

09/05/2024

Laura Kahler Loftness, Authorized Agent
Livingston Residence
6120 EARLE BROWN DR STE 100
Brooklyn Center, MN 55430-4100

License Number: 1064457 (IRTS/RCS)
Program Location: 1312-1314 Livingston Ave, West St Paul, MN 55118-2409

CORRECTION ORDER

Dear Laura Kahler Loftness:

On 08/19/2024, 08/20/2024 and 08/21/2024, the Department of Human Services (DHS) conducted a licensing review at Livingston Residence. DHS requires you to take the corrective action described below. Details of our findings, next steps, and your options are explained below.

Standards reviewed

The licensing review determined compliance with the provisions governing intensive residential treatment services and residential crisis stabilization services under Minnesota Statutes, chapter 245I.

Licensing violations

DHS determined that your program failed to follow the standard(s) described below.

Client Records

1. Violation: 2 of 3 client files reviewed did not meet level of care assessment requirements in the following ways:
 - a. The assessment was not completed within five days of admission (C2); and
 - b. The assessment was not signed and dated by the person completing the assessment, including the staff person's credentials (C3).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (d); and section 245I.08, subdivision 2, clause (3)

Corrective Action Required Correct immediately and maintain compliance.

2. Violation: 1 of 3 client files reviewed for requirements governing weekly reviews did not meet requirements in the following ways:
 - a. The client file did not contain documentation demonstrating the treatment plan was reviewed weekly (C3)
 - o For week(s) ending 07/10/2024 (C3)

- b. The client file did not contain documentation demonstrating the individual abuse prevention plan was reviewed weekly (C3)
 - o For week(s) ending 07/10/2024 (C3)

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (i)

Corrective Action Required Correct immediately and maintain compliance.

- 3. Violation: 2 of 3 client files reviewed did not meet standard diagnostic assessment (DA) requirements in the following ways:
 - a. The diagnostic assessment was not completed within 10 days of admission (C1)
 - b. The DA did not include the screening and assessment of the client for a substance use disorder (C3); and
 - c. The DA did not include the required information about the client's current life situation:
 - 1. Substance use history, if applicable, including:
 - i. Amounts and types of substances (C1 and C3);
 - ii. Frequency and duration of use (C1 and C3);
 - iii. Route of administration (C1 and C3);
 - iv. Periods of abstinence (C1 and C3);
 - v. Circumstances of relapse (C1 and C3); and
 - vi. The impact to functioning when under the influence of substances, including legal interventions (C1 and C3).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (e); and section 245I.10, subdivision 6, paragraphs (e) and (b)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation of a diagnostic assessment that demonstrates compliance with substance use history.

- 4. Violation: 1 of 2 client files reviewed did not meet functional assessment requirements in the following ways:
 - a. Documentation did not identify the reasons that the license holder did not contact the client's family or other natural supports when conducting the functional assessment (C1).

Citation: Minnesota Statutes, section 245I.10, subdivision 9, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

- 5. Violation: 2 of 3 client files reviewed did not meet the following individual treatment plan (ITP) requirements:
 - a. The ITP did not include the following:
 - 1. The staff persons responsible for following up with referrals and resources (C2)
 - b. The ITP did not document the reason that the license holder did not involve the client's family or other natural supports (C1).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (f); and section 245I.10, subdivision 8, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

6. Violation: 2 of 3 client files reviewed did not meet requirements for assessing the client's ability to self-administer medication in the following ways:
- a. The assessment did not include the client's ability to comply with prescribed medication regimens (C1 and C2); and
 - b. The assessment did not include the client's ability to store medication safely and in a manner that protects other individuals in the facility (C1 and C2).

Citation: Minnesota Statutes, section 245I.11, subdivision 5, clause (1)

Corrective Action Required Correct immediately and maintain compliance.

7. Violation: 1 of 3 client files reviewed for medication administration did not meet requirements in the following ways:
- a. There was no documentation to demonstrate the license holder monitored the following:
 1. The effectiveness of the client's medications (C2);
 2. The side effects of the client's medications (C2); and
 3. Adverse reactions the client had to their medications (C2).
 - b. The license holder did not document the following:
 1. Concerns the client had about their medications (C2).

Citation: Minnesota Statutes, section 245I.11, subdivision 5, clause (2)

Corrective Action Required Correct immediately and maintain compliance.

How to respond

If you fail to correct the violation(s) within the time limits identified above, DHS may impose a fine or take an action on your license. If requested above, Send your written response and any supporting documentation to your licensur at:

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

Your right to request reconsideration

You have the right to request reconsideration of this order and the cited violations. Your request must:

- Be in writing
- List each violation you are challenging
- Identify what is inaccurate or incomplete about the information in this order
- Supply information that is accurate or more complete
- Be made before the deadlines provided below

If you are mailing your request, it must be received by DHS within 20 calendar days from when you received this order. If you do not meet this deadline, you lose your right to request reconsideration. The timeline to appeal began when you received this order. Please send it to:

Office of Inspector General
Legal Counsel's Office
Attention: Licensing Legal Unit
P.O. Box 64953
Saint Paul, MN 55164-0953

If your request is being personally delivered, it must be received by DHS within 20 calendar days from when you received this order. If you do not meet this deadline, you lose your right to request reconsideration. The timeline to appeal began when you received this order. Please bring it to:

Commissioner, Department of Human Services
Office of Inspector General, Legal Counsel's Office - Licensing
444 Lafayette Road North
St. Paul, MN 55155

Legal authority

This action is taken under Minnesota Statutes, section 245A.06, subdivision 1. The timeline to request reconsideration of the order is provided in Minnesota Statutes, section 245A.06, subdivision 2.

Questions

If you have any further questions regarding this matter, you may contact me at or at Michael.S.Cihla@state.mn.us.

Sincerely,

Michael Cihla, Licenser
Office of Inspector General
Licensing Division