

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



To: Chairperson, Aitkin County Board of Commissioners Date: 5-15-12

Via: Patrick Wussow, County Administrator

From: Patrick Wussow, County Administrator

Title of Item:

Request from Chappy's Golden Shores

Requested Meeting Date: 5-22-12 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: Request from Chappy's Golden Shores**

**DATE: May 16, 2012**

Attached is a request from Mike and Trish Olson of Chappy's Golden Shores to be on the May 22, 2012 County Board agenda and for a home and community based waiver contract.

Mike and Trish Olson initially requested to be on the March 27, 2012 County Board agenda and to have their contract with Aitkin County reinstated. At that meeting they withdrew their request and asked to address it at a later date.

Also included in this packet is an email from Tom Burke, Health & Human Services Director, and previous information from March 2012, November 2010, and January 2011. If you wish to review the March 27, 2012 (3A) packet in its entirety, it is available on our website.

Please contact me with any questions.

## Sue Bingham

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**From:** Tom Burke [tom.burke@co.aitkin.mn.us]  
**Sent:** Wednesday, May 16, 2012 10:25 AM  
**To:** 'Julie Lueck'; 'Sue Bingham'  
**Subject:** Memo

County Commissioners  
County Administrator, Patrick Wussow

Re: Request for a Home and Community Based Contract from Chappy's Golden Shores.

I have reviewed the request and attachments from Mike and Trisha Olson to receive a contract to provide home and community based services. The County Board has supported allowing the previous contract to run out without renewal. The Board now must decide to support the previous decision or to now enter into another contract with this provider. If the Board wishes to enter into a new contract, a request may be made to the Health and Human Services Department to create a contract that contains stipulations that will address previous concerns and clear decision points for terminating the contract if in the event the stipulations are not followed. The contract would take a matter of weeks to complete to ensure concerns are appropriately presented and clarified. The contract would provide for the Board Chair and a representative of Chappy's Golden Shores for signature.

Aitkin County Health and Human Services does not support contracting with Chappy's. Over the multiple years we attempted to work with this provider, we found it to be extremely time intensive. The information provided does not address any of the concerns this agency has shared with the County Board previously. If the Board agrees to contract with Chappy's, Health and Human Services will do the necessary work to comply with the conditions of the contract.

MAY 16 2012

To Patrick:

We are requesting to be put on the agenda for the 22<sup>nd</sup>, county board meeting. We would like to be on the regular board meeting. We are requesting to ask for our contract for the home and community based waiver contract. We are asking that our contract be reinstated on the 22<sup>nd</sup> of this month.

Thank you,

Mike and Trish Olson  
Chappy's Golden Shores

Telephone number: 218-244-6384 Mike's Cell Phone number



**MINNESOTA BOARD OF NURSING**  
**REGISTRATION CERTIFICATE**

**REGISTERED NURSE**

**MICHELLE LYNNE PAGAN**  
**49383 LAKE AVE**  
**MCGREGOR MN 55760**

CENSE NO.

**R 201836-2**

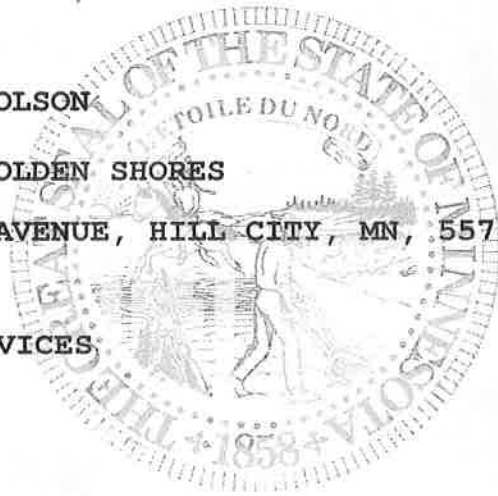
Effective  
EXPIRATION DATE

**6/7/2011**  
**11/30/2013**

# MINNESOTA DEPARTMENT OF HEALTH

## CERTIFICATE OF REGISTRATION

(Registrant) **KEITH M. OLSON**  
to operate the **CHAPPYS GOLDEN SHORES**  
located at **530 PARK AVENUE, HILL CITY, MN, 55748**  
for the following  
**HOUSING WITH SERVICES**



Issued at St. Paul, Minnesota

Effective Date: 08/01/2011

Expiration Date: 07/31/2012

Not Transferable as  
to Registrant or Location  
HE-01084-04 (Rev 10/00)

**Edward P. Ehlinger, MD, MSPH**

Commissioner

353460

# MINNESOTA DEPARTMENT OF HEALTH

HEREWITH GRANTS A LICENSE TO

(Licensee) KEITH M. OLSON  
to operate the CHAPPY'S GOLDEN SHORES  
located at 530 PARK AVENUE, HILL CITY, MN, 55748  
for the following  
CLASS F HOME CARE PROVIDER



Issued at St. Paul, Minnesota

Effective Date: 07/05/2011

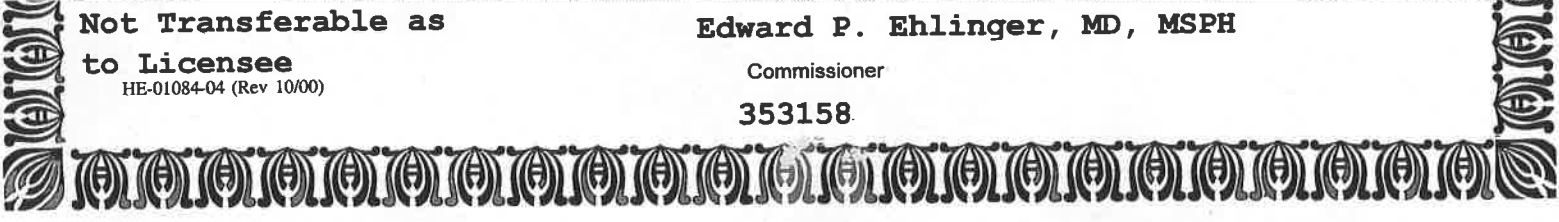
Expiration Date: 07/04/2012

**Not Transferable as  
to Licensee**  
HE-01084-04 (Rev 10/00)

**Edward P. Ehlinger, MD, MSPH**

Commissioner

**353158**





**Minnesota Department of Human Services**  
Division of Licensing  
PO Box 64242  
St. Paul, MN 55142-0242



**Terms of License: Adult Foster Care**

To provide corporate adult foster care services subject to the standards of Minnesota Statutes, Chapter 245A and Minnesota Rules, parts 9555.5105 to 9555.6265.

**Agency: Aitkin County Health and Human Services**

**Capacity: 5 persons**

**Age: 55 years and older**

DHS-3216-ENG 8-06

**Special Terms:**

**Doing Business At:**

Olson Keith M & Olson Theresa L  
530 Park Ave  
Hill City, MN 55748

Issued To  
Keith M Olson AND Theresa L Olson

License Exp 9/1/2011	License To 9/1/2013
License Number 233185-4-AFC	

*Jerry Kerber*  
Jerry Kerber, Director of Licensing

*Lucinda E. Jesson*  
Lucinda E. Jesson, Commissioner

•  
Olson Keith M & Olson Theresa L  
530 Park Ave  
Hill City, MN 55748  
•

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

CHAPPY'S GOLDEN SHORES  
530 PARK AVENUE  
HILL CITY, MN 55748

LABORATORY DIRECTOR

KEITH M OLSON

CLIA ID NUMBER

24D2009733

EFFECTIVE DATE

07/12/2010

EXPIRATION DATE

07/11/2012

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but it is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Judith A. Yost*

Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations

THIS LICENSE VALID FROM  
APRIL 1, 2012 THROUGH  
MARCH 31, 2013

AITKIN COUNTY ENVIRONMENTAL  
SERVICES  
209 2ND STREET NW  
AITKIN, MN 56431



LICENSE NUMBER  
**0110267**

PHYSICAL ADDRESS  
**530 PARK AVENUE**

CITY HILL CITY , MN  
ZIP **55748**

ESTABLISHMENT NAME  
**CHAPPY'S GOLDEN  
SHORES**

OWNER'S NAME  
**KEITH & THERESA OLSON**

THIS LICENSE IS GRANTED PURSUANT TO APPLICATION AND PAYMENT OF FEE. IT IS SUBJECT TO ALL PROVISIONS OF THE LAWS OF THE COUNTY, STATE, FEDERAL GOVERNMENT AND IS REVOCABLE FOR VIOLATION THEREOF. THIS LICENSE SHALL NOT BE SOLD, LOANED, OR TRANSFERRED. IT MUST BE POSTED TO BE VALID.

TYPE OF FOOD LICENSE

<b>SMALL</b>	NUMBER OF ROOMS	<b>13</b>	PRIVATE WELL	<b>No</b>
ALCOHOL?	NUMBER OF CABINS	<b>0</b>	NUMBER OF POOLS	<b>0</b>
WINE/BEER?	NUMBER OF MHP UNITS	<b>0</b>	NUMBER OF SPAS	<b>0</b>
	NUMBER OF RCA UNITS	<b>0</b>		
	NUMBER OF YOUTH BEDS	<b>0</b>		

*Douglas Pearson*  
Douglas Pearson, R.S. Environmental Health Specialist

*3/5/12*  
DATE



Minnesota Department of **Human Services**

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**INVESTIGATION MEMORANDUM**  
**Department of Human Services, Division of Licensing**  
**Public Information**

*Minnesota Statutes, section 626.557, subdivision 1 states, "The legislature declares that the public policy of this state is to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment."*

**Report Number:** 20120733

**Date Issued:** April 16, 2012

**Name and Address of Facility Investigated:**

**Disposition:** False

Keith and Theresa Olson Adult Foster Care  
530 Park Avenue  
Hill City, MN 55748

**Program License Number:** 233185

**Rule and/or Statute under which Facility is Licensed:** Adult Foster Care

**Investigator(s):**

Scott Broady  
Division of Licensing  
Minnesota Department of Human Services  
PO Box 64242  
Saint Paul, Minnesota 55164-0242  
651-431-6557

**Suspected Maltreatment Reported:**

It was reported that a staff person (SP1) yelled at consumers and that another staff person (SP2) slapped a consumer. It was also reported that consumers were administered medications that were not their own medications and consumers were not always taken to medical appointments.

**Date of Incident(s):** Ongoing, prior to February 21, 2012

**Nature of Alleged Maltreatment Pursuant to Minnesota Statutes, section 626.557, subdivision 9c, paragraph (b), and Minnesota Statutes, section 626.5572, subdivision 15, and subdivision 2, paragraph (b), clauses (1) and (2); and subdivision 17, paragraph (a):**

Conduct which is not an accident or therapeutic conduct which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to:

- Hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult.
- The use of repeated or malicious oral, written or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening.

The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to food, clothing, shelter, health care, or supervision which is reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult and which is not the result of an accident or therapeutic conduct.

**Investigation Procedure:**

**Site visit:** March 7, 2012

**Interviews** (conducted on March 7 and 8, 2012):

- SP1 and SP2
- A facility staff person (P)
- A family member of a consumer (FM)

**Documents reviewed included:**

- Five vulnerable adults' (VA1's-VA5's) *Service Plans*
- VA1's-VA5's *Individual Abuse Prevention Plans*
- VA1's-VA5's *Review of Systems/Physical Assessments*
- VA1's-VA5's *Risk Agreement and Releases*
- VA1's-VA5's *Individual Case Orientations*
- The facility's personnel files for staff persons

**Pertinent Information/Summary of Findings:**

The facility provided services to elderly individuals with multiple medical issues including dementia and physical disabilities.

The facility consisted of two separate living units connected by a common living area. The main entrance to the facility came into the common area. One of the living units was licensed as an adult foster care by the Minnesota Department of Human Services (DHS). Five consumers received adult foster care services. The other living unit was not licensed by DHS.

Several concerns regarding the facility were received via an anonymous letter. These concerns did not include specific details such as names of consumers or dates of incidents. Therefore, it was not determined if the concerns regarding consumers involved the vulnerable adults who were receiving adult foster care services. The concerns addressed in this report were only the concerns that indicated allegations of maltreatment. The concerns included the following:

- Consumers were not always taken in for medical appointments in a timely manner.
- Consumers were given other consumers' medications.
- A consumer had a "spend down every so often" and some of the money disappeared.
- SP1 yelled at the consumers.
- SP1 told consumers if they did not eat they would die and SP1 forced consumers to eat and drink.

- SP2 was constantly at the facility while intoxicated and on one occasion, SP2 slapped a consumer while SP2 was intoxicated.

For the purposes of this report, when information pertains specifically to any of the five consumers receiving adult foster care services, the consumers will be referred to as vulnerable adults (VA1-VA5). Otherwise, individuals will be referred to as consumers.

On March 7, 2012, at approximately 10:15 a.m., this investigator, in conjunction with the County Adult Foster Care Licensur, conducted an unannounced site visit. This investigator observed the following during the site visit:

- Consumers were out of bed, dressed appropriately, and getting ready for daily activities. Staff persons were engaged in appropriate interactions with the consumers. Two consumers were scheduled to attend medical appointments and SP2 was taking the two consumers to their appointments.
- The facility was neat, clean, and free of odors.
- The facility's medication cabinet was locked. The consumers' medications were in individual blister packs and kept in separate bins for each consumer.
- VA1's -- VA5's files contained documentation pertaining to assessments of their needs, documentation of ongoing health issues, documentation of medication administration and daily cares, and documentation regarding medical appointments.
- The VAs' files contained documentation showing that staff persons received training specific to each of the VAs.
- The facility had letters from family members, social workers, and physicians stating that they were satisfied with the care provided to consumers at the facility.

SP1 provided the following information:

- SP1 said that s/he ordered medications for consumers each month. Each of the consumer's medications came in blister packs with a one month supply. SP1 said that if a consumer ran out of medications, s/he would call their physician and then pick the medications up at the pharmacy. SP1 said that s/he was not aware of any time a consumer received another consumer's medication. SP1 said that the allegation did not "make sense" because the consumers all had their own monthly supply of medications which were kept in blister packs.
- SP1 said that s/he never yelled at consumers. SP1 said that s/he never heard any other staff persons yell at consumers. SP1 said that sometimes staff persons had to talk loud to consumers because the consumers were hearing impaired.
- SP1 said that s/he never told a consumer that if the consumer did not eat, they would die. SP1 said that there was a consumer who refused to eat and had a physician's order to try to get him/her to eat. The consumer was not receiving adult foster care services. SP1 said that s/he never forced a consumer to eat or drink.
- SP1 did not manage the funds of the consumers. SP1 said that there was a consumer, who was not receiving adult foster care services, who once in a while needed to spend some money per the consumer's representative payee. On those occasions, SP1 bought the consumer items and sent receipts to the representative payee who then needed to approve the expenditures.

- SP1 was not aware of any time staff persons were working while under the influence of drugs and/or alcohol.

SP2 provided the following information:

- SP2 provided information about the consumers' medications that was consistent with SP1's information.
- SP2 said that all the consumers were taken to all of their medical appointments and were accompanied by staff persons.
- SP2 said that there was one occasion when s/he had to yell at a consumer. SP2 was driving with the consumer and the consumer was grabbing the steering wheel and pounding on a window. SP2 was able to drive the vehicle to a place where law enforcement was present. The consumer was eventually taken into custody by law enforcement. SP2 said that s/he never heard another staff person yell at a consumer.
- SP2 said that s/he never hit a consumer.
- SP2 said s/he never came to work under the influence of alcohol or drugs. SP2 said that one time it was suspected that a staff person was under the influence of drugs or alcohol and that staff person's employment was terminated.

The P provided the following information:

- The P stated that SP1 and SP2 took care of scheduling and taking consumers to medical appointments. The P said that "it seems like they are always" taking consumers to medical appointments. The P was not aware of any consumer missing a medical appointment. The P did not have any concerns about the care provided to the consumers at the facility.
- The P said that s/he never saw a staff person interact with a consumer in a manner which caused the P concern. The P said that some consumers were hearing impaired so staff persons had to talk loud, but the P never heard a staff person yell at a consumer. The P never saw a staff person hit a consumer.
- The P was not aware of any time where a consumer ran out of medications or aware of anytime where a consumer was administered another consumer's medication. The P was not aware of anyone working at the facility while under the influence of drugs and/or alcohol.
- The P said that when new consumers moved to the facility, staff persons receive training on the new consumers from the facility health care professional and supervisory staff persons.

This investigator attempted to contact family members of three of the vulnerable adults living at the facility, but was only successful in contacting one of the family members. That family member did not have concerns about the care their family member received at the facility.

Facility documentation showed that SP1 and SP2 each received training on the Reporting of Maltreatment of Vulnerable Adults Act.

### **Conclusion:**

Several allegations were received regarding the care consumers received at the facility. There were no specific details regarding which consumers, but SP1 and SP2 were each named in the allegations. Based on information obtained, two of the allegations (money not accounted for and SP1 telling a consumer they needed to eat or die)

involved consumers who lived at the facility, but were not receiving adult foster care services. Regardless, information obtained from SP1 addressed the allegations.

Regarding the allegations that consumers received other consumer's medications. Information showed that the system in the place at the facility ensured that all consumers had their own medications and there was no information obtained from staff persons that anyone was aware of a time when a consumer received another consumer's medication. In addition, SP1 described how the facility obtained a consumer's medication if they ran out of medications. Furthermore, on the date of the unannounced site visit, this investigator observed that the consumers' medications were in individual blister packs and kept in separate bins for each consumer.

Regarding the allegations that consumers were not always taken to medical appointments. Documentation reviewed from VA1's – VA5's files at the facility showed that they regularly attended medical appointments. Information obtained from staff persons also showed that consumers regularly went to medical appointments. In addition, on the day of this investigators unannounced site visit, SP2 took two consumers to a medical appointment.

Regarding the allegation that SP1 yelled at consumers. Neither SP1, SP2 nor the P said that they were aware of a staff person yelling at consumers. SP1 denied that s/he yelled at consumers. Information showed that some consumers were hearing impaired so staff persons had to talk loud to them. SP2 did say there was one situation that s/he had to yell at a consumer during an incident which took place in a vehicle while SP2 was driving.

Regarding the allegation that SP2 was intoxicated at work and slapped a consumer. The P and SP1 each stated that they were not aware of any time where a staff person was working under the influence of drugs or alcohol. SP2 denied that s/he ever hit a consumer and denied being at work while under the influence of drugs or alcohol. SP2 said that there was a staff person who was suspected of being at work under the influence of drugs or alcohol and that staff person's employment was terminated.

Based on information obtained from review of documentation at the facility, observations at the facility during an unannounced site visit, and information obtained from staff persons, there was a preponderance of the evidence that neglect and/or abuse of vulnerable adults did not occur.

It was determined that neglect and abuse did not occur (conduct which is not an accident or therapeutic conduct which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to: Hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult and/or the use of repeated or malicious oral, written or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening and/or the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to food, clothing, shelter, health care, or supervision which is reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult and which is not the result of an accident or therapeutic conduct).

**Disposition:**

False

**Action Taken by Facility:**

None



Keith and Theresa Olson Adult Foster Care  
Report 20120733  
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**Action Taken by Department of Human Services, Licensing Division:**

None



KL

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, heels, 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 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:**

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Records                              | <input type="checkbox"/> Care Guide                   |
| <input type="checkbox"/> Medication Administration Records            | <input type="checkbox"/> Treatment Sheets             |
| <input type="checkbox"/> Facility Incident Reports                    | <input type="checkbox"/> Physician Progress Notes     |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input type="checkbox"/> Physician Orders                             | <input type="checkbox"/> Social Service Notes         |

Nurses Notes

Meal Intake Records

Activities Reports

Weight Records

Therapy and/or Ancillary Services Records

Assessments

Skin 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

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

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: \_\_\_\_\_

Tennessee 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: \_\_\_\_\_

If 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: \_\_\_\_\_

xc: Division of Compliance Monitoring - Licensing & Certification

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H21006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/22/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHAPPYS GOLDEN SHORES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>530 PARK AVENUE HILL CITY, MN 55748</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial comments  : A complaint investigation was conducted to investigate case #HL21006005. No violations are issued.	0 000		

Minnesota Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Keith and Trish Olson of Chappy's Golden Shores asked the Board to remove their request to reinstate their contract with Aitkin County from today's agenda, and address it at a later date. The Board agreed to defer this item and place it on the April 24<sup>th</sup> Board agenda.

**CHAPPY'S  
GOLDEN  
SHORES**

No action was taken on the Aitkin Airport Agreement. The Board asked for more information and deferred this item to the April 10<sup>th</sup> County Board meeting.

**AITKIN  
AIRPORT  
AGREEMENT**

Patrick Wussow, County Administrator presented a Personnel Committee recommendation to the Board.

**PERSONNEL  
COMMITTEE**

Tom Burke, Health & Human Services Director discussed the concerns and need to fill a vacated Office Support Specialist position. Motion by Commissioner Napstad, seconded by Commissioner Westerlund and carried, all members voting yes to fill the position.

**OFFICE  
SUPPORT  
SPECIALIST  
POSITION**

Motion by Commissioner Westerlund, seconded by Commissioner Marcotte and carried, all members voting yes to approve entering into the first half of Marketing Agreement with Maven Perspectives for Long Lake Conservation Center - \$22,000.00.

**MARKETING  
AGREEMENT –  
LLCC**

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

**GENERAL  
GOVERNMENT**

Motion by Commissioner Westerlund, seconded by Commissioner Marcotte and carried (4-0-1 Napstad abstained), to approve the following **Applications for License to Sell Tobacco Products** for the period **ending March 31, 2013**:

**APPROVE  
TOBACCO  
LICENSES**

- # 01 Bann's Bar & Café, Inc., d/b/a **Banns Bar & Cafe** – Shamrock Township
- # 02 J & S Resort LLC, d/b/a **Barnacles** – Wealthwood Township
- # 03 Cuddler Enterprises, Inc., d/b/a **Big Sand Bar** – Workman Township
- # 04 Zorbaz of Big Sandy Lake, Inc., d/b/a **Big Zandy Zorbaz** – Shamrock Township
- # 05 Greg Blanchard, d/b/a **Buckshot Bar & Grill** – City of Hill City
- # 06 MacDonald Enterprises of Malmo, Inc., d/b/a **Castaway's Resort** – Lakeside Twp
- # 07 WB Hay Point, Inc., d/b/a **Corner Club** – Macville Township
- # 08 Denny M. Solsvig, d/b/a **Denny's Lakeview Inn LLC** – Glen Township
- # 10 Farm Island Store, Inc., d/b/a **Farm Island Store** – Farm Island Township
- # 11 N5 Corporation, d/b/a **Fisherman's Bay** – Workman Township
- # 12 The Glen Store & Grill, Inc., d/b/a **The Glen Store & Grill** – Malmo Township
- # 13 Harry Ray Hilton, d/b/a **Harry's Midtown Liquor** – City of Hill City
- # 14 K.L. Gulbraa, Inc., d/b/a **Hill City Liquors** – City of Hill City
- # 15 Rips HLI, Inc., d/b/a **Horseshoe Lake Inn** – Shamrock Township
- # 16 Pepera Properties, Inc., d/b/a **Jacksons Hole** – Salo Township
- # 17 Joe's Country Store, Inc., d/b/a **Joe's Country Store** – Malmo Township
- # 18 Almar Holdings, LLC, d/b/a **The Junction** – Hazelton Township
- # 19 MacDonald Ent. of Aitkin, Inc., d/b/a **The Landing** – Aitkin Township



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
- 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) Review

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

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

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

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



**Supporting Attachment(s)**

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

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

## AITKIN COUNTY ADMINISTRATION

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

**TO: Aitkin County Board of Commissioners**

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

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

**DATE: March 21, 2012**

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

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

Please contact me with any questions.

# Aitkin County Health & Human Services

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

DATE: March 12, 2012

TO: Aitkin County Board of Commissioners  
Aitkin County Administrator

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

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

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

Respectfully submitted,

Tom Burke  
Director

# Aitkin County Health & Human Services

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

DATE: January 20, 2011

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

FROM: Tom Burke, Director of ACHHS

RE: Chappy's Contract

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

Dear Administrator,

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

Thank you very much,

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

DEC 20 2010

## AITKIN COUNTY ADMINISTRATION

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

December 10, 2010

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

Dear Mr. Murtha:

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

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

Sincerely,

Patrick Wussow  
Aitkin County Administrator

# MURTHA LAW OFFICE

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

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

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

November 23, 2010

NOV 29 2010

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

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

Dear Mr. Wussow,

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

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

Sincerely,



Thomas F. Murtha IV

TFM

Cc: Mike Olson

**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**

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

**PASSIVE RANGE OF MOTION**

**INDIVIDUAL SUPERVISION/BEHAVIORAL SERVICES**

**SOCIALIZATION ACTIVITIES**

**HOSPICE PROVIDED FOR END OF LIFE CARE**

**ALZHEIMER'S CARE/MEMORY THERAPY**

**ALL LEVEL OF CARE A-K**

**HANDICAP BUS AVAILABLE**

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

**OXYGEN THERAPY**

**COUNTY ASSISTANCE, MEDICA, UCARE AND PRIVATE PAY  
ACCEPTED**

**ACTIVITIES TO KEEP YOU YOUNG AT HEART**



**CHAPPY'S GOLDEN SHORES  
ASSISTED LIVING HOME FOR THE  
ELDERLY**



**OWNED AND OPERATED FOR 15 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 your loved one can call home. A family setting, where your loved one is 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 a 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 persons' 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.



Our staff is our family. The staff at Chappy's has been with us for the past 14 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 the client.

Our registered nurse Michelle has experience at nursing home care in Aitkin 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 seniors. We value the belief that you and your loved one must trust us enough to call us your family, so we will do everything we can to make sure your loved one is safe, and happy.

Clients are from Grand Rapids, Hill City, Remer, Minneapolis, and surrounding areas. They were looking for a family environment with lots of love.



## A look inside of Chappy's Golden Shores

Upon entering Chappy's you are welcomed by a spacious Great Room, with lots of natural lighting, and a beautiful fireplace to snuggle by on a chilly day. Here is where families meet for socializing, watching the 55 inch television, and activities. There is also four other living rooms to enjoy.



We have two kitchens and two dining rooms, for residents to socialize and to gather at meal and snack time. Off of each patio door are decks from which to view vegetable gardens, the lake and beautiful wood scenery. You can enjoy watching the birds and squirrels come to eat, watch the deer and fox or just relax in the shade.



We have 13 private bedrooms, each with a private roll in shower or a shared bathroom. Each room is spacious and a place you can call your own. Your loved one may want to decorate their room with their own belongings or we can furnish the room.

