



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name:

St. Benedicts Senior Community

Report Number:

HL20711004 and
HL20711005

Date of Visit:

October 5, 2016

Facility Address:

1810 Minnesota Blvd SE

Time of Visit:

9:00 a.m. - 2:30 p.m.

Date Concluded:

January 5, 2017

Facility City:

St. Cloud

Investigator's Name and Title:

Darin Hatch
Special Investigator

State:

Minnesota

ZIP:

56304

County:

Sherburne

☒ Home Care Provider/Assisted Living

Allegation(s):

It is alleged that five clients were financially exploited when the alleged perpetrator (AP) took the client's money.

☒ State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)

☒ State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of evidence, financial exploitation occurred when the alleged perpetrator (AP) took money from three clients. The AP took \$120.00 from Client #1, \$180.00 from Client #2, and \$12.00 from Client #3. There was not a preponderance of evidence regarding whether the AP took money from Client #4 and Client #5.

All five clients received home care services from the provider according to service agreements and care plans.

Interviews with staff revealed Client #1, Client #2, and Client #3 reported to staff that money was missing from their apartments, all on the same day. Client #1 was missing \$120.00, Client #2 was missing \$180.00, and Client #3 was missing \$12.00. The AP was the only staff person assigned to those three clients on that day. Staff placed two marked \$20.00 bills in a client's room, with the client's permission, the following day. The licensee had a camera in the hallway focused on the client's entryway door. The client reported the AP had been in his/her room, and the marked bills were missing. Staff reviewed the camera footage, observed the AP enter and exit the client's room, and called the police. Staff reported client's #4 and #5 later came forward to report missing money.

Interviews with all five clients revealed they reported the following monetary losses: Client #1-\$120.00, Client #2-\$180.00, Client #3-\$12.00, Client #4-\$17.00, Client #5-\$10.00. Client #1, Client #2, and Client #3 reported their losses occurred on the same day. Client #4 and Client #5 reported their losses occurred several times within the previous month.

Facility Name: St. Benedicts Senior
Community

Report Number: HL20711004 and HL20711005

A police report indicated police were called to the facility on report of a theft. Police responded and interviewed the AP. The AP admitted to taking the marked bills, and to taking \$100 from the other two clients. Police issued a citation to the AP for misdemeanor theft.

The AP was interviewed and admitted to taking money from Client #1 and Client #2, although s/he stated s/he could not recall exactly how much money s/he had taken or when s/he had taken it. The AP denied taking any money from Client #3, Client #4, or Client #5.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

☐ Abuse ☐ Neglect ☒ Financial Exploitation
☒ Substantiated ☐ Not Substantiated ☐ Inconclusive based on the following information:

Mitigating Factors:

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the ☒ Individual(s) and/or ☐ Facility is responsible for the

☐ Abuse ☐ Neglect ☒ Financial Exploitation. This determination was based on the following:

The home care provider had policies in place to prevent financial exploitation. The AP's personnel file showed the AP's acknowledgment of receiving the "Employee Handbook" which indicated any theft was unacceptable in the workplace and was grounds for involuntary termination. The AP's personnel file showed the AP received training in regards to the policies in place.

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.

Compliance:

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 Not Met - Compliance Not Met

The requirements under State Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued: ☒ Yes ☐ No

(State licensing orders will be available on the MDH website.)

Compliance Notes:

Facility Name: St. Benedicts Senior
Community

Report Number: HL20711004 and HL20711005

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

Minnesota Statutes, section 626.5572, subdivision 9 - Financial exploitation

"Financial exploitation" means:

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

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

Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

The Investigation included the following:

Document Review: The following records were reviewed during the investigation:

- ☒ Medical Records
- ☒ Care Guide
- ☒ Nurses Notes
- ☒ Assessments
- ☒ Care Plan Records
- ☒ Facility Incident Reports
- ☒ ADL (Activities of Daily Living) Flow Sheets
- ☒ Service Plan

Other pertinent medical records:

- ☒ Police Report

Facility Name: St. Benedicts Senior
Community

Report Number: HL20711004 and HL20711005

Additional facility records:

- ☒ Staff Time Sheets, Schedules, etc.
- ☒ Facility Internal Investigation Reports
- ☒ Personnel Records/Background Check, etc.
- ☒ Facility In-service Records
- ☒ Facility Policies and Procedures

Number of additional resident(s) reviewed: 2

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: _____

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: _____

Did you interview additional residents? ☒ Yes ☐ No

Total number of resident interviews: 9

Interview with staff: ☒ Yes ☐ No ☐ N/A Specify: _____

Tennessee Warnings

Tennessee Warning given as required: ☒ Yes ☐ No

Total number of staff interviews: 6

Physician Interviewed: ☐ Yes ☒ No

Nurse Practitioner Interviewed: ☐ Yes ☒ No

Physician Assistant Interviewed: ☐ Yes ☒ No

Interview with Alleged Perpetrator(s): ☒ Yes ☐ No ☐ N/A Specify: _____

Facility Name: St. Benedicts Senior
Community

Report Number: HL20711004 and HL20711005

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:

- ☒ Cleanliness
- ☒ Dignity/Privacy Issues
- ☒ Safety Issues
- ☒ Meals
- ☒ Facility Tour

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: _____

cc:

Health Regulation Division - Home Care & Assisted Living Program

The Office of Ombudsman for Long-Term Care

Wright County Attorney

Wright County Sheriff

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/18/2016
NAME OF PROVIDER OR SUPPLIER ST BENEDICTS SENIOR COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 MINNESOTA BOULEVARD SE SAINT CLOUD, MN 56304		
(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order is issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>On October 5, 2016, a complaint investigation was initiated to investigate complaint #HL20711004 & HL20711005. At the time of the survey, there were 106 clients that were receiving services under the comprehensive license. The following correction order is issued.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors ' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)</p>	
0 325 SS=E	<p>144A.44, Subd. 1(14) Free From Maltreatment</p> <p>Subdivision 1. Statement of rights. A person who receives home care services has these rights:</p>	0 325		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/18/2016
NAME OF PROVIDER OR SUPPLIER ST BENEDICTS SENIOR COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1810 MINNESOTA BOULEVARD SE SAINT CLOUD, MN 56304		
(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	
0 325	<p>Continued From page 1</p> <p>(14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to ensure that three of five clients reviewed (C1), (C2), (C3), (C4), (C5) were free from maltreatment when C1, C2, and C3 were financially exploited by a staff when she took the client's money for her own personal use. This resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and is issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive.) The findings include:</p> <p>C1's file was reviewed. C1 received comprehensive home care services according to a service agreement and care plan dated May 5, 2016.</p> <p>C2's file was reviewed. C2 received comprehensive home care services according to a service agreement and care plan dated October 4, 2016.</p> <p>C3's file was reviewed. C3 received comprehensive home care services according to a service agreement and care plan dated September 13, 2016.</p>	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/18/2016
NAME OF PROVIDER OR SUPPLIER ST BENEDICTS SENIOR COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1810 MINNESOTA BOULEVARD SE SAINT CLOUD, MN 56304		
(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
0 325	<p>Continued From page 2</p> <p>C4's file was reviewed. C4 received comprehensive home care services according to a service agreement and care plan dated July 20, 2016.</p> <p>C5's file was reviewed. C5 received comprehensive home care services according to a service agreement and care plan dated July 20, 2016.</p> <p>Document review during the onsite investigation revealed an undated and untitled document which indicated C1, C2, and C3 reported to registered nurse (RN)-C that money was missing from their apartment on September 7, 2016. The report indicated C1 was missing \$120.00, C2 was missing \$180.00, and C3 was missing \$12.00. RN-C, along with RN-B, began investigating and looked at the schedule to see who was working in that area on September 7, 2016 and discovered nursing assistant (NA)-I was the only staff person assigned to those three clients. On September 8, 2016 at 5:42 a.m., RN-C and RN-B placed two marked \$20.00 bills in a client's room with the client's permission. The licensee had a camera in the hallway focused on the client's entry way door. At 7:16 a.m., the client reported NA-I had been in his room and the marked bills were missing. RN-C and RN-B reviewed the camera footage and observed NA-I enter the client's room and 6:25 a.m. and exit at 7:05 a.m. The document indicated RN-C called the police. Police, RN-C, and RN-B interviewed NA-I and she admitted to taking the marked bills and to taking \$100 from C1 and C2. Police issued a citation to NA-I for misdemeanor theft. RN-C terminated NA-I's employment and notified the Minnesota Adult Abuse Reporting Center (MAARC).</p>	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/18/2016
NAME OF PROVIDER OR SUPPLIER ST BENEDICTS SENIOR COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1810 MINNESOTA BOULEVARD SE SAINT CLOUD, MN 56304		
(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
0 325	<p>Continued From page 3</p> <p>A police report dated September 8, 2016 indicated police were called to the facility on report of a theft. Police responded and interviewed NA-I. NA-I admitted to taking the marked bills and to taking \$100 from C1 and C2. Police issued a citation to NA-I for misdemeanor theft.</p> <p>Interview with RN-B on October 5, 2016 at 9:15 a.m. revealed C1, C2, and C3 reported that money was missing from their apartments on September 7, 2016. RN-B said C1 was missing \$120.00, C2 was missing \$180.00, and C3 was missing \$12.00. RN-B, along with RN-C, began investigating and looked at the schedule to see who was working in that area on September 7, 2016 and discovered nursing assistant (NA)-I was the only staff person assigned to those three clients. RN-B said the next morning RN-B and RN-C planted \$40.00 in marked \$20.00 bills in another client's room with the client's permission and placed a camera in the hallway outside his room. RN-B said the client reported the \$40.00 was missing after NA-I had been in his room. RN-B and RN-C reviewed the camera footage and it showed NA-I was the only person in the room with the client. They called the police and during interview NA-I admitted to taking money from C1 and C2 and the planted money. RN-B said two additional clients, C4 and C5, came to her during the onsite investigation to report they too were missing money.</p> <p>Interview with RN-C on October 18, 2016 at 4:17 p.m. revealed C1, C2, and C3 reported to her that money was missing from their apartments on September 7, 2016. RN-C said C1 was missing \$120.00, C2 was missing \$180.00, and C3 was missing \$12.00. RN-C, along with RN-B, began investigating and looked at the schedule to see</p>	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/18/2016
NAME OF PROVIDER OR SUPPLIER ST BENEDICTS SENIOR COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 MINNESOTA BOULEVARD SE SAINT CLOUD, MN 56304			
(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
0 325	<p>Continued From page 4</p> <p>who was working in that area on September 7, 2016 and discovered NA-I was the only staff person assigned to those three clients. On September 8, 2016 at 5:42 a.m., RN-C and RN-B placed two marked \$20.00 bills in a client's room with the client's permission. RN-C said they had a camera in the hallway focused on the client's entry way door. She said at 7:16 a.m., the client reported NA-I had been in his room and the marked bills were missing. RN-C and RN-B reviewed the camera footage and observed NA-I enter the client's room and 6:25 a.m. and exit at 7:05 a.m. RN-C called the police. Police, RN-C, and RN-B interviewed NA-I and she admitted to taking the marked bills and to taking \$100 from C1 and C2. RN-C terminated NA-I's employment and notified the MAARC.</p> <p>Interview with C1 on October 5, 2016 at 9:50 a.m. revealed she looked in her purse on September 7, 2016 and noticed \$120.00 was missing so she reported her concerns to staff.</p> <p>Interview with C2 on October 5, 2016 at 10:11 a.m. revealed she had \$180.00 in her wallet. She said NA-I came into her room on September 7, 2016 to do housekeeping and left. She noticed the money was missing after NA-I had been in her room and she reported her concerns to staff.</p> <p>Interview with C3 on October 5, 2016 at 10:22 a.m. revealed she had \$12.00 sitting on her kitchen counter on September 7, 2016. She said NA-I came into her apartment and went into her bedroom to assist her with her with putting her socks on. C3 said the \$12.00 was missing after NA-I left her apartment and she reported her concerns to staff.</p> <p>Interview with C4 on October 5, 2016 at 1:20 p.m.</p>	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/18/2016
NAME OF PROVIDER OR SUPPLIER ST BENEDICTS SENIOR COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 MINNESOTA BOULEVARD SE SAINT CLOUD, MN 56304			
(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
0 325	<p>Continued From page 5</p> <p>revealed she noticed \$9.00 missing from her wallet on August 18, 2016. She said on August 21, 2016 she noticed she was missing \$4.00 in change from her coin purse. On August 26, 2016 C4 said she was playing bingo and noticed \$4.00 in quarters missing from her purse. She did not report her concerns to staff until today because she heard about thefts from other clients and heard the thefts were being investigated today.</p> <p>Interview with C5 on October 5, 2016 at 1:35 p.m. revealed she went to check her wallet in the later part of August 2016 and noticed she was missing \$10.00. She did not report her concerns to staff until today because she heard about thefts from other clients and heard the thefts were being investigated today.</p> <p>Interview with NA-I on November 17, 2016 at 10:00 a.m. revealed she admitted to taking money from C1, C2, and the planted money but could not recall how much, when, where the money was located other than in the client's room, or where the clients were when she took the money. NA-I denied taking any money from C3, C4, or C5.</p> <p>A policy dated March 2016 and titled "Home Care Bill of Rights" indicates on page one the facility adopts the Home Care Bill of Rights and staff are expected to adhere to these rights.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 325			



Protecting, Maintaining and Improving the Health of All Minnesotans

August 16, 2017

Ms. Robin Theis, Administrator
St Benedicts Senior Community
1810 Minnesota Boulevard SE
Saint Cloud, MN 56304

RE: Complaint Number HL20711004 and HL20711005

Dear Ms. Thies:

On February 28, 2017 an investigator of the Minnesota Department of Health, Office of Health Facility Complaints completed a re-inspection of your facility, to determine correction of orders found on the complaint investigation completed on November 18, 2016 with orders received by you on January 7, 2017. At this time these correction orders were found corrected and are listed on the attached State Form.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Matthew Heffron'.

Matthew Heffron, JD, NREMT
Health Regulations Division
Office of Health Facility Complaints
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: (651) 201-4221 Fax: (651) 281-9796

MH/ja
Enclosure

cc: Home Health Care Assisted Living File
Sherburne County Adult Protection
Office of Ombudsman
MN Department of Human Services