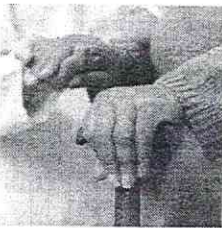


PRAIRIE VIEW INN

RESIDENTIAL SENIOR CARE



SERVICES



STAFF



JESSICA NELSON
Operating Manager / CNA

SAMANTHA ABONYI
Respite Relief / CNA / CMA

Prairie View Inn is a Residential Board and Care Home Located in Towner, licensed by the state of ND. To provide Adult Foster Care to Seniors in need, with a CNA on site 24 hrs a day to provide care and oversight.

Services include but not limited to; Assisting with bathing, dressing, grooming, personal hygiene and toileting / Housekeeping / Laundry Services / Dining Services / Medication Management / Transfer and mobility assistance / Memory, Dementia Care / Coordination with Healthcare Providers, including Hospice / Daily Exercise program designed by a Occupational Therapist to fit personal needs / On-Call Nurse / Personalized care plan reviewed monthly / Long Term Stays / Short Term, Respite Relief / Partial days available .



Rooms & Stays

Month to Month / Long Term Stays

Private Room
Shared Room

Respite Stays / Short Term

Accepted Form Of Payments

Long Term Care Insurance, Cash, Card, Check, and State Funding / Medicaid fee for service.

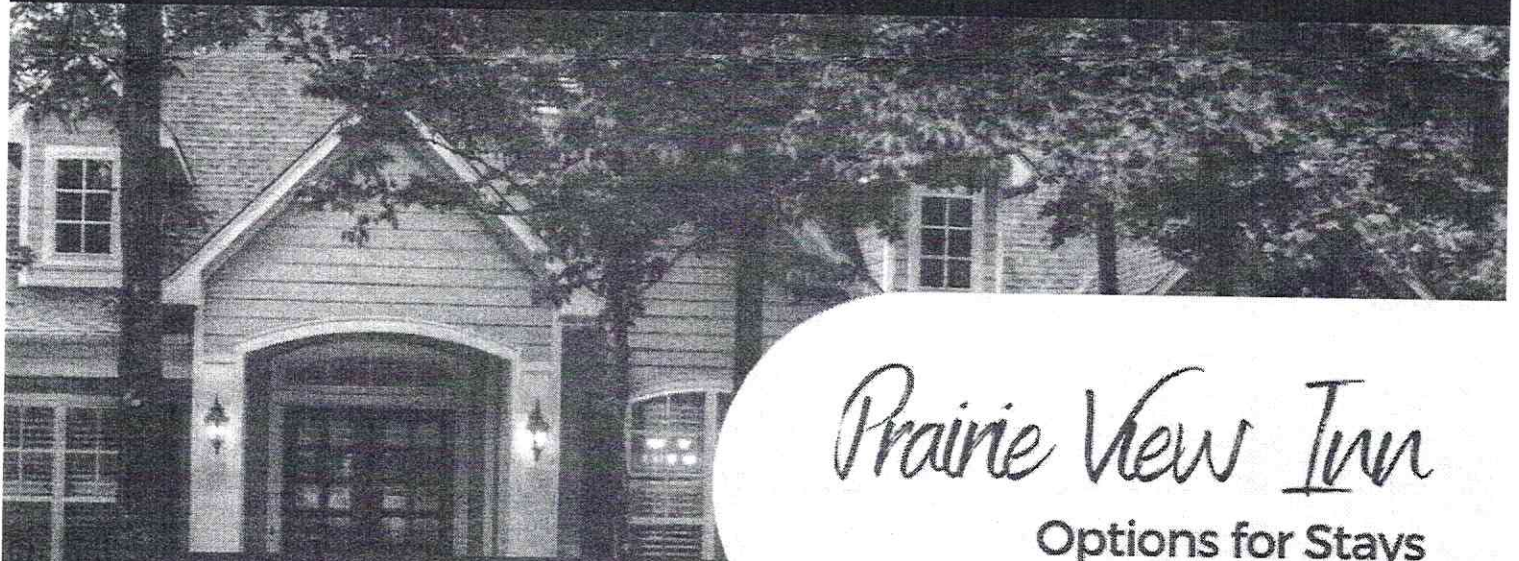
For further Questions or to set up a tour



701.500.2966



Helpinghands701@outlook.com



Prairie View Inn

Options for Stays

The Dream Fresh House For Seniors

Longterm

A month to
month stay

Short Term Stay

Anything less than 30 days but
more than 24 hrs. This includes
Respite relief: a caregiver who just
needs a small break for the
weekend or more.

Recovery Stay: Some one who is
being discharged from surgery
and needs a little help with daily
tasks until fully healed

Daily Drop In

A time frame that
is less than 24
hours

Jessica Nelson

dickanderson@ndlegis.com

Thu, Feb 6, 2025, 9:56 AM

Good Morning,

I sent the following email to the committee last night as requested

Dear Chairman Ruby and Committee,

I took the time to gather my thoughts and figure out how to put in writing the things that I'm struggling with the most with this adult foster care license.

I love what I do and I want to continue to help my community with my services.

I'm hoping you'll be able to look into this further and help me advocate for change.

I truly believe the only way anyone will be able to understand what I'm trying to get across is if you take the time and read through the adult foster care handbook that is provided by the human health and service department and then also the chapter 75-03-21 licensing of foster homes for adults. I think then you will have a clearer picture.

I will try to attach both to this email, otherwise you can find them online.

<https://ndlegis.gov/information/acdata/pdf/75-03-21.pdf>- this link will send you to the century code for Licensing Adult Foster Homes, below I will be making references based off of this century code.

Chapter 75-03-21
Licensing of foster homes for adult adults

75-03-21-01. Definitions.

20.) "substitute caregiver" means an individual who meets qualified service provider standards, and provides respite care to private pay residents in the absence of the provider.

75-03-21-04. Facility.

11.) Use of video surveillance equipment in the residents Bedroom and bathroom is prohibited.

I believe this should be removed. I use a baby monitor at night in my resident's bedroom with the permission of my resident's PA. With having 2 residents with dementia the monitor gives me great relief at night.

I'd also like to mention that I've seen lots of hospitals implement surveillance to help keep residents safe, including the new Heart of America in Rugby, ND being used in the rooms of their acute center.

75-03-21-08. Provider qualifications.

1. The provider shall:

g.) be a qualified service provider.

I require that my substitute caregivers have at minimum of a CNA license, which is higher ranking than a QSP

I also have two on-call registered nurses licensed by the state of ND.

A CNA license and a registered nurses license are both given by the state of North Dakota and they have their own set of requirements which include a skills and background checks amongst a list of other things.

In my opinion, I believe the QSP paperwork is only necessary if you, the QSP are being paid by the state.

I've been told this by the QSP department.

But the human health service department doesn't agree.

If you would be willing to look up the adult foster care handbook that is online you'd see that it clearly states on the front page that "this handbook is intended for people who are being funded by public pay" and it underlines that statement

I am requesting that if AFC Provider and/or Substitute caregiver possess a current up to date North Dakota CNA license or Registered Nurses license, and are being privately funded, that .g) be waived and stated so in the this section of the century code

75-03-21-09. General practices.

"Serving a resident" is used .1), .3) & .6)

.1) shall permit a representative of the department, human service zone, or other individual or organization **serving** a resident entry into the facility without prior notice.

.3) shall report illness, hospitalization, or unusual behavior of a resident to the individual or organization **serving** the resident or to the residence representative whichever is appropriate

.6) shall accept direction, advice, and suggestions concerning the care of residence from the department, human service zone or other individuals or organization **serving** a resident

What does serving a resident mean? .

My residents are all private pay, and they are being seen by their own physicians of choice whom I already report to.

As part of my personal enrollment packet I first require the resident or a resident's PA to provide me with contact information to their current physicians of choice and then they grant me permission to speak with them on the behalf of my resident. I speak with their physician during enrollment and whenever else necessary.

I feel like .1) .3) & .6) rule should not apply to Private Funded Facilities. If I am interpreting this

correctly, I do not believe the department is "serving" my residents in any way. The department is not involved with anything other than my enrollment paperwork, and making sure my building is up to code. Am I interpreting this wrong?

.25) shall provide **24 hour care** and supervision of all residents residing in the facility unless otherwise documented and justified in the person centered service plan or service and rental agreement; and

.26) Use of a respite care provider or a substitute caregiver is required in the absence of the provider if the resident cannot safely be left alone as documented and justified in the person centered service plan or service and rental agreement. Resident or the resident's legal representative shall be allowed to choose their respite care provider.

This rule is the worst. In the past I have been told by the department that I cannot hire someone to help me with cares, only in my absence.

In the past I had a resident who couldn't walk well, or stand well. So I hired someone to help me during the day so I could safely walk the resident and provide exercise. Could I have used a wheelchair? Yes, and I did when I was alone, but for this in particular resident, walking periodically was necessary to help gain strength in her legs again. Without a second person to spot me, I would have not been willing to walk this resident which in return would have not been good for my resident

I was told hiring someone to help me with cares is not allowed.

I believe that rule is implemented for the facilities that are publicly funded. When the state is paying for the respite care I can understand that the department wouldn't want to pay for the provider and respite provider during the same time frame for budget reasons.

But I am Private Pay, which means I pay for my help out of my own pocket.

If I want to hire somebody to help me during the day I believe I should have the ability to do so, especially if that increases the quality of care for my residents.

Side note- Within the last day I received a call from a nice lady named Nancy Meyer, I believe she is with the health and human service department, whom I have never spoken to before.

She reassured me that in the future, if I needed to hire somebody to help me with cares that I could do so as long as I reported it to the department and then the department will give me a modification to law so I can hire someone to assist me with cares.

But for the last three years, Katherine Good and others in the department have said I cannot, and it has affected my services.

In my three years of being an adult foster care owner, I have recognized that people in Human Services switch departments regularly or people quit and leave. One day someone will tell me yes that's fine and the next someone will tell me no that's not.

I need to be sure of the services I'm allowed to provide so that way I can know what kind of residents I can help.

I feel like the best way I'd feel comfortable would be if it is changed in the century code.

I believe the word absent should be removed

Or somewhere it should be written that privately funded facilities are allowed to hire someone to help with cares.

75-03-21-10

.4) substitute caregivers who are providing care to private pay residents may not provide resident care on behalf of a facility for more than 192 calendar days during the 24 month period immediately following the renewal date of the initial license or for more than 96 days during the 12 month period immediately following the day of the insurance of the initial license

.5) for purposes of this section, whenever a substitute caregiver or respite care provider provide resident care on behalf of a facility for more than eight hours during a calendar day, The calendar day will be counted toward the 196 or 96 calendar day limit a substitute caregiver may provide resident care on behalf of a facility or toward the respite care service funding cap to which a respite care provider established by the department for which qualifying resident.

I touched base on this section in the hearing. It is unfair to ask me to be on duty 24 hours a day for my residents but then only limit me to being allowed to have less than two days off a week.

In return I'd like to request the following;

- Anything over 12 hours be considered a day off instead of 8
- 136 allowed days off instead of 96 per calendar year, 272 days off in a 24 month calendar instead of 192

Again, I believe this rule is in place for facilities being funded by the state so that way they can stay within budget.

I am privately funded and the department does not pay for my days off.

75-03-21-12. Service and rental agreement.

The provider shall furnish each prospective resident, or the resident's, legal representative and the department with a signed copy of the providers service and rental agreement prior to the resident entering the facility, a copy signed by the resident or legal representative, and the provider must be kept in the resident record

1. The service and rental agreement must include all of the following information;

.c) any relevant expectations with which the resident is expected to comply, including restrictions on the use of alcohol or tobacco in the facility.

.j) resident right to have visitors of their choosing at any time, unless otherwise documented and justified in the person centered service plan or service and rental agreement

My first year as an adult foster care owner I created a person centered service plan and in that person centered service plan I included that having visitors after 8 PM wouldn't be in the best interest of resident. Residents with dementia typically get more confused during the evening times, some call this sundowners. Keeping a resident calm during this time isn't easy. Visiting During late hours only makes matters worse, and then I am left with the pieces to put back together when the visitor leaves. When I put this in my resident person centered service plan, I was told by Catherine Good that I cannot do so because only someone working for the state can create a "person centered service plan." So then I tried to insert it into the service and rental agreement under .c) and they told me that was not allowed because a visitor should be able to see their loved one at any time of day or night.

Even if I didn't have a resident with dementia I would like to be able to have a cut off time for my home. I have verbally told my resident's families that I would prefer them to visit between the hours of 12 PM and 8 PM

This gives me the time in the morning to get my kids off to school, Get my residents up and dressed and time for their morning cares, then breakfast, and lunch, and it gives me time to be in bed by 10pm so I can be up bright early for every one the next day.

Is it possible to make some adjustments to this rule?

Last but not least I want to mention the AFCA license. Do not mistake that with the AFC license I currently have and have been talking about.

AFCA is a license I'd like to apply for because it fits everything I'm already doing. The AFCA license allows me to take care of residents in my home AND also allows me to send caregivers into **other** people's homes to provide home health services.

I have caregivers who work for me that are ready to help our community in the comfort of the client's own home but this AFCA license is only applicable if you commit to **ONLY** serving clients funded by the state. I am not allowed to have the AFCA license if I plan to give care to residents who pay with their own private funds. Why are we discriminating against people who pay for their services without government assistance?

Below is a link that will get you to the ND QSP PROVIDER TYPES, which will include a description of AFC, AFCA, and QSPs. It is a very informational website that will help you understand the roles of each license, and if you know what your looking for you will also notice how some things don't align with the Adult foster home century code and have caused lots of confusion.

https://ndhousingstability.servicenowservices.com/nd_qsp?id=qsp_provider_types

Below I'm going to start talking about a different century code. This century code is labeled as Foster

care homes for children and adults.

CHAPTER 50-11

FOSTER CARE HOMES FOR CHILDREN AND ADULTS

50-11-03.3 department to provide liability coverage to foster homes for children.

1. The department shall provide liability coverage for acts or omissions of foster children placed in the care of licensed, certified, or approved family foster homes for children. The department may provide this liability coverage through self insurance.
The liability coverage under the section.
 - a. Must provide coverage for damage to property, which is caused by the act of a foster child. This coverage must be for the lesser of the reasonable cost to repair or to replace the damaged property.
 - b. Is secondary to any other coverage.
 - c. Except as provided in subdivision D, may not exceed \$5000 per claim, with an annual maximum of \$10,000 per year per complaint. The coverage under this subsection must include a deductible not to exceed \$100 per claim.
 - d. In cases in which the property damage per event total exceeds \$25,000, the department may further review the claim. The department may cover 25% of the remaining property damage after any insurance reimbursement, not to exceed \$10,000.

50 -11-03.4. Immunity for a person providing foster care.

A person providing foster care for children in a licensed certified or approved facility is immune from civil liability for any act or mission, resulting and damage or injury to or by a child in foster care if, at the time of the actor mission, the person providing foster care for children, applied the reasonable and prudent parents standard in a manner that protects child safety while also allowing the child in foster care to experience age or developmentally appropriate activities.

I have been an adult foster care home owner for three years and my insurance company has struggled to find anyone willing to license an adult foster home due to the amount of risk that comes with the job and because it's a hard market. homeowners insurance is required by the department to attain a AFC license

My insurance company has told me several times that I will not be covered if an accident happens and it pertains in any way to my AFC business.

For example, I have a resident who has dementia, Sometimes she puts random items in the toilet or she leaves the sink water running because she forgets how to properly use these things. If this resident were to leave the sink running all night and the water gets into the floors and floods the bathroom or drips into my bottom level living quarters, my insurance company will not cover it because that accident involved a resident who is a part of my business and homeowners insurance does not cover anything that has to do with the business even if it's in my home.

Can the century code above apply to adult foster homes as well? We are taking the same risk if not more.

My next statement isn't as important as the requested changes above but I figured since I'm here, I might as well ask. So here I go.

My current monthly rate per resident is \$5,000 a month for a person with dementia who needs around the clock supervision and help with all cares, \$5,000 is nothing compared to a nursing home.

On average you are looking at a monthly cost of \$12,000 in a nursing home, sometimes more depending on the level of dementia

I have 2 residents, that pay me \$5000 a month = \$10,000

I pay my CNAs/substitute caregivers \$25 an hour.

If I were to take off of work for three days every week in one month it would cost me about \$7000 (just to give you an idea)

My mortgage is \$3500 a month because we built this place specifically to provide cares for elderly, which include handicap accessible hallways, bathrooms, doorways, and more

I also provide all incontinent and hygiene products for my residents

I also provide their monthly food, some with special gluten free diets (we all know how expensive food was these last couple years).

All my handicap accessible items needed to provide cares to my residents are also funded by me. (Specialized wheelchairs, hospital beds, mechanical lifts for indoors and outdoors, Reclining lift chairs, special air circulating mattresses to prevent bedsores, bed, and chair sensors, call Light system) most of this handicap equipment is outrageously expensive.

I've tried to Apply for grants that I see given by ND but there is nothing available for AFC homes.

Most grants that seem fitting only apply to non profit organizations and usually get given to the big hospitals (I still don't understand how these big hospitals are considered non profit, but that's a topic for another day).

I'd like to buy a handicap accessible van to safely transport my residents, and I'd also like to purchase a handicap accessible bathtub because elderly people do not like having to take showers. They seem to do much better sitting in a warm bath.

Handicap accessible items are extremely expensive and I was hoping maybe there is some way adult foster care homes can be applicable for government grants as well.

Phew, I think I covered it all.

In my closing statement I'd like to stress that there is a huge need for Elderly Care, especially in rural communities like mine. I believe AFC homes are a wonderful alternative and I believe AFC homes can help ND bridge the Gap if structured properly. Please help me help my community.

Thank you so much for taking the time to hear my concerns.

Please contact me if you have any questions.

Jessica Nelson
AFC Owner
Prairie View Inn- Senior Living
helpinghands701@outlook.com
Landline 701-537-5800
Cell 701-500-2966

Get [Outlook for iOS](#)

Fw: Adult Foster Care Homes

Rose Enney

helpinghands701@outlook.com

Sun, Feb 23, 2025, 7:08 PM

Here's what I sent to Mr. Ruby

Rose

**From ROSE
- Another AFC owner
Located in Minot**

----- Forwarded Message -----

From: Rose Enney <enneyadultfostercare@yahoo.com>

To: mruby@ndlegis.gov <mruby@ndlegis.gov>

Sent: Sunday, February 23, 2025 at 07:07:42 PM CST

Subject: Adult Foster Care Homes

Mr. Ruby:

Thank you for your assistance with Bill 1460 relating to Adult Foster Homes.

As an Adult Foster Home provider here in Minot, I wanted to let you know a few things that are also of substance to providing care for our population of those in need.

My husband and I run Enney Adult Foster Care here in Minot, not far from you. We are mixed, meaning we have one private client and three state clients. I understand that the current bill applies only to private pay residents, and not the state residents, and I understand why at this time. But hopefully down the road, this can be addressed.

Because we have mixed clients, the time off allowance will remain the same for us, and a day off will continue to be the 8 hour rule.

I wanted to bring to your attention 2 further issues of Adult Foster Care, and I believe these are the biggest road blocks to more people doing this business.

1. ROLLING OVER OF RESPITE HOURS MONTH TO MONTH TO ALLOW FOR CARE PROVIDERS TO TAKE VACATIONS.

Regarding the rates: the state gives a certain number of paid units per month per client. A unit is 15 minutes. Each of my clients gets 80 units per month apiece, or a total of 240 units a month. 240 units divided by four "units", the state will pay for 60 hours of care when my husband and myself are both gone EACH MONTH. This is less than 3 days paid off a month! We have to divide each time out by three and then bill for each one separately, to total the time gone, by 15 minutes. Example: We're gone from 1pm to 4pm. One hour gets billed to each of them, and the total 60 hours for the month is now 57.

Because I have a private client, I have to pay every 4th unit. This makes the bookkeeping this much harder. And if I am out with one of the clients (dr, etc), then of course he is not billed.

When I want to go out of town, that's when this really matters. Because the state has a limit imposed of \$389 per day to pay a foster care, anything over that is out of our pocket. When you take 24 hours x 4 units, this means there are 96 units in a day that are billable. A unit price is \$5.77 currently. 96 units a day equals \$553.92.

One of my clients is private. So of the 96 units, I would pay 24 units out of pocket for my private client, or 138.48, plus the difference between the \$553.92 and \$389 (165) so now I'm out of pocket daily $138.48 + 165 = \$304$ a day. Not too bad out of pocket. However, because we only get 60 hours a month total paid for the 3 state clients, on day 3, we need to start picking up the tab. So we pay 1/2 of day 3 ($389/2 = 194$), plus the private client of 165 a day, so day 3 we pay out of pocket a little over \$300.

Now day 4, we pay all, and every day thereafter! So we end up paying 96 units a day, or \$553 a day for respite care if we want to go on any vacation. Like fly to Michigan when my grandson graduates this June. That really makes the vacation expensive, or short.

Adult Foster Homes are paid a daily rate of \$154.50 per client. Good money when you add it up. However, it's about HALF what the state would be paying the nursing homes per month for these same clients. So we are saving the state money.

The state will not allow us to roll over our respite hours. They start over again every month. It would really help and not feel so restrictive if we could roll over our respite hours. Last month, I only used 22 hours of the 60. Month before that was about the same. (We're homebodies).

It's hard to get respite care as workers are short everywhere, and we are NOT allowed to pay more than the state rate of \$5.77/unit or \$23.08 per hour for state clients, but we CAN pay our private ones more, and I do. But it's still hard to get respite care in our home. Being able to roll over our units would really help make Adult Foster Homes seem less restrictive to the providers, as they would take a vacation now and then! As it stands now, it's almost impossible. Jessica Nelson, I believe, addressed this issue as her kids live out of state, too.

2. BUSINESS INSURANCE IN OUR HOME.

It is ridiculously hard to get insurance for our business. My home insurance is being dropped March 6 of this year due to the fact that I have a business in it. The state is absolutely NO HELP here. Because of the nature of the business, it has been exceedingly difficult to obtain business insurance and home insurance. My insurance company has been searching since November of last year, and has come up with zip so far.

Minnesota provides liability insurance for adult foster homes, I am told, by foster cares in MN. The state here, again, is zero help. I've been told that the state insurance commissioner is the one that set the standards for this, and he says we can only

have 2 people, but the state licenses us for 4! This must be a mistake! I'm currently working with a company in California, and they will only partner with Liberty Mutual. Hopefully, they'll come through.

If there's anything you can do in this regard, it would be very helpful! I know of several Adult foster homes that have NO business insurance, and one in Bismarck was grandfathered into her plan. Both Jessica and myself are losing our home insurance and I will be in default of our mortgage if we don't find business insurance, and may have to shut down due to this problem.

Again, anything you can do would be much appreciated.

Thank you for your assistance and time.

Rose and Matthew Enney, Enney Adult Foster Care, LLC

701 509-1710
