

Office of Health Facility Complaints

Investigative Public Report

Maltreatment Report #: H5207049M

Date Concluded: March 17, 2020

Name, Address, and County of Licensee

Investigated:

Good Samaritan Society Stillwater
1119 Owens Street North
Stillwater, MN 55082
Washington County

Facility Type: Home Care Provider

Investigator's Name: Jill Hagen, RN, PHN,
Special Investigator

Finding: Substantiated, individual responsibility

Nature of Visit:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Allegation(s):

It is alleged: The alleged perpetrator (AP) financially exploited a resident when the AP took the resident's narcotic medications for her own use.

Investigative Findings and Conclusion:

Financial exploitation was substantiated. The alleged perpetrator (AP) was responsible for the maltreatment. The AP documented giving the resident five tablets of oxycodone (opioid narcotic) during her shift. The resident said he requested and took only one tablet of oxycodone that night.

The investigation included interviews with facility staff members, including administrative staff. The investigation included review of the resident record including narcotic logs, the facility's investigation, policies, and procedures pertaining to controlled substances.

The resident admitted to the facility for short term rehabilitation following a motor vehicle accident with multiple rib and sternum (breast bone) fractures. The resident made his own

decisions. The physician's orders for the resident's pain included oxycodone 5 milligrams (mgs) 2 tablets every four hours as needed for pain rated from six to ten on a pain scale of one to ten with ten being the worst pain; and one tablet for a pain score of one to five. In addition, the resident's orders included Tylenol (analgesic) 500 mg two tablets three times a day as needed for pain.

Review of the facility investigation revealed the morning of the resident's discharge from the facility, when staff prepared his medications to take home, the resident was out of oxycodone. The resident said the previous day, he discussed his pain management with his practitioner and should have four, or five tablets of oxycodone left to take home. The resident's narcotic log (used to sign out narcotic medications) revealed the evening prior to the resident's discharge; the AP documented giving the resident two tablets of oxycodone at 8:30 p.m., two tablets the next morning at 12:40 a.m., and one tablet at 5:45 a.m. The AP failed to document dispensing of the oxycodone administration on the resident's medication administration record (MAR) or a progress note according to facility policy. When interviewed, the resident denied requesting or taking oxycodone during the night except one tablet around 5:30 a.m.

During an interview the director of nursing said when asked, the AP denied taking the resident's oxycodone. The AP confirmed she signed out the oxycodone on the narcotic log. Further review of additional resident's records revealed a pattern of the AP not following facility policy for the security of narcotic medications.

During an interview, the AP denied taking the resident's narcotic medications but provided no reasons for lack documentation and the resident denial of requesting or taking the oxycodone. The AP agreed she signed out the resident's oxycodone in the narcotic log book that day.

During an interview, the resident said just prior to his discharge, he always requested one tablet of oxycodone at a time and was alternating with Tylenol for the pain. The resident was limiting his use of the narcotic. The resident knew he had five tablets of oxycodone to take home with him. The resident said he continued to be very upset about the missing medication.

The facility no longer employed the AP.

In conclusion, financial exploitation occurred. The evidence indicated the AP took the resident's oxycodone for her own use.

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

(b) In the absence of legal authority a person:

(1) Willfully uses, withholds, or disposes of funds or property of a vulnerable adult

Vulnerable Adult interviewed: Yes.

Family/Responsible Party interviewed: No, the resident was his own responsible person.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The administration educated the nurse managers to ensure they completed audits of the narcotic log books. The facility no longer employed the AP.

Action taken by the Minnesota Department of Health:

The facility was issued a correction order regarding the vulnerable adult's right to be free from maltreatment.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

cc: The Office of Ombudsman for Long-Term Care

Washington County Attorney

Stillwater City Attorney

Stillwater Police Department

Minnesota Board of Examiners for Nursing Home Administrators

Minnesota Board of Nursing

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2020
--------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - STILLWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 1119 OWENS STREET NORTH STILLWATER, MN 55082
--------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	--------------------

2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: The Minnesota Department of Health investigated an allegation of maltreatment, complaint #H5207049M, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557.</p> <p>The following correction order is issued for</p>	2 000	<p>The Minnesota Department of Health documents the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes.</p> <p>The assigned tag number appears in the</p>	
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/25/20
--------------------------------------------------------------------------------------------------------------------------------------	-------	----------------------------------

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2020
--------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - STILLWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 1119 OWENS STREET NORTH STILLWATER, MN 55082
--------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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
2 000	Continued From page 1 #H5207049M, tag identification 1850. The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infol.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "reviewed" in the box available for text. Then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.	2 000	far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule number out of compliance are listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN, WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	
21850	MN St. Statute 144.651 Subd. 14 Patients & Residents of HC Fac.Bill of Rights Subd. 14. Freedom from maltreatment. Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every resident shall also be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after	21850		3/25/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2020
--------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - STILLWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 1119 OWENS STREET NORTH STILLWATER, MN 55082
--------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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
21850	<p>Continued From page 2</p> <p>examination by a resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.</p> <p>This MN Requirement is not met as evidenced by: Based on interviews, and document review, the facility failed to ensure 1 of 1 residents reviewed (R1) was free from maltreatment. R1/C1 was financial exploited.</p> <p>Findings include:</p> <p>On March 17, 2020, the Minnesota Department of Health (MDH) issued a determination that financial exploitation occurred, and that an individual staff person was responsible for the maltreatment, in connection with incidents which occurred at the facility. The MDH concluded there was a preponderance of evidence that maltreatment occurred.</p>	21850	Reviewed and corrected	