

UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,  
Guardians and next friends of Bradley J.  
Jensen, *et al.*,

Civil No. 09-1775 (DWF/FLN)

Plaintiffs

v.

Minnesota Department of Human Services,  
an agency of the State of Minnesota, *et al.*,

Defendants

**ADDITIONAL DOCUMENT**  
**TO MONITOR'S RESPONSE TO COURT'S JANUARY 23, 2013 LETTER (Dkt. 196)**

After completion of the Monitor's Response to the Court's January 23, 2013 Letter (Dkt. 196), filed yesterday at Dkt. 198, the monitor received the attached 13-page "CORRECTION ORDER," issued to MSHS – Cambridge on February 1, 2013 by the Office of Inspector General, Licensing Division, of the Department of Human Services. The Correction Order specifies numerous violations of licensing statutes and Cambridge's variance, and require immediate correction and maintenance "throughout the program." The itemized "violations" relate to quality of care, programs, safety, and other elements of settlement agreement compliance. Failure to correct the violations, may result in an "Order of Conditional License" or a fine and other licensing sanctions. Correction Order at 12.

Respectfully submitted,

/s/ David Ferleger  
David Ferleger  
Archways Professional Building  
413 Johnson Street  
Jenkintown, PA 19046  
Phone: (215) 887-0123

Independent Consultant  
and Monitor



Minnesota Department of **Human Services**

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February 1, 2013

Patricia Carlson, CEO  
Minnesota Specialty Health System - Cambridge  
PO Box 64979  
St. Paul, MN 55164

License Number: 804294 (245B-RS-N)

**CORRECTION ORDER**

Dear Ms. Carlson:

On November 27 - 30, 2012, a licensing review of Minnesota Specialty Health System - Cambridge, located at 1425 East Rum River Drive South, Cambridge, Minnesota, was conducted. The purpose of the review was to determine compliance with state and federal laws and rules governing the provision of residential services to persons with developmental disabilities under Minnesota Statutes, Chapter 245B and compliance with the licensing variance effective, January 3, 2012. The variance, issued in accordance with Minnesota Statutes, section 245A.04, subdivision 9, includes the enhanced alternative equivalent measures to Chapter 245B with which the license holder must comply.

As a result of this licensing review a Correction Order is being issued.

**A. Reason for Correction Order**

Pursuant to Minnesota Statutes, section 245A.06, if the Commissioner of the Department of Human Services (DHS) finds that a license holder has failed to comply with an applicable law or rule and this failure does not imminently endanger the health, safety, or rights of the persons served by the program, the Commissioner may issue a Correction Order to the license holder.

The following violation(s) of state or federal laws and rules were determined as a result of the licensing review. Corrective action for each violation is required by Minnesota Statutes, section 245A.06 and is hereby ordered by the Commissioner of Human Services.

1. Citation: Minnesota Statutes, section 245B.07, subdivision 9.

Violation: For two of three consumers whose records were reviewed (C1 and C2), upon service initiation the license holder did not inform the consumer or the consumer's legal representative of the policies and procedures required under chapter 245B.

Services for C1 were initiated on June 5, 2012, and services for C2 were initiated on February 1, 2012. The license holder failed to inform C1's and C2's legal representative of all their policies and procedures required under chapter 245B. A

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client handbook, dated May 2012, was provided at the time of service initiation; however, the client handbook did not contain all the policies and procedures required under section 245B.07, subdivision 8.

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained for future admissions. The submission must include written documentation detailing how all consumers currently receiving services, consumers' legal representatives, and case managers have been informed of the policies and procedures as required. You are directed to specifically review section 245A.04, subdivision 14 and section 245B.07, subdivision 9, clauses (3) to (5), to ensure that your corrective action is in compliance with the related licensing requirements.

2. Citation: Minnesota Statutes, section 245B.06, subdivision 2, paragraphs (a), (b), (c), and (d), and the licensing variance for this subdivision, effective January 3, 2012.

Violation: For two consumers whose records were reviewed (C1 and C2), the license holder did not develop, document, and implement the consumer risk management plan as required in 245B.06, subdivision 2, and the Individual Neglect and Abuse Prevention Plan as required in the variance effective January 3, 2012.

Under Minnesota Statutes, section 245B.06, subdivision 2, paragraph (a), the license holder must develop, document in writing, and implement a risk management plan that meets the requirements of this subdivision. Compliance with the requirements of this section is based on the documentation that the license holder includes in the plan. The documentation in the plan must identify areas in which the consumer is vulnerable as required under paragraph (b). The assessment, as documented in the plan, must consider only the consumer's skills and abilities, independent of staffing patterns, supervision plans, the environment, or other situational elements as required under paragraph (c). The license holder's plan must include the specific actions a staff person would take to protect the consumer and minimize risks for the identified areas. The specific actions must include proactive measures being taken, training being provided, or a detailed description of actions a staff person will take when intervention is needed under paragraph (d).

Under the variance, the license holder will obtain and adopt the most recent risk management plan as the plan to be used during the services rendered at the program. In order to accommodate for areas where the consumer may have a varied risk or vulnerability, given the program's new environment for the consumer, the license holder will complete an Individual Neglect and Abuse Prevention Plan within eight (8) hours of admission to the program which will include any differences in the assessment or plan to address all areas listed in 245B.06, subdivision 2, (b), parts (1) through (5).

- a. For C1's Individual Neglect and Abuse Prevention Plan approved on August 29, 2012, there was no evidence that an assessment of C1's vulnerability was completed in all required areas, including the following:

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- 1) His/her susceptibility to sexual abuse as defined in section 626.5572, subdivision 2;
- 2) His/her health needs, considering the consumer's allergies; and
- 3) Environmental issues, considering the program's location in a particular neighborhood or community and the consumer's ability to remain alone in any environment.
  - The Individual Neglect and Abuse Prevention Plan identified that C1 was at risk in the area of engaging in safe sex practices. The plan stated, "[C1] has allegedly been recently been involved in sexual activity towards others."

This is not a description of a risk based on an assessment of the consumer's skills and abilities independent of staffing patterns, supervision plans, the environment, or other situational elements. This is a statement of fact, not an assessment or a description of risk related to C1's lack of safe sex practices.

- The Individual Neglect and Abuse Prevention Plan identified that C1 was at risk in the area of medication allergies. The plan stated, "Allergic to Clozapine."

This is a statement of fact, not an assessment or a description of risk related to C1's health.

- The Individual Neglect and Abuse Prevention Plan identified that C1 was at risk in the area of difficult areas to supervise the plan stated, "[C1] will have [his/her] own bedroom and will have the use of a private bathroom; both areas will be difficult to supervise" and in the area regarding kitchen access, the plan stated, "[C1] lacks self-control and has inappropriate boundaries."

These are statements of fact, not an assessment or a description of risk related to C1's environment.

- b. In C1's Individual Neglect and Abuse Prevention Plan, the license holder did not include the specific actions (meaning the proactive measures being taken, training being provided, or a detailed description of actions) a staff person will take when intervention is needed to protect the consumer and minimize vulnerability to risk in the following identified areas:

- 1) For specialized dietary needs the plan identified that C1 was at risk regarding caffeinated beverages. The license holder's plan to minimize this risk stated, "[C1] may consume de-caffeinated beverages." The plan failed to identify any actions a staff person would take to minimize C1's identified vulnerability regarding consumption of caffeinated beverages.

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- 2) For demonstrating or respecting privacy the plan stated that C1 exposes him/herself to others. The license holder's plan to minimize this risk stated, "[C1] will be supported and coached to respect [his/her] privacy and the privacy of others. [S/he] is receiving training in self-control as well as appropriate boundaries." The plan failed to provide a detailed description of how staff are to support or coach C1. Additionally, the plan failed to provide specific actions that staff would take if C1 were to expose him/herself.
  - 3) For personal safety the plan identified that C1 was at risk regarding "R" rated movies. The plan failed to identify any actions a staff person would take to minimize C1's identified vulnerability to watching certain movies because this area of the plan was not completed.
- c. For C1's Individual Neglect and Abuse Prevention Plan, the license holder failed to comply with the licensing variance. Although the license holder adopted the most recent risk management plan they failed to complete an Individual Neglect and Abuse Prevention Plan that included any differences in the risk management plan's assessment or plan to address the areas of risk.
- C1's Individual Neglect and Abuse Prevention Plan referenced the adopted risk management plan in numerous areas; however, in multiple referenced areas the risk management plan was not applicable given the new environment in which C1 was receiving services. For example:
- The adopted risk management plan instructed staff to follow C1's behavior support plan to minimize his/her vulnerabilities in associating consequences with actions, mental or emotional condition affecting judgment, exhibiting socially accepted behaviors in public and behaviors which may provoke physical, emotional or verbal, and sexual abuse by others. The license holder did not develop a behavior support plan for C1 as required therefore, there was no plan for staff to follow.
  - The adopted risk management plan instructed staff in the areas of defending self against physical, emotional or verbal, and sexual abuse and recognizing mismanagement of finances to "see Policy 5.1 in the Policy and Procedure Book." The license holder did not have a Policy 5.1.
- d. In C2's Individual Neglect and Abuse Prevention Plan approved on November 9, 2012, there was no evidence that an assessment of C2's vulnerability was completed in all required areas, including the following:
- 1) His/her susceptibility to physical, emotional, and sexual abuse as defined in section 626.5572, subdivision 2;
  - 2) His/her health needs, considering the consumer's seizures;

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- 3) His/her safety needs, considering the consumer's ability to take reasonable safety precautions; and
- 4) Environmental issues, considering the program's location in a particular neighborhood or community; and the consumer's ability to open locked doors.

- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the areas of defending self against physical, verbal/emotional, and sexual abuse. The plan described aggression that C2 may display and "inappropriate sexual behaviors" and criminal charges related to sexual offenses. This information failed to assess how C2 is vulnerable to defending him/herself from abuse; rather it assessed how C2 may abuse others.
- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the areas of reporting sexual abuse to an appropriate person.

Although the plan stated facts describing why C2 was receiving services from the program, the statement of fact, was not an assessment or a description of risk related to C2's ability or inability to report sexual abuse.

- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of engaging in safe sex practices. The plan described some of C2's sexual behavior.

This is a statement of fact, not an assessment or a description of risk related to C2's lack of safe sex practices.

- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of seizures. The plan was not completed in the area of seizures and contained no assessment of this identified vulnerability.
- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of responding to emergency situations. However, the plan then stated, "As this risk is hypothetical in [C2's] original plan, and [his/her] intake documents demonstrate no increased risk, this area will not result in training." The license holder failed to assess how C2 was vulnerable regarding responding to emergency situations. The license holder provided conflicting information when they identified a risk was present while also stating that no increased risk was demonstrated in the original plan.
- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of difficult areas to supervise. The plan stated,

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"Areas most difficult to supervise are client bedrooms and bathrooms."

These are statements of fact, not an assessment or a description of risk related to C2's physical environment.

- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of ability to open locked doors. The plan described the physical environment in which C2 lived with locked doors and restricted access.

This is a statement of fact, not an assessment or a description of risk related to C2's physical environment.

- e. For C2's plan, the license holder did not include the specific actions (meaning the proactive measures being taken, training being provided, or a detailed description of actions) a staff person will take when intervention is needed to protect the consumer and minimize vulnerability to risk in the following identified areas:

The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of complying with "doctor medication orders." The license holder's plan to minimize C2's risk included the statements that C2 is "encouraged to participate," "staff will support [C2] as necessary," and "nurses will monitor medical outcomes." The plan failed to provide a detailed description of how staff are to encourage and support C2 to comply with "doctor medication orders." The plan failed to describe how nurses monitor for medical outcomes and what further action would be taken if C2's "medical outcomes" posed a risk for C2 in complying with "doctor medication orders." This same concern was also noted in the area of seeks assistance or provides for own medical concerns when it stated, "See plan under medication."

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained throughout the program. Submit updated risk management plans and Individual Neglect and Abuse Prevention Plans for C1 and C2 that meet all the requirements under this subdivision.

3. Citation: Minnesota Statutes, section 245B.06, subdivision 5.

Violation: For two consumers whose records were reviewed (C1 and C2), the license holder did not send the progress review report to the consumer or the consumer's legal representative and case manager prior to the progress review meeting.

Progress review reports were located in the consumers' files. The license holder reported during the licensing review that these reports were provided to the legal representatives and case managers at the time of the progress review meetings.

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Corrective Action Ordered: Correct immediately and maintain compliance with this licensing requirement on a continuing basis throughout the program. You are specifically directed to review sections 245B.06, subdivision 1 and section 245B.07, subdivision 4, to ensure your corrective action is in compliance with the related licensing requirements.

4. Citation: Minnesota Statutes, section 245B.07, subdivision 10.

Violation: For one consumer whose record was reviewed (C1), the license holder did not annually survey, document, and implement the preferences of the consumer, consumer's legal representative, and the case manager for frequency of receiving a statement that itemizes receipts and disbursements of consumer funds or other property.

C1's legal representative requested quarterly statements that itemized receipts and disbursements of C1's funds or other property. At the time of the licensing review, C1's legal representative had not received quarterly statements. The responsible staff person reported during the licensing review that s/he was unaware of this requirement.

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained throughout the program.

5. Citation: Minnesota Statutes, sections 245B.07, subdivision 8, paragraph (a), clause (7) and section 245B.02, subdivision 19.

Violation: For two consumers whose records were reviewed (C1 and C2), the license holder did not administer and monitor the use of psychotropic medications prescribed for the consumer according to the requirements of the Psychotropic Medication Use Checklist (PMUC).

- a. The license holder did not complete or maintain behavior support plans in C1 and C2's files as required under Part I of the PMUC (tagline 1).

Records for C1 and C2 did not contain behavior support plans. During the licensing review, the treatment director stated that behavior support plans were not completed because s/he believed they were not required. A nurse and direct staff person responded that behavior support plans were completed and maintained in the consumers' files. They stated the information was in the "safety plan," and "Individual Treatment Plan (ITP)," respectively. There was not information in these documents that met the PMUC requirements for a behavior support plan.

- b. The license holder did not meet the requirements for obtaining written informed consent prior to administering a psychotropic medication on a non-emergency basis identified in Part II of the PMUC.



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- 1) Written informed consent required for each psychotropic medication the consumer is currently receiving was not present in the consumer's file (tagline 20).

Upon service initiation on June 5, 2012, C1 was prescribed several psychotropic medications, including haloperidol. Haloperidol was administered without informed consent until September 4, 2012, at which time the license holder obtained informed consent.

- 2) The written informed consent for C1 dated September 4, 2012, did not provide information specific to the individual medication(s) and did not include at a minimum (taglines 22-32):

- The purpose(s) of the medication(s);
- The expected benefits of the medication(s); and
- The feasible alternatives if a psychotropic medication is not prescribed.

- c. The license holder did not complete side-effects monitoring as required under Part V of the PMUC. Monitoring was not completed at the identified frequency (tagline 49).

A standardized assessment instrument (e.g., MOSES, SAFTEE, DOTES) was not completed and maintained in the consumer's file within 30 days after the initiation of a new psychotropic medication or dose increase, or was not completed no greater than every seven months apart (tagline 54).

For C1, the dosage for haloperidol decanoate was increased on August 9, 2012. The MOSES was completed on September 12, 2012, more than 30 days after the dose increase.

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained throughout the program. Documentation must include behavior support plans for C1 and C2 and a copy of C1's informed consent that meets all the required elements under this subdivision.

6. Citation: Licensing variance effective January 3, 2012, and Minnesota Statutes, section 245B.05, subdivision 1, paragraph (2).

Violation: The license holder did not provide access to all common areas that are part of the residence based on individual assessment regarding the safety of the consumers and others.

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Under section 245B.05, subdivision 1, the license holder must lock doors only to protect the safety of consumers and not as a substitute for staff supervision or interactions with consumers.

Under the variance, doors will be locked and access to common areas that are part of the residences and access to the community must be based on an individual assessment regarding the safety of the consumer and others. Once a consumer's initial assessment has occurred, community access and freedom of movement in and out of their residence must be granted, based on the level of supervision required to prevent injury to the consumer or others. A consumer's assessment must be conducted in accordance with the license holder's policy Client Care: Assessment of Individual Needs and Documentation Process (procedure number 3010).

- a. During an inspection of the physical environment, access to the kitchen and laundry room was locked. Consumer access was based on household protocols and not on individualized assessments. The license holder stated that the kitchen door was locked for safety concerns but consumers could gain "kitchen privileges;" however, the license holder could not provide information on how consumers gained "kitchen privileges." Other staff asserted that the kitchen areas were locked due to concerns regarding consumer weight issues and "personal hygiene."
- b. Under the variance, the consumer assessment must be completed in accordance with the license holder's procedure number 3010, dated January 3, 2012, "Client Care, Assessment of Individual Needs and Documentation Process." The procedure required completion of a diagnostic assessment within five days of "admission" with the admission day counting as one day.

C1 was admitted on June 5, 2012. The diagnostic assessment was completed on June 10, six days after admission.

- c. Under the variance, the consumer assessment must be completed in accordance with the license holder's procedure number 3010, dated January 3, 2012, "Client Care, Assessment of Individual Needs and Documentation Process." This procedure required completion of a self-administration skills screening and medication profile within five days of "admission" with the admission day counting as one day.

C1 was admitted on June 5, 2012. The self-administration skills screening and medication profile was completed on June 15, 2012, eleven days after admission.

C2 was admitted on February 1, 2012. The self-administration skills screening and medication profile was completed on February 15, 2012, fifteen days after admission.

- d. Under the variance, the consumer assessment must be completed in accordance with procedure number 3010, dated January 3, 2012, "Client Care, Assessment of Individual Needs and Documentation Process." This procedure required completion of a comprehensive assessment of current functioning within ten days of admission with the admission day counting as one day.

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C1's assessment was completed on August 29, 2012, more than ten days after admission.

C2's assessment was completed on February 15, 2012, fifteen days after admission.

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with the licensing requirement to provide access to common areas and how the variance assessment procedures have been achieved and will be maintained on a continuing basis throughout the program.

7. Citation: Minnesota Statutes, section 245B.06, subdivision 1 and the licensing variance for this subdivision, effective January 3, 2012.

Violation: For two consumers whose records were reviewed (C1 and C2), the license holder did not provide outcome-based services in response to the consumer's identified needs as specified in the individual service plan and according to the alternative equivalent measures approved in the variance.

"Outcome" means the behavior, action, or status attained by the consumer that can be observed, measured, and can be determined reliable and valid. Outcomes are the equivalent of the long-range goals and short-term goals.

- a. Per the variance to section 245B.06 subdivision 1, the license holder failed to complete or update a diagnostic assessment by a mental health professional within five days of the consumer's admission.

C1 was admitted on June 5, 2012, and the diagnostic assessment was completed on June 10, 2012, six days after admission.

- b. Per the variance to section 245B.06, subdivision 1, the license holder failed to complete a functional assessment by a mental health professional or designated coordinator with clinical supervision within ten calendar days of admission and update at least monthly and no more than 35 days from the last update.

C2 was admitted on February 1, 2012, and the functional assessment was completed on February 15, 2012, fifteen days after admission.

- c. Per the variance to section 245B.06 subdivision 1, functional assessments for did not occur on a monthly basis with no more than 35 days between updates:

Monthly functional assessments for C2 occurred on March 16, 2012, and April 26, 2012, a period of more than 35 days.

Functional assessments were not present in C2's record for the months of May and June 2012.

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- d. Per the variance to section 245B.06, subdivision 1, the license holder failed to update the individual treatment plans at least monthly with no more than 35 days from the previous update.

Monthly individual treatment plans for C2 occurred on February 9, 2012, and March 16, 2012, a period of more than 35 days.

Corrective Action Ordered: Correct immediately and maintain compliance with this licensing requirement on a continuing basis throughout the program. You are directed to specifically review section 245B.06, subdivisions 4 and 5, and section 245B.07, subdivision 4, to ensure that your corrective action is in compliance with the related licensing requirements.

8. Citation: Minnesota Statutes, section 245B.07, subdivision 8, paragraph (c), clause (1), and the licensing variance for this subdivision, effective January 3, 2012.

Violation: The license holder did not implement policies and procedures to promote and protect continuity of care and service coordination, that included provisions for service termination and temporary service suspension as required.

Per the variance to 245B.07, subdivision 8, paragraph (c), the license holder failed to implement a Utilization Management procedure that includes utilization reviews occurring between the tenth and twentieth day of admission and within every 45 days of the last utilization review.

Utilization reviews for C1 included reviews on June 22, 2012, and August 20, 2012, a period of more than 45 days.

A utilization review for C1 had not occurred from October 1, 2012, and the time of the licensing review, a period of more than 45 days.

Utilization reviews for C2 included reviews on February 6, 2012, and March 26, 2012, a period of more than 45 days between reviews.

Utilization reviews for C2 included reviews on September 29, 2012, and October 8, 2012, a period of more than 45 days between reviews.

A utilization review for C2 had not occurred from October 8, 2012, and the time of the licensing review, a period of more than 45 days.

The license holder provided the DHS licensor an email dated October 22, 2012. The email explained that in the past three months prior to the drafting of the email, that the Utilization Management staff "was unable to complete reviews on 5 clients at MSHS Cambridge, and given the average census of 10 during this time frame, it was determined that a valid measure of whether treatment services met admission and continued stay criteria was not possible." The email stated the reviews were not completed due to, "issues regarding access to up-to-date clinical documentation on many occasions," and

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“at other times, current clinical documentation was not available and UM [utilization management] reviews were not possible.”

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained throughout the program.

If you fail to correct the violations specified in the Correction Order within the prescribed time lines the Commissioner may issue an Order of Conditional License or may impose a fine and order other licensing sanctions pursuant to Minnesota Statutes, sections 245A.06 and 245A.07.

Submissions required as part of a corrective action ordered must be sent to your Licensor at:

Commissioner, Department of Human Services  
ATTN: Jill Slaikeu  
Licensing Division  
PO Box 64242  
St. Paul, MN 55164-0242

**B. Recommendations**

The following recommendations are not requirements of Minnesota Rules or laws governing your services or facility. These recommendations are provided to call your attention to areas where your facility is in minimum compliance with the requirements of rules or laws, but it would be advisable to strengthen your efforts in these areas.

1. Area of Minimal Compliance: Related to the licensing requirement under Minnesota Statutes, section 245B.06, subdivision 4.

Upon review of outcomes for C1 and C2 it was noted that the license holder minimally ensured the methods to be used to support the individual or accomplish outcomes specified as the license holder's responsibility in the individual service plan, included all the required information. The outcomes stated that "MSHS-Cambridge staff" were responsible for the implementation of the outcomes.

Recommendation: To improve compliance it is recommended that you clearly identify who is responsible for implementing each outcome by use of the staff names or by staff position titles.

2. Area of Minimal Compliance: Related to the licensing requirement under Minnesota Statutes, section 245B.07, subdivision 5, paragraph (b), and the licensing variance, effective January 3, 2012.

For one of three direct service staff whose record was reviewed (SP1), the license holder provided the staff person orientation combined with supervised on-the-job training. The classroom training on June 27, 2012, was for "Seclusion & Restraint." The curriculum was reviewed and it could not be determined if SP1 received instruction regarding how

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the course information did or did not apply to SP1 when providing direct care services for the consumers receiving services from the license holder.

Recommendation: To improve compliance it is recommended that the license holder review training curriculums to ensure the training is applicable and appropriate for staff members and does not include training for procedures that are prohibited by the variance.

Failure to follow these recommendations will not result in a fine or action against your license at this time. However, should failure to follow recommendations result in a violation of rules or laws at a future date, you will be cited for noncompliance and may be subject to fines or action against your license.

**C. Right to Request Reconsideration**

If you believe any of the citations are in error, you have the right to request that the Commissioner of Human Services reconsider the parts of the Correction Order that you believe to be in error. The request for reconsideration must be in writing and received by the Commissioner within 20 calendar days after receipt of this report. Your request for reconsideration must be sent to:

Commissioner, Department of Human Services  
ATTN: Legal Unit  
Licensing Division  
PO Box 64242  
St. Paul, MN 55164-0242

Please note that a request for reconsideration does not stay any provisions or requirements of the Correction Order. The Commissioner's disposition of a request for reconsideration is final and not subject to appeal under Minnesota Statutes, chapter 14.

If you have any questions regarding this Correction Order, please contact me as soon as possible.

Jill Slaikeu, Human Services Licensor  
Licensing Division  
Office of Inspector General  
651-431-6544