Supply Company 01-252-252-0000-6408		351.48	Commissary supplies	S174092	Commissary Supplies
5583	Crawford Supply Company		351.48		1 Transactions	
88628	Dalco 01-252-000-0000-6422		445.68	Paper products for jail	2434306	Janitorial Supplies
	01-252-000-0000-6422		250.00	jail paper products	2439689	Janitorial Supplies
88628	Dalco		695.68		2 Transactions	
1570	Erickson Oil Products Inc 01-252-000-0000-6330		67.50	December & Feb. gas	9334	Prisoner Transportation & Travel
	01-252-000-0000-6511		115.42	December & Feb. gas	9334	Gas And Oil
1570	Erickson Oil Products Inc		182.92		2 Transactions	
2186	Hillyard Inc - Kansas City 01-252-000-0000-6422		854.78	Janitorial	600146714	Janitorial Supplies
	01-252-000-0000-6422		44.12	Janitorial	600148573	Janitorial Supplies
2186	Hillyard Inc - Kansas City		898.90		2 Transactions	
4641	Holiday Credit Office 01-252-000-0000-6330		194.30	Jan & Feb gas	1400000288942	Prisoner Transportation & Travel
4641	Holiday Credit Office		194.30		1 Transactions	
11889	Honeywell International Inc. 01-252-000-0000-6590		244.97	Replace heating valve	1011459	Repair & Maintenance Supplies
11889	Honeywell International Inc.		244.97		1 Transactions	
5503	Keefe Supply Company 01-252-252-0000-6405		129.36	Commissary supplies	S173875	Prisoner Welfare
5503	Keefe Supply Company		129.36		1 Transactions	
2644	Krause Lock & Key 01-252-000-0000-6231		120.95	Install lock in jail library	72850	Services & Labor (Incl Contracts)
2644	Krause Lock & Key		120.95		1 Transactions	
91187	Lake Country Power 01-252-000-0000-6254		130.08	Quadna tower	1501827050	Utilities & Heating

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
91187 Lake Country Power		130.08	1 Transactions	
89765 Minnesota Elevator Service				
01-252-000-0000-6231		151.76	March Monthly Service	236047 Services & Labor (Incl Contracts)
89765 Minnesota Elevator Service		151.76	1 Transactions	
11120 Nardini Fire Equipment Co.,Inc				
01-252-000-0000-6231		1,066.61	System mod replace smoke det	404863 Services & Labor (Incl Contracts)
11120 Nardini Fire Equipment Co.,Inc		1,066.61	1 Transactions	
3712 Office Depot				
01-252-000-0000-6405		219.41	Toner/printer cartridges	600433377001 Office & Computer Supplies
3712 Office Depot		219.41	1 Transactions	
3789 Pan-O-Gold Baking Company				
01-252-000-0000-6418		113.27	Groceries	010024206126 Groceries
01-252-000-0000-6418		127.91	Groceries	010024206825 Groceries
3789 Pan-O-Gold Baking Company		241.18	2 Transactions	
3850 Peterson/Janet L				
01-252-000-0000-6231		175.00	annual review of jail menus	Services & Labor (Incl Contracts)
3850 Peterson/Janet L		175.00	1 Transactions	
5426 Plastocon, Inc.				
01-252-000-0000-6420		592.40	Plastic lids for serving trays	74272 Kitchen Supplies
5426 Plastocon, Inc.		592.40	1 Transactions	
5830 R.R. Brink Locking Systems, Inc.				
01-252-000-0000-6590		100.56	repair S2 lock	024640 Repair & Maintenance Supplies
5830 R.R. Brink Locking Systems, Inc.		100.56	1 Transactions	
9499 Reliance Telephone Systems, Inc				
01-252-252-0000-6406		935.67	Phone cards	D-8315 Phone Card Prisoner Welfare
9499 Reliance Telephone Systems, Inc		935.67	1 Transactions	
84172 Riverwood Healthcare Center				
01-252-000-0000-6262		378.90	Niedzielski, C / med care	V5405535 Medical Expenses & Supplies - Inmates
01-252-000-0000-6262		1,216.24	Medical care - Roman, D	V5560156 Medical Expenses & Supplies - Inmates

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
84172	Riverwood Healthcare Center		1,595.14		2 Transactions	
5774	Riverwood Healthcare Clinic					
	01-252-000-0000-6262		314.10	inmate office visits	2120600002D0	Medical Expenses & Supplies - Inmates
	01-252-000-0000-6262		39.16	services of J.Larson	2120600002D0	Medical Expenses & Supplies - Inmates
5774	Riverwood Healthcare Clinic		353.26		2 Transactions	
4761	Sysco Minnesota Inc					
	01-252-000-0000-6418		2,094.86	Groceries	203010168	Groceries
	01-252-000-0000-6418		2,110.03	Groceries	203080173	Groceries
	01-252-000-0000-6420		11.90	Food labels	203081850	Kitchen Supplies
	01-252-000-0000-6420		152.98	Can opener	203151817	Kitchen Supplies
4761	Sysco Minnesota Inc		4,369.77		4 Transactions	
4930	Uniforms Unlimited Inc					
	01-252-000-0000-6410		31.00	Pants (Moriarty)	109202	Clothing Allowance
	01-252-000-0000-6410		115.00-	Return pants	109244	Clothing Allowance
	01-252-252-0000-6405		650.94	Taser magazines/cartridges	112414	Prisoner Welfare
4930	Uniforms Unlimited Inc		566.94		3 Transactions	
6097	Verizon Wireless					
	01-252-000-0000-6250		68.78	cell phone charges	286090412	Telephone
	01-252-000-0000-6250		26.02	Cell phone / Pat Scollard	786663881	Telephone
6097	Verizon Wireless		94.80		2 Transactions	
252	DEPT Total:		14,270.58	Corrections	28 Vendors	41 Transactions
253	DEPT			Aitkin Co Community Corrections		
117	Aitkin Co Sheriff					
	01-253-000-0000-6374		34.75	STS vehicle tabs		Auto & Trailer License
117	Aitkin Co Sheriff		34.75		1 Transactions	
88879	Central Mn Community Corrections-DT					
	01-253-000-0000-6823		11,781.33	April Appropriation		County Allocation
88879	Central Mn Community Corrections-DT		11,781.33		1 Transactions	
8175	Centurylink					
	01-253-000-0000-6250		7.27	local phone	313645966	Telephone

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
8175	Centurylink		7.27		1 Transactions	
10185	Centurylink Communications Inc 01-253-000-0000-6250		1.05	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		1.05		1 Transactions	
10327	Northwest Mn Juvenile-Secure 01-253-000-0000-6204		396.00	Secure 12-0406 02/01/2012	103-89-1	Juvenile Detention
10327	Northwest Mn Juvenile-Secure		396.00		02/29/2012 1 Transactions	
3660	Northwood Equipment 01-253-000-0000-6405		53.85	bar oil,chain	P02600	Operating Supplies
3660	Northwood Equipment		53.85		1 Transactions	
3810	Paulbeck's County Market 01-253-000-0000-6405		19.88	Coffee	9277355	Operating Supplies
3810	Paulbeck's County Market		19.88		1 Transactions	
4010	Rasley Oil Company 01-253-000-0000-6511		499.89	February gas	AITCOSHERS	Gas And Oil
4010	Rasley Oil Company		499.89		1 Transactions	
4292	Sandberg/Wilma 01-253-000-0000-6231		25.00	Repair STS jackets		Services, Labor, Contracts
4292	Sandberg/Wilma		25.00		1 Transactions	
4761	Sysco Minnesota Inc 01-253-000-0000-6405		17.48	Disposable cups for STS	203150141	Operating Supplies
4761	Sysco Minnesota Inc		17.48		1 Transactions	
5551	Unclaimed Freight North 01-253-000-0000-6405		30.52	Ratchet tie downs / clamps	3/8/12	Operating Supplies
5551	Unclaimed Freight North		30.52		1 Transactions	
253	DEPT Total:		12,867.02	Aitkin Co Community Corrections	11 Vendors	11 Transactions
254	DEPT 373 Arrowwood Resort And Conference			Enhanced 911 System		

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Accr	Rpt Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
	01-254-003-0000-6332		320.64	Hotel - APCO conf - Twombly	IN 231823	Hotel
373	Arrowwood Resort And Conference		320.64	1 Transactions		
10877	Mactek Systems Inc					
	01-254-000-0000-6231		2,391.00	Higher Ground system maint.	1462	Services, Labor, Contracts
				03/12/2012 03/11/2013		
10877	Mactek Systems Inc		2,391.00	1 Transactions		
5066	Visa					
	01-254-003-0000-6340		7.57	meal/APCO training-Twombly		Meals
5066	Visa		7.57	1 Transactions		
254	DEPT Total:		2,719.21	Enhanced 911 System	3 Vendors	3 Transactions
255	DEPT			General Crime Victim Grant		
5964	Brown/Jessica					
	01-255-003-0000-6241		58.75	mileage-BCA training	105.86@.555	Registration Fee/Training
5964	Brown/Jessica		58.75	1 Transactions		
8175	Centurylink					
	01-255-000-0000-6250		7.27	local phone	313645966	Telephone
8175	Centurylink		7.27	1 Transactions		
10185	Centurylink Communications Inc					
	01-255-000-0000-6250		5.51	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		5.51	1 Transactions		
5892	McGregor Printing & Graphics, Inc					
	01-255-000-0000-6409		203.06	2000 envelopes	12732	Program Supplies
5892	McGregor Printing & Graphics, Inc		203.06	1 Transactions		
86235	Office Shop Inc/The					
	01-255-000-0000-6405		175.00	Canon copier contract	257730-0	Office & Computer Supplies
86235	Office Shop Inc/The		175.00	1 Transactions		
255	DEPT Total:		449.59	General Crime Victim Grant	5 Vendors	5 Transactions
257	DEPT			Sobriety Court		

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
11494	Matvick/Katie 01-257-022-0000-6406		70.77	February cell phone		Sobriety Crt Expenses
11494	Matvick/Katie		70.77	1 Transactions		
5924	Midwest Monitoring & Surveillance 01-257-022-0000-6406		250.00	February Scram		Sobriety Crt Expenses
5924	Midwest Monitoring & Surveillance		250.00	1 Transactions		
9489	Redwood Toxicology Laboratory, Inc 01-257-022-0000-6406		55.00	Synthetic cannabinoid test	10901420122	Sobriety Crt Expenses
9489	Redwood Toxicology Laboratory, Inc		55.00	1 Transactions		
6146	RS Eden 01-257-022-0000-6406		276.50	drug testing	40547	Sobriety Crt Expenses
6146	RS Eden		276.50	1 Transactions		
257	DEPT Total:		652.27	Sobriety Court	4 Vendors	4 Transactions
280	DEPT			Emergency Management		
8175	Centurylink 01-280-000-0000-6250		14.55	local phone	313645966	Telephone
8175	Centurylink		14.55	1 Transactions		
10185	Centurylink Communications Inc 01-280-000-0000-6250		2.52	Toll free phone	320295974	Telephone
10185	Centurylink Communications Inc		2.52	1 Transactions		
280	DEPT Total:		17.07	Emergency Management	2 Vendors	2 Transactions
390	DEPT			Environmental Health (FBL)		
8175	Centurylink 01-390-000-0000-6250		14.55	local phone	313645966	Telephone
8175	Centurylink		14.55	1 Transactions		
10185	Centurylink Communications Inc 01-390-000-0000-6250		1.84	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		1.84	1 Transactions		

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Accr	Rpt Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
86235	Office Shop Inc/The 01-390-000-0000-6405		6.36	Copy paper	257569-0	Office, Film, And Field Supplies
86235	Office Shop Inc/The		6.36	1 Transactions		
390	DEPT Total:		22.75	Environmental Health (FBL)	3 Vendors	3 Transactions
391	DEPT			Solid Waste		
8175	Centurylink 01-391-000-0000-6250		7.27	local phone	313645966	Telephone
8175	Centurylink		7.27	1 Transactions		
10185	Centurylink Communications Inc 01-391-000-0000-6250		1.22	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		1.22	1 Transactions		
1754	Garrison Disposal Company, Inc 01-391-060-0000-6360		4,086.19	February recycling		Recycling Contract
1754	Garrison Disposal Company, Inc		4,086.19	1 Transactions		
3155	MEHA 01-391-000-0000-6240		35.00	2012 Dues	1045792	Dues
3155	MEHA		35.00	1 Transactions		
3503	Neff/Terry B. 01-391-000-0000-6330		28.66	SSTS mileage-Brainerd	63@.455	Transportation & Travel & Parking
3503	Neff/Terry B.		28.66	1 Transactions		
6097	Verizon Wireless 01-391-000-0000-6250		52.91	Cell phone / Terry Neff	286252299	Telephone
6097	Verizon Wireless		52.91	1 Transactions		
11174	Williamson/Barb 01-391-000-0000-6405		34.36	reimb.for banq.table purchase		Office & Film Supplies
11174	Williamson/Barb		34.36	1 Transactions		
391	DEPT Total:		4,245.61	Solid Waste	7 Vendors	7 Transactions
392	DEPT			Water Wells		

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
405	A.W. Research Laboratories, Inc. 01-392-000-0000-6231		78.00	Lead test / double rush test	7653	Services, Labor, Contracts
405	A.W. Research Laboratories, Inc.		78.00	1 Transactions		
392	DEPT Total:		78.00	Water Wells	1 Vendors	1 Transactions
500	DEPT			Library And Historical Society		
9163	Hommel/Linda Jeanne 01-500-500-0000-6350		35.00	Library meeting	2/13/12	Library Per Diem
	01-500-500-0000-6350		35.00	Library meeting	3/12/12	Library Per Diem
	01-500-500-0000-6350		35.00	Library meeting	3/6/12	Library Per Diem
9163	Hommel/Linda Jeanne		105.00	3 Transactions		
500	DEPT Total:		105.00	Library And Historical Society	1 Vendors	3 Transactions
520	DEPT			Parks		
589	Blomberg/Judith 01-520-000-0000-6350		35.00	parks meeting	3/19/12	Per Diem
	01-520-000-0000-6330		2.78	mileage	5@.555	Transportation & Travel
589	Blomberg/Judith		37.78	2 Transactions		
8175	Centurylink 01-520-000-0000-6250		7.27	local phone	313645966	Telephone
8175	Centurylink		7.27	1 Transactions		
1570	Erickson Oil Products Inc 01-520-000-0000-6511		1,267.39	February gas	9423	Gas And Oil
1570	Erickson Oil Products Inc		1,267.39	1 Transactions		
9841	Gustin/Thomas John 01-520-000-0000-6330		14.99	mileage	27@.555	Transportation & Travel
	01-520-000-0000-6350		35.00	parks meeting	3/19/12	Per Diem
9841	Gustin/Thomas John		49.99	2 Transactions		
2448	Janzen/Carroll Mark 01-520-000-0000-6330		9.99	mileage	18@.555	Transportation & Travel
	01-520-000-0000-6350		35.00	parks meeting	3/19/12	Per Diem

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
2448	Janzen/Carroll Mark		44.99		2 Transactions	
5759	Kitzrow/Donald					
	01-520-000-0000-6350		35.00	parks meeting	3/19/12	Per Diem
	01-520-000-0000-6330		40.52	mileage	73@.555	Transportation & Travel
5759	Kitzrow/Donald		75.52		2 Transactions	
2991	Malmo Market					
	01-520-000-0000-6511		118.00	gas	acct 100	Gas And Oil
2991	Malmo Market		118.00		1 Transactions	
3160	Mille Lacs Energy Coop-Albert Lea					
	01-520-000-0000-6254		80.16	qrtly electric-Berglund Park	185110602	Utilities
3160	Mille Lacs Energy Coop-Albert Lea		80.16		1 Transactions	
9692	Minnesota Energy Resources Corporation					
	01-520-000-0000-6254		442.53	Feb.shop gas	41624958	Utilities
9692	Minnesota Energy Resources Corporation		442.53		1 Transactions	
6097	Verizon Wireless					
	01-520-000-0000-6250		45.78	Feb Cell phone service	580683827	Telephone
6097	Verizon Wireless		45.78		1 Transactions	
7042	Vierkandt/Brian					
	01-520-000-0000-6820		100.00	return LLCC fwd bid bond	Rec.672	Refunds & Reimbursements
7042	Vierkandt/Brian		100.00		1 Transactions	
520	DEPT Total:		2,269.41	Parks	11 Vendors	15 Transactions
601	DEPT			Extension		
8175	Centurylink					
	01-601-000-0000-6250		14.55	local phone	313645966	Telephone
8175	Centurylink		14.55		1 Transactions	
10185	Centurylink Communications Inc					
	01-601-000-0000-6250		1.84	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		1.84		1 Transactions	

DKB1
 3/26/12 10:03AM
 1 General Fund

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
601	DEPT Total:		16.39	Extension	2 Vendors	2 Transactions
711	DEPT			Economic Development		
	8175 Centurylink					
	01-711-000-0000-6250		7.27	local phone	313645966	Telephone
	8175 Centurylink		7.27		1 Transactions	
	10185 Centurylink Communications Inc					
	01-711-000-0000-6250		6.47	LD Phone Charges	320146217	Telephone
	10185 Centurylink Communications Inc		6.47		1 Transactions	
711	DEPT Total:		13.74	Economic Development	2 Vendors	2 Transactions
1	Fund Total:		84,680.42	General Fund		250 Transactions

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
301	DEPT			R&B Administration		
86222	Aitkin Independent Age 03-301-000-0000-6241		30.00	SUBSCRIPTION 030212	1480	Fees/Prof/Misc
86222	Aitkin Independent Age		30.00	1 Transactions		
783	Canon Financial Services, Inc 03-301-000-0000-6300		184.88	CONTRACT CHARGE 030912	11694342	Service Contracts
783	Canon Financial Services, Inc		184.88	1 Transactions		
11411	Charter 03-301-000-0000-6250		149.87	PHONE - HWY OFFICE 031412		Telephone
11411	Charter		149.87	1 Transactions		
12005	Hampton Inn & Suites 03-301-000-0000-6296		190.74	ACCT CONFERENCE 031912	DENISE LEE	Meeting Expense/Physicians
	03-301-000-0000-6296		48.50	ACCT CONFERENCE 031912	SARAH OLSEN	Meeting Expense/Physicians
12005	Hampton Inn & Suites		239.24	2 Transactions		
9819	Hasler Inc 03-301-000-0000-6205		102.60	INSURANCE 031612	15339482	Postage
9819	Hasler Inc		102.60	1 Transactions		
11406	Innovative Office Solutions 03-301-000-0000-6400		135.77	TONER 030912	3790	Supplies And Materials
11406	Innovative Office Solutions		135.77	1 Transactions		
86235	Office Shop Inc/The 03-301-000-0000-6400		29.90	PAD HOLDER 030612	2578230	Supplies And Materials
86235	Office Shop Inc/The		29.90	1 Transactions		
4233	S & T Office Products Inc 03-301-000-0000-6400		30.96	FOLDERS 030712	01PB189	Supplies And Materials
4233	S & T Office Products Inc		30.96	1 Transactions		
11605	Shred Right 03-301-000-0000-6400		10.00	DOC DESCTRUCTION 030512	118611	Supplies And Materials
11605	Shred Right		10.00	1 Transactions		
10415	University Of Minnesota					

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
	03-301-000-0000-6296		ACCT CONFERENCE	031912	DENISE LEE Meeting Expense/Physicals
	03-301-000-0000-6296		ACCT CONFERENCE	031912	SARAH OLSEN Meeting Expense/Physicals
10415	University Of Minnesota			2 Transactions	
10431	Verizon Business				
	03-301-000-0000-6250	46.56	HWY OFFICE	030812	4227948181201 Telephone
10431	Verizon Business			1 Transactions	
6097	Verizon Wireless				
	03-301-000-0000-6250	171.82	CELL PHONES	031212	2708590372 Telephone
6097	Verizon Wireless			1 Transactions	
301	DEPT Total:	1,541.60	R&B Administration		12 Vendors 14 Transactions
302	DEPT		R&B Engineering/Construction		
11221	Mn/Dot Comm Of Transportation				
	03-302-000-0000-6296	25.00	CONCRETE MONITOR	031512	MIKE QUALE Meeting Expense/Physicals
	03-302-000-0000-6296	25.00	CONCRETE MONITOR	031512	TOM ZAUHAR Meeting Expense/Physicals
11221	Mn/Dot Comm Of Transportation			2 Transactions	
11019	Swenson/Bradley				
	03-302-000-0000-6296	116.48	CONCRETE PLANT - MILEAGE032012		Meeting Expense/Physicals
11019	Swenson/Bradley			1 Transactions	
9028	Thompson/Randall				
	03-302-000-0000-6296	41.93	G & B HOTEL	031312	Meeting Expense/Physicals
	03-302-000-0000-6296	30.14	G & B MEALS	031312	Meeting Expense/Physicals
9028	Thompson/Randall			2 Transactions	
302	DEPT Total:	238.55	R&B Engineering/Construction		3 Vendors 5 Transactions
303	DEPT		R&B Highway Maintenance		
116	Aitkin Feed & Farm Supply Inc				
	03-303-000-0000-6521	95.00	032012		89900 Maintenance Supplies
	03-303-000-0000-6521	15.70	032012		90603 Maintenance Supplies
116	Aitkin Feed & Farm Supply Inc			2 Transactions	
195	Aitkin Tire Shop				

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
	03-303-000-0000-6590		TIRES AND LABOR 031912	50016	Repair & Maintenance Supplies
	03-303-000-0000-6590		TIRES AND LABOR 031912	50038	Repair & Maintenance Supplies
	03-303-000-0000-6590		TIRES 031912	50068	Repair & Maintenance Supplies
195	Aitkin Tire Shop				3 Transactions
8239	Ameripride Linen & Apparel Services				
	03-303-000-0000-6523	38.29	SHOP LAUNDRY 031212	3500293020	Misc Bldg & Shop Supplies
	03-303-000-0000-6523	38.29	SHOP LAUNDRY 031212	3500295921	Misc Bldg & Shop Supplies
8239	Ameripride Linen & Apparel Services				2 Transactions
8693	ASV, Inc				
	03-303-000-0000-6590	1,293.10	BLADE 030612	384763	Repair & Maintenance Supplies
8693	ASV, Inc				1 Transactions
8674	Boyer Trucks				
	03-303-000-0000-6590	271.67	BRACE 030712	109524R	Repair & Maintenance Supplies
	03-303-000-0000-6590	338.06	ISOLATOR 030712	109524R	Repair & Maintenance Supplies
8674	Boyer Trucks				2 Transactions
11895	Cargill, Incorporated				
	03-303-000-0000-6518	2,067.22	DEICING SALT 030512	2900447084	De-Icing Salt
11895	Cargill, Incorporated				1 Transactions
1430	Dotzler Power Equipment				
	03-303-000-0000-6523	10.00	SHARPEN CHAINS 020612	77330	Misc Bldg & Shop Supplies
	03-303-000-0000-6523	22.39	SAFETY CHAIN 020612	77351	Misc Bldg & Shop Supplies
	03-303-000-0000-6523	13.84	BAR OIL 020612	77365	Misc Bldg & Shop Supplies
	03-303-000-0000-6523	44.78	18" CHAIN 020612	77408	Misc Bldg & Shop Supplies
	03-303-000-0000-6523	112.00	HANDLE 020612	77413	Misc Bldg & Shop Supplies
	03-303-000-0000-6523	13.84	BAR OIL 020612	77422	Misc Bldg & Shop Supplies
	03-303-000-0000-6523	15.00	SHARPEN CHAINS 020612	77478	Misc Bldg & Shop Supplies
	03-303-000-0000-6523	27.62	BAR OIL 020612	77495	Misc Bldg & Shop Supplies
1430	Dotzler Power Equipment				8 Transactions
1570	Erickson Oil Products Inc				
	03-303-000-0000-6513	760.40	GASOLINE 030112	349188	Motor Fuel & Lubricants
1570	Erickson Oil Products Inc				1 Transactions
7060	Federated Co-Ops Inc.				

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
03-303-000-0000-6523		10.69	TANK RENTAL 030912	Misc Bldg & Shop Supplies
03-303-000-0000-6297		975.82	MCGRATH PROPANE 030912	Shop Fuel
7060 Federated Co-Ops Inc.		986.51	2 Transactions	
8622 Frontier				
03-303-000-0000-6250		54.85	JACOBSON 031212	Telephone
03-303-000-0000-6250		56.13	PALISADE 031212	Telephone
8622 Frontier		110.98	2 Transactions	
1880 Gravelle Plumbing & Heating, Inc				
03-303-000-0000-6298		55.54	GIP 031412	Shop Maintenance
1880 Gravelle Plumbing & Heating, Inc		55.54	1 Transactions	
12002 Johnson/Carter				
03-303-000-0000-6296		126.00	DIESEL ENGINE RECERT 021712	Meeting Expense/Physicals
12002 Johnson/Carter		126.00	1 Transactions	
91187 Lake Country Power				
03-303-000-0000-6254		54.01	JACOBSON 030812	Utilities
03-303-000-0000-6254		753.29	HILL CITY 030812	Utilities
91187 Lake Country Power		807.30	2 Transactions	
3100 McGregor Oil				
03-303-000-0000-6513		75.68	GASOLINE 022812	Motor Fuel & Lubricants
03-303-000-0000-6513		49.57	GASOLINE 022812	Motor Fuel & Lubricants
03-303-000-0000-6513		55.53	GASOLINE 022812	Motor Fuel & Lubricants
03-303-000-0000-6513		42.88	GASOLINE 022812	Motor Fuel & Lubricants
03-303-000-0000-6513		49.80	GASOLINE 022812	Motor Fuel & Lubricants
3100 McGregor Oil		273.46	5 Transactions	
5917 Mike's Bobcat Service				
03-303-000-0000-6825		240.00	PLOWING 030712	Municipal Maintenance Agreements
5917 Mike's Bobcat Service		240.00	1 Transactions	
3160 Mille Lacs Energy Coop-Albert Lea				
03-303-000-0000-6254		807.18	POWER - PALISADE 031212	Utilities
03-303-000-0000-6254		61.14	169 AND CSAH 3 031212	Utilities
03-303-000-0000-6254		229.71	POWER - MCGREGOR 031212	Utilities
03-303-000-0000-6254		1,605.38	POWER - AITKIN 031212	Utilities

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
	03-303-000-0000-6254	62.34	169 AND CSAH 28 031212	396202201	Utilities
	03-303-000-0000-6254	63.28	47 AND CSAH 2 031212	545110401	Utilities
3160	Mille Lacs Energy Coop-Albert Lea	2,829.03	6 Transactions		
9692	Minnesota Energy Resources Corporation				
	03-303-000-0000-6297	630.40	NAT GAS - AITKIN 030912	42552174	Shop Fuel
9692	Minnesota Energy Resources Corporation	630.40	1 Transactions		
10825	Mn Indep Petroleum Serv Inc				
	03-303-000-0000-6298	105.23	DIESEL PUMP 031412	4588	Shop Maintenance
	03-303-000-0000-6298	148.54	NOZZLE 031412	4596	Shop Maintenance
	03-303-000-0000-6298	173.17	SPELL CONTAINER 031412	4596	Shop Maintenance
10825	Mn Indep Petroleum Serv Inc	426.94	3 Transactions		
8347	Nordean Electric/Dale				
	03-303-000-0000-6298	362.24	OUTSIDE LIGHS 021612	3977	Shop Maintenance
8347	Nordean Electric/Dale	362.24	1 Transactions		
8691	Northland Hydraulic Service				
	03-303-000-0000-6590	603.09	LABOR 030112	6032	Repair & Maintenance Supplies
	03-303-000-0000-6590	45.00	VALVE BANK 030112	6032	Repair & Maintenance Supplies
	03-303-000-0000-6590	153.25	ROLLER 030112	6046	Repair & Maintenance Supplies
8691	Northland Hydraulic Service	801.34	3 Transactions		
3660	Northwood Equipment				
	03-303-000-0000-6590	1,145.56	HEADLINER 030512	P02430	Repair & Maintenance Supplies
3660	Northwood Equipment	1,145.56	1 Transactions		
10720	Nuss Truck & Equipment				
	03-303-000-0000-6590	193.79	BRACKET 030712	3092852P	Repair & Maintenance Supplies
10720	Nuss Truck & Equipment	193.79	1 Transactions		
3760	Palisade Cooperative Oil Assoc				
	03-303-000-0000-6513	52.16	GASOLINE 030212	209404	Motor Fuel & Lubricants
3760	Palisade Cooperative Oil Assoc	52.16	1 Transactions		
7888	Ruffridge Johnson Equip.Co,Inc.				
	03-303-000-0000-6590	1,015.31	TUBE BROOM 031512	C60001	Repair & Maintenance Supplies

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
7888 Ruffridge Johnson Equip.Co,Inc.		1,015.31	1 Transactions	
90805 Temco				
03-303-000-0000-6590		4.70	ANGLE 031312	13988 Repair & Maintenance Supplies
03-303-000-0000-6590		95.57	DECK SPAN 031312	13989 Repair & Maintenance Supplies
03-303-000-0000-6590		10.00	LABOR 031312	13990 Repair & Maintenance Supplies
03-303-000-0000-6590		61.66	TUBE 031312	13990 Repair & Maintenance Supplies
90805 Temco		171.93	4 Transactions	
4988 Viking Industrial North				
03-303-000-0000-6523		142.67	WIPES 030812	292193 Misc Bldg & Shop Supplies
4988 Viking Industrial North		142.67	1 Transactions	
8605 Wayne's Sanitation Llc				
03-303-000-0000-6254		26.25	GARBAGE - MCGATH 022912	219460 Utilities
8605 Wayne's Sanitation Llc		26.25	1 Transactions	
5295 Ziegler Inc				
03-303-000-0000-6590		88.17	BOLTS 030312	PC190020452 Repair & Maintenance Supplies
03-303-000-0000-6590		863.29	CUTTING ELDGE 030312	PC190020473 Repair & Maintenance Supplies
5295 Ziegler Inc		951.46	2 Transactions	
303 DEPT Total:		17,579.41	R&B Highway Maintenance	28 Vendors 60 Transactions
307 DEPT			R&B Capital Infrastructure	
48 Aitkin Co Abstract Company				
03-307-000-0000-6260		4,125.00	CSAH 10 030912	41606 Professional Services
48 Aitkin Co Abstract Company		4,125.00	1 Transactions	
11683 Iverson Ruevers,LLC				
03-307-000-0000-6260		1,205.67	PROFESSIONAL 031512	7206 Professional Services
11683 Iverson Ruevers,LLC		1,205.67	1 Transactions	
8694 Mn Dept Of Transportation				
03-307-000-0000-6260		5,936.85	INSPECTION 031212	Professional Services
8694 Mn Dept Of Transportation		5,936.85	1 Transactions	

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 3 Road & Bridge

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
307	DEPT Total:		11,267.52	R&B Capital Infrastructure	3 Vendors 3 Transactions
3	Fund Total:		30,627.08	Road & Bridge	82 Transactions

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
400	DEPT			Public Health Department		
8175	Centurylink 05-400-440-0410-6250		65.46	local phone-PH	313645966	Telephone
	05-400-440-0410-6250		11.20	local phone-HHS/Accting	313645966	Telephone
8175	Centurylink		76.66	2 Transactions		
10185	Centurylink Communications Inc 05-400-440-0410-6250		46.37	LD Phone Charges	320146217	Telephone
	05-400-440-0410-6250		0.90	LD Phone Charges	320146217	Telephone
	05-400-440-0410-6250		4.16	LD Phone Charges	320146217	Telephone
	05-400-440-0410-6250		11.66	toll free phone charges	320295974	Telephone
10185	Centurylink Communications Inc		63.09	4 Transactions		
1457	CPS Technology Solutions, Inc 05-400-440-0410-6231		8.96	April maintenance	359194	Services Or Contracts
1457	CPS Technology Solutions, Inc		8.96	1 Transactions		
400	DEPT Total:		148.71	Public Health Department	3 Vendors	7 Transactions
420	DEPT			Income Maintenance		
8175	Centurylink 05-420-600-4800-6250		72.73	local phone-IM	313645966	Telephone
	05-420-600-4800-6250		29.60	local phone-HHS/Accting	313645966	Telephone
	05-420-640-4800-6250		50.91	local phone-CS	313645966	Telephone
8175	Centurylink		153.24	3 Transactions		
10185	Centurylink Communications Inc 05-420-600-4800-6250		99.91	LD Phone Charges	320146217	Telephone
	05-420-600-4800-6250		2.36	LD Phone Charges	320146217	Telephone
	05-420-600-4800-6250		11.01	LD Phone Charges	320146217	Telephone
	05-420-640-4800-6250		60.19	LD Phone Charges	320146217	Telephone
	05-420-600-4800-6250		30.82	toll free phone charges	320295974	Telephone
10185	Centurylink Communications Inc		204.29	5 Transactions		
1457	CPS Technology Solutions, Inc 05-420-600-4800-6231		23.68	April maintenance	359194	Services Or Contracts
	05-420-640-4800-6231		32.00	April maintenance	359194	Services Or Contracts
1457	CPS Technology Solutions, Inc		55.68	2 Transactions		

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 5 Health & Human Services

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
420 DEPT Total:		413.21	Income Maintenance	3 Vendors 10 Transactions
430 DEPT			Social Services	
8175 Centurylink				
05-430-700-4800-6250		39.20	local phone-HHS/Accting	313645966 Telephone
05-430-700-4800-6250		181.82	local phone-SS	313645966 Telephone
05-430-700-4800-6250		7.27	local phone-EDP	313645966 Telephone
8175 Centurylink		228.29		3 Transactions
10185 Centurylink Communications Inc				
05-430-700-4800-6250		3.13	LD Phone Charges	320146217 Telephone
05-430-700-4800-6250		14.58	LD Phone Charges	320146217 Telephone
05-430-700-4800-6250		211.46	LD Phone Charges	320146217 Telephone
05-430-700-4800-6250		40.82	toll free phone charges	320295974 Telephone
10185 Centurylink Communications Inc		269.99		4 Transactions
1457 CPS Technology Solutions, Inc				
05-430-700-4800-6231		31.36	April maintenance	359194 Services Or Contracts
1457 CPS Technology Solutions, Inc		31.36		1 Transactions
430 DEPT Total:		529.64	Social Services	3 Vendors 8 Transactions
5 Fund Total:		1,091.56	Health & Human Services	25 Transactions

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
900	DEPT			Timber Permit Bonds		
3605	North Shore Forest Prod Inc 10-900-000-0000-2300		1,140.24	timb.permit bond refund R.1345	12750	Timber Permit Bonds
	10-900-000-0000-2300		757.62	timb.permit bond refund R.1275	12810	Timber Permit Bonds
3605	North Shore Forest Prod Inc		1,897.86	2 Transactions		
5938	Rieger Logging 10-900-000-0000-2300		3,363.28	timb.permit bond refund R.1184	12656A	Timber Permit Bonds
5938	Rieger Logging		3,363.28	1 Transactions		
900	DEPT Total:		5,261.14	Timber Permit Bonds	2 Vendors	3 Transactions
921	DEPT			Co. Development		
8175	Centurylink 10-921-000-0000-6250		7.27	local phone-surveyor	313645966	Telephone
	10-921-000-0000-6250		7.27	local phone-GIS	313645966	Telephone
8175	Centurylink		14.54	2 Transactions		
10185	Centurylink Communications Inc 10-921-000-0000-6250		3.06	LD Phone Charges	320146217	Telephone
	10-921-000-0000-6250		0.35	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		3.41	2 Transactions		
921	DEPT Total:		17.95	Co. Development	2 Vendors	4 Transactions
923	DEPT			Forfeited Tax Sales		
783	Canon Financial Services, Inc 10-923-000-0000-6231		417.82	contract copier-022	11694344	Services, Labor, Contracts
783	Canon Financial Services, Inc		417.82	1 Transactions		
8175	Centurylink 10-923-000-0000-6250		58.18	local phone	313645966	Telephone
8175	Centurylink		58.18	1 Transactions		
10185	Centurylink Communications Inc 10-923-000-0000-6250		13.39	LD Phone Charges	320146217	Telephone
10185	Centurylink Communications Inc		13.39	1 Transactions		

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
5938	Rieger Logging 10-923-000-0000-6820		1,885.78	overappraised refund	12656A	Refunds & Reimbursements
5938	Rieger Logging		1,885.78	1 Transactions		
4233	S & T Office Products Inc 10-923-000-0000-6405		20.25	envelopes	01PB5726	Office Supplies
	10-923-000-0000-6405		210.39	laminator film	01PB6331	Office Supplies
	10-923-000-0000-6405		82.86	office supplies	01PB8417	Office Supplies
4233	S & T Office Products Inc		313.50	3 Transactions		
6097	Verizon Wireless 10-923-000-0000-6254		137.31	Feb Cell phone service	580683827	Utilities
6097	Verizon Wireless		137.31	1 Transactions		
923	DEPT Total:		2,825.98	Forfeited Tax Sales	6 Vendors	8 Transactions
926	DEPT			Law Library		
8175	Centurylink 10-926-000-0000-6250		7.27	local phone	313645966	Telephone
8175	Centurylink		7.27	1 Transactions		
12000	Ingram Library Services 10-926-000-0000-6408		31.49	NOLO self help titles	03520648	Law Books
	10-926-000-0000-6408		287.01	NOLO Press self help titles	3387133	Law Books
	10-926-000-0000-6408		67.23	NOLO Press self help titles	3426329	Law Books
	10-926-000-0000-6408		51.13	NOLO Press self help titles	3600829	Law Books
12000	Ingram Library Services		436.86	4 Transactions		
5173	West Payment Center 10-926-000-0000-6408		225.00	MN Criminal Law 2012 pamphlet	824443668	Law Books
	10-926-000-0000-6408		877.80	Feb.Information charges	824568072	Law Books
5173	West Payment Center		1,102.80	2 Transactions		
926	DEPT Total:		1,546.93	Law Library	3 Vendors	7 Transactions
10	Fund Total:		9,652.00	Trust		22 Transactions

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
924	DEPT			Forest Resource		
6097	Verizon Wireless 11-924-000-0000-6250		18.31	Feb Cell phone service	580683827	Telephone
6097	Verizon Wireless		18.31	1 Transactions		
924	DEPT Total:		18.31	Forest Resource	1 Vendors	1 Transactions
925	DEPT			Reforestation		
12003	Carlson/Matt 11-925-000-0000-6231		330.00	beaver tails contract	11@30.00	Services, Labor, Contracts
12003	Carlson/Matt		330.00	1 Transactions		
12008	Castaways Resort 11-925-000-0000-5840		664.12	ash wrkshp lunches,copies	1587	Misc Receipts
12008	Castaways Resort		664.12	1 Transactions		
11407	Lightning Motor Sports 11-925-000-0000-6590		415.11	repair '97 Polaris Magnum	7651	Repair & Maintenance Supplies
11407	Lightning Motor Sports		415.11	1 Transactions		
6128	Tire Barn 11-925-000-0000-6590		34.53	install tube on ATV tire	10478L	Repair & Maintenance Supplies
6128	Tire Barn		34.53	1 Transactions		
925	DEPT Total:		1,443.76	Reforestation	4 Vendors	4 Transactions
935	DEPT			Forest Road		
6097	Verizon Wireless 11-935-000-0000-6250		73.24	Feb Cell phone service	580683827	Telephone
6097	Verizon Wireless		73.24	1 Transactions		
935	DEPT Total:		73.24	Forest Road	1 Vendors	1 Transactions
11	Fund Total:		1,535.31	Forest Development		6 Transactions

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Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
		Amount		
521 DEPT				
85003 Aitkin Co Dac				
19-521-000-0000-6231		315.00		LLCC Administration
85003 Aitkin Co Dac		315.00		Feb cleaning service
			1 Transactions	Services, Labor, Contracts
11419 Beaudry Propane				
19-521-000-0000-6254		647.64	608233	propane-Exec. Director Res.
19-521-000-0000-6254		719.60	608234	propane-dining hall
19-521-000-0000-6254		611.66	608235	propane-Inst.Coord.residence
11419 Beaudry Propane		1,978.90		3 Transactions
783 Canon Financial Services, Inc				
19-521-000-0000-6231		135.16	11694345	contract copier-020
783 Canon Financial Services, Inc		135.16		1 Transactions
11442 Farmed Forests				
19-521-000-0000-6254		594.00	1	6.6 cords wood @90.00
19-521-000-0000-6254		630.00	10	7 cords wood @90.00
19-521-000-0000-6254		612.00	11	6.8 cords wood @90.00
19-521-000-0000-6254		594.00	12	6.6 cords wood @90.00
19-521-000-0000-6254		612.00	13	6.8 cords wood @90.00
19-521-000-0000-6254		603.00	14	6.7 cords wood @90.00
19-521-000-0000-6254		603.00	15	6.7 cords wood @90.00
19-521-000-0000-6254		585.00	2	6.5 cords wood @90.00
19-521-000-0000-6254		612.00	3	6.8 cords wood @90.00
19-521-000-0000-6254		576.00	4	6.4 cords wood @90.00
19-521-000-0000-6254		612.00	5	6.8 cords wood @90.00
19-521-000-0000-6254		558.00	6	6.2 cords wood @90.00
19-521-000-0000-6254		612.00	7	6.8 cords wood @90.00
19-521-000-0000-6254		585.00	8	6.5 cords wood @90.00
19-521-000-0000-6254		585.00	9	6.5 cords wood @90.00
11442 Farmed Forests		8,973.00		15 Transactions
3160 Mille Lacs Energy Coop-Albert Lea				
19-521-000-0000-6254		45.62	271300401	electricity
19-521-000-0000-6254		1,086.10	271300502	electricity
19-521-000-0000-6254		798.58	271300601	electricity
19-521-000-0000-6254		485.22	271300703	electricity
19-521-000-0000-6254		106.48	271300801	electricity

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Accr	Rpt Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
3160	Mille Lacs Energy Coop-Albert Lea		2,632.67	electricity	271300801	Utilities
5729	National Pen					
	19-521-000-0000-6400		381.90	500 mechanical pencils	500313715	Commissary Items
5729	National Pen		381.90		1 Transactions	
3532	Nelson Lawn & Landscaping					
	19-521-000-0000-6231		250.00	snowplowing 2/21/12	455	Services, Labor, Contracts
	19-521-000-0000-6231		250.00	snowplowing 2/27/12	455	Services, Labor, Contracts
	19-521-000-0000-6231		250.00	snowplowing 3/01/12	455	Services, Labor, Contracts
3532	Nelson Lawn & Landscaping		750.00		3 Transactions	
4425	Shirts Plus					
	19-521-000-0000-6400		746.55	144 mugs	50047	Commissary Items
	19-521-000-0000-6400		1,366.50	42 hoodies,48 T's	50071	Commissary Items
	19-521-000-0000-6400		215.10	18 hats	50072	Commissary Items
4425	Shirts Plus		2,328.15		3 Transactions	
4761	Sysco Minnesota Inc					
	19-521-000-0000-6400		70.59	groceries	203080168	Commissary Items
4761	Sysco Minnesota Inc		70.59		1 Transactions	
521	DEPT Total:		17,565.37	LLCC Administration	9 Vendors	34 Transactions
522	DEPT			LLCC Education		
116	Aitkin Feed & Farm Supply Inc					
	19-522-000-0000-6416		39.25	critter food	611992	Education Supplies
116	Aitkin Feed & Farm Supply Inc		39.25		1 Transactions	
5716	Gopher					
	19-522-000-0000-6416		54.64	arrow replacement nocks	8446590	Education Supplies
5716	Gopher		54.64		1 Transactions	
2974	Mahlens Trophy Co					
	19-522-000-0000-6416		91.99	30yr plaque-Field Comm.School	3/12/12	Education Supplies
2974	Mahlens Trophy Co		91.99		1 Transactions	
86235	Office Shop Inc/The					

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
	19-522-000-0000-6416		education supplies	908893-0	Education Supplies
	19-522-000-0000-6416		education supplies	909287-0	Education Supplies
86235	Office Shop Inc/The				2 Transactions
90805	Temco				
	19-522-000-0000-6590		repair raft ladder	14010	Repair & Maintenance Supplies
90805	Temco				1 Transactions
522	DEPT Total:		LLCC Education	5 Vendors	6 Transactions
523	DEPT		LLCC Food		
5998	Appert's Foodservice				
	19-523-000-0000-6418		groceries	1702998	Groceries-Students
	19-523-000-0000-6420		food service supplies	1702998	Food Service Supplies
5998	Appert's Foodservice				2 Transactions
4761	Sysco Minnesota Inc				
	19-523-000-0000-6418		groceries	203080168	Groceries-Students
4761	Sysco Minnesota Inc				1 Transactions
523	DEPT Total:		LLCC Food	2 Vendors	3 Transactions
524	DEPT		LLCC Maintenance		
5998	Appert's Foodservice				
	19-524-000-0000-6422		supplies	1702998	Janitorial Services/Supplies
5998	Appert's Foodservice				1 Transactions
6128	Tire Barn				
	19-524-000-0000-6302		splitter tire repair	10512	Vehicle Maintenance
6128	Tire Barn				1 Transactions
524	DEPT Total:		LLCC Maintenance	2 Vendors	2 Transactions
19	Fund Total:		Long Lake Conservation Center		45 Transactions
	Final Total:		261 Vendors	430 Transactions	

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	1	84,680.42	General Fund	
	3	30,627.08	Road & Bridge	
	5	1,091.56	Health & Human Services	
	10	9,652.00	Trust	
	11	1,535.31	Forest Development	
	19	19,322.08	Long Lake Conservation Center	
	All Funds	146,908.45	Total	Approved by,
			
			

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



To: Chairperson, Aitkin County Board of Commissioners Date: 3-16-12

Via: Patrick Wussow, County Administrator

From: Patrick Wussow, County Administrator

Title of Item:

Snake River Watershed Citizens Advisory Board

Requested Meeting Date: 3-27-12 Estimated Presentation Time: Consent

Presenter: _____

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) _____
- 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) Letter of Resignation and News Release

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: Snake River Watershed Citizens Advisory Board

DATE: March 16, 2012

Effective April 2, 2012 Robert Krueger requests to resign his position on the Snake River Watershed Citizens Advisory Board.

At this time staff asks the Board to accept his resignation, acknowledge his many years of service and dedication, and authorize a News Release to fill the opening.

A copy of Robert Krueger's resignation letter and the proposed News Release are attached for your review.

MARCH 9, 2012

DEAR COMMISSIONERS,

WE WILL BE CLOSING ON OUR HOME ON LAKE MILLE LACS
APRIL 20, 2012 AND MOVING TO SAVAGE, MN.

I AM REQUESTING TO RESIGN MY MEMBERSHIP ON THE
AITKIN COUNTY CITIZEN ADVISORY (CAC) OF THE SNAKE RIVER
WATERSHED MANAGEMENT BOARD EFFECTIVE APRIL 2, 2012.

I WANT TO THANK YOU AND HAVE THOROUGHLY ENJOYED THE
19 YRS. ON THIS COMMITTEE AND 12 YRS. AS A SUPERVISOR
WITH THE AITKIN COUNTY SOIL AND WATER CONSERVATION DISTRICT,
AND AS A CHARTER MEMBER OF THE AITKIN COUNTY WATER PLAN-
NING TASK FORCE FOR 25 YRS.

THE PEOPLE I HAVE WORKED WITH HAVE ALL BEEN TERRIFIC
AND WILL BE A MEMORABLE PART OF MY LIFE.

MY WIFE LEANN AND I PURCHASED A CABIN ON MILLE LACS
IN 1965, AND AFTER I RETIRED AS A PILOT IN 1982 WE MOVED
UP HERE, SOLD OUR CABIN AND PURCHASED A HOME ON THE LAKE
IN LAKESIDE TOWNSHIP. THIS HAS BEEN OUR PARADISE AND
IT'S VERY HARD TO LEAVE, BUT ONE HAS TO FACE REALITY.

THANKS ONCE AGAIN FOR ALLOWING ME TO BE INVOLVED
WITH AITKIN COUNTY AND LEE AND I BOTH AGREE WE COULD
NOT HAVE MADE A BETTER CHOICE.

I HAVE TRIED TO FIND SOMEONE TO RECOMMEND AS MY
REPLACEMENT, BUT NO SUCCESS YET.

"KEEP UP THE GOOD WORK!"

MAR 15 2012

Sincerely,

Robert D. Rieger

17447 328th AVE.

ISLE, MN. 56342

NEWS RELEASE

AITKIN COUNTY HAS AN OPENING ON THE FOLLOWING COMMITTEE:

1. Snake River Watershed Citizens Advisory Committee – 3 year term

*At Large

Duties include reviewing and discussing proposed projects within the watershed, and making recommendations to the Snake River Watershed Board.

Meetings are held the 4th Monday of each month at 9:00 a.m. at the Kanabec County Courthouse.

Applications are being accepted until Noon on Monday, April 16, 2012. The Aitkin County Board of Commissioners will make the committee selections from submitted applications at the April 24, 2012 County Board meeting. All applicants will receive notification by mail whether or not they have been selected. To obtain an application please access <http://www.co.aitkin.mn.us/employment/jobs.html> or call 218-927-7276.

For more information please contact Patrick Wussow, Aitkin County Administrator, at 218-927-7276.

Please call Sue Bingham at (218) 927-7276 for any questions concerning this news release. Thank you.

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



To: Chairperson, Aitkin County Board of Commissioners

Date: March 8, 2012

Via: Patrick Wussow, County Administrator

From: Terry Neff, Environmental Services Director

Title of Item:

Approve Donations

Requested Meeting Date: March 27, 2012 Estimated Presentation Time: Consent

Presenter: Terry Neff, Environmental Services Director

Type of Action Requested (check all that apply)

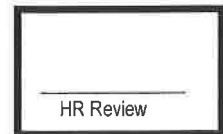
- For info only, no action requested
- Approve under Consent Agenda
- For discussion only with possible future action
- Adopt Ordinance Revision
- Let/Award Bid or Quote (attach copy of basic bid/quote specs or summary of complex specs, each bid/quote received & bid/quote comparison)
- Approve/adopt 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) _____
- 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 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) List of Donors

Provide eleven (11) copies of supporting documentation NO LATER THAN Wednesday at 12:00 pm 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 Environmental Services Planning and Zoning

209 Second Street NW, Rm 100

Aitkin, MN 56431

Phone: 218-927-7342 Fax: 218-927-4372



MEMORANDUM

DATE: March 20, 2012

TO: Aitkin County Board of Commissioners

FROM: Terry Neff, Environmental Services Director

A handwritten signature in blue ink, appearing to be 'T. Neff', written in a cursive style.

RE: Donations

Enclosed is a list of businesses that have submitted donations in past years towards the annual Environmental Education Day for the Aitkin County sixth grade students. The event is held at the Long Lake Conservation Center in September. It has come to my attention that the Aitkin County Board of Commissioners must approve of all donations received for such an event. At the March 27, 2012, Aitkin County Board of Commissioners meeting, I will be asking for the Commissioners approval to accept donations received by the Environmental Services Department for annual Environmental Education Days.

If you have any questions prior to the meeting, please contact me at 218-927-7342 or by e-mail at tneff@co.aitkin.mn.us.

enclosure

c:\ctybrd\ctybrd2012

Business EED Donations

Company	Address1	City	State	2011 Donations	2010 Donation	2009 Donations	2008
Aitkin County Lakes and Rivers	c/o 130 Southgate Dr	Aitkin	MN	200.00			
Aitkin Eyecare Center	312 Minnesota Ave N	Aitkin	MN	40.00	40.00	40.00	
Aitkin Family Chiropractic	104 4th St NW	Aitkin	MN			25.00	
Aitkin Jaycees	PO Box 293	Aitkin	MN		150.00	150.00	50.00
Aitkin Lions	PO Box 214	Aitkin	MN				100.00
Aitkin Moose Lodge	22 Fourth St NE	Aitkin	MN	50.00	50.00	100.00	100.00
Big Sandy Lake Association	PO Box 8	McGregor	MN	300.00		500.00	500.00
Big Sandy Water Shed	130 Southgate Dr	Aitkin	MN			150.00	
Bremer Bank	101 Minnesota Ave N	Aitkin	MN	200.00	200.00		50.00
Cedar Lake Conservancy	PO Box 152	Aitkin	MN	50.00			
Cummings Oil Inc	42430 State Hwy 210	Aitkin	MN		50.00		
Deerwood Builders, Inc.	PO Box 487	Deerwood	MN		50.00	50.00	
Friends of Rice Lake Refuge	36289 State Hwy 65	McGregor	MN	100.00	100.00	100.00	
Long Lake Assoc. (Glen)	32070 315th Pl	Aitkin	MN	50.00			
McGregor Lions Club	41442 State Hwy 65	McGregor	MN	500.00	500.00	500.00	500.00
Mille Lacs Energy Cooperative	36559 US Hwy 169	Aitkin	MN	50.00	50.00	50.00	50.00
Minnewawa Sportsmans Club	20322 Goshawk St	McGregor	MN	100.00	100.00		
MN Deerhunters Assoc	42363 250th Ln	Aitkin	MN				500.00
Moose Willow Sportsmans Club	PO Box 206	Hill City	MN	200.00	200.00	200.00	
Paulbeck's County Market	171 Red Oak Drive	Aitkin	MN				250.00
Riverwood Healthcare Center	200 Bunker Hill Dr	Aitkin	MN	150.00	150.00	150.00	250.00
State Farm Insurance	12 1st St NW	Aitkin	MN			50.00	100.00
The Office Shop	211 Minnesota Ave N	Aitkin	MN	25.00	25.00	25.00	25.00
Wealthwood Rod & Gun Club	23573 420th Pl	Aitkin	MN	50.00		50.00	

\$2065.00 \$1665.00 \$2140.00 \$2475.00

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



To: Chairperson, Aitkin County Board of Commissioners Date: March 20, 2012

Via: Patrick Wussow, County Administrator

From: Sheriff Scott A. Turner

Title of Item:
2012 Boat & Water Safety Agreement Grant

Requested Meeting Date: March 27, 2012 Estimated Presentation Time: _____

Presenter: Sheriff Scott A. Turner

Type of Action Requested (check all that apply)

- For info only, no action requested
- Approve under Routine Business
- 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) _____
- 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: 202-5840
- Expenditure line account # for this item is: 202-Variou

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) _____

Provide eleven (11) copies of supporting documentation NO LATER THAN Wednesday at 8:00am 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)

SCOTT A. TURNER
SHERIFF OF AITKIN COUNTY

217 Second Street NW, RM #185
Aitkin, MN 56431

218-927-7435 Emergency 911
Sheriff Fax 218-927-7359 / Dispatch Fax 218-927-6887
TOLL FREE 1-888-900-2138

MEMO

TO:	Aitkin County Board	DATE:	March 20, 2012
FROM:	Sheriff Scott A. Turner	RE:	2012 Boat & Water Safety Agreement Grant for Aitkin County Board Agenda

Attached is a copy of the Boat and Water Safety Grant Agreement for Signatures. Also attached is the resolution that is required for that grant. The grant amount for 2012 is \$20,074.00. This grant is an annual grant that helps fund the Boat and Water Safety program in Aitkin County.

Thank you.

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED _____, 20

By Commissioner:

BE IT RESOLVED, that the Aitkin County Board of Commissioners approve the 2012 Boat and Water Safety Agreement on file in the Office of the County Auditor and authorize the Aitkin County Sheriff, County Board Chair and County Auditor to sign the agreement in the amount of \$20,074.00 for the term of January 1, 2012, through June 30, 2013.

Commissioner _____ moved the adoption of the resolution and it was declared adopted upon the following vote:

all members present _____ All members voting

STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the _____ A.D., 20 __, and that the same is a true and correct copy of the whole thereof.
WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this _____ day of _____, A.D., 20

KIRK PEYSAR, County Auditor

BY _____, Deputy

**2012 STATE OF MINNESOTA
ANNUAL COUNTY BOAT AND WATER SAFETY
GRANT AGREEMENT**

Contract #: 41628

Receipt ID:

State Accounting Information:

Dept. ID R29	PC Bus. Unit R2901	Fiscal Year 2012	Source Type Match	Vendor Number 0000197275	Loc 5
Total Amount \$20,074		Project ID R29G80110127	Billing Location A50	DUNS 047464805	

Accounting Distribution:

Fund 2100	Fin. Dept. ID R2937714	Approp. ID R297400	Category 84101501	Account 441302	Activity A800002 - Enforcement
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P.O. # 3000013936	Grant Begin Date January 1, 2012	Grant End Date June 30, 2013
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Grantee Name and Address:

Aitkin County Sheriff's Dept.
217 - 2nd St. NW, Rm. 185
Aitkin, MN 56431

**2012 STATE OF MINNESOTA
ANNUAL COUNTY BOAT AND WATER SAFETY
GRANT AGREEMENT**

This grant agreement is between the State of Minnesota, acting through its Commissioner of Natural Resources, Office of Communication and Outreach ("State") and Aitkin Co. Sheriff's Dept., 217 - 2nd St. NW, Rm. 185, Aitkin, MN 56431 ("Grantee").

Recitals

1. Under Minnesota Statutes § 86B.701 & .705 the State is empowered to enter into this grant.
2. The State is in need of Sheriff's duties to carry out the provisions of Chapter 86B and the Boat and Water Safety Rules, hereinafter referred to as the "Minnesota Rules", including patrol, enforcement, search and rescue, watercraft inspection, issuance of temporary structure & event permits, waterway marking and accident investigation, all hereinafter referred to as the "Sheriff's Duties".
3. The Grantee represents that it is duly qualified and agrees to perform all services described in this grant agreement to the satisfaction of the State. Pursuant to Minnesota Statute § 16B.98 Subdivision 1, the Grantee agrees to minimize administrative costs as a condition of this grant.

Grant Agreement

1 Term of Grant Agreement

- 1.1 **Effective date:** January 1, 2012. Once this grant agreement is fully executed, the Grantee may claim reimbursement for 2012 grant expenditures incurred back to the effective date. Reimbursements will only be made for expenditures made according to the terms of this grant.
- 1.2 **Expiration date:** As allowed under Minnesota Statute § 16A.28, Subdivision 6, the expiration date of the grant is certified through June 30, 2013 (one year beyond the fiscal year in which the funds were originally appropriated), or until all obligations have been satisfactorily fulfilled, whichever occurs first. Reimbursement requests for 2012 funds must also be received no later than that date, unless an extension is approved in writing by the State.
- 1.3 **Survival of Terms.** The following clauses survive the expiration or cancellation of this grant agreement: 8. Liability; 9. State Audits; 10. Government Data Practices and Intellectual Property; 12. Publicity and Endorsement; 13. Governing Law, Jurisdiction, and Venue; and 15. Data Disclosure.

2 Grantee's Duties

The Grantee, who is not a state employee, will provide county sheriff services for boat and water safety activities. As stated in Minnesota Statute § 86B.701, the Grantee will submit to the State a spending plan (Exhibit "A" to this grant) along with this form to carry out the Sheriff's Duties. Boat and water safety activities are those outlined in Minnesota Statutes § 86B, Minnesota Rules, Chapter 6110; search and recovery operations in the waters of the State and the portions of Chapter 169A that are applicable to motorboats. Exhibit "B" to this grant further defines the allowable expenditures.

Reporting Requirements: The Grantee must satisfactorily submit all activity and financial reports by the date(s) requested by the State, unless the State grants an extension in writing.

3 Time

The Grantee must comply with all the time requirements described in this grant agreement. In the performance of this grant agreement, time is of the essence.

4 Consideration and Payment

4.1 **Consideration.** The State will pay for all services performed by the Grantee under this grant agreement as follows:

- (a) **Compensation.** The Grantee will be paid for all boat and water safety activities performed by the Grantee during the term of the Grant up to Twenty thousand seventy-four dollars (\$20,074).
- (b) **Total Obligation.** The total obligation of the State for all compensation and reimbursements to the Grantee under this grant agreement will not exceed Twenty thousand seventy-four dollars (\$20,074).

4.2 **Payment**

- (a) **Invoices.** The State will promptly pay the Grantee after the Grantee presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices shall be submitted in a form prescribed by the State within the dates previously noted in "Term of Grant Agreement" in this contract.
- (b) **Federal funds.** (Where applicable, if blank this section does not apply) Payments under this grant agreement will be made from federal funds obtained by the State through Title NA CFDA number _____ of the _____ Act of _____. The Grantee is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements.

5 **Conditions of Payment**

All services provided by the Grantee under this grant agreement must be performed to the State's satisfaction, as determined at the sole discretion of the State's Authorized Representative and in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. The Grantee will not receive payment for work found by the State to be unsatisfactory or performed in violation of federal, state, or local law.

6 **Authorized Representative**

The State's Authorized Representative is Kim A. Elverum, Assistant Administrator, Office of Communication and Outreach, Minnesota Department of Natural Resources (DNR), 500 Lafayette Rd., St. Paul, MN 55155-4046, (651) 259-5343, kim.elverum@state.mn.us or his/her successor, and has the responsibility to monitor the Grantee's performance and the authority to accept the services provided under this grant agreement. If the services are satisfactory, the State's Authorized Representative will certify acceptance on each invoice submitted for payment.

The Grantee's Authorized Representative is the County Sheriff or designee. If the Grantee's Authorized Representative changes at any time during this grant agreement, the Grantee must immediately notify the State.

7 **Assignment, Amendments, Waiver, and Grant Agreement Complete**

- 7.1 **Assignment.** The Grantee may neither assign nor transfer any rights or obligations under this grant agreement without the prior written consent of the State, approved by the same parties who executed and approved this grant agreement, or their successors in office.
- 7.2 **Amendments.** Any amendments to this grant agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original grant agreement, or their successors in office.
- 7.3 **Waiver.** If the State fails to enforce any provision of this grant agreement, that failure does not waive the provision or the State's right to enforce it.
- 7.4 **Grant Agreement Complete.** This grant agreement, including Exhibits "A" and "B," contains all negotiations and agreements between the State and the Grantee. No other understanding regarding this grant agreement, whether written or oral, may be used to bind either party.

8 **Liability**

The Grantee must indemnify, save, and hold the State, its agents, and employees harmless from any claims or causes of action, including attorney's fees incurred by the State, arising from the performance of this grant agreement by the Grantee or the Grantee's agents or employees. This clause will not be construed to bar any legal remedies the Grantee may have for the State's failure to fulfill its obligations under this grant agreement.

9 **State Audits**

Under Minnesota Statute § 16B.98, Subdivision 8, the Grantee's books, records, documents, and accounting procedures and practices of the Grantee or other party relevant to this grant agreement or transaction are subject to examination by the State and/or the State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of this grant agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

10 **Government Data Practices and Intellectual Property**

10.1 **Government Data Practices.** The Grantee and State must comply with the Minnesota Government Data Practices Act, Minnesota Statute § 13, as it applies to all data provided by the State under this grant agreement, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Grantee under this grant agreement. The civil remedies of Minnesota Statute § 13.08 apply to the release of the data referred to in this clause by either the Grantee or the State.

If the Grantee receives a request to release the data referred to in this Clause, the Grantee must immediately notify the State. The State will give the Grantee instructions concerning the release of the data to the requesting party before the data is released. The Grantee's response to the request shall comply with applicable law.

11 **Workers' Compensation**

The Grantee certifies that it is in compliance with Minnesota Statute § 176.181, Subdivision 2, pertaining to workers' compensation insurance coverage. The Grantee's employees and agents will not be considered State employees. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees and any claims made by any third party as a consequence of any act or omission on the part of these employees are in no way the State's obligation or responsibility.

12 **Publicity and Endorsement**

- 12.1 **Publicity.** Any publicity regarding the subject matter of this grant agreement must identify the State as the sponsoring agency and must not be released without prior written approval from the State's Authorized Representative. For purposes of this provision, publicity includes notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Grantee individually or jointly with others, or any subcontractors with respect to the program, publications, or services provided resulting from this grant agreement.
- 12.2 **Endorsement.** The Grantee must not claim that the State endorses its products or services.

13 Governing Law, Jurisdiction, and Venue

Minnesota law, without regard to its choice-of-law provisions, governs this grant agreement. Venue for all legal proceedings out of this grant agreement, or its breach, must be in the appropriate state or federal court with competent jurisdiction in Ramsey County, Minnesota.

14 Termination

14.1 Termination by the State. The State may immediately terminate this grant agreement with or without cause, upon 30 days' written notice to the Grantee. Upon termination, the Grantee will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

14.2 Termination for Cause. The State may immediately terminate this grant agreement if the State finds that there has been a failure to comply with the provisions of this grant agreement, that reasonable progress has not been made or that the purposes for which the funds were granted have not been or will not be fulfilled. The State may take action to protect the interests of the State of Minnesota, including the refusal to disburse additional funds and requiring the return of all or part of the funds already disbursed.

14.3 Termination for Insufficient Funding. The State may immediately terminate this grant agreement if:

(a) Funding for Agreement No. NA is withdrawn by the NA;

(b) It does not obtain funding from the Minnesota Legislature,

(c) Or, if funding cannot be continued at a level sufficient to allow for the payment of services covered here. Termination must be by written or fax notice to the Grantee. The State is not obligated to pay for any services that are provided after notice and effective date of termination. However, the Grantee will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The State will not be assessed any penalty if the agreement is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. The State must provide the Grantee notice of the lack of funding within a reasonable time of the State's receiving that notice.

15 Data Disclosure

Under Minnesota Statute § 270C.65, Subdivision 3, and other applicable law, the Grantee consents to disclosure of its social security number, federal employer tax identification number, and/or Minnesota tax identification number, already provided to the State, to federal and state tax agencies and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state tax laws which could result in action requiring the Grantee to file state tax returns and pay delinquent state tax liabilities, if any.

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minnesota Statutes § 16A.15 and 16C.05.

Signed: Rodeen C Marchette

Date: 02/13/2012

SWIFT Contract/PO No(s) 30000 13936
41628

2. GRANTEE:

The Grantee certifies that the appropriate person(s) have executed the grant agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

By: _____

Title: County Sheriff

Date: _____

By: _____

Title: Chairman of County Board

Date: _____

By: _____

Title: County Auditor or Administrator

Date: _____

3. STATE AGENCY: NATURAL RESOURCES

By: _____
(with delegated authority)

Title: Assistant Administrator, Bureau of OCO

Date: _____

Attachments: Exhibits "A" & "B"

Distribution:

- 1. DNR - OMBS
- 2. Grantee - 2 (Sheriff's Dept. & Co. Board)
- 3. State's Authorized Representative - Photo Copy

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



To: Chairperson, Aitkin County Board of Commissioners Date: 03/20/12

Via:

From: Sheriff Scott Turner

Title of Item: Purchase "4" Police vehicles

Requested Meeting Date: 03/27/12 Est. Presentation Time: _____

Presenter: Undersheriff John Drahota

Type of Action Requested (check all that apply)

- For info only, no action requested Approve under Routine Business
- 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) **CONSENT AGENDA**
- 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 _____ Other (attach explanation)
- Revenue line account # that funds this item is: _____
- Expenditure line account # for this item is: 200-6620

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)

Provide eleven (11) copies of supporting documentation NO LATER THAN Wednesday at 8:00am 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)

SCOTT A. TURNER
SHERIFF OF AITKIN COUNTY

217 Second Street NW, Room 185
Aitkin, MN 56431

218-927-7435 Emergency 911
Sheriff Fax 218-927-7359 / Dispatch Fax 218-927-6887
TOLL FREE 1-888-900-2138

March 20, 2012

Aitkin County Boards of Commissioners,

Attached is a summary of vehicle bids including EPA mileage estimates and warranty information. The prices do not include sales tax, license, title fees or doc fees.

I have included vehicle quotes for the "marked" and "unmarked" Impalas. I included the estimated cost for the Dodge Charger and the Ford Interceptor based on the state bid estimates with the necessary options added, but did not obtain a specific quote to reflect that estimate since they were considerably higher in cost. Sheriff Turner budgeted \$123,000.00 toward the purchase of police vehicles for the 2012 budget year. Note that MacDonald Wold declined to place a bid because they are unable to compete with the state bid estimates.

I recommend the purchase of the following:

- (3) 2012 Chevrolet Impalas-marked, at the state bid price of **\$20,625.70** ea. from Thane Hawkins Polar Chevrolet (Total \$61,877.10)
- (1) 2012 Chevrolet Impala-unmarked, state bid price of **\$20,370.25** ea. from Thane Hawkins Polar Chevrolet

The combined total of the 4 vehicles recommended is \$82,247.35. The Chevrolet Impalas are less money than the Ford Interceptors and the Dodge Chargers. The Sheriff's Office is also in the process of obtaining quotes to purchase a SUV Police vehicle but the information is not available at this time and the deadline to order Chevrolet Impalas is April 19th.

Undersheriff John Drahota

SCOTT A. TURNER
SHERIFF OF AITKIN COUNTY

217 Second Street NW, Room 185
Aitkin, MN 56431

218-927-7435 Emergency 911
Sheriff Fax 218-927-7359 / Dispatch Fax 218-927-6887
TOLL FREE 1-888-900-2138

2012 vehicle bids for (4) Police vehicles:

(3 marked & 1 unmarked)

Police Sedan bids-Marked & Unmarked

2012 Chevrolet Impala

- EPA mpg estimates 18 city/30 hwy
- Warranty-3yrs/36,000 Bumper/Bumper
5 yrs/100,000 Power-train
- MN state bid \$ 20,336.70 (base)
- Added options \$ 289.00 (marked) 311.50 (unmarked)

State bid **TOTAL \$ 20,625.70** (marked)
\$ 20,370.25 (unmarked)

Thane Hawkins Polar Chevrolet
White Bear Lake MN

(MacDonald Wold declined to bid)

2012 Dodge Charger

- EPA mpg estimates 18 city/27 hwy (16/25 for the 5.7 liter V8-Hemi)
- Warranty-3yrs/36,000 Bumper/Bumper
5 yrs/100,000 Power-train
- MN state bid \$ 22,211.00 (base)
- Added options \$ 432.00 (marked) 174 (unmarked)

State bid **TOTAL \$ 22,643.00** (marked)
\$ 22,385.00 (unmarked)

Dodge of Burnsville-- MN

2012 Ford Interceptor-Sedan

- EPA mpg estimates 17 city/24 hwy
- Warranty- 3yrs/36,000 Bumper/Bumper
5yrs/100,000 Power-train
- MN state bid \$22,417.61 (base)
- Added options \$ 510.00 (marked) 416 (unmarked)

State bid **TOTAL \$ 22,927.61** (marked)
\$ 22,833.61 (unmarked)

Nelson Auto Center-Fergus Falls MN

Equipment cost to fit a new body style/different brand of vehicle is approximately \$1200.00/vehicle. Our existing equipment is designed for the Impalas (2006-2012 model years), which means there is no added equipment costs if 2012 Impalas are used. (Ex. Rear cages, window bars, push bumpers, etc)

Sheriff Turner has budgeted \$123,000.00 toward the purchase of police units for 2012.

AN EQUAL OPPORTUNITY EMPLOYER



POLAR



THANE HAWKINS POLAR CHEVROLET

1801 E. County Rd. F, White Bear Lake, MN 55110 (651) 429-7791

Phone: 612.750.1275 Fax: 651.653.5511 Toll-Free: 866.299.8188

March 16, 2012

Aitkin County Sheriffs Department
217 2nd St. NW, Room 185
Aitkin, MN 56431
Attn: John Drahota - Undersheriff

Regarding your request for a contract price for a 2012 Chevrolet Impala 9C1 Police Car, we have itemized the information you require:

STATE CONTRACT 38244:

ITEM/MODEL:

Base Chevrolet Impala 1WS19 9C1 marked **\$20,336.70**

CONTRACT EQUIPMENT:

3.6 liter 302hp gas/E85 V6	included
6 spd electronic automatic trans	included
Full-size spare tire	included
AM/FM Stereo CD radio	included
Driver's side spotlight	included
Engine block heater	included
Full floor carpeting with removable floor mats	included
HD cloth front bucket seats W/O console	included
HD cloth rear bench seat	included
6 way power seats, driver and passenger	included
Power windows/locks/power mirrors	included
Rear interior door handles inoperative	included
Bodyside moldings	included
Front and side airbags, driver and passenger	included
Side Curtain airbags all seat rows	included
Remote keyless entry	included
Daytime running lamps	included

REVISIONS REQUESTED:

Heavy duty vinyl rear bench seat	N/C
Full vinyl floor in lieu of carpeting	76.50
Single key fleet keyed alike	N/C
Interior lamps inoperative	N/C

Specializing in State, county and local municipal sales

Heated exterior mirrors	51.00
Remote vehicle start	161.50
Delete daytime running lamps	N/C
Summit White ext/Ebony int	N/C

TOTAL VEHICLE PRICE: **\$20,625.70****

****please note: we have been notified that orders for this truck must be in their hands no later than *Thursday April 19, 2012*. This date is subject to change by GM at anytime.**

APPROXIMATE DELIVERY:

90 days A.R.O.

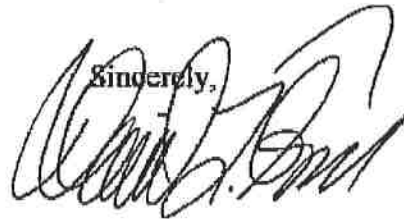
IF YOU PURCHASE-WE NEED:

PURCHASE ORDER *OR* LETTER OF PURCHASE

We are proud to point out that this pricing includes the standard Chevrolet powertrain warranty of **5 years or 100,000 miles**, whichever comes first. There is *no* deductible on this coverage.

Thank you for your consideration.

Sincerely,



David L. Thomas
Fleet Sales Manager

Specializing in State, county and local municipal sales



POLAR



THANE HAWKINS POLAR CHEVROLET

1801 E. County Rd. F, White Bear Lake, MN 55110 (651) 429-7791

Phone: 612.750.1275 Fax: 651.653.5511 Toll-Free: 866.299.8188

March 16, 2012

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Aitkin, MN 56431
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ITEM/MODEL:

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CONTRACT EQUIPMENT:

3.6 liter 302hp gas/E85 V6	included
6 spd electronic automatic trans	included
Full-size spare tire	included
AM/FM Stereo CD radio	included
Driver's side spotlight	included
Engine block heater	included
Full floor carpeting with removable floor mats	included
HD cloth front bucket seats W/O console	included
HD cloth rear bench seat	included
6 way power seats, driver and passenger	included
Power windows/locks/power mirrors	included
Rear interior door handles inoperative	included
Bodyside moldings	included
Front and side airbags, driver and passenger	included
Side Curtain airbags all seat rows	included
Remote keyless entry	included
Daytime running lamps	included

REVISIONS REQUESTED:

Full vinyl floor in lieu of carpeting	76.50
Single key fleet keyed alike	N/C
Interior lamps inoperative	N/C
Heated exterior mirrors	51.00

Specializing in State, county and local municipal sales

Delete daytime running lamps	N/C
Enable all rear interior controls	- (112.20)
Remote vehicle start	161.50
Delete driver's side spotlight	- (242.25)
OEM full wheel covers	99.00
Solid Black ext/Ebony int	N/C
<u>TOTAL VEHICLE PRICE:</u>	\$20,370.25**

****please note: we have been notified that orders for this truck must be in their hands no later than *Thursday April 19, 2012*. This date is subject to change by GM at anytime.**

APPROXIMATE DELIVERY:

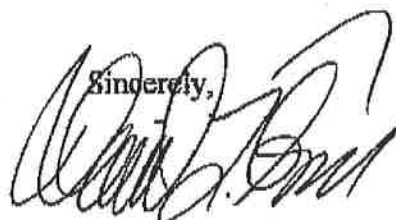
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Thank you for your consideration.

Sincerely,


David L. Thomas
Fleet Sales Manager

Specializing in State, county and local municipal sales

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



To: Chairperson, Aitkin County Board of Commissioners Date: March 21, 2012

Via: Patrick Wussow, County Administrator

From: Kirk Peysar, County Auditor

Title of Item:

Unorganized township precinct boundaries

Requested Meeting Date: 3/27 Estimated Presentation Time: n/a

Presenter: Kirk Peysar

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) _____
 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 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) _____

Provide eleven (11) copies of supporting documentation **NO LATER THAN Wednesday at 8:00am** 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)

Kirk Peysar
Aitkin County Auditor
209 Second Street Northwest Room 202
Aitkin, Minnesota 56431
218.927.7354

To: Board of Commissioners

From: Kirk Peysar, County Auditor 

Re: Reaffirm precinct boundaries

As part of the redistricting process, precinct boundaries for the unorganized townships need to be reaffirmed. In some cases unorganized townships are grouped together as a single precinct based on their likeness to each other and to a neighboring township which serves as their polling location.

If you have any questions, please feel free to contact me.

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED March 27, 2012

By Commissioner: xx

032712-0xx

Unorganized Township Precinct Boundaries

WHERE AS, Pursuant to Minnesota Statute 204B.14, precinct boundaries must be reaffirmed.

THEREFORE BE IT RESOLVED, the Aitkin County Board of Commissioners establishes the precinct boundaries for the unorganized townships located within Aitkin County as they currently exist:

<u>PRECINCT</u>	<u>POLLING PLACE</u>
Northeast Unorganized Towns (51-22, 52-22 and 52-24)	Ball Bluff Township Jacobson Fire Hall
Unorganized Township 45-24	White Pine Township White Pine Town Hall
Unorganized Township 47-24	Jevne Township Jevne Town Hall
Unorganized Township 48-27	Aitkin Township Mille Lacs Electric Coop
Unorganized Township 51-27	Macville Township Macville/Swatara Comm Hall
Northwest Unorganized Towns 52-25 & 52-27 Precinct 1	Hill Lake Township Woodland Bank Community Room
Northwest Unorganized Towns 49-27, 50-27, 50-26, Precinct 2 50-25, & 51-25	Waukenabo Township Waukenabo Town Hall

BE IT FURTHER RESOLVED, the Aitkin County Board of Commissioners designates the polling places as indicated.

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT All Members Voting Yes

STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 27th day of March A.D., 2012, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this 27th day of March A.D., 2012

KIRK PEYSAR, County Auditor
BY _____, Deputy

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)
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- 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 28th 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

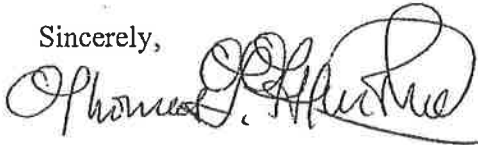
RE: Home and Community-Based Waiver of Services Contract with Chappy's Golden Shores

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

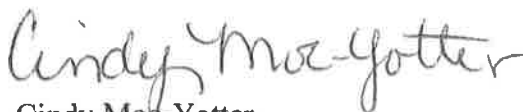
On December 24, 2009, while having Christmas Eve Dinner our garage caught on fire. Within minutes the garage was totally engulfed in flame. My mother, Mavis Moe, who has ALS (Lou Gehrig's) in the late stages, needed to leave her home which was next to the burning garage. After we got mom out of the house, 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

Emergency's Contact: Managers & Owners

February 2010

Every shift is 12 HR'S unless otherwise noted

7:00 AM - 7:00 PM
7:00 PM - 7:00 AM

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Steph C-1 Tami C-2	Tami C-2 Tina C-1	Steph C-1 Tina C-2	Denita C-1 Dar C-2	Steph C-1 Denita C-2	Denita C-1 Darlene C-2
	Vickie C-1 Mike C-2	Vickie C-1 Mike C-2	Vickie C-1 Tami C-2	Vickie C-1 Trish C-2	Vickie C-1 Trish C-2	Vickie C-1 Steph C-2
Denita C-1 Trish C-2	Denita C-1 Tina C-2	Tina C-1 Dar C-2	Denita C-1 Dar C-2	Steph C-1 Tina C-2	Denita C-1 Darlene C-2	Steph C-1 Tami C-2
Darlene C-2 Vickie C-1	Vickie C-1 Trish C-2	Vickie C-1 Trish C-2	Vickie C-1 Tami C-2	Vickie C-1 Trish C-2	Vickie C-1 Trish C-2	Vickie C-1 Darlene C-2
Steph C-1 Tami C-2	Tami C-1 Darlene C-2	Steph C-1 Darlene C-2	Steph C-1 Denita C-2	Tami C-1 Tina C-2	Steph C-1 Tami C-2	Denita C-1 Tina C-2
Vickie C-1 Trish C-2	Vickie C-1 Mike C-2	Vickie C-1 Mike C-2	Vickie C-1 Denita C-2	Vickie C-1 Trish C-2	Vickie C-1 Mike C-2	Vickie C-1 Steph C-2
Denita C-1 Tina C-2	Steph C-1 Tina C-2	Steph C-1 Denita C-2	Denita C-1 Tina C-2	Tami C-1 Darlene until 7:30	Denita C-1 Tina C-2	Tami C-1 Trish C-2
Vickie C-1 Trish C-2	Vickie C-1 Darlene C-2	Vickie C-1 Mike C-2	Vickie C-1 Steph C-2	Vickie C-1 Trish 7:30 morning	Vickie C-1 Steph C-2	Vickie C-1 Darlene C-2
Tami C-1 Trish C-2						
Vickie C-1 Darlene C-2						

Mike or Trish also with all appointments to doctors or emergency situations

Emergency

All staff present when all called unless out of town, live within 5 blocks of Chappys. This is protocol with Chappys

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			1	2	3		
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24
28							25	26	27	28	29	30	

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 Vickie Darlene	Denita C-1 Tami C-2 Vickie C-1 mike/TRISH C-2	Jami C-1 Darlene C-2 Vickie C-1 Denita C-2	Tina C-1 TRISH C-2 Vickie C-1 Steph C-2	Jami C-1 Darlene C-2 Vickie C-1 TRISH C-2	Steph C-1 Tina C-2 Vickie C-1 Tami C-2
7	8	9	10	11	12	13
Steph C-1 Tina C-2 Vickie C-1 Darlene C-2	Steph C-1 Denita C-2 Vickie C-1 mike C-2	Denita C-1 Tina C-2 Vickie C-1 mike C-2	Steph C-1 Tina Vickie C-1 Jami C-2	Denita C-1 Dar C-2 Vickie C-1 Steph 7:00-10:30 TRISH 10:30-12:00	Steph C-1 Tina C-2 Vickie C-1 mike C-2	Jami TRISH Vickie C-1 Darlene C-2
14	15	16	17	18	19	20
Jami C-1 TRISH C-2 Vickie C-1 Darlene C-2	Denita C-1 Tina C-2 Vickie C-1 mike C-2	Tina C-1 Darlene C-2 Vickie C-1 mike C-2	Denita C-1 Dar C-2 Vickie C-1 Tina C-2	Steph Jami Vickie C-1 TRISH 2:00-4:00 Jami 4:00-6:00	Denita C-1 Dar C-2 Vickie C-1 TRISH C-2	Steph C-1 Jami C-2 Vickie C-1 Steph C-2
21	22	23	24	25	26	27
Jami C-1 mike C-2 Vickie C-1 TRISH C-2	Jami C-1 Dar C-2 Vickie C-1 mike C-2	Steph C-1 Dar C-2 Vickie C-1 mike C-2	Steph C-1 Jami C-2 Vickie C-1 Darlene C-2	Denita C-1 Tina 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 Steph C-2
28	29	30	31	1	2	3
Denita C-1 Tina C-2 Vickie C-1 Darlene C-2	Jami C-1 Tina C-2 Vickie C-1 mike C-2	Steph C-1 Denita C-2 Vickie C-1 mike C-2	Denita C-1 Tina C-2 Vickie C-1 Steph C-2			

Emergency Situations

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
				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
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 until 11:00am
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
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 until 12:40am vickie C-1
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
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: AITKIN
ADDRESS:	<u>604 SUMMIT AVENUE</u>	HPID: 21006
	<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

General Information: (651) 201-5000 TDD/TTY: (651) 201-5797 Minnesota Relay Service: (800) 627-3529

www.health.state.mn.us

For directions to any of the MDH locations, call (651) 201-5000 An Equal Opportunity Employer



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

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

Other pertinent medical records:

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

Additional facility records:

- Resident/Family Council Minutes
- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Call Light Audits
- Personnel Records/Background Check, etc.
- Facility In-service Records
- Facility Polices and Procedures
- 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 an 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,

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

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.



Protecting, Maintaining and Improving the Health of Minnesotans

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

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promotes the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><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 with a large, looped initial "J".

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>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0815 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0800 Subp. 3 MN Rule 4668.0825 Subp. 2 MN Rule 4668.0845 	<ul style="list-style-type: none"> 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 understand what care will be provided and what it costs. 	<p>Focus Survey</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>Expanded Survey</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency. 	<p>Focus Survey</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>Expanded Survey</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Statute §144A.46 • MN Statute §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 • MN Rule 4668.0805 	<ul style="list-style-type: none"> • Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required. 	<p>Focus Survey</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>Expanded Survey</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>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0810 	<ul style="list-style-type: none"> • Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure. 	<p><i>This area does not apply to a Focus Survey</i></p> <p>Expanded Survey</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0065 • MN Rule 4668.0835 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0840 • MN Rule 4668.0070 • MN Statute §144D.065 	<ul style="list-style-type: none"> • Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. • Nurse licenses are current. • The registered nurse(s) delegates nursing tasks only to staff that 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. • Personnel records are maintained and retained. • Staff meet infection control guidelines. 	<p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0855 • MN Rule 4668.0860 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870 	<ul style="list-style-type: none"> • A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed. 	<p>Focus Survey</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>Expanded Survey</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>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0019 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 <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"> • 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. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency. 	<p>Focus Survey</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>Expanded Survey</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>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0016 	<ul style="list-style-type: none"> Licensee provides services within the scope of applicable MDH waivers and variances 	<p><i>This area does not apply to a Focus Survey.</i></p> <p>Expanded Survey</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.

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.

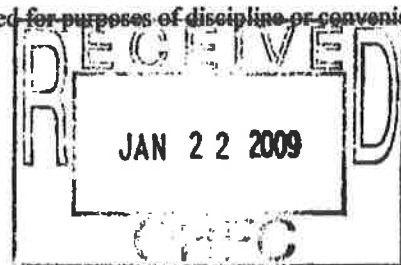
Based on staff interview, facility staff are using a transfer belt around the waist of client #1 to hold him in the shower chair when they do his weekly shower. Employee (B), direct care staff, verified that because client #1 would swing out and strike things during his shower staff tied him to the shower 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





Protecting, Maintaining and Improving the Health of Minnesotans

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:

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

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 Auditor use only
9-8-10 extension
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

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.) yes no

2 Total purchase price

22,600.00

3 Down payment

4 Points or prepaid interest paid by seller

- 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:)

8A 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)

Table with columns: Check: Assumed Mortgage, Contract 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: Co, Acres, Yr Bldg, SD, Yr Land, Bldg, Tot, Bldg, Tot, Use, Deed, Yr Land, Bldg, Tot, GA, C, I, MV, 2, MV, ID, Co, CT, PT, Date, T, M, S.

Primary property identification # 19-004-3201
Secondary parcel identification #

b
c
d
Are there more than 4 parcels? yes no
Put extra numbers on back.

this was purchased Oct. 15th, 2002 -

here copy of Deed attached in question
TERRI WORTH-JASACADY

Feb. 28th, 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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[Guest Book](#) | [Sign Guest Book](#)

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

(702) 354-1117

(702) 354-1101

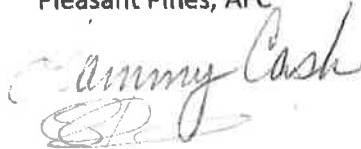
To Whom It May Concern:

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 above the printed address information.

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

Cozy Country Living

Adult Foster Care

-  Handicap Accessible
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-  Single or Double Occupancy
-  Family Atmosphere



Beautifully Located on
a *Hobby Farm*
near Rural Hawley



Home Cooking



Bible Studies & Activities

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 DEWIX 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 reassurance 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 patients first. 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 of my regard so please don't call me anymore.

Hopefully 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 McAlfattrick

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

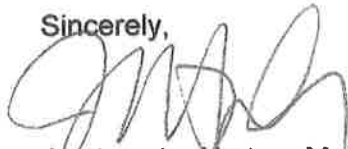
To Whom It May Concern:

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

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!

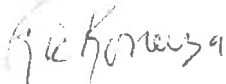
After nearly five years in their care, my mother passed away in her bed at Chappy's on January 30th, 2010. During this 4 week ordeal (stricken with bacterial pneumonia), somebody was always close by caring for mom. They would hold her hand, stroke her hair, and let her know how much she was loved. I 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



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) <Richard.Konerza@...> <Add to Contacts>
To: "keitholson46@yahoo.com" <keitholson46@yahoo.com>

From: Judith Konerza [judith.konerza@gfschools.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 19th, 2001

Robyn Godfrey RN Case Manager
Itasca County Health and Human Services
1209 SE 2nd 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 30th 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 invectiveness 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

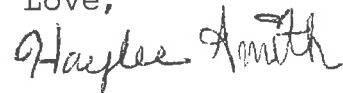
I have known of Chappy's since I was five. Because of my dear friend Monika. My mom Jami also has worked there for a while and we all have grown to love and care for all the people there including my five year old brother Hayden.

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

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. Hershbach
ROGER HERSHBACH
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
FIRE DRILLS													
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
EMERGENCY DRILLS													
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
WEATHER DRILLS													
TORNADO'S	Practiced	Practiced	Practiced	YES	YES	YES	YES	YES	YES	NO	YES	YES	
POWER OUTAGES	Practiced	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
WIND STORM	Practiced	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	Practiced	Practiced	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	
RV 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	Strip Alongs	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

1/10/2021

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 Tasting		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			

1/10/2021

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		G.B., 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 w/		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, J.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	Therese
2	WFL		GB	Therese
3	Picking vegetables	All outside		Therese
4	Movie night	All joined		Therese
5	Picnic	All joined		Therese
6	Uno		GB	Therese
7	Bingo			Therese
8	Social HR			Therese
9	Minister visited			Therese
10	music / social			Therese
11	puzzles / cards			Therese
12	Ball / movie			Therese
13	Birthday party	MI	D.K	Therese
14	Wii / puzzles	MI	D.K GB	Therese
15	CRAPS		D.K	Therese
16	movie Day		G.B D.K	Therese
17	Tea / Social		G.B D.K	Therese
18	Ball, Orange gls		G.B D.K	Therese
19	Baking		G.B D.K	Therese
20	travels		G.B D.K M.C	Therese
21	Ice cream Social		G.B, D.K	Therese
22	Bingo		GB	Therese
23	Lamp watching		GB	Therese
24	Baiting		GB	Therese
25	music / dancing		GB	Therese
26	Baking / social		G.B, D.K, M.C	Therese
27	movie night		G.B, D.K	Therese
28	Fingernails / Handker		G.B, D.K	Therese
29	Bean Bag toss		G.B, D.K	Therese

30th exercising

August

DATE	ACTIVITY	WHO JOINED	DECLINED	notes
1	Puzzles rinds		G.W, J.H	
2	Pinning		G.B, MC	
3	WII		G.B, MF, D.K	
4	Skipo		D.L, G.B	
5	uno attack		G.B, MC	
6	Bean Bag toss			
7	Bridge		G.B, MC	
8	Puzzles			
9	tea time / Ice cream			
10	POKER / CARDS		D.K, J.H	
11	Baking			
12	Gardening / Birding			
13	movies Pope		G.B, MC	
14	Ball Crazy eight			
15	cooking residents			
16	playing Ball		G.B, M, G.W	
17	POKER / Bridge		G.W, MC	
18	cooking painting		G.W, B.W	
19	WII		G.W, B.W, G.B, MC	
20	Karaoke			
21	picnic social			
22	music Puzling		G.B, G.W, MC	
23	CRAPTS		G.B, G.W, MC	
24	Puzzles / CRAPTS			
25	Baking		G.B, MC, G.W	
26	gardening			
27	movies popcorn		G.B, M, G.W, G.W, H, B	
28	Scrapbooking / reading		G.W	
29	Bridge		G.W, MC	
30	trouble		G.W, MC	
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 5:30-10:00pm Ed / Pauline	4 Steph Denise Trish here 7:00-12:00pm Vicki / Trish	5 Denise Pauline Trish 7-11:30am Stuart / Mike	6 Janni Denise Trish 6-11:15am 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 4:30pm 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 ② at least during any shift at slow times	4 OK'd HRS to carry All good.	5 Ed Pauline

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 times
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
31 Ed, or Edie, Pauline Steph In i. take over. otherwise Other staff called IN for owners shifts. OK'd -	1 Steph DAR Trish here until 7-12:00 Vickie / Trish	2 Steph Jami Trish here until 9:00 am DAR / Mike	3 Denita Pauline Trish here 7-11:45 am V / Trish	4 Steph Jami Trish here until 9:45 am Ed / Pauline	5 Denita Pauline Trish here until 10:30 am Ed / Pauline	6 Denita Pauline Trish 7-10:45 am Vickie / Trish
7 Denita Pauline Trish 7-10:45 am Vickie / Trish	8 Steph Pauline Trish here until 9:30 am Pauline / Ed Denise here 4 hrs	9 Denita Pauline Trish here until 9:00 am Vickie / Trish	10 Jami DAR Trish here until 9:30 am Ed / Pauline	11 Denita Pauline Trish 7-11:45 am Vickie / Trish Denise on 5 hrs	12 Jami DAR Trish here until 10:30 am Vickie / Trish	13 Jami DAR Trish here until 9:00 am Pauline / Ed
14 Jami DAR Trish here until 9:00 am Pauline / Ed	15 Denita DAR Trish 7-2:00 pm Ed / Pauline	16 Jami DAR Trish here until 10:45 am Vickie / Trish	17 Steph Pauline Trish here until 9:00 am Vickie / Trish	18 Jami DAR Trish here until 9:00 am Pauline / Ed	19 Steph Pauline Trish 7-2:00 pm Ed / Pauline	20 Pauline / Ed Steph Pauline Trish 7:00-11:00 am Trish / Vickie
21 Steph Jami Trish here until 9:00 am Trish / Vickie	22 Steph Jami Trish here until 9:00 am Trish / Vickie	23 Jami Pauline Trish here until 1:00 pm Mike / DAR	24 Denita Jami Trish here 6:00-10:00 am Pauline / Ed	25 Steph Pauline Trish 7-11:30 am Trish / Vickie	26 Denita Jami Trish here until 9:30 am Trish / Vickie	27 Steph Pauline Trish here until 10:30 am Pauline / Ed
28 Denita Pauline Trish here until 9:30 am Denita	29 Steph Pauline Trish here until 9:30 am Denita	30 Denita Pauline Trish here until 9:30 am Denita	31 Denita Pauline Trish here until 9:30 am Denita	1 Denita Pauline Trish here until 9:30 am Denita	2 Denita Pauline Trish here until 9:30 am Denita	3 Denita Pauline Trish here until 9:30 am Denita

TOTALS: 3-4 day shift
TOTALS: 4-5 night shift

* OK'd hours to CARES
All good.

2 - least during Amy shift

RN up to total hrs month: 19 hrs

plus photo
etc
tot 2

Denise Hospital
Mike here 2 1/2 pm

Mike 24 HRS aday PRN on call
 Trash pickup / AS needed

Ed & Pauline on call 24 HRS as
 needed extra help were except out
 of town / vents

March 2011 12HR Shifts to 2 weekly per objects

ALL STAFF ON CALL AS needed emergencies

If trash / mile working mile gas to trucks / 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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	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
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	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	31

Mike
 25
 Mike
 28

Ed checked all meals
 except some lunches & some breakfasts
 2 Dinners not checked by Ed

3-4 day shift / min wheel @ per 10 charts
 4-5 night shift • Awake & sleeping 2 per 10 charts

RN total HRS month: 14 HRS

OK'd HRS to
 charts all good
 of 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
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 Vickie Trish	Steph Pauline Trish here until 9:00am Trish here until 4:30pm Vickie Trish	Steph 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 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 Denita / Mike Vickie Trish	Steph Pauline Vickie / Trish	Jami DAR Ed / Pauline	Steph Pauline Ed / Pauline
Steph Pauline Vickie Trish	Steph Jami Vickie Trish Ed / Pauline		forms hrs: 3-4 day shift minimal home night shift 2 hrs until 4:5 AS needed		OK'd hrs to cover Rov 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						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/mish	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 officers
5	6	7	8	9	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	10	11	12	13	14	15	16
8	9	10	11	12	13	14	3	4	5	6	7	8	9
15	16	17	18	19	20	21	10	11	12	13	14	15	16
22	23	24	25	26	27	28	17	18	19	20	21	22	23
29	30	31					24	25	26	27	28	29	30
							31						

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29 Denita Dan	30 Denita Dan	31 Denita Jami	1 Jami Dan RN Denita Mike	2 Steph Pauline EIP	3 Jami Dan VIT	4 Steph Pauline VIT
5 Steph Pauline EIP	6 Steph Jami EIP	7 Jami Pauline VIT	8 Steph Pauline VIT	9 Steph Denita VIT	10 Steph Pauline EIP	11 Denita Dan EIP
12 Denita Dan VIT	13 Denita Pauline VIT	14 Denita Dan Pauline EIP	15 Denita Dan VIT	16 Steph Jami EIP	17 Denita Dan VIT	18 Steph Jami VIT
19 Steph Jami EIP	20 Jami Steph EIP	21 Steph Dan VIT	22 Steph Jami RN VIT	23 Denita Pauline VIT	24 Steph Jami EIP	25 Denita Pauline EIP
26 Denita Pauline VIT	27 Steph Pauline VIT	28 Steph/Jami Denita EIP	29 Denita Pauline/Dan VIT	30 Jami Denita EIP	31 Denita/Jami Dan/Pauline	1 Jami/Denita Dan/Pauline
2 Denita Pauline VIT	3 Denita/Dan Steph	4 Denita Jami	5 Jami Dan	6 Steph Pauline/Jami	7 Jami Dan	8 Steph Pauline
9 Denita Pauline VIT	10 Denita/Dan Steph	11 Denita Jami	12 Jami Dan	13 Steph Pauline/Jami	14 Jami Dan	15 Steph Pauline

9:00

am

1:00

July Meds old by nurse / All checks OK 3-4 on day shift
 Miller - Doctor's Emergency contact to nurse 3-4 am night

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				

TRISH 4 HRS everyday / ON CALL 24 HR A DAY / Doctor's apt. sign

	Monday 26	Tuesday 27	Wednesday 28	Thursday 29	Friday 30	Saturday 1	Sunday 2
26			Ed Setup menu for 1 month Corked by Ed, D, STAFF.			Denise / Jamie DAR / Pauline Vickie / Trish	Denise / Pauline Ed / Pauline
3						Jamie DAR	Stacy Pauline / Jamie
4	Stacy Denise Pauline Jamie / Dar 1-7:00 V Trish	Denise Jamie V Trish	Jamie DAR Trish here until 1:00 am Denise / Vickie	Stacy DAR V Trish	Ed / Jamie V Trish	Ed / Jamie DAR Vickie / Jamie	Ed / Jamie DAR Vickie / Jamie
5						Stacy DAR	Denise DAR
6						Ed / Jamie DAR	Denise DAR
7						Ed / Jamie DAR	Denise DAR
8						Ed / Jamie DAR	Denise DAR
9						Ed / Jamie DAR	Denise DAR
10						Ed / Jamie DAR	Denise DAR
11						Ed / Jamie DAR	Denise DAR
12						Ed / Jamie DAR	Denise DAR
13						Ed / Jamie DAR	Denise DAR
14						Ed / Jamie DAR	Denise DAR
15						Ed / Jamie DAR	Denise DAR
16						Ed / Jamie DAR	Denise DAR
17						Ed / Jamie DAR	Denise DAR
18						Ed / Jamie DAR	Denise DAR
19						Ed / Jamie DAR	Denise DAR
20						Ed / Jamie DAR	Denise DAR
21						Ed / Jamie DAR	Denise DAR
22						Ed / Jamie DAR	Denise DAR
23						Ed / Jamie DAR	Denise DAR
24						Ed / Jamie DAR	Denise DAR
25						Ed / Jamie DAR	Denise DAR
26						Ed / Jamie DAR	Denise DAR
27						Ed / Jamie DAR	Denise DAR
28						Ed / Jamie DAR	Denise DAR
29						Ed / Jamie DAR	Denise DAR
30						Ed / Jamie DAR	Denise DAR

Irish 9:00 am
 4 HRS RN
 All med orders and outside work completed
 Medivan transport
 Jamie & Bazel 305 week

4 HRS

4 HRS

Menu: Old through end of month
 Cook made meals / STAFF
 old HRS to nurse.

ON CALL Nurse calls: STAFF
 visits: 18 HRS - Insulin
 Here call George Munking Halperin

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								
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
<p>Denita m... Tess Pauline Vickie/Janice</p>	<p>Steph Tess Trish Vickie/Janice</p>	<p>Steph Denita Trish Ed/Pauline</p>	<p>Denita Tess Steph/Trish</p>	<p>Denita Tess Ed/Janice</p>	<p>Steph Janice Trish Ed/Janice</p>	<p>Denita Tess 7-11 Pauline Ed/Janice</p>
<p>Jami Den Pauline 7-11 Ed/Janice</p>	<p>DAR Denita Tess 7-11 Ed/Pauline</p>	<p>Denita Janice Pauline 7-11 Vickie/Tanice</p>	<p>Janice DAR Steph 7-11 Denita/Trish</p>	<p>Steph Pauline 7-11 Pauline Vickie/Tanice</p>	<p>Jami DAR Tess 7-11 Ed/Pauline</p>	<p>Steph Tess 7-11 Pauline Ed/Pauline</p>
<p>Steph Tess 7-11 Pauline Janice/Vickie</p>	<p>Steph, Pauline Jami Vickie Pauline</p>	<p>Jami Trish Tess Ed/Pauline</p>	<p>Steph Pauline Tess Janice/Janice</p>	<p>Steph Pauline Denita Ed/Pauline</p>	<p>Steph 7-11 Tess Pauline Vickie/Pauline</p>	<p>Denita 7-11 DAR Trish Vickie/Tanice</p>
<p>Pauline 7-11 Denita DAR Ed Pauline Steph Trish Janice</p>	<p>Denita 7-11 Tess Trish Ed/Janice</p>	<p>Denita Jami Tess 7-11 Pauline Vickie/Pauline</p>	<p>Denita 7-11 DAR Tess/Pauline</p>	<p>Steph 7-11 Tess Vickie/Jami</p>	<p>Denita DAR Ed/Pauline</p>	<p>Steph 7-11 Janice Pauline Ed/Pauline</p>

PHOTOS
PHOTOS

ALL CARES
WAS 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 TJSS</p> <p>Jami 16 DAR</p> <p>TJSS/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 4 HRS</p> <p>Stygh/Pauline TJSS Ed/Pauline</p> <p>Denita 17 RW Here 4 HRS</p> <p>Jami/Pauline Trish/Jamie</p> <p>Jami/Pauline Stygh</p> <p>Ed/Jamie Denita/Pauline TJSS</p> <p>Stygh/Vickie</p>	<p>RW Here 4 HRS</p> <p>Stygh 2-11 DAR</p> <p>Ed/P 11</p> <p>Stygh/Jami 11</p> <p>TJSS Vickie/TJSS 18</p> <p>Jami Denita</p> <p>Ed/Jamie 19</p> <p>Jami/Pauline 23</p> <p>TJSS Trish</p> <p>Trish/Jamie/Pauline 1</p> <p>24 HRS</p> <p>All chores HRS to care plans good</p>	<p>Stygh 7-11 Jami</p> <p>Jamie DAR</p> <p>Denita/Pauline TJSS Den 5 HRS</p> <p>Jami/Pauline DAR</p> <p>Denita/Ed Stygh Trish TJSS Mike</p> <p>Stygh/Pauline 26</p> <p>Vickie/Stygh/Pauline 2</p> <p>RW Here -</p>	<p>Denita 2-11 Pauline TJSS 2 HRS</p> <p>Jami/Pauline 13</p> <p>Denita TJSS Vickie/Pauline 20</p> <p>TJSS/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 TJSS</p> <p>Jami V/Pauline</p> <p>Denita/Pauline TJSS Ed/Pauline</p> <p>Den Pauline 7-11 Stygh Trish Mike</p> <p>Ed/Jamie 4</p> <p>Ed/Jamie 5</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 TJSS V/Pauline</p> <p>Jami/Pauline DAR Ed/Pauline</p> <p>TJSS/Pauline Stygh/TJSS</p> <p>TJSS/Vickie/Trish 29</p>

November 2011

All cases to hour'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	Deirda Patrick Dan Lisa FOS	Skylar Jami W/Loree	Deirda Patrick DAR W/Loree	Skylar Steph Jami W
6	7	7-11 Patrick Steph DAR	Steph Patrick Jami 7-11 Jami DAR	Deirda Patrick FOS EP/Skylar	Steph Patrick Jami W/Loree	Deirda Jami TCS W/Loree
13	14	Steph 7-11 Patrick TCS EP/Jami	Deirda 7-11 TCS Skylar	Jami TCS W/Skylar	Deirda Patrick TCS EP/Loree	Jami Patrick Deirda EP/Loree
20	21	W/Skylar	Skylar Jami	W/Skylar	EP/Loree	
27	28					
4	5					

Trash line 4 hrs a day
 up to 10 hrs needed each day

Medwan for transports
 Set up pr care plan with
 care coordinator

BN were 20 hrs this
 month -

November 2011

23rd TRISH goes

October 2011							December 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1					1	2	3
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												

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	1	2	3	4	5
				TESS		
6	7	8	9	10	11	12
				DAR		
13	14	15	16	17	18	19
	Steph TESS	Steph Denita	Denita TESS Skylar	7-11 Dami TESS skylar/VO	7-11 Dami Denita TESS	7-11 Dami DAR
Jami DAR	Denita Dami	Skylar Denita Jami	Pauline Jami DAR	Steph Tess	EP/Lovee Skylar Jami DAR	EP/Lovee Steph Skylar TESS
skylar/VO	VO/Lisa	EP/Lovee	SKYLER/Denita	EP/Lovee	VO/Lovee	VO/L
Steph TESS Lovee/EP	skylar Jami EP/Lovee	Skylar Jami TESS VO/Lisa	Pauline Steph TESS Skylar	Steph Denita VO/Lovee	SKYLER skylar TESS Ed/Lovee	Pauline Denita DAR Ed/Lovee
Denita DAR VO/TRISH	Denita TESS	Tess Jami	Denita DAR	Steph Jami	Denita DAR	Steph Jami
	VO	Ed		Tess Ed	VO	VO

December 2011

Miles on call 24 HRS
a day.

Miles from TAM EL VISAS

TESS 5 HRS
12 HRS
17 HOURS

SKYLER

Wednesday & Sundays

November 2011							January 2012						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5	1	2	3	4	5	6	7
6	7	8	9	10	11	12	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				29	30	31				

All Background to Debatensen

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	1	2	3
		2 3 on day shifts	2-3 on night shifts everyday	Menu ok - for month		
	Denita Skyler TESS VO/LISA	TESS, DAR JAMI Ed/Lovee	Denita Skyler Pauline SKYLER TESS	Steph Pauline JAMI Ed/Skyler	Denita Pauline DAR VO/Lovee	Steph Skyler JAMI VO/Lovee
Steph/Skyler JAMI Ed/Lovee	JAMI SKYLER Steph Ed/Lovee	Steph, Skyler DAR VO/LISA	Steph Pauline JAMI Ed/Skyler	Denita JAMI TESS VO/Lovee	Steph, Skyler JAMI Ed/Lovee	Denita Pauline TESS Ed/Lovee
Denita Pauline TESS VO/LISA	Steph JAMI Pauline VO/LISA	Steph, Skyler DAR TESS/LOVEE	Denita JAMI TESS JAMI	Denita TESS JAMI SKYLER/LOVEE	Denita Pauline TESS VO/Lovee	Steph Skyler JAMI VO/Lovee
Denita Pauline TESS VO/LISA	Denita Skyler JAMI SKYLER DANES	Denita Skyler JAMI VO/LISA 1/2 TRIST	JAMI TESS DAR SKYLER	Steph Pauline TESS VO/Lovee	JAMI SKYLER DAR SKYLER/LOVEE	Steph Pauline TESS SKYLER/LOVEE
Steph Pauline TESS SKYLER		Trish here 4 HRS a day		Trish here all cases	30 HRS training to HOURS	new card plus

5 days

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 Skylar	JAMI TESS Skylar Vickie / Maren	Steph TESS JAMI / Maren	Steph Denita Maren / Skylar	Steph TESS Vickie Skylar / Janice	Denita DARR Skylar / Vickie Skylar / Janice
8	9	10	11	12	13	14
Denita DARR Vickie / Janice Skylar	Denita TESS Maren / Skylar Vickie / Janice	TESS JAMI Maren / Vickie Skylar / Janice	Denita DARR Maren Skylar / TESS	Steph JAMI Vickie Skylar / Janice	Denita DARR Janice Skylar / Skylar	Steph JAMI Vickie / Skylar / Janice
15	16	17	18	19	20	21
Steph JAMI Skylar / Janice	Steph JAMI Skylar / Vickie	Steph DARR Vickie / Janice Loree	Steph JAMI DARR / Skylar	Denita TESS Janice / Skylar	Steph JAMI Vickie / Loree	Denita TESS Vickie / Loree
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
4HES 10H

11-11

12th home
again
12.15

Lovee = Janice
RN every Wednesday
6HES
RN every
other

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

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



To: Chairperson, Aitkin County Board of Commissioners Date: 3-19-12

Via: Patrick Wussow, County Administrator

From: Patrick Wussow, County Administrator

Title of Item:

Aitkin Airport Agreement

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) _____
- 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) _____

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, County Administrator

RE: Approve Contractual Agreement between Aitkin County and The City of Aitkin for The Operation of the Aitkin Airport

DATE: March 14, 2012

Attached for your approval is an agreement between the City of Aitkin and Aitkin County for the operation of the Aitkin Airport. The County Attorney has reviewed the agreement and his comments related to the insurance have been addressed. This new agreement replaces/updates an agreement that has been in place since 1971.

Staff has been working with MCIT and the City to address those insurance questions. We were not able to resolve those questions until yesterday when we sat down with Bob Goede, MCIT, County staff and City staff to resolve the liability issues. We came away with a clear understanding that the City of Aitkin will carry the insurance through the League of Minnesota cities as they have the responsibilities of maintaining and managing the Aitkin Municipal Airport.

By approving this agreement you are authorizing the Board Chair and County Administrator to sign the agreement.

DEFINITION OF CITY ENDORSEMENT

It is understood and agreed that *city* is amended to include:

AITKIN PUBLIC UTILITY COMMISSION
AITKIN MUNICIPAL AIRPORT COMMISSION
AITKIN ECONOMIC DEVELOPMENT AUTHORITY

All other terms and conditions remain unchanged.



City of Aitkin

109 First Avenue NW • Aitkin, MN 56431
218/927-2527 • Fax 218/927-1834
www.ci.aitkin.mn.us

June 9, 2011

JUN 10 2011

Patrick Wussow
Aitkin County Administrator
209 2nd Street NW
Aitkin, MN 56431

Dear Patrick:

Enclosed please find the final, approved Contractual Agreement between the City of Aitkin and Aitkin County regarding the Aitkin Municipal Airport. This document has been approved by the Aitkin Airport Commission and also by the Aitkin City Council. I submit it now to the County for review and approval.

Also enclosed please find a Memorandum from County Attorney Jim Ratz. He reviewed the draft document in February and made some suggestions. Most of his recommendations have been incorporated into the final document; however, the Airport Commission and the City Council agree that appointing the County Administrator as the Assistant Airport Manager is not necessary. The Airport Manager is listed in the City Clerk's job description. In the absence of the City Clerk for a prolonged period of time, the City Council would appoint someone to carry out the tasks of the City Clerk, which would include the tasks of the Airport Manager.

I am also enclosing a copy of the e-mail received from Christopher Smith at the League of Minnesota Cities Insurance Trust. I had asked him to review the contract as well.

If you should have any questions, or if additional information is required please just let me know. I'm not sure what the next step is on the County level; therefore, please also let me know if and when it is appropriate to get on the County Board Agenda and ask for approval of the Agreement. Thank you.

Sincerely,


Kathy Brophy
City Clerk

Enclosures

City of Aitkin)
)
 AND)
)
County of Aitkin)

CONTRACTUAL AGREEMENT

WHEREAS, the City of Aitkin hereinafter referred to as the City and the County of Aitkin, hereinafter referred to as the County, through their legislative bodies, established a joint City – County airport as documented in the Contractual Agreement dated September 8, 1971, in accordance with Minnesota Statutes 360 et seq.; and

WHEREAS, the legislative bodies have directed that the said Contractual Agreement dated September 8, 1971, be updated.

NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

1. IN GENERAL. The City and the County agreed each with the other to participate as hereinafter provided for the acquisition of a tract of land for the purposes of constructing, expanding and operating an airport thereon and to construct, maintain and operate the airport jointly as hereinafter provided.
2. CONTRIBUTION TO CAPITAL COSTS. The City and County, subject to qualifications hereinafter set out, shall contribute 1/3 and 2/3, respectively, to that portion of the cost of acquisition of the airport site and the capital costs of construction, improvement and development of the airport which are not covered by state and federal contributions thereto. An undivided 1/3 City, 2/3 County in land already acquired for airport purposes by the same shall be deeded without cost as necessary to maintain the required proportion to the following described land, to-wit:

The Northeast Quarter of the Northwest Quarter
(NE ¼ of NW ¼) and Government Lot One (1) of Section
Nineteen (19), Township Forty-Seven (47), Range
Twenty-Six (26)

AND ALSO

2.23 acres of Lot One (1) as in Book 75 of Deeds, page 293 of Section Twenty-four (24), Township Forty-seven (47), Range Twenty-seven (27)

AND ALSO

The Southeast Quarter of the Southwest Quarter (SE ¼ of SW ¼) and the South Half of the Southeast Quarter (S ½ of SE ¼) in Section Eighteen (18) And the Northwest Quarter of the Northeast Quarter (NW ¼ of NE ¼) of Section Nineteen (19), ALL in Township Forty-seven (47), Range Twenty-six (26)

and located in the County of Aitkin, State of Minnesota.

AND ALSO

Any additional property acquired for airport purposes in the future.

3. AIRPORT COMMISSION. The AITKIN AIRPORT COMMISSION was created under the original Contractual Agreement dated September 8, 1971. The Commission shall consist of five (5) members as follows: Two (2) members shall be chosen by the City Council and three (3) members shall be chosen by the County Board. Each member shall serve for terms of three (3) years; the City Council and the County Board making appointment of their respective members as their terms expire. Appointees shall serve until their successors are appointed and qualified. Vacancies shall be filled for the unexpired portion of the term by the appropriate appointing body. The Commission shall choose one of its members as chair.

The Aitkin City Clerk will be appointed as the Airport Manager. The Airport Manager will attend all meetings of the Commission, record the minutes of those meetings, perform all financial tasks associated with the Commission, and act as custodian of Commission records as appropriate.

The County Attorney will be available to the Airport Commission for legal matters that may arise from time to time, as an extension of the County Board.

4. POWERS OF COMMISSION. The Commission, except as hereinafter provided, shall acquire necessary property to establish, construct, enlarge, improve, maintain, equip, operate and regulate an airport and other air navigation facilities and airport protection privileges to be jointly acquired, controlled and operated under this agreement.

The Commission may exercise on behalf of the County and City all the powers of each of such municipalities granted by Minnesota Statutes 360 et seq except as otherwise provided in this agreement.

No real property and no airport, other air navigation facility, or air protection privilege acquired under this agreement shall be disposed of by the Commission by sale, lease or otherwise except by authority of both the City Council and the County Board; but the Commission may lease space, area or improvements and grant concessions on airports for aeronautical purposes.

The Commission shall have authority to hire or retain professional services that may be necessary in accomplishing the purposes for which it was appointed.

The Commission shall have authority to enter into Grant Agreements with the State of Minnesota and with the Federal Aviation Administration, and to expend grant funds in accordance with said agreements.

The Commission shall have authority to advertise for bids and enter into contracts for improvements to the airport as appropriate.

5. REAL PROPERTY. The Commission on behalf of the City and County may procure options on real property suitable for the site of the airport, or expansion of the airport. No real property, airport, restricted landing area, air protection privileges, or personal property costing in excess of \$1,000.00 shall be acquired, and no condemnation proceedings shall be instituted, except after authority to do so is granted in each individual case by the City Council and the County Board. Condemnation proceedings shall be instituted in the names of the City and County jointly. Real property acquired under this agreement shall be held by the City and the County as tenants in common. The City shall own 1/3 interest and the County shall own a 2/3 interest in the acquired property hereunder.

6. INSURANCE.

- (a) Liability Coverage. The Airport Commission shall maintain liability coverage with the League of Minnesota Cities Insurance Trust with a minimum limit equal to the maximum municipal liability limit in Minnesota Statutes, Section 466.04, subd. 1, under standard LMCIT liability coverage forms. Alternatively, the Airport Commission may maintain equivalent private liability insurance coverage. Such coverage may be provided through a commercial general liability ("CGL") policy. Such private liability policies must comply with the following requirements.

- (1) Minimum Limits. Each policy shall have a limit at least equal to the maximum municipal liability limit in Section 466.04, subd. 1. If the policy contains a general aggregate limit, the general aggregate limit shall not be less than \$2,000,000.
- (2) Type of Coverage. The CGL insurance shall cover liability arising from premises, operations, independent contractors, products-

completed operations, personal injury and advertising injury, and contractually-assumed liability.

(3) Additional Insured. Each Party, and each Party's officers, employees, and volunteers, shall be named as additional covered parties on each policy for all claims arising from Airport Commission activities or operations.

(b) Auto Liability and Property Damage. The Airport Commission may in its discretion procure coverage for auto liability and damage to or loss of property.

(c) Workers' Compensation Coverage. The Airport Commission shall maintain workers' compensation coverage for its employees.

7. BUDGET.

(a) The Commission shall each year, prior to July 1, prepare a budget for airport finances for the ensuing calendar year. The budget shall be in two parts and shall be substantially balanced – revenues and expenditures.

(b) Such budgets shall be submitted not later than August 1 to the City Council and the County Board. The City shall pay 33 1/3 percent and the County shall pay 66 2/3 percent of the total contributions paid into the current airport fund by the City and the County each year. If either the City Council or the County Board fixes its contributions at less than the amount requested by the Commission, the contribution of the other shall be decreased proportionately, unless the latter shall decide to pay a larger portion of the total contribution than is required by this agreement.

(c) The expenditure allowance as finally adjusted and approved by the Commission shall control the year's spending program except that excess revenues received may be spent upon the approval of at least three members of the Commission.

(d) The Commission shall not itself levy taxes or borrow money; and it shall not approve any claims or incur any obligations for expenditure unless there is unencumbered cash in the appropriate airport fund to the credit of the Commission with which to pay the same.

(e) Any surplus in revenue over the cost of maintenance in operating expenses of the properties acquired under this agreement may be transferred by the Commission to the City and County in the same proportion as they are required by this paragraph to contribute for maintenance and operation. However, the City and the County realize that the Commission should attempt to maintain a fund balance equal to 50% of the average budgeted expenditures.

8. FINANCES.

- (a) The City Council shall act as fiscal agent for the Commission.
- (b) For the purpose of financing the necessary expenditures in carrying out the provision of this agreement, there is hereby created in the City accounts and treasury a special fund to be called Airport Fund. Into the Airport Fund shall be placed the various revenues enumerated in the budget provided for in paragraph 6, as well as any grant funds received. From it shall be paid claims for various airport expenditures as so enumerated, as well as any capital project expenses.
- (c) All receipts belonging to the Commission shall be deposited intact in a bank account to the credit of the airport funds and no disbursement shall be made from this fund except by check nor unless a verified claim for services and commodities actually rendered or delivered has first been submitted to and approved for payment by the Commission.
- (d) For purposes of budgeting, accounting and reporting, the fiscal year end of the Commission and the fund shall be December 31.
- (e) An audit of the funds shall be made annually. Such audit may be made independently of or in conjunction with any audit which may be made of the funds of the City.
- (f) Financial Reports will be made available to the City and the County periodically, or upon request.

9. REPORTS. The Commission shall, as soon as possible after the end of each fiscal year prepare and present to the City Council and the County Board a comprehensive annual report of its activities and finances. The Commission shall also prepare and present to federal and state officials such reports as may be required by law, regulation or contract.

10. TERMINATION. This agreement shall be in full force and effect for the term of five years from the date hereof and thereafter for like periods of five years until terminated by written notice from either party to the other party at least one year prior to the expiration of any such period. Notwithstanding termination, power of the Commission under this agreement shall continue to the extent necessary to maintain and operate the airport until disposition under paragraph 10 of the property acquired under this agreement has been achieved.

11. DISPOSITION OF PROPERTY UPON TERMINATION. As soon as practicable after termination of this agreement the City Council and County Board shall dispose of all property acquired under the agreement, including

surplus funds, in any manner they shall then agree upon. If no agreement as to disposition is reached within three months after termination of this agreement, the City Council shall, within 30 days thereafter appoint some person who may be a City official, as its representative; the County Board shall similarly appoint a representative; and the Minnesota Commissioner of Aeronautics shall appoint a third person who shall together constitute an advisory board on disposition of the airport property. This advisory board shall as soon as possible prepare and recommend to the City Council and the County Board a complete plan for the disposition of all property acquired under this agreement and such plan shall provide for the continuation of the use of the property as a public airport, if practicable. Upon termination of this agreement, each party shall provide for the payment of principal and interest on its outstanding bonds issued as a result of this agreement and, in the absence of another arrangement mutually agreed upon, each party shall assume the payment of debts and liabilities incurred by the Commission in the same proportion as it is required to contribute to the joint airport fund under section 6(b).

12. ENFORCEMENT. Specific performance of the provisions of this agreement may be enforced against either party by the other party.
13. AMENDMENTS. This agreement may be amended in any particular by following the procedure used for the adoption of the agreement.

IN WITNESS WHEREOF, the City of Aitkin has caused this agreement to be signed in its corporate name by its Mayor and City Clerk and sealed with the corporate seal of the City; and the County of Aitkin has caused this agreement to be signed by its corporate name by the Chairman of the Board of the County Commissioners and the County Administrator and sealed with the official seal of the County.

Dated this 6th day of June, 2011.

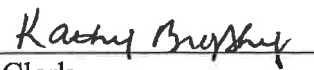
COUNTY OF AITKIN

CITY OF AITKIN

By _____
Chairman of the Board
of County Commissioners

By 
Mayor

By _____
County Administrator

By 
City Clerk

JAMES P. RATZ
AITKIN COUNTY ATTORNEY
217 SECOND STREET N.W.
AITKIN, MINNESOTA 56431

TELEPHONE (218) 927-7347
TOLL FREE 1-888-422-7347
FAX (218) 927-7365

SENIOR ASSISTANT COUNTY ATTORNEY
LISA ROGGENKAMP RAKOTZ

ASSISTANT COUNTY ATTORNEYS
SARAH WINGE
BENJAMIN M. SMITH
REBECCA A. TRAPP

PARALEGALS
MICHELE J. MOTHERWAY
TAMMY K. SPELDRICH

CRIME VICTIM COORDINATOR
JESSICA L. SUNDQUIST
TELEPHONE (218) 927-7446

MEMORANDUM

TO: Patrick Wussow, County Administrator
cc: Kathy Brophy, City Clerk

FROM: Jim Ratz, County Attorney *JPR*

DATE: February 15, 2011

RE: Review of Contractual Agreement between City of Aitkin and County of Aitkin

I have reviewed the above-referenced agreement and would approve said agreement as to form with the following modifications and comments:

1. The references to "Laws 1945, Ch. 303..." should be deleted in that the cited sessions laws have long ago been incorporated into the Minnesota Statutes Chapter 360.
2. With respect to the amount of \$1,000 in Section 5, is it the intent to leave that amount unadjusted?
3. In Section 3, I would recommend designating the County Administrator position as the Assistant Airport Manager with the full authority to fulfill the duties of Airport Manager when the Aitkin City Clerk is absent or the position is vacant.
4. Please consider adding a line or two stating that the Aitkin Airport Commission will obtain liability coverage in amounts of at least the statutory limits set forth in Minnesota Statutes Chapter 466, and coverage that provides for legal representation if the AAC is sued as an entity or through its board.

If you have any questions, please feel free to contact my office.

Subject: RE: Contract for Review
From: "Smith, Chris" <CSmith@lmc.org>
Date: Tue, 24 May 2011 19:54:54 +0000
To: Aitkin City Hall <cityclerk@ci.aitkin.mn.us>
CC: "Kodet, Jan" <JKodet@lmc.org>

Kathy,

I do not see any problems with the agreement. It is my understanding that the Airport Commission has procured the insurance through LMCIT as set forth on Paragraph 6.

Christopher Smith | Risk Management Attorney
Tel: (651) 281-1269 | Fax: (651) 281-1296
csmith@lmc.org | www.lmc.org
League of Minnesota Cities
145 University Ave. West | St. Paul, MN 55103

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P Think Green: Keep it on the screen!

From: Aitkin City Hall [mailto:cityclerk@ci.aitkin.mn.us]
Sent: Monday, May 16, 2011 2:24 PM
To: Smith, Chris
Subject: Contract for Review

Chris, attached please find a draft contract between the City of Aitkin and Aitkin County for the Airport. The Airport is owned 2/3 by the County, 1/3 by the City. Please review the contract and provide any input/feedback you may have. Thank you.

--
Kathy Brophy
City Clerk
City of Aitkin
109 1st Avenue NW
Aitkin, MN 56431
218-927-2527 (phone)
218-927-1834 (fax)

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:

Personnel Committee

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) _____
- 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) Letter of resignation

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, County Administrator

RE: Personnel Committee Recommendation for Health and Human Services Office Support Specialist (OSS)

DATE: March 20, 2012

The Personnel Committee met on March 20th and discussed the position listed above. The Personnel Committee is made up of two County Commissioners (Wedel, Niemi), the County Administrator and the Human Resources Manager Bobbie Danielson. Staff has attached the related information that was presented to the Personnel Committee.

Based upon the information provided and the presentation the committee made the following recommendations:

Health and Human Services

1. Office Support Specialist 4 – 0 with everyone supporting filling the position. By filling this position with an entry level employee the County will see a reduction of about \$7,200 from what is budgeted. The Health and Human Service Director is recommending the starting salary.

Staff and committee members will be present to discuss these recommendations and to address questions of the County Board.

AITKIN COUNTY ADMINISTRATION

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

**TO: Personnel Committee and
Tom Burke, Health and Human Services Director**

FROM: Patrick Wussow, County Administrator

RE: Personnel Committee Agenda

DATE: March 16, 2012

The Personnel Committee will meet on Tuesday, March 20th at 2:00 in the County Boardroom. The meeting is scheduled to discuss refilling an open position created with the resignation of Christina Hamdorf.

1. Discuss refilling vacant position - Health and Human Services Office Support Specialist (OSS)

March 12, 2012

Tom, Eileen & Julie,

I am writing today to submit my resignation from my position as Office Support Specialist with Aitkin County Health & Human Services. I am anticipating my last day with Aitkin County to be March 23, 2012. I have accepted a position as a social worker with an agency in Brainerd. I have loved being a part of the team here at Aitkin County and hope to one day be a part of the team again. Thank you for all the support you have given me during my time here.

Sincerely,


Christina Hamdorf

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: March 20, 2012

TO: Patrick Wussow, Aitkin County Administrator
Aitkin County Personnel Committee

FROM: Tom Burke

RE: OSS Vacancy in the Front Office

We are requesting to fill the OSS position vacated by Christine Hamdorf as she has accepted a Social Worker position in Brainerd. Because Chris was on leave for 12 weeks last fall due to schooling, we know we would not be able to fully maintain duties without this position. This includes job responsibilities that go beyond the basics of assisting clients who come into the agency, managing phone calls and completing mail duties. To maintain the efficiency and effectiveness of our office in the long term, we need to continue purging closed case files, scan basement files, thin income maintenance files, all in preparation for the electronic document system.

Face-to-face walk-in traffic not only involves consumer services with or without appointments but directing people to meetings, coordinating delivery services, and matching consumers with the various entities in the building including probation, WIC, child support, and client contact with social workers or income maintenance staff. The nature of the visits may be unpredictable and varied to include one-on-one assistance by OSS in completing forms prior to appointments with staff.

Phone calls require immediate attention in order to direct them to the proper destination. We find we are often a resource for information and referral and assist callers with phone numbers to outside the agency destinations.

Filing, as we know it today, will be changing and we have already begun ramping up for the implementation of the **Electronic Document Management System**. We have implemented a new paper filing system for case information that will be entered into the E-docs system. We manage our closed caseload paper files by prepping each individual file and then **scan** it into a pre-determined electronic data management system (Application Extender) for archiving and retrieval. When e-docs is implemented, we will be transferring all current paper files and any new incoming paperwork directly into the system. This will ultimately eliminate the 3 or 4 file cabinets in each income maintenance office for storage as well as reduce paper costs.

Coverage up front becomes an issue when there are only 3 people available. If staff request time off or need sick time, it negatively impacts the coverage needed to assure work flow and effectiveness. The front office must have coverage 8 hours a day. As it is, -OSS are able to do their best to alternate days off to be assured coverage but with one less person to count on, the challenge increases.

Continuity of coverage in the front office area as well as strong communication skills is essential to manage workflow and in maintaining continuity of service. Consistency in the front office alleviates stress throughout the entire agency. This is interrupted when other staff from the agency is asked to fill in on an itinerant basis. Staff not part of the daily milieu, take extra time getting up to speed on what is happening / changing / on the radar for short periods of time.

The OSS position is an **Entry Level Position** into our agency. Approximately one fifth of our staff began their careers with this agency in OSS. This foundation has been valuable in building working relationships, as well as in assessing areas of our work for improvement.

Financial Information for the OSS position:

Current Full Time Starting Step	\$24,898	Current Full Time 4 Years/Step 5	\$31,221
FICA & Medicare	\$ 1,905	FICA & Medicare	\$ 2,388
PERA	\$ 1,805	PERA	\$ 2,264
Life Insurance	\$ 73	Life Insurance	\$ 73
Health Insurance:			
Single = \$ 8,500		Single = \$ 8,500	
Family = \$ 14,918		Family = \$ 14,918	
Wage with Family Coverage =	\$43,599	Wage with Family Coverage =	\$50,864
Wage with Single Coverage =	\$37,181	Wage with Single Coverage =	\$44,446

This position receives direct reimbursement of **50%** through Income Maintenance.

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:

Marketing Agreement with Maven Perspectives for Long Lake Conservation Center

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
- For discussion only with possible future action
- 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
- Authorize filling vacant staff position
- Request to schedule public hearing or sale
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute _____
- Approve under Consent Agenda
- Adopt Ordinance Revision
- Approve/adopt proposal by resolution (attach draft resolution)
- Other (please list) _____

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) _____

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 Commissioners

FROM: Patrick Wussow, County Administrator

RE: Approve Entering into Marketing Agreement with Maven Perspectives for Long Lake Conservation Center

DATE: March 20, 2012

In January of this year staff advertised for marketing firms to help the County better market Long Lake Conservation Center (copy of RFP attached). Two firms responded. Interviews were conducted with the County Administrator, Land Commissioner, Economic Dev. Cor., LLCC Administration Coordinator, Commissioners Wedel and Westerlund. Following the interviews Mark Jacobs presented the preliminary findings to the Park Committee on Monday March 19th.

The low estimate was from Maven Perspectives at an amount of \$35,800.00 plus travel and materials. Following the initial presentations, the interview committee determined it would like to see the proposal revised into two phases with specific goals. The first phase would be as follows:

Goal #1 Market Research

- a. Internal Landscape Review
- b. External Landscape Review

Goal #2 Exploring New Markets

- a. Clarifying Scope and Establishing Drivers
- b. General Marketing

The work plan for the second phase would be determined after completing phase one, however it would use their original proposal as a guideline. Included for your information is a complete proposal from the representatives from Maven Perspectives LLC.

It is Staff's recommendation to enter into an agreement (created following the County Board's action) with Maven Perspectives LLC in the amount of \$22,000. It was the group's consensus that this firm does possess the ability to create a marketing strategy that will determine the strengths of Long Lake, and how to build a better marketing plan.



AITKIN COUNTY

LAND DEPARTMENT

REQUEST FOR PROPOSALS

FOR

MARKETING CONSULTING SERVICES

JANUARY 2012

Mr. Mark Jacobs
Land Commissioner
Aitkin County Land Department
217 2ND Street NW, Aitkin, MN 56431

Phone: 218-927-7364
Fax: 218-927-7249
Email: mjacobs@co.aitkin.mn.us

Contents

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I. INTRODUCTION

The Aitkin County Land Department is requesting proposals from experienced marketing consultants to provide services on a limited-term basis and develop a marketing plan. Experience in the area of marketing services is preferred for consideration. The applicant shall have sufficient resources to ensure that all of the timelines and deliverables specified will be met.

The County will review and consider all proposals submitted. All firms/individuals submitting proposals will be notified when a firm/individual is selected. The selected firm/individual will be notified in writing and there will be an ongoing review (feedback, sharing) by both parties on at least a bi-weekly basis, every two weeks.

Questions regarding this RFP should be directed to the Land Commissioner, Mark Jacobs, Aitkin County Land Department, 209 2ND Street NW Room #206 Aitkin, MN 56431.

Phone: 218-927-7367

Fax: 218-927-7249

Email: mjacobs@co.aitkin.mn.us

II. INSTRUCTIONS TO PROPOSERS

- A. Four (4) copies of the proposal should be submitted to the County. Proposals must be received **no later than 4:30 p.m. on February 24, 2012**. Proposals shall be in a sealed envelope and clearly labeled: **"Aitkin County Marketing Services RFP."** The envelope shall be delivered to:

Mr. Mark Jacobs
Land Commissioner
Aitkin County Land Department
209 2ND Street NW, Room #206
Aitkin, MN 56431

- B. Proposals submitted must provide complete information as indicated in this request.
- C. The contract with the firm/individual will provide that it is not exclusive, that the County Land Department may retain other firms for some of the services described in the RFP, and that the County Land Department may terminate the agreement at any time for any reason upon provision of written notice as specified in the final agreement.
- D. The firm/individual shall not subcontract or assign any interest in the contract and shall not transfer any interest in the same without prior written consent of the County.

III. REQUIRED CONTENTS FOR PROPOSALS

A. Firm/Individual's Background.

1. Brief history
2. Number of staff and areas of specialty
3. Support resources and/or personnel: number and expertise
4. Office organization and support capabilities
5. Office location
6. Describe your research capabilities with specific emphasis on marketing publications, computer links, and current use of technology, especially capability for sharing and editing documents electronically.
7. Describe insurance coverage: carrier, limits, and exemptions.
8. Statement of any insurance claims and/or ethics complaints taken against you or your firm over the last five years and the status or outcomes of such action. Indicate whether the action is pending or is currently under review by the State Ethics Board.

B. Consultant Qualifications.

Identify any consultant and/or support resources or personnel who may supply services. All support resources or personnel will be billed directly through the firm/individual submitting the proposal and not billed separately to Aitkin County.

1. The name, academic training and degrees
2. Description of background and experience

III. REQUIRED CONTENTS FOR PROPOSALS, CONTINUED

3. Description of prior marketing experience including cities, counties, or other agencies served in a similar capacity
4. List of projects in communities where designated marketing consultant served and outcomes.

C. Other Agencies Served

List of cities, counties, or other agencies you currently serve and for what type of service.

D. References

Names, telephone numbers and contact person of at least three client references, preferably at least two of which shall be cities, counties, or public entity development agencies.

E. View of Responsibilities

Description of the company's/individual's view of their responsibilities to the Land Department and County in the provision of marketing.

F. Insurance

Copy of Liability Insurance Certificate with liability coverage limits of at least the following amounts:

1. \$1,500,000 for Each Occurrence
2. \$1,500,000 for Personal Injury and Advertising Injury
3. \$3,000,000 General Aggregate

Must provide verification of coverage in the form of a Certificate of Insurance. The certificate should state that a minimum of sixty (60) advance notice will be given of any substantial change to, or cancellation of any of the insurance policies listed on the certificate.

G. Fees.

The County is most interested in receiving proposals with anticipated fees **and** a "not to exceed" maximum dollar figure. Each firm/individual submitting a proposal should provide a detailed description regarding all proposed fees and/or charges that may arise for services.

As stated earlier, all of the firm's/individual's support resources or personnel shall be billed directly through the firm/individual and shall not be billed separately to Aitkin County. The County shall be billed through one firm/individual for this project, unless approved otherwise in writing.

If project time will be billed in increments, identify the minimum increment of time billed for each service, e.g. phone calls, correspondence, personal conference. Also state separately the rate for any firm cost items to be billed such as printing, photocopying, researching, etc.

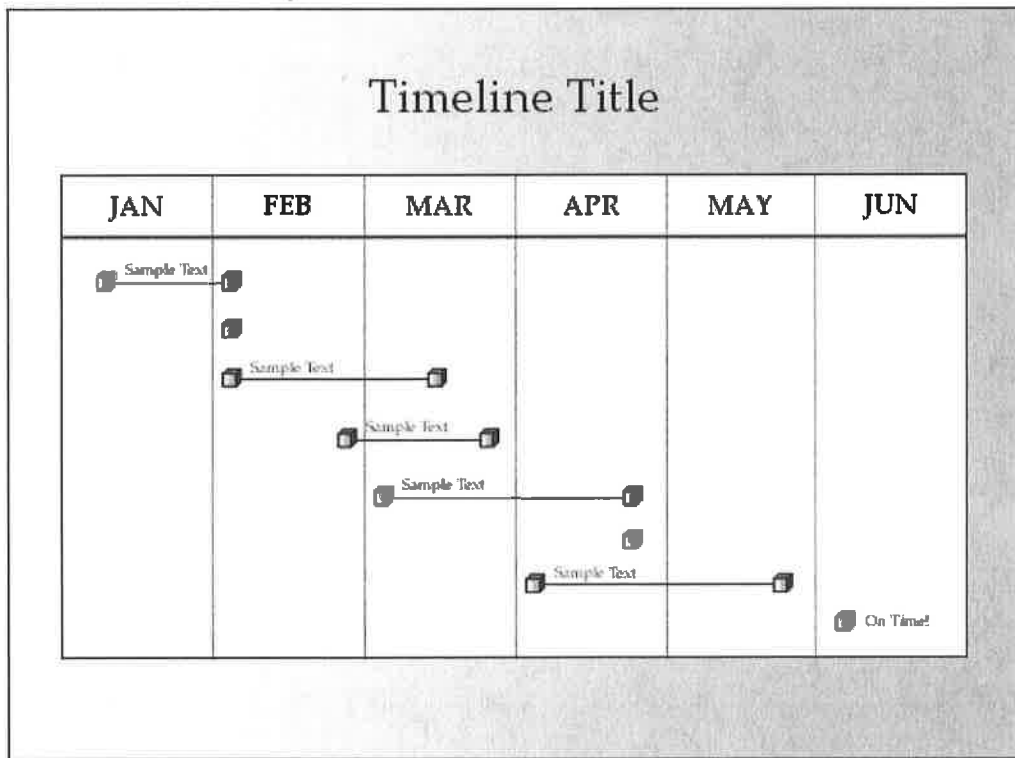
Include the frequency of billing, e.g. bi-weekly, monthly, quarterly. Also identify what each billing will entail, such as:

1. Itemized dates of services
2. Identified personnel providing the services
3. Time spent listed
4. Description of the services performed
5. Fee for services clearly stated

III. REQUIRED CONTENTS FOR PROPOSALS, CONTINUED

H. Timeline

An estimated project timeline describing milestone and interval dates, listed by week or month, depending on the duration of your proposal. A monthly sample is inserted below for your convenience.



IV. MARKETING CONSULTING SERVICES DESCRIPTION

The Aitkin County Land Department is searching for a firm/individual that will provide comprehensive professional marketing services. It is anticipated that there will be a close, cooperative working

relationship between the selected firm/individual, the Land Department, and the Aitkin County Administrator. The general work elements are outlined below.

A. General Marketing Services:

1. Identify new potential clients for LLCC
 - a. Retreats, meetings, workshops, re-unions, or other types of group gatherings that would utilize a facility such as LLCC
2. Make contacts with potential clients to determine expectations (meals, lodging, meeting space, programs, etc.).
3. Inform LLCC as to how current services match with client expectations (suggest modification to services).
4. Provide contact info for "clients" so LLCC may do follow-up.
5. Explore grant opportunities and apply for same in cooperation with Land Commissioner.
6. Participate in meetings, as requested, these may include:
 - a) Internal and external meetings with Land Department and/or business/client organizations.
 - b) Meetings with local businesses and members of the public on any proposed business collaboration projects in order to relate the processes and procedures involved.
 - c) LLCC and Land Department staff meetings, County Board meetings as deemed appropriate, and work sessions.
7. Provide assistance to clients/organizations with interest in doing business in Aitkin County.

V. PROPOSAL EVALUATION AND APPOINTMENT

- A. The County intends to retain the consulting services of the proposer evaluated to be the best qualified to perform the work for the County, cost and other factors considered.
- B. Based upon the evaluation, the County will review and pick the finalist who is judged to be the most responsive and responsible proposer for services requested. Oral interviews may be conducted by the Personnel Committee or County Board of Commissioners.
- C. The County will not reimburse the proposer for any expenses incurred by the proposer including, but not limited to, expenses associated with the preparation and submission of the proposal, and attendance at interviews.
- D. The County reserves the right to reject any and all proposals or to request additional information from any and all proposers.

VI. CONFLICT OF INTEREST

- A. Indicate whether the company/individual represents, or has represented, any client whose representation may conflict with the ability to provide development services to Aitkin County.
- B. Indicate whether designated consultant or the company currently represents any other local units of government having jurisdiction within, or contiguous to, Aitkin County.
- C. Identify what procedures you utilize to identify and resolve conflicts of interest.

VII. RIGHT TO REJECT PROPOSALS

Submission of a proposal indicates acceptance by the firm of the conditions contained in this request for proposal unless clearly and specifically noted in the proposal submitted and confirmed in the contract between Aitkin County and the firm/individual selected. The County reserves the right without prejudice to reject any and all proposals.



February 22, 2012

Mr. Mark Jacobs
Land Commissioner
Aitkin County Land Department
209 2nd Street NW, Room #206
Aitkin, MN 56431

Dear Mr. Jacobs,

What are the things we always remember most from our childhood? The special times we have shared with friends, schoolmates, and loved ones experiencing and learning about the great outdoors. At Maven Perspectives LLC, we feel we can recreate those special times at Long Lake Conservation Center (LLCC) for many other Minnesotans as well as those beyond our borders. In response to your RFP dated January 2012, the enclosed proposal is being submitted with the utmost confidence that our team can achieve your desired results.

What do we uniquely bring?

- ❖ An understanding of the area and what those coming from out-of-the-area desire from our great Northwoods
- ❖ Diverse, yet integrated, educational and experience backgrounds centered around marketing and impactful project management
- ❖ Professionalism
- ❖ Ability to meld tradition with the modern advances in social media marketing
- ❖ Energy to reach your intended goals.

From market research and plan development, strategy development, and grant writing, we also bring with us a formidable network of contacts for potential market customers for the LLCC. Our experience working with governmental agencies underscores our commitment to remaining responsible for taxpayer's money, utilizing it in the most effective and efficient way possible. You can trust that our recommendations will have that responsibility reflected in all aspects of our work with Aitkin County.

We welcome and appreciate your consideration of our team for your project.

Sincerely,

A handwritten signature in cursive script that reads "Paula MJ Frings".

Paula MJ Frings, Owner/CEO
Maven Perspectives LLC



**PROPOSAL FOR
LONG LAKE CONSERVATION CENTER (LLCC) MARKETING PROJECT
AITKIN COUNTY**

Date of Submission: February 22, 2012

Proposal Submitted by:



Maven Perspectives LLC
PO Box 612, Grand Rapids, MN 55744
218.259.1215, paula@mavenperspectives.com
www.mavenperspectives.com

Profile of Proposer

Maven Perspectives LLC is a network of experienced professional consultants with a proven successful track record that brings together skill sets matching the subject, timeline, capacity, and intensity required by each client. For the AITKIN COUNTY LONG LAKE CONSERVATION CENTER MARKETING PROJECT, your assigned lead consultant will be **Jane Bymark** with **Elizabeth Maher** as secondary lead and support by **Paula Frings** and **Jessica Knutson**. This team will be designated to your project to ensure that complete marketing services from traditional marketing research (data analysis, best tools to reach various market segments) to the most up-to-date marketing possibilities (social media, technology, etc.) are examined, recommended, and implemented.

Maven Perspectives LLC is well qualified to perform the AITKIN COUNTY LONG LAKE CONSERVATION CENTER MARKETING PROJECT. Our solid array of experience working with public, private, and non-profit organizations has resulted in successful completion of many projects including: Northern Minnesota Builders Association Rural Residential Licensed Contractors Labor Needs and Economic Impact survey project; Grand Rapids Area Chamber of Commerce Workforce Development Initiative encompassing the development and coordination of programs including CEOs in the Schools, Future Workers, TeenWorks, Job Skills Survey 2004 and 2009, National Work Readiness Credential; Itasca County's Forestry Education and Awareness Project; and the Vital Forests/Vital Communities Forest Continuing Education Project. For specific marketing related projects performed by your team of designated professionals, see the

qualifications and experience section below. For more information, please visit our website at www.mavenperspectives.com.

Maven Perspectives LLC serves a wide geographic region. Our network of consultants serve private businesses, governmental units, and non-profit organizations with specialty areas in education and workforce development, human services, marketing, research, and trade organization sectors. Clients who have experienced the Maven Perspectives LLC philosophy of quality, efficient, and "before-it's-due" service, serve as the marketing outlet for Maven Perspectives LLC. The range of activities provided include outcome-based project management, coordination, meeting facilitation, event planning, program design, grant management, writing and reporting services, research and assessment services, program coordination, strategic systems visioning, administrative and clerical services.

With an office at Commonsplace located in the Depot Building in the center of Grand Rapids, MN, Maven Perspectives LLC employs one full-time support staff, and part-time consultants and trainers dependent upon client needs.

As evidenced by the attached insurance coverage declarations, Maven Perspectives LLC is covered by a commercial general liability and umbrella policy equal to the amounts required for this project and has no history of insurance claims or ethics violations either present or past.

Maven Perspectives LLC does not foresee any conflicts of interest for the proposed work for the AITKIN COUNTY LONG LAKE CONSERVATION CENTER PROJECT. Maven Perspectives LLC does retain contracts with Itasca County, immediately connected to Aitkin County geographic lines however not for the type of services being proposed. For purposes of the AITKIN COUNTY LONG LAKE CONSERVATION CENTER PROJECT, Maven Perspectives LLC has assigned both a lead and secondary consultants to this project, both of whom do not play a role in the current contracts with Itasca County.

We view our responsibilities as serving as both a meaningful extension and partner of the Aitkin County Land Department and Aitkin County in the area of marketing and outreach for the Long Lake Conservation Center project. If the project is awarded to Maven Perspectives LLC, your team of professionals will accomplish the goals within this proposal to the best of our collective abilities, in a timely manner, with a quality result.

Qualifications and Experience

Jane Bymark is an experienced business consultant and project manager with a special interest in community and economic development. She has worked on many successful projects that showcased her ability to develop meaningful market research, project scope, work plans and budgets, all while staying within the parameters of the mission and vision of the client organization. She exhibits her leadership skills by organizing stakeholders, C-level personnel and project team members to stay on track with each project phase to ensure a timely completion within or below budget. Through her work in rural communities over the years, she has a firm understanding of the issues and obstacles in diverse, rural communities.

Jane is a graduate of University of Minnesota with a bachelor's degree in marketing and communications as well as a Master's in Business Administration with an emphasis in project management. She has combined her experience and education to work in the areas of business consultant, project and program

management, financial analyst, advocate for economic and community development and workforce development. Jane has successfully written and monitored grants for rural communities. She is also an alumnus of the Blandin Community Leadership Program.

Some of the larger projects she has either lead or was a team member of include: Deer River Hired Hands (expansion and relocation), Bigfork Valley Commercial Wellness Program, Bigfork Valley Chiropractic Department, Portage Health, Visit Grand Rapids Branding and Marketing Project, Ainsworth Project, Small Business Development Center Program, and many other projects relative to business start-ups, expansions, relocations, and conducting market research.

Jane is very active in her community. She has served on the board of directors of the Grand Rapids Area Chamber of Commerce and the Pokegama Lake Association. She is a member of the Chamber, and served as Chair of the workforce development committee. Through the years she has created strategic alliances in over 13 counties. She is abreast of community concerns and has a working relationship with other city and county organizations as well and many private organizations and non-profits.

Elizabeth Maher completed her Master's in Business Administration from Providence College with a concentration in management as well as a Bachelors of Science degree from Providence College with a major in marketing and a minor concentration in human resources

Her education has given her a solid background in marketing and communications. Throughout her studies she developed several marketing plans based on case studies from companies of all sizes. She also conducted market research for varying products and developed several research surveys.

Elizabeth has a solid understanding of social-media based marketing tools including Facebook, Twitter and Pinterest. She enjoys spending time using these tools and has learned how to use them to successfully promote products.

Elizabeth is currently working in Human Resources at UPM-Blandin Paper Company. She is involved in their hiring process, training programs, and safety program. She both conducts training and creates effective training and safety materials. She also updates several informational monitors around the mill daily using MagicInfo iAuthor software. She is part of their recruitment team and serves as a representative for the company at statewide career fairs.

Elizabeth has solid organization skills that help her complete large projects and conduct successful project management. She gained six years of experience in the non-profit sector at the Blandin Foundation. Her final year at the Foundation she held an internship position as their Conference Coordinator in their Public Policy and Engagement Department. She successfully organized multiple conferences for the Foundation related to forestry.

Elizabeth held a position on the Minnesota Orchestra, Common Chords Project-Grand Rapids committee. She served as a liaison between the core committee and the Minnesota Orchestra staff. It was a year of planning that lead to a week of unique events and great interaction between the Grand Rapids community and the Minnesota Orchestra.

Paula Frings is the Owner and Chief Executive of Maven Perspectives LLC. Insight, ingenuity, and innovation have helped her to provide clients with trusted and positive results. In 1997, Paula started Cleveland Management and Consulting Group, adding professionals with unique perspectives to the company and growing it into the current Maven Perspectives LLC. She has consulted for organizations, governmental agencies, non-profits, and businesses and has pioneered strategic initiatives that have resulted in unsurpassed impact on communities.

Under her leadership and together with her clients, Paula has provided program development services incorporating solid solutions in the form of sustainable and ongoing strategies. Frequently referred to as "...someone who doesn't let the grass grow under her feet", Paula combines her international experience with her diverse training and education in quality improvement, business, human resources, and program and project management for the benefit of her clients.

Paula's sense of responsibility and intuition, along with Bachelor's degrees in both business administration and teaching along with advanced studies, national public speaking and training on developing strategic partnerships ensures clients the type of results they expect year after year. She attended part of her college years in Aalborg, Denmark and has received extensive training in facilitation and continuous quality improvement philosophy. She is also a Blandin Community Leadership Program alumnus. Serving as the lead project manager for the Grand Rapids Area Chamber of Commerce Workforce Development Initiative in Grand Rapids, Minnesota and as lead project manager for clients such as Blandin Foundation, Minnesota State College and Universities DARS/Articulation Task Forces, Northern Minnesota Builders Association, North Itasca Hospital Healthcare Career Development/Awareness Project, Quad County Projects, and Itasca County sponsored Forestry Education and Awareness Program (FEAP) and Diversionary Work Program (DWP).

Jessica Knutson is the Administrative/Employment Services Coordinator for the Maven Perspectives LLC team. She brings over eight years of experience providing program coordination services in the human services field. Committed to quality through careful attention to detail, strong organizational skills, and the importance of timelines and goals is at the heart of Jessica's work ethic. Her ability to interact easily with people of diverse backgrounds, cultures, and professional levels, gives her the necessary and comprehensive perspectives that ensure a well-rounded result for clients.

Jessica is involved with the Grand Rapids Area Chamber of Commerce's Workforce Development Initiative, Program Committee, serves as Co-Chair for the Chamber's Ambassador Committee and professionally serves as program lead for the Diversionary Work Program (DWP).

References

Bud Stone, Grand Rapids Area Chamber of Commerce, 218.326.6619
Diane Weber, Itasca Economic Development Corporation (past President), 218.326.9411
Garrett Ous, Itasca County Land Department, 218.327.2855
Terri Friesen, Itasca County Health and Human Services, 218.327.6136
Don Hoag, Duluth Workforce Development/City of Duluth, 218.730.5770
Michelle Ufford, NE MN Office of Job Training, 800.325.5332

Approach

The "perspectives" approach has served Maven Perspectives LLC well in the past, and is an approach sought by clients. This approach provides the flexibility to adjust to data and information that becomes available during the process and is especially important for new quality built and innovative results. For purposes of the AITKIN COUNTY LONG LAKE CONSERVATION CENTER MARKETING PROJECT, Maven Perspectives LLC intends to closely coordinate with your staff and/or volunteer committee(s) to build upon the rich history of work already accomplished.

Maven Perspectives LLC will provide the services defined below for the AITKIN COUNTY LONG LAKE CONSERVATION CENTER PROJECT.

Strategizing, Market Research and Grant Writing Services:

We will provide:

- Conduct SWOT analysis (strengths, weaknesses, opportunities, threats)
- Conduct landscape review of current marketing strategies
- Conduct "opportunity" (market) research through surveying, data analysis and assessment strategies to identify market segments leading to successful results including identification of new clients for LLCC in the areas of retreats, meetings, workshops, re-unions, or other types of group gatherings that would utilize a facility such as LLCC
- Contact potential clients to determine expectations for meals, lodging, meeting space, and programs, etc.
- Recommend service modifications to LLCC staff to ensure client expectations are exceeded and provide a potential client listing to LLCC
- Explore grant opportunities and apply for same in cooperation with Land Commissioner is indicated for effective implementation of the developed marketing plan.

Marketing Plan Development and Outcome Generation:

We will:

- Develop a comprehensive marketing plan for LLCC based on research, intended results, and opportunities inclusive of timelines, strategies, and economic/social/technological feasibility
- Recommend up-to-date marketing strategies including: social media and technology, internet marketing

General Administrative/Marketing Services:

We will:

- Participate in meetings, as requested, including meetings with Land Department and/or business/client organizations, local businesses and members of the public on any proposed business collaboration projects in order to relate the processes and procedures involved, and LLCC and Land Department staff meetings, County Board meetings and work sessions as deemed appropriate.
- Provide assistance to clients/organizations with interest in doing business in Aitkin County.

Period of Performance

From date of award for up to four months



Fee Proposal

Based on the scope of work as defined in this proposal, Maven Perspectives LLC offers the client a guarantee of quality work within the specified timeline and the following budget:

	Time and Talent	Travel -TBD	Program Materials -TBD
Strategizing, Market Research & Grant Writing	\$16,500		
Marketing Plan Development & Outcomes	\$ 9,800		
General Administration/ Marketing Services	\$ 9,500		
Estimated Project Total	\$35,800	\$ TBD	\$ TBD

- A not-to-exceed budget for travel and program materials will be established jointly with Aitkin County upon award of the project to Maven Perspectives LLC.
- Mileage is billed at the current IRS rate. Other travel related costs will be direct billed.
- Materials will be billed direct.
- Services will be billed monthly for services rendered during the previous month. Submitted invoices will detail services rendered with time spent, dates of services, and personnel handling said services with the fee for services clearly stated.

Submitted Per Staff Request

Long Lake Conservation Center - 3/2012



Goal #1: Market Research

Strategy #1 Internal Landscape Review

% Done	Action	Due By	Person(s) Responsible	Budget
0%	Review current marketing plan	4/15/2012	Jane/Liz	\$6,250
0%	Visit facilities	4/15/2012	Jane/Liz/Paula	
0%	Review mailing list of current clients	4/15/2012	Jane	
0%	Review current functions and offerings	4/15/2012	Jane/Liz	
0%	P.E.S.T analysis	4/30/2012	Jane	
0%	S.W.O.T analysis with staff, and all stakeholders	4/30/2012	Jane/Paula	

Strategy #2 External Landscape Review

% Done	Action	Due By	Person(s) Responsible	Budget
0%	Create and conduct interviews and surveys	4/30/2012	Jane/Liz	\$6,250
0%	S.W.O.T analysis with locals, non-locals, current, former and potential clients	4/30/2012	Jane	
0%	Industry Trends	4/30/2012	Jane	
0%	Strategic Planning Session	4/30/2012	Jane	
0%	Complete final report on market position of LLCC	4/30/2012	Jane	

Goal #2: Exploring New Markets

Strategy #1 Clarifying Scope and Establishing Drivers

% Done	Action	Due By	Person(s) Responsible	Budget
0%	Setting priorities	5/2012 to 6/2012	Jane	\$4,000
0%	Strategic planning session	5/2012 to 6/2012	Jane	
0%	What does LLCC want to accomplish?	5/2012 to 6/2012	Jane	
0%	Profit margins/# of client visits	5/2012 to 6/2012	Jane	

Strategy #2 General Marketing

% Done	Action	Due By	Person(s) Responsible	Budget
0%	Review current marketing materials and strategies	4/2012 to 6/2012	Jane/Liz	\$5,500
0%	Review website	4/2012 to 6/2012	Jane/Liz	
0%				

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:

General Government

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
- For discussion only with possible future action
- 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
- Authorize filling vacant staff position
- Request to schedule public hearing or sale
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute _____
- Approve under Consent Agenda
- Adopt Ordinance Revision
- Approve/adopt proposal by resolution (attach draft resolution)
- Other (please list) _____

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) _____

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: General Government Update

DATE: March 20, 2012

No written reports at this time, based upon the fact that staff and Commissioners will be at the AMC Legislative conference Wednesday and Thursday. At the meeting we will provide more information based upon activities at the Capitol and the conference.

Please contact me if you have any questions.

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



To: Chairperson, Aitkin County Board of Commissioners Date: 3-20-2012

Via: Patrick Wussow, County Administrator

From: John Welle

Title of Item:

Award Bids/Quotes

Requested Meeting Date: 3-27-12 Estimated Presentation Time: 10 minutes

Presenter: John Welle

Type of Action Requested (check all that apply)

- For info only, no action requested
- For discussion only with possible future action
- 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
- Authorize filling vacant staff position
- Request to schedule public hearing or sale
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute
- Approve under Routine Business
- Adopt Ordinance Revision
- Approve/adopt proposal by resolution (attach draft resolution)
- Other (please list) _____

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: 5001.5852.5854
- Expenditure line account # for this item is: 6520

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) Abstract of Bids Received

AITKIN COUNTY COMMISSIONER'S MEMO

TO: Aitkin County Commissioners
Patrick Wussow, County Administrator

FROM: John Welle

DATE: March 20, 2012

REGULAR AGENDA ITEM: Award Bids/Quotes

A. Calcium Chloride

Enclosed is an abstract of bids received on March 19th for the 2012 application of calcium chloride. I would like authorization by the enclosed resolution to award this contract to Tri-City Paving for the low bid of \$257,300.

I have enclosed a listing of the road segments that I propose to treat with calcium chloride this year. The list is very similar to that of previous years with no additional segments added. Unless directed otherwise, I intend to offer dust control applications to residents on CSAH, County, or Unorganized Township Roads for 50% of the cost as in past years. The resident's portion of the cost of the 400-foot dust control treatment will remain at \$90 as it was last year.

Townships will also be offered the opportunity to treat their township road segments as in past years.

B. Pavement Markings

Enclosed is an abstract of quotes received for the 2012 application of pavement markings. I would like authorization to accept the quote from Traffic Marking Services for \$49,353.88.

**Aitkin County
Project Bid Abstract**

2012 Calcium Chloride Application --- 3/19/2012 2 PM

Project: Calcium Chloride Application				Engineers Estimate		Tri-City Paving	
						Little Falls, MN	
Item No.	Item	Units	Quantity	Unit Price	Total Price	Unit Price	Total Price
1	2131.502 CALCIUM CHLORIDE APPLICATION	GALLON	310000	\$0.84	\$260,400.00	\$0.08	\$257,300.00
Totals for Project Calcium Chloride Application					\$260,400.00		\$257,300.00
% of Estimate for Project Calcium Chloride Application							-1.19%

Proposed 2012 Calcium Chloride Application

Segments	Segment Length	2008 ADT	Treated Length	Cummulative Total	
CR 62 from 2.5 miles north of TH 210 to CR 71	1.5	360	1.5	1.5	
CSAH 5 from Rossberg to 2 miles east and CR 53 to CR 56	3	225	2	3.5	
CSAH 29 from 2.3 miles north of CSAH 3 to CR 68	3.3	205	0	3.5	
CR 53	2.3	190	2.3	5.8	
CR 60 and 60W	5.08	180	5.08	10.88	unless paved
CSAH 10 from TH 232 to 2.5 miles south	2.5	165	2.5	13.38	
CSAH 30 from TH 65 to 0.5 mile east	0.5	135	0.5	13.88	
CR 64 from CSAH 32 to 2 miles north	2	135	2	15.88	
CR 59 from TH 18 to 1 mile north	1	125	1	16.88	
CR 71	1	125	1	17.88	
CSAH 1 from 3.6 miles north of CSAH 22 to CSAH 3	7.4	120	7.4	25.28	
CSAH 19 from CSAH 29 to 2 miles west	2	115	2	27.28	
CSAH 25	3.3	115	3.3	30.58	
CSAH 5 from TH 232 to CSAH 18	7.81	90	0	30.58	
CR 51	4.77	90	4.77	35.35	
CR 73	5.1	90	5.1	40.45	
CSAH 5 from CR 56 to TH 210	3.6	90	0	40.45	
CSAH 13 from CSAH 16 to Carlton County Line	5.6	85	0	40.45	
CSAH 36 from TH 65 to CR 65	4.2	85	0	40.45	
CSAH 36 from 1.6 to 3.35 miles north of CSAH 14	1.75	85	1.75	42.2	
CR 63	2.69	80	2.69	44.89	
				44.89	

	Mileage	App. Rate	Total Gallons
Total CSAH and CR treated mileage:	44.89	2500	112225
Unorganized Township 47-24 - 257th Avenue	1.7	2000	3400
Unorganized Township 49-27 - 405th Place/502nd Lane	2	2000	4000
Unorganized Township 52-25 - 340th Avenue	1	2500	2500
Anticipated Organized Townships	86	2000	172000
Anticipated County Dust Control Treatments, 60 at 400' length	4.5	3300	14850
Anticipated Gallons Needed:			308,975

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED March 27, 2012

By Commissioner: xx

032712-0xx

Liquid Calcium Chloride

WHEREAS, Tri-City Paving, Inc. P.O. Box 326, Little Falls, MN 56425, was the lowest responsible bidder in the amount of \$257,300.00 for application of Liquid Calcium Chloride.

NOW THEREFORE, BE IT RESOLVED, that, Tri-City Paving, Inc. be awarded the 2012 season for application of Liquid Calcium Chloride.

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT

All Members Voting Yes

STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 27th day of March A.D., 2012, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this 27th day of March A.D., 2012

KIRK PEYSAR, County Auditor

BY _____, Deputy

**Atkin County
Project Bid Abstract**

2012 Pavement Marking Application --- 3/19/2012 2 PM

Project: Pavement Marking Application				Engineers Estimate		Traffic Marking Services		AAA Striping Service		Swanston Equipment Company		
						Maple Lake, MN		St. Michael, MN		Fargo, ND		
Item No.	Item	Units	Quantity	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price	
1	2582.502 4" SOLID LINE YELLOW-LATEX	LIN FT	183915	\$0.05	\$8,276.18	\$0.05	\$8,644.01	\$0.05	\$8,644.01	\$0.07	\$12,690.14	
3	2582.502 4" SOLID LINE WHITE-LATEX	LIN FT	645216	\$0.05	\$29,034.72	\$0.05	\$30,970.37	\$0.05	\$30,325.15	\$0.07	\$44,519.90	
6	2582.502 4" SOLID LINE WHITE-LATEX HIGH BUILD	LIN FT	73920	\$0.09	\$6,652.80	\$0.07	\$5,470.08	\$0.08	\$6,209.28	\$0.10	\$7,539.84	
4	2582.502 4" SOLID LINE YELLOW-LATEX HIGH BUILD	LIN FT	28478	\$0.09	\$2,563.02	\$0.07	\$2,107.37	\$0.09	\$2,506.06	\$0.10	\$2,904.76	
5	2582.502 4" BROKEN LINE YELLOW-LATEX HIGH BUILD	LIN FT	6359	\$0.09	\$572.31	\$0.07	\$470.57	\$0.09	\$559.59	\$0.10	\$648.62	
2	2582.502 4" BROKEN LINE YELLOW-LATEX	LIN FT	35989	\$0.05	\$1,619.51	\$0.05	\$1,691.48	\$0.05	\$1,691.48	\$0.07	\$2,483.24	
Totals for Project Pavement Marking Application						\$48,718.54		\$49,353.88		\$49,935.57		\$70,786.50
% of Estimate for Project Pavement Marking Application								1.90%		2.50%		45.30%

By Commissioner: xx

032712-0xx

Traffic Marking

WHEREAS, Traffic Marking Services – 621 Division Street East, Maple Lake, MN 55358 - was the lowest responsible bidder in the amount of \$49,353.88 for application of traffic marking on various roads throughout Aitkin County,

NOW THEREFORE, BE IT RESOLVED, that Traffic Marking Services, be awarded the 2012 season for application of traffic marking.

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT

All Members Voting Yes

STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 27th day of March A.D., 2012, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this 27th day of March A.D. 2012

KIRK PEYSAR, County Auditor

BY _____, Deputy

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



To: Chairperson, Aitkin County Board of Commissioners Date: 3-20-2012

Via: Patrick Wussow, County Administrator

From: John Welle

Title of Item:

Final Contract Payments

Requested Meeting Date: 3-27-12 Estimated Presentation Time: 10 minutes

Presenter: John Welle

Type of Action Requested (check all that apply)

- For info only, no action requested
- For discussion only with possible future action
- 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
- Authorize filling vacant staff position
- Request to schedule public hearing or sale
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute _____
- Approve under Routine Business
- Adopt Ordinance Revision
- Approve/adopt proposal by resolution (attach draft resolution)
- Other (please list) _____

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: 5001, 5841, 5848, 5849, 5850, 5851
- Expenditure line account # for this item is: 6282

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) _____

AITKIN COUNTY COMMISSIONER'S MEMO

TO: Aitkin County Commissioners
Patrick Wussow, County Administrator

FROM: John Welle

DATE: March 20, 2012

REGULAR AGENDA ITEM: Final Contract Payments

I would like authorization by the enclosed resolutions for each of the three following projects to make the final contract payment.

A. S.P. 01-598-13

This final payment to Landwehr Construction in the amount of \$8,237.25 is requested for construction of a concrete box culvert on CR 73 in the Sandy River, located approximately 0.5 mile north of TH 210. This construction occurred during the 2011 construction season. The final contract amount of \$165,498.95 is slightly less than the \$165,873.83 bid amount.

B. S.P. 01-610-23

This final payment to Hawkinson Construction in the amount of \$28,452.41 is requested for paving of 8.2 miles of CSAH 10 from TH 200 to 8.2 miles south in the Jacobson area. This construction occurred in the 2011 construction season. The final contract amount of \$\$1,422,620.36 is less than 1% below the bid amount of \$1,427,021.79.

C. S.P. 01-610-21

This final payment to Kern and Tabery, Inc. in the amount of \$36,454.24 is requested for construction of a seven-mile segment of CSAH 10 between Palisade and Jacobson. The final contract amount of \$1,822,712.20 is approximately 7.5% above the bid amount of \$1,695,437.94. This construction occurred in the 2009 and 2010 construction seasons. The overrun was primarily due to additional unanticipated unsuitable soils that needed to be excavated from the subgrade of the road.

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED March 27, 2012

By Commissioner: xx

032712-0xx

Final Payment S.A.P. 01-598-13

WHEREAS, Contract No. 20113– Project No. SAP 01-598-13 – Bridge Replacement and Approach Grading has in all been completed, and the County Board being fully advised in the premises.

NOW THEN BE IT RESOLVED, that we do hereby accept said completed projects for and in behalf of the County of Aitkin and authorize final payment to Landwehr Construction in the amount of \$8,237.25 as specified herein.

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT

All Members Voting Yes

STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 27th day of March A.D., 2012, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this 27th day of March A.D., 2012

KIRK PEYSAR, County Auditor

BY _____, Deputy

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED March 27, 2012

By Commissioner: xx

032712-0xx

Final Payment S.A.P. 01-610-23

WHEREAS, Contract No. 20114– Project Nos. SAP 01-610-23 – Reclaim and Bituminous Pavement has in all been completed, and the County Board being fully advised in the premises.

NOW THEN BE IT RESOLVED, that we do hereby accept said completed projects for and in behalf of the County of Aitkin and authorize final payment to Hawkinson Construction in the amount of \$28,452.41 as specified herein.

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT

All Members Voting Yes

STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 27th day of March A.D., 2012, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this 27th day of March A.D., 2012

KIRK PEYSAR, County Auditor

BY _____, Deputy

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED March 27, 2012

By Commissioner: xx

032712-0xx

Final Payment S.A.P. 01-610-21

WHEREAS, Contract No. 20095 – Project No. SAP 01-610-21 – Grading, Aggregate Base and Culvert Replacement has in all been completed, and the County Board being fully advised in the premises.

NOW THEN BE IT RESOLVED, that we do hereby accept said completed projects for and in behalf of the County of Aitkin and authorize final payment to Kern & Tabery, Inc in the amount of \$36,454.24 as specified herein.

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT

All Members Voting Yes

STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 27th day of March A.D., 2012, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this 27th day of March A.D., 2012

KIRK PEYSAR, County Auditor

BY _____, Deputy

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



To: Chairperson, Aitkin County Board of Commissioners Date: 3-20-2012

Via: Patrick Wussow, County Administrator

From: John Welle

Title of Item:

Bridge Priority Resolution

Requested Meeting Date: 3-27-12 Estimated Presentation Time: 10 minutes

Presenter: John Welle

Type of Action Requested (check all that apply)

- For info only, no action requested
- For discussion only with possible future action
- 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
- Authorize filling vacant staff position
- Request to schedule public hearing or sale
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute _____
- Approve under Routine Business
- Adopt Ordinance Revision
- Approve/adopt proposal by resolution (attach draft resolution)
- Other (please list) _____

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) _____

AITKIN COUNTY COMMISSIONER'S MEMO

TO: Aitkin County Commissioners
Patrick Wussow, County Administrator

FROM: John Welle

DATE: March 20, 2012

REGULAR AGENDA ITEM: Bridge Priority Resolution

Every two years, MnDOT asks counties to report by resolution the local bridges that are a priority rehabilitation or replacement using state bridge funds. These resolutions then become the basis for the bonding request to the legislature, as well as a project specific requirement for each project to gain funding. Enclosed is a proposed resolution listing all bridges that are anticipated to be rehabilitated or repaired in the next five years.

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA
ADOPTED March 27, 2012

By Commissioner: xx

032712-0xx

Bridge Priority

WHEREAS, Aitkin County has reviewed the pertinent data on bridges requiring replacement, rehabilitation, or removal, supplied by local citizenry and local units of government, and

WHEREAS, Aitkin County has identified those bridges that are high priority and that require replacement, rehabilitation, or removal within the next five years.

NOW, THEREFORE BE IT RESOLVED that the following deficient bridges are high priority and Aitkin County intends to replace, rehabilitate, or remove these bridges as soon as possible when funds are available,

Old Bridge Number	Road Number	Est. Project Cost	Federal Funds	State Aid Funds	Town Bridge Funds	Local Funds	Bond Funds	Program Year
L5910	185 th Place	\$210,000			\$200,000	\$10,000		2012
7277	CSAH 4	\$550,000		\$250,000			\$300,000	2012
01504	CSAH 15	\$900,000		\$480,000			\$420,000	2013
92412	CSAH 28	\$180,000		\$90,000			\$90,000	2013
01503	CSAH 14	\$300,000		\$150,000			\$150,000	2014
7375	CR 54	\$250,000				\$50,000	\$200,000	2014
R0187	430 th Lane	\$110,000			\$100,000	\$10,000		2015
93006	CSAH 34	\$100,000		\$50,000			\$50,000	2015

FURTHERMORE, Aitkin County does hereby request authorization to replace, rehabilitate, or remove such bridges, and

FURTHERMORE, Aitkin County does hereby request financial assistance with eligible approach grading and engineering costs on township bridges, as provided by law.

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT All Members Voting Yes

STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 27th day of March A.D., 2012, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this 27th day of March A.D., 2012

KIRK PEYSAR, County Auditor

BY _____, Deputy

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



To: Chairperson, Aitkin County Board of Commissioners Date: 3/21/12
Via: Patrick Wussow, County Administrator
From: Mike Dangers, County Assessor

Title of Item: 2012 Assessment Changes
Requested Meeting Date: March 27, 2012 Estimated Presentation Time: 15 min
Presenter: Mike Dangers

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) _____
- 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
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- 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) _____

Provide eleven (11) copies of supporting documentation NO LATER THAN Wednesday at 8:00am 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)



**OFFICE OF
AITKIN COUNTY ASSESSOR**
209 2nd ST N.W. Room 111
AITKIN, MINNESOTA 56431
Phone: 218/927-7327 – Fax: 218/927-7379
assessor@co.aitkin.mn.us

MEMO

March 21, 2012

To: County Board of Commissioners

From: Mike Dangers, County Assessor

Re: 2012 Assessment Changes

The 2012 Assessment is complete and the Notices of Valuation and Classification are scheduled to be mailed on Tuesday, April 3. This packet outlines the major changes and issues that we face as we approach the meeting dates for the Local Board of Appeal and Equalization. We will also be sending this information to the Township Boards and City Councils.

Page 3 shows the Countywide Estimated Market Value changes. Similar to the last two years, overall County Estimated and Taxable Market Values are going down. This will again affect the County's Tax Capacity for 2013 payable. The changes listed on this spreadsheet are independent of any homestead market value exclusions.

On a positive note, we have logged our first increase in new construction since 2006. Also, our overall value reduction is less than the past two years. Increases in new construction help to mitigate the loss of valuation on the tax base.

Also noteworthy is the loss of the benefit to the Green Acres program. All Green Acres valuations starting with the 2012 assessment are greater than or equal to the Estimated Market Values in Aitkin County. This is due to the increases in the valuation of typical southern Minnesota ag lands. State Law requires counties to utilize the formula for Green Acres valuation that the Department of Revenue provides.

Page 4 shows a summary of the results of the 2011 sales ratio study. The 2011 study uses sales from October 2010 to September 2011. This information is used to set the level of assessment for the 2012 assessment. The figures in the column titled "Forward Median Ratio" are typically required to be between 90 and 105% when there are over 6 valid sales. The property types are listed on the left side of the page and the sales column is on the right. As you can see, most property types have typical estimated market values that are higher than sale prices. Values are coming down to address this issue.

Page 5 shows an overview of the foreclosure situation in Aitkin County. The number of foreclosures shown here is substantially lower than the 2009 high but still elevated compared to years ago. However, there are still a large number of unsold bank owned properties in the County. At the present rate of bank owned property sales, it will take multiple years to clear the market of foreclosures. Since these typically sell for less than full market value, they likely will continue to put downward pressure on valuations in the future.

The numbers of good quality open market sales were up slightly in 2011 compared to 2012. The total amount of all CRV documented property transactions were up about 15% in 2011 compared to 2010. These numbers are still far below the levels of the early to mid 2000's as shown on page 6. This sheet also shows the history of the basic components of the sales ratio study since 2002. The overall assessment quality as measured by the COD continues to be better than in past years, largely due to the implementation of the CAMA system.

Page 7 is the 2012 Assessment County Land Schedule for acreage. The Department of Revenue still requires that we report land values and acreages of tillable, pasture, swamp, and wooded lands. We did increase low and high wooded land types \$50 per acre this year. We also reduced swamp land \$100 per acre.

Pages 8 through 12 show a detailed list of changes to each township and city for the 2012 assessment. Most increases listed were due to equalization with neighboring counties as in the gravel pit land, peat mining land, and campground site values.

Please contact me at (218) 927-7340 with questions regarding any of these items.

Countywide Value Change 2012 Assessment				
	2011		2012	% Change
Overall Estimated Market Value	\$ 3,075,937,800		\$ 2,982,495,700	-3.0%
New Construction Value	\$ 12,968,900		\$ 14,346,700	10.6%
Overall Agricultural Homestead EMV	\$ 263,062,600		\$ 250,598,300	-4.7%
Overall Residential EMV	\$ 1,025,207,700		\$ 988,691,100	-3.6%
Overall Seasonal Recreational EMV	\$ 1,236,347,500		\$ 1,192,735,500	-3.5%
Overall Commercial/Industrial EMV	\$ 83,866,600		\$ 82,178,800	-2.0%
Overall Apartment EMV	\$ 15,754,600		\$ 16,417,700	4.2%
Total Green Acres EMV reduction	\$ 315,800		0	-100.0%
Notes:				
The increase in Apartment EMV is not due to mass increases in apartment value, just reassessment changes and shifts from other classifications.				
The reduction in Agricultural Homestead EMV is largely due to class changes from agricultural to residential homestead.				
The removal of Green Acres deferral value is due the increase in the State required valuation of Green Acres.				
All figures above are as of March 21, 2011. A few minor changes were made to the assessment after this report was run.				

REVISED 2011 ASSESSMENT SALES RATIO STUDY USED TO EVALUATE THE 2011 ASSESSMENT
SALES ANALYSIS FOR THE STATE BOARD OF EQUALIZATION
WITH ADJUSTMENTS FOR TIME AND TERMS TO JANUARY 2011 FOR ALL SALES

COUNTYWIDE RATIOS BY PROPERTY TYPE

TWELVE MONTH STUDY

TWELVE MONTH STUDY - BASED ON SALES FROM OCTOBER 2010 THROUGH SEPTEMBER 2011:
ALL SALES ARE COMPARED TO 2011 ASSESSMENT YEAR MARKET VALUES USED FOR TAXES PAYABLE IN 2011
SOURCE: SALECURR.OUTPUT AS OF JAN 31, 2012

CO=1 COUNTY NAME=AITKIN

PT	PROPERTY TYPE	MEAN RATIO	BACKWARD MEDIAN RATIO	FORWARD MEDIAN RATIO	LOCAL EFFORT NEEDED	TARGET RATIO	AGGREGATE RATIO	UNTRIMMED COEFF. OF DISPERSION	COEFF. OF VARIATION	PRICE RELATED DIFFERENTIAL	NUMBER OF SALES	SALES WITH TIME TRENDS
1	RESIDENTIAL	102.9	99.4	104.4			99.4	13.3	19.1796	1.04	67	28
3	SEASONAL/RECREATIONAL	101.6	100.5	106.5	-1.3621	105	98.4	14.9	19.6791	1.03	92	45
21	RESIDENTIAL LAND	109.5	105.6	105.6	-0.5682	105	87.0	31.6	39.7940	1.26	7	0
23	SEAS/REC LAND	135.3	126.7	126.7	-17.1271	105	131.0	36.1	46.9408	1.03	24	0
31	2A LAND WITH BUILDINGS (34.5	124.8	124.8	124.8			124.8	0.0	0.0000	1.00	1	0
33	2B WITH BUILDINGS (34.5 OR MO	105.9	105.9	105.9			105.9	0.0	0.0000	1.00	1	0
34	2B BARE LAND (34.5 OR MORE AC	94.8	96.5	96.5			93.7	19.7	24.0242	1.01	24	1
39	2B RURAL VACANT LAND - BARE L	107.9	100.0	100.0			91.6	34.9	64.2108	1.18	25	2
41	RESIDENTIAL & SEASONAL	102.1	100.4	105.3	-0.2849	105	98.9	14.2	19.4158	1.03	159	73
44	2A/2B/2C BARE LAND ONLY (MORE	93.0	93.0	93.0			91.3	19.5	23.3136	1.02	29	1
45	ALL 2A/2B (MORE THAN 34.5 ACR	96.9	100.1	100.1			98.7	19.0	24.0802	0.98	34	1
46	COMMERCIAL/INDUSTRIAL	141.7	102.8	102.8			109.4	44.4	60.0867	1.29	4	0
47	MIXED 2A/2B LAND WITH BUILDIN	122.6	111.9	111.9			124.7	15.5	22.5156	0.98	3	0
48	MIXED 2A/2B BARE LAND (34.5 0	84.4	74.9	74.9			83.5	12.9	16.6173	1.01	5	0
50	MIXED 2A/2B BARE LAND (LESS T	115.2	115.2	115.2			115.2	0.0	0.0000	1.00	1	0

Aitkin County Foreclosures by Property Type		
Based on Sheriff's Department List in 2011		
	# of properties	% of total
Residential Homestead	32	47.1%
Residential Non-homestead	9	13.2%
Seasonal Recreational	19	27.9%
Commercial	3	4.4%
Agricultural Homestead	4	5.9%
Agricultural Non-Homestead	1	1.5%
Total Homestead	36	52.9%
Total Non-Homestead	32	47.1%
Total Foreclosures	68	100.0%

3 Year Comparison of Sheriff Sales to Bank Sales (Sales into and out of Foreclosure)

	Bank Sales	Sheriff Sales
2011	72	68
2010	84	91
2009	59	92

Notes:

Multiple parcels owned by a common owner counted as one foreclosure

Properties repurchased or redeemed by original owner not counted (5 in 2011)

Top 3 areas with foreclosures: Shamrock 10, Farm Island 6, Hazelton Twp 5, Aitkin City 5

Approx 172 bank owned parcels in Aitkin County excluding contract for deeds and bank offices

Report prepared by County Assessor's Office

Aitkin County Sales Ratio Study and Assessment Quality Information For Years 2002 through 2011							
	# of Residential and Seasonal Sales	# of Agricultural Sales	Residential Median Sales Ratio	Seasonal Median Sales Ratio	Residential COD	Seasonal COD	
2002	343	14	82.4	78.0	19.8	27.3	
2003	296	29	82.0	75.3	22.4	27.9	
2004	406	23	84.1	81.8	19.2	27.4	
2005	393	28	88.1	82.6	19.6	20.7	
2006	327	31	88.1	87.0	18.3	22.3	
2007	247	16	93.1	90.8	19.8	19.8	
2008	167	14	99.4	97.1	17.0	16.7	
2009	131	11	102.7	93.2	13.0	18.6	
2010	157	8	100.9	100.6	13.3	18.7	
2011	159	10	104.4	106.5	13.3	14.9	
Explanation of Spreadsheet Above:							
Sales Ratio is the assessor's Estimated Market Value divided by the Sale Price of a property.							
Median Sales Ratio is the middle ratio in an array of all sales ratios. The closer the median is to 100.0, the more accurate the assessment level.							
COD is the Coefficient of Dispersion or a measure of how consistent our valuations are with respect to the sale price.							
The lower the COD, the greater the assessment quality.							
Factors that help to improve the COD include implementation of a CAMA system, more thorough sales analysis, more thorough physical inspections, and a less volatile market.							
Sales numbers above are for "good" sales only of those classifications.							

Aitkin County Land Schedule - 2012 Assessment

	<u>Zone A</u>	<u>Zone B</u>	<u>Green Acres</u>
High Wooded(HWD-R)	\$1,650/acre	\$1,485/acre	\$1,650/acre
Low Wooded(LWD-R)	\$1,150/acre	\$1,035/acre	\$1,250/acre
High Pasture/Open(OPN-R)	\$1,500/acre	\$1,350/acre	\$1,650/acre
Low Pasture/Open(LOP-R)	\$1,100/acre	\$990/acre	\$1,250/acre
Swamp/Waste(SWP-R)	\$400/acre	\$360/acre	\$850/acre
High Tillable(TIL-R)	\$1,600/acre	\$1,600/acre	\$2,080/acre
Low Tillable/Rice(LTL-R)	\$1,100/acre	\$1,100/acre	\$2,080/acre
Building Site	\$20,000/unit	\$18,000/unit	

All acreage sizes use these land types.

Over 120 acres - 10% discount for all common owner group acreage
 Under 31 acres – increased rate for all common owner group acreage
 Common owner parcel groups (COPG) must be contiguous

Building Site Value Components: Well \$7,000(.35); Septic \$8,000(.40); Electric \$3,000(.15); Access \$2,000(.10)

Zone B includes the following townships: Beaver Twp, Clark Twp, Haugen Twp, McGregor Twp, Pliny Twp, Rice River Twp, Salo Twp, Seavey Twp, Spalding Twp, White Pine Twp, and Unorg Twp 45-24.

Zone A includes all townships not listed above.

2012 Assessment Changes List

Area #	Name	Appraiser	Major Changes For Each Area
	COUNTYWIDE		Rural platted off-water lot values adjusted to match small acreage schedule. Primarily affects old townsite plats.
	COUNTYWIDE		Gravel pit values increased from \$2000 to \$3000 per acre to equalize with neighboring counties.
	COUNTYWIDE		Peat acreage values for peat/black dirt mining areas increased from \$800 to \$1100 per acre.
	COUNTYWIDE		Campground/Resort RV site values increased from \$1000 to \$1200 each.
	COUNTYWIDE		SWP land type reduced from \$500 to \$400 per acre base.
	COUNTYWIDE		HWD land type increased from \$1600 to \$1650 per acre base.
	COUNTYWIDE		LWD land type increased from \$1100 to \$1150 per acre base.
	COUNTYWIDE		Increased all Green Acre land type values as required by Dept of Revenue and State Law. See Land Schedule for details.
1	AITKIN TWP	TS & DM	Reduced Cedar Lake from \$1700 to \$1650 per front foot base. Reduced buildings 5%.
2	BALL BLUFF	DM	Reassessment. Reduced buildings 5%.
3	BALSAM	DM	Reassessment. Reduced buildings 5%.
4	BEAVER	TS	No mass changes.
5	CLARK	TB	No mass changes.
6	CORNISH	DM	Reduced buildings 5% on rivers and lakes.
7	FARM ISLAND	LT & SW	Reduced buildings 5%. Reduced Farm Island Lake from \$1850 to \$1650 per front foot base. Reduced Spirit, Hanging Kettle, and Little Pine Lakes from \$1100 to \$1000 per front foot base. Reduced Cedar Lake from \$1700 to \$1650 per front foot base.

2012 Assessment Changes List

Area #	Name	Appraiser	Major Changes For Each Area
8	FLEMING	JH	Reassessment. Reduced buildings 5%. Reduced Gun and Jenkins Lakes from \$1000 to \$950 per front foot. Reduced Wilkens Lake from \$1150 to \$1100 per front foot. Reduced Fleming Lake from \$715 to \$670 per foot.
9	GLEN	JH	No mass changes.
10	HAUGEN	TB	Reduced buildings 5%.
11	HAZELTON	SW & TB	Reassessment. Reduced Mille Lacs Lake from \$1400 to \$1250 per front foot base. Front footage on Farm Island Lake equalized.
12	HILL LAKE	JH	Reduced Hill Lake from \$700 to \$575 per front foot base. Reduced buildings 15%.
13	IDUN	TS	Reduced buildings 5%.
14	JEVNE	DM	Reassessment. Reduced buildings 5%.
15	KIMBERLY	DM	Reduced buildings 5%.
16	LAKESIDE	TB	Reduced Mille Lacs Lake from \$1400 to \$1250 per front foot base. Reduced buildings 25%. Reduced backlot base value from \$14,000 to \$10,000 each.
17	LEE	TS	Reduced buildings 5%.
18	LIBBY	TB	No mass changes.
19	LOGAN	DM	Reduced buildings 5%.
20	MACVILLE	JH	Reassessment. Reduced buildings 5%.
21	MALMO	LT	Reassessment. Reduced Mille Lacs Lake from \$1400 to \$1250 per front foot base. Reduced buildings 10%.
22	MCGREGOR TWP	LT	Reduced Hwy 65 corridor building values 5%.

2012 Assessment Changes List

Area #	Name	Appraiser	Major Changes For Each Area
23	MORRISON	LT	Reduced buildings 5%.
24	NORDLAND	DM & LT	Reduced Lone Lake from \$1700 to \$1450 per front foot base. Reduced Elm Island Lake from \$800 to \$650 per front foot base. Reduced Section 12 Lake from \$700 to \$650 per front foot base. Reduced Nord Lake from \$800 to \$700 per front foot base. Reduced Ripple Lake from \$800 to \$650 per front foot base. Reduced buildings 1%.
25	PLINY	TS	Reduced buildings 5%.
26	RICE RIVER	TS	No mass changes.
27	SALO	SW	No mass changes.
28	SEAVEY	TB	Reduced buildings 5%.
29	SHAMROCK	JH, SW, DM, LT	No mass changes.
30	SPALDING	TS	No mass changes.
31	SPENCER	SW	Reduced buildings 5%.
32	TURNER	TS	Reassessment. Most backlot values increased to equalize with Shamrock Twp backlots.
33	VERDON	DM	Reduced buildings 5% on river.
34	WAGNER	LT	Reduced buildings 5%.
35	WAUKENABO	TS	Reduced buildings 5%.
36	WEALTHWOOD	JH	Reduced Mille Lacs Lake from \$1400 to \$1250 per front foot base. Reduced buildings 10%.

2012 Assessment Changes List

Area #	Name	Appraiser	Major Changes For Each Area
37	WHITE PINE	TB	Reduced buildings 5%.
38	WILLIAMS	TB	Reduced buildings 5%.
39	WORKMAN	SW	No mass changes.
41	MILLWARD	JH	Reduced buildings 5%.
42	UNORG 51-22	DM	Reassessment.
43	UNORG 52-22	DM	Reduced buildings 5%.
44	UNORG 45-24	TB	Reduced buildings 5%.
45	UNORG 47-24	TS	No mass changes.
46	UNORG 52-24	LT	Reassessment. Reduced buildings 5%.
47	UNORG 50-25	TB	No mass changes.
48	UNORG 51-25	TB	No mass changes.
49	UNORG 52-25	LT	Reassessment. Reduced buildings 5%.
50	UNORG 50-26	TS	No mass changes.
51	UNORG 48-27	TB	Reduced buildings 5%.
52	UNORG 49-27	LT	Reassessment
53	UNORG 50-27	TS	No mass changes.

2012 Assessment Changes List

Area #	Name	Appraiser	Major Changes For Each Area
54	UNORG 51-27	TB	No mass changes.
55	UNORG 52-27	TS	Reduced buildings 5%.
56	AITKIN CITY	SW	Reduced residential land 15% and residential buildings 5%. Reduced Commercial/Industrial land 5% and buildings 5%.
57	HILL CITY	TS	Reassessment. Reduced Hill Lake from \$700 to \$575 per front foot base.
58	MCGRATH CITY	TB	Reduced residential buildings 5%. Acreages equalized to county acreage schedule.
59	MCGREGOR CITY	TS	Reduced commercial/industrial land 5%.
60	PALISADE CITY	LT	Reassessment. Reduced residential buildings 5%. Land converted to front footage based land schedule. Acreages equalized to county acreage schedule.
61	TAMARACK CITY	TB	Reassessment. Reduced residential building values 5%. Acreages equalized to county acreage schedule.
	(Current as of 3/20/12)		

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



To: Chairperson, Aitkin County Board of Commissioners Date: March 8, 2012

Via: Patrick Wussow, County Administrator

From: Terry Neff, Environmental Services Director

Title of Item:

2012 Planning and Zoning fee Schedule

Requested Meeting Date: March 27, 2012 Estimated Presentation Time: 15 min

Presenter: Terry Neff, Environmental Services Director

Type of Action Requested (check all that apply)

- For info only, no action requested
- For discussion only with possible future action
- 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
- Authorize filling vacant staff position
- Request to schedule public hearing or sale
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute
- Approve under Consent Agenda
- Adopt Ordinance Revision
- Approve/adopt proposal by resolution (attach draft resolution)
- Other (please list) _____

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 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) Fee Schedules

Provide eleven (11) copies of supporting documentation NO LATER THAN Wednesday at 12:00 pm 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 Environmental Services Planning and Zoning


209 Second Street NW, Rm 100

Aitkin, MN 56431

Phone: 218-927-7342 Fax: 218-927-4372



MEMORANDUM

DATE: March 20, 2012
TO: Aitkin County Board of Commissioners
FROM: Terry Neff, Environmental Services Director 
RE: 2012 Proposed Fee Schedule

Enclosed is a copy of a proposed fee schedule for the Planning and Zoning Office, a copy of the 2011 Fee Schedule, Crow Wing County's 2012 Fee Schedule and Cass County's 2012 Fee Schedule. Proposed changes are in **bold** lettering and ~~striketrough~~ lettering. The last time the permit fees were increased was in 2008. At the March 27, 2012, Aitkin County Board of Commissioners meeting, I will be discussing the proposed fee schedule with possible adoption of the changes.

If you have any questions prior to the meeting, please contact me at 218-927-7342 or by e-mail at tneff@co.aitkin.mn.us.

enclosures

c:\ctybrd\ctybrd2012

2012 PROPOSED FEE SCHEDULE

TYPE OF PERMIT	FEE
Accessory Buildings/Sign <120 sq.ft. (no pre-onsite)	50.00
Accessory Buildings/Sign >121 sq.ft. to 239 sq.ft. (no pre-onsite).....	75.00
Accessory Buildings/Sign 240 sq.ft. to 1000 sq.ft. and/or WATER ORIENTED	175.00
Accessory Buildings >1000 sq.ft.	250.00
Accessory Structure –open on three sides or lean-to	75.00 100.00
Accessory Structures are buildings used for personal storage with no sleeping quarters and no toilet, bathtub or shower facilities. Any structure with sleeping quarters or these facilities is considered a residence	
Fence (8 feet or greater in height)	50.00 100.00
Commercial Buildings/Additions (footprint of structure)	
<500sq.ft.	200.00
501 – 1500 sq.ft.	300.00
1501 – 2500 sq.ft.	400.00
>2501 sq.ft.	500.00
Residence, new construction (footprint - including attached garage, deck, and/or porch)	
Additions (decks, porches and platforms are separate permit fees)	
<500 1000 SQ.FT.	200.00 250.00
501 – 1000 sq.ft.	250.00
1001 – 2000 sq.ft.	300.00 350.00
2001 – 3000 sq.ft.	350.00 450.00
>3001 sq.ft.	500.00 550.00
Deck/Platform <100 sq.ft	75.00
Deck/Platform >100 sq.ft.	125.00
(Platforms are larger than 32 sq.ft. Less than 30 inches above ground).....	
DECKS & PLATFORMS IN RV PARKS/MOBILE HOME PARKS	
<100	50.00
>100	75.00
Land Alterations.....	150.00
Vegetation Alteration	NO FEE
Planning Call/Site Review.....	100.00
Conditional Use Permit (does not include permit fee).....	600.00
Amendment to existing CUP	600.00
Variance (does not include permit fee)	600.00
Appeal to BOA	600.00
Republication of Variance or CUP	50.00
Rezoning	600.00
Ordinance Amendment	500.00
Tower / WECC Application	700.00
Preliminary Plats and Residential PUDs (1-5 lots/units)	600.00
(6 or more lots/units an additional \$50.00/lot/unit)	
Final Plats and Residential PUD'S	600.00
(6 or more lots/units an additional \$50.00/lot/unit)	
New road sign and post (each sign and post in new plat).....	175.00
Commercial PUD'S and Resort Expansions (6 or less lots –no CUP).....	300.00
Surveyor Review Fee (for plats and residential PUDs 1-5 lots).....	150.00
(6 or more lots/units an additional \$20.00 per lot/unit)	
Engineers Review Fee (for plats and residential PUDs	150.00
Replat of Existing Plat to County Board (does not include surveyor fee)	200.00
Administrative Subdivisions and Exemptions (review prior to approval) per lot.....	50.00-75.00
-If wetlands exist on parcels and/or if onsite inspection to verify submitted info	add'l 100.00
COMPLAINT ENFORCEMENT (after receipt of CTY/ATTNY (2ND) notice	
- addition to permit fee).....	200.00
Reinspection/Additional inspection fee on all	100.00
911 Addressing (includes sign and post).....	55.00
AFTER THE FACT FEE'S – 5 X permit fee in Shoreland areas, 3 X permit fee in non-Shoreland areas	
(includes variances and CUP's)	

A septic system must be installed when there is running water to or within a structure.

SEE REVERSE SIDE FOR WETLAND AND SEWER FEES

RESIDENTIAL SEWERS

FEES

The type of septic system to be installed will be determined by the type of soil on the property. A licensed ISTS professional can do soil borings to determine the type of soil and system the property can support.

Drainfield/Bed	250.00
MoundAt-Grade	300.00
Other//Performance Systems	350.00
Tank Replacment/Outhouse/Privy	150.00
Holding Tank (requires onsite)	150.00
Operating Permits	100.00
Indemnification Form (homeowner installed systems) in addition to permit fee.....	100.00

COMMERCIAL and CLUSTER SEWERS

GALLONS/DAY

1-500	500.00
501-1,000	600.00
1,001-2,500	800.00-1000.00
2,501-5,000	900.00
5,001-10,000	1,200.00
2,501-10,000	1,200.00 plus any additional costs for design review & inspections (5)

WETLAND CONSERVATION ACT

FEES

Wetland Exemption Certificate	25.00
Wetland/Banking/Offsite-Mitigation Application	1,000.00
Wetland Replacement Plan	300.00
Wetland Site Review.....	100.00
Appeal of LGU Decision (\$50.00/ hour plus any additional costs to Aitkin County)	

OTHER CHARGES

Ordinances (excluding Shoreland and General Zoning).....	10.00
Shoreland and General Zoning Ordinances.....	25.00
Comprehensive Land Use Plan	25.00
EAW Fees (\$50.00/hour plus any additional costs to Aitkin County)	
Administrative Fee (per hour plus mileage, minimum charge of 1/2 hour)	50.00
Copies	0.25/page
Color Copies	2.00/page
Copies of Meeting Recordings	25.00

2012 Fee Schedule Crow Wing County Environmental Services

LAND USE PERMITS

New Construction:

Residential up to 1000 s.f. Ground Cover	\$250
1001 s.f. to 2000 s.f. Ground Cover	\$500
2001 s.f. to 3000 s.f. Ground Cover	\$750
3001 s.f. to 4000 s.f. Ground Cover	\$1000
Each additional 1000 s.f. Ground Cover	\$250
Commercial (including plan review fee)	
Up to 1000 s.f. Ground Cover	\$400
1001 s.f. to 2000 s.f. Ground Cover	\$500
2001 s.f. to 5,000 s.f. Ground Cover	\$750
5001 to 10,000 s.f. Ground Cover	\$1000
10,001 s.f. and greater Ground Cover	\$1250
Commercial Storage Building (no Sewer or Water) per building	\$400

After the fact permits

(Paid at the time permit is issued as determined by the zoning administrator)

Triple Original Fee

Additions/Accessory Structures

Residential Accessory Structure or Addition

Less than 100 s.f. Ground Cover	\$25
100 s.f. - 200 s.f. Ground Cover	\$100
201s.f. -400 s.f. Ground Cover	\$125
401s.f. - 600 s.f. Ground Cover	\$175
601 s.f. to 1000 s.f. Ground Cover	\$250
1001 to 2000 s.f. Ground Cover	\$300
Greater than 2000 s.f. Ground Cover	\$500
Roof Reconstruction	\$75

Commercial Accessory Structure or Addition includes plan review fee

Up to 1000 s.f. Ground Cover	\$300
1001 to 2000 s.f. Ground Cover	\$400
2001 to 5,000 s.f. ground cover	\$500
5001 to 10,000 s.f. Ground Cover	\$750
10,001 s.f. and greater	\$1000
Commercial multi-storage buildings-no water or sewer-(Per Building)	\$400
Agricultural Accessory Structures	\$100
Travel Trailer Placement	\$100
Signs \$1.00 per s.f. up to 200 s.f.	\$200

After the fact permits

(Paid at the time permit is issued as determined by the zoning administrator)

Triple Original Fee

Sewage Treatment Systems: These Costs Are in Addition to Construction Permit Fees

Residential (Includes review, approval of design, and inspection)	\$150
Commercial (Prior Plan Approval Required)	
Small Flow Systems (Less than 1000 gal/day)	\$250
Large Flow Systems (1000 gal. /day or larger)	\$500
Includes review, approval of design, and inspection	
Re-inspection Fee	\$100

After the fact permits

(Paid at the time permit is issued as determined by the zoning administrator)

Triple Original Fee

Shoreland Alteration Permit	\$150
WCA* - Wetland Replacement Plan Application	\$300
WCA* - Exemption Application	\$50
WCA*- Certification Letter - No Wetland on Parcel	\$100
WCA* - Wetland Banking Application	\$300
WCA*- Wetland Sequencing Application	\$300
Lake Improvement District Application Fee	\$500
Lake Improvement District Yearly Renewal Fee	\$250

*Wetland Conservation Act

2012 Fee Schedule

Licenses/ Special Fees:

Manufactured Home Movers License	\$100
Gravel Pit Operation	\$500
Plus Re-inspection Fee	\$100
Plus Minimum \$5,000 Bond	
Junk/Salvage Yard - Annual	\$100
Land Use Ordinance	\$25
County Comprehensive Plan	\$15
Water Plan	\$15
Unorganized Territory Comprehensive Plan	\$10
Subdivision Ordinance	\$5
Other Ordinances	\$3
Misc. Copies	\$.25 per page
Land Use Map	\$20
E 911 Address Fee for Unincorporated Areas	\$55
ADMINISTRATIVE FEE	\$100 per hour plus mileage

Land Use Applications:

Variance	
Residential Uses	\$500
Commercial Uses	\$750
Plus Recording Fee	\$46
Conditional Use	
Residential Uses	\$500
Commercial Uses	\$750
Plus Recording Fee	\$46
Amendment to Existing Conditional Use Permit	\$750
Plus Recording fee	\$46
Land Use Map Amendment (Rezoning)	\$500
Plus Recording Fee	\$46
Appeal to Board of Adjustment	\$500
Plus Recording Fee	\$46
Land Use Ordinance Amendment	\$500+ Printing Costs
Plat or Planned Unit Development	
Initial Review by County Board	\$250
Preliminary Plat	\$500 + \$25.00 per parcel
Final Plat	\$500 + \$25.00 per parcel
	+Surveyors Fees

After the Fact Land Use Application Fees

(Paid at the time of filing as determined by the zoning administrator) Triple Original Fee

TOWERS (Commercial Use)

Tower Base	up to 1000 sq. ft.	\$400
Tower Base	1001 sq. ft. to 2000 sq. ft.	\$500
Antenna co-location		\$300 per antenna
Equipment structures	up to 1000 sq. ft.	\$300
	1001 to 2000 sq. ft.	\$400

The applicant shall reimburse the County for all related miscellaneous costs that exceed the amount of the original application fee.

Changes Approved by the Crow Wing County Commissioners on 12-27-2011

CASS COUNTY FEE SCHEDULE
Effective January 3, 2012

<u>GENERAL FEES</u>	
Copies - letter or legal, 100 pages or less	\$ 0.25
- ledger size	\$ 1.00
Database print screen	\$ 1.00
(Database print screen – taxpayer courtesy, no charge)	
Fax – outgoing base charge (includes cover sheet & 1 page)	\$5.00 plus \$.25 for each additional page
Email – outgoing base charge for data requests	\$5.00 plus \$.25 per page
Research fee – variable Hourly Rate	
<u>ASSESSOR</u>	
Data query-plus media costs	\$ 75.00
Assessment field card	\$ 2.00
<u>AUDITOR-TREASURER</u>	
Administrative fee - over-remittance checks	\$ 3.00
Auctioneers license	\$ 20.00
Audit verification	\$ 25.00
Birth Certificates	
-Certified Copy	\$ 26.00
Additional Copy	\$ 19.00
-Non-Certified Copy	\$ 13.00
Bond issue information - Auditor's certificate	\$200.00 - \$350.00
Cigarette license	\$175.00
Confession of judgment	
-Set-up fee	\$ 50.00
-Annual fee	\$ 15.00
-Court fee	\$ 5.00
Death Certificates	
-Certified Copy	\$ 13.00
Additional Copy	\$ 6.00
-Non-Certified Copy	\$ 13.00
Delinquent tax publication cost	\$ 25.00
Ditch lien release	\$ 25.00
Duplicate tax statement - on demand	\$ 2.00
Duplicate tax statement - automatic, statutory request	\$ 15.00
Escrow tape fee	\$ 500.00
Escrow account maintenance – per parcel	\$ 3.00
Fireworks permit	\$ 50.00
Liquor, Beer and Miscellaneous License Fees	
-3.2 Beer On-Sale License	\$ 50.00
-3.2 Beer Off-Sale License	\$ 25.00
-3.2 Beer On & Off-Sale Combination License	\$ 75.00
-Temporary 3.2 On-Sale (maximum 3 days)	\$ 50.00
-Wine with Strong Beer License	\$300.00
-Set-Up (Bottle Club) License	\$100.00
(plus additional \$250 license fee to state)	
-Off-Sale Liquor License	\$500.00
-On-Sale Liquor License	\$1,500.00
-Temporary On-Sale Liquor License	\$150.00 (New Fee)
-On & Off Sale Liquor Combination License	\$2,000.00
-Late Fee for Liquor License Renewals	\$100.00
-Transient Merchant License	\$150.00
-Lawful Assembly Permit	\$500.00
Maps	
- Auditor's parcel map – B&W	\$ 3.00
- " " " " " " - Color	\$5.00
- Parcel map with aerial photo – B&W	\$5.00
- Parcel map with aerial photo – Color	\$10.00
- Color infrared photo	\$ 10.00
Marriage	
-Certificate	\$ 9.00
Additional Copy	\$ 9.00
-Marriage License	\$ 115.00 (Cash)
-Marriage License – with Education Statement	\$ 40.00 (Cash)
Nonsufficient funds checks	\$ 30.00
Notary	
-Recording	\$ 20.00
-Change	\$ 20.00
Notice of expiration of redemption	\$ 50.00
Ownership requests – variable	Hourly Rate

Repurchase fee - plus additional costs	\$100.00
Precious Metal Dealer License	\$50.00/annual fee
Searches - current and delinquent taxes	
- With parcel identification number (PIN)	\$ 3.00
- Without PIN	\$ 6.00
Special assessment set-up – per parcel	\$ 10.00
Service fee	
-Courtesy split with survey	\$ 35.00
-Courtesy split without survey	\$ 60.00
Subdivision Fees	
-Per lot by certificate of survey -	\$ 75.00
-Per lot where certificate of survey not required	\$150.00
-First lot by minor subdivision plus \$20.00 per lot thereafter	\$100.00
-First lot by platted subdivision plus \$20.00 per lot thereafter	\$100.00
-Separating combined lots of record when permitted per lot	\$ 35.00
Tax estimates	\$ 10.00
Tax increment financing districts – setup	Up to \$500.00
- Annual	Min. \$125.00

DATA – COMPUTER OPERATIONS

Color plot	\$ 30.00
Data query - plus media costs	\$ 75.00
Name/address labels - \$20 minimum up to 575	\$0.0175
Name/address listing - \$20 minimum up to 575	\$0.0150
Tax books-minimum up to 575 records, list charge>	\$ 25.00 Digital GIS Data for Commercial Sale

Parcel Data: Setup: \$50
Unit Cost/parcel polygon = \$.02
Minimum charge = \$100.00 (setup + up to 2500 parcels)
Maximum charge= \$1000.00 (Setup + 47500+ parcels)
Extra information/work charged at \$50 per hour.
Sales tax, media, and shipping at current rates for queries.
(Must sign a digital data agreement regarding use of Cass County data.)

Drivepoint Data: Setup: \$50
Unit Cost/parcel polygon = \$.01
Minimum charge = \$100.00 (setup + up to 5000 records)
Maximum charge= \$300.00 (Setup + 25000+ records)
Extra information/work charged at \$50 per hour.
Sales tax, media, and shipping at current rates for queries.
(Must sign a digital data agreement regarding use of Cass County data.)

Road Data: Setup & Partial or Full data set: \$200
Extra information/work charged at \$50 per hour.
Sales tax, media, and shipping at current rates for queries.
(Must sign a digital data agreement regarding use of Cass County data.)

Other Datasets: Setup & Partial or Full data set: \$100
Extra information/work charged at \$50 per hour.
Sales tax, media, and shipping at current rates for queries.
(Must sign a digital data agreement regarding use of Cass County data.)

(Data to collaborating agencies, units of governments, and for educational purposes at no or media/shipping cost. May have small charge if data manipulation is necessary.)

(Data requests from non-profits will be at a setup charge of \$25 and 20% of commercial costs or at the discretion of the Cass County MIS department.)

ENVIRONMENTAL SERVICES

Residential Structures

Including mobile homes, recreational vehicles, and also including attached garages

\$0.15 per square foot using the overall footprint of the structure, minimum is \$100

Addition to any Residential Structure (including attached garage)
\$0.35 per square foot using the overall footprint of the structure, minimum is

\$ 85.00

Accessory Structures or addition to Accessory Structures
\$0.20 per square foot using the overall footprint of the structure, minimum is

\$ 85.00

Enhanced 911 – address sign	\$ 55.00
Deck(s)	\$ 85.00
Boundary Fence(s)	\$ 55.00
Shoreland & or Land Alteration	\$140.00
Advertising Sign(s)	\$90.00

Residential Septic Systems

*Residential Sewage System + surcharge	\$250.00
*Drainfield + surcharge	\$150.00
*Tank only + surcharge	\$150.00
Privy (outhouse) + surcharge	\$ 50.00
Holding Tank (annual permit)	
*Community Sewage System + surcharge	\$ 50.00
Per Lot Fee	\$150.00
Flow <1000 GPD	\$365.00
1001 – 3999 GPD	\$530.00
4000 – 6999 GPD	\$680.00
7000 – 9999 GPD	\$840.00

*includes a \$50 surcharge to cover the costs of a final inspection.

Commercial Structure or Addition to structure's in a Resort	
\$0.20 per square foot.	
Minimum	\$ 150.00
Maximum	\$1,500.00

Commercial Sewage System + surcharge	
Alteration	\$250.00
Flow <1000 GPD	\$365.00
1001 – 3999 GPD	\$525.00
4000 – 6999 GPD	\$680.00
7000 – 9999 GPD	\$835.00

RV Site/Camping cabin - First Site	\$190.00
Additional Sites	\$ 80.00

Decks	
First Deck	\$ 80.00
Additional Decks	\$ 40.00

Variance	\$395.00
Land Reclassification	\$395.00
Conditional Use Permit (CUP)	\$395.00
Communication Towers (in addition to CUP)	\$630.00
Subdivided Lands: Fees assessed by ESD	
Plat and PUD's (per lot/unit)	\$385.00
Minor Subdivisions (per lot)	\$210.00
Wetland Conservation Act – Replacement Plan Review	\$385.00
Appeal of Decision	\$500 Bond
Administrative Fees (per hour, minimum 2 hours)	\$50.00

HIGHWAY DEPARTMENT

Culvert and delivery-minimum, more for larger sizes	\$300.00
Approved Mailbox Support	\$25.00
County-Installed Mailbox Support	\$60.00
County-Installed Mailbox Support and Removal of Old Support	\$70.00
<i>Due to liability concerns, the Cass County Highway Department will only install Mailbox Supports at locations along roadways under the County's jurisdiction (County State Aid Highways and County Roads)</i>	

LAND DEPARTMENT

Salvage firewood permit	\$ 25.00
Land Sale list – 5 years	\$10.00

HEALTH, HUMAN AND VETERANS SERVICE (HHVS)

Human Services Division	Complete fee schedule available upon request
Collection Fee	\$35.00 (New Fee)
Rule 25 Assessment	\$200.00
Detox Fee	Sliding fee
Parental Fees	Sliding fee
Background Check-Licensed Child Care	\$25.00