



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Full Circle Senior Living Inc.		Report Number: HL24424011, HL244240012, & HL244240013	Date of Visit: August 15 & 16, 2016
Facility Address: 2701 West Superior St. STE 101		Time of Visit: 1:00 - 4:00 p.m. & 8:30 a.m. - 12:30 p.m.	Date Concluded: January 3, 2017
Facility City: Duluth		Investigator's Name and Title: Darin Hatch, Special Investigator	
State: Minnesota	ZIP: 55806	County: Saint Louis	

Home Care Provider/Assisted Living

Allegation(s):

It is alleged that several clients were financially exploited when the alleged perpetrator (AP) took the clients' 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 25 of 26 clients reviewed were financially exploited by the alleged perpetrator (AP) when s/he took the clients' money.

All the clients received comprehensive home care services from the provider.

Interview with the nurse revealed the provider received complaints from all 26 clients of missing money, beginning in January 2016 and ending in June 2016. The provider notified the police each time, along with the Office of Health Facility Complaints. The nurse indicated s/he worked with the police investigating each incident but s/he and the police were unable to determine who the AP was. The nurse said s/he and the police obtained permission from a client to install a hidden camera in the client's room in June 2016, and planted \$120 cash in a card in the client's room, in view of the camera. The nurse said s/he observed the AP on camera take the \$120 from the card and place the money in his/her pocket. The nurse called the police. The facility eventually installed surveillance cameras throughout the facility but they were not fully operational until August 2016.

Document review of a police report revealed police responded to the facility after the nurse caught the AP on camera taking the planted money from the card in the client's room. Police interviewed the AP, and the AP admitted to taking money from four clients, in addition to the planted money. The police issued a citation to the AP for misdemeanor theft.

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Document review, interviews with staff, interviews with clients, and communication with police revealed the client losses totaled \$3018.00 between January and June 2016. Document review, interviews with staff, interviews with clients, and interviews with police revealed the AP worked at the facility during the loss time frame for 25 of 26 clients and was the primary suspect for each of the thefts that occurred between January and June 2016.

Attempts to interview the AP were unsuccessful.

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:

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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
- Medication Administration Records
- 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: Full Circle Senior Living Inc.

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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: 22

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: 26

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

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: 13

Physician Interviewed: Yes No

Nurse Practitioner Interviewed: Yes No

Physician Assistant Interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: Unable to contact.

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Attempts to contact:

Date:	Time:	Date:	Time:	Date:	Time:
August 26, 2016	11:11 a.m.	August 29, 2016	11:16 a.m.	August 29, 2016	1:10 p.m.

If unable to contact was subpoena issued: Yes, date subpoena was issued August 29, 2016 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

Duluth Police Department

Saint Louis County Attorney

Duluth City Attorney



Protecting, Maintaining and Improving the Health of All Minnesotans

October 23, 2017

Ms. Kim Burke, Administrator
Full Circle Senior Living Inc.
1411 London Road
Duluth, MN 55805

RE: Complaint Number HL24424011, HL24424012, and HL2442013

Dear Ms. Burke :

On September 12, 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 September 26, 2016 with orders received by you on January 6, 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 black ink, appearing to read 'John Aglieco'.

John Aglieco
Health Program Representative-Senior
Minnesota Department of Health
85 East Seventh Place, Suite 220
PO Box 64970
St. Paul, MN 55164-0970
Office 651-201-4212 Fax: 651-281-9796

ja
Enclosure

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/12/2017
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NAME OF PROVIDER OR SUPPLIER FULL CIRCLE SENIOR LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 LONDON ROAD DULUTH, MN 55805
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(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
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{0 000}	Initial Comments A licensing order follow-up was completed to follow up on correction orders issued related to complaint HL24424011, HL24424012, HL2442013 . Full Circle Senior Living was found in compliance with state regulations.	{0 000}		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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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 August 15, 2016, a complaint investigation was initiated to investigate complaint #HL24424011, HL24424012, and HL24424013. At the time of the survey, there were 94 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=F	<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

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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 25 of 26 clients reviewed (C1-C26) were free from maltreatment when the clients 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 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients.) The findings include:</p> <p>C1 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated November 28, 2012.</p> <p>C2 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated June 25, 2014.</p> <p>C3 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated</p>	0 325		

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0 325	<p>Continued From page 2</p> <p>March 28, 2016.</p> <p>C4 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated August 16, 2013.</p> <p>C5 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated June 22, 2012.</p> <p>C6 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated February 17, 2011.</p> <p>C7 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated August 24, 2015.</p> <p>C8 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated January 26, 2016.</p> <p>C9 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated November 27, 2012.</p> <p>C10 received services from the home care provider for comprehensive home care services</p>	0 325		

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0 325	<p>Continued From page 3</p> <p>and housing with services according to the client's service agreement and care plan dated October 24, 2013.</p> <p>C11 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated August 14, 2015.</p> <p>C12 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated January 26, 2016.</p> <p>C13 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated March 25, 2015.</p> <p>C14 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated March 7, 2007.</p> <p>C15 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated June 19, 2012.</p> <p>C16 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated October 19, 2012.</p>	0 325		

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0 325	<p>Continued From page 4</p> <p>C17 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated August 1, 2014.</p> <p>C18 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated June 13, 2014.</p> <p>C19 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated November 30, 2015.</p> <p>C20 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated April 19, 2016.</p> <p>C21 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated July 11, 2014.</p> <p>C22 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated May 9, 2014.</p> <p>C23 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated</p>	0 325		

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0 325	<p>Continued From page 5 July 1, 2015.</p> <p>C24 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated April 30, 2014.</p> <p>C25 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated May 18, 2015.</p> <p>C26 received services from the home care provider for comprehensive home care services and housing with services according to the client's service agreement and care plan dated May 4, 2016.</p> <p>Document review during the onsite investigation revealed incident reports dated January 26, 2016 to June 20, 2016 and a document dated August 3, 2016 titled "Theft Reimbursement Log" that revealed the following timeline for client losses and the dollar amount loss for each client as follows:</p> <p>C1- January 1- June 20, 2016, \$10.00 C2- January 1- June 20, 2016, \$20.00 C3- March 28 - June 20, 2016, \$40.00 C4- June 7-8, 2016, \$600.00 C5- January 25, 2016, \$100.00 C6- January 19 - 28, 2016 & April 6 - 8, 2016, \$97.00 C7- January 29 - 30, 2016, \$200.00 C8- January 26 - February 5, 2016, \$75.00 C9- January 14 - February 5, 2016 & March 17-18, 2016, \$140.00 C10- January 20 - February 5, 2016 & March 15-19, 2016 & April 15-19, 2016, \$32.00</p>	0 325		
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0 325	<p>Continued From page 6</p> <p>C11- January 10 - February 10, 2016, \$60.00 C12- February 10-11, 2016, \$120.00 C13- April 1-2, 2016, \$80.00 C14- April 1-7, 2016, \$30.00 C15- April 8-11, 2016, \$596.00 C16- April 7-8, 2016, \$80.00 C17- February 21 - April 10, 2016, \$15.00 C18- April 9-14, 2016, \$120.00 C19- April 8-20, 2016, \$100.00 C20- April 28-29, 2016, \$10.00-Incident report revealed client lost/misplaced the money upon facility investigation. C21- May 5-17, 2016, \$15.00 C22- April 20 - May 18, 2016, \$80.00 C23- May 24-29, 2016, \$18.00 C24- May 7 - June 12, 2016, \$140.00 C25- January 1 - June 15, 2016, \$210.00 C26- June 11-13, 2016, \$40 Total losses = \$3018.00</p> <p>Document review of the ULP-AA's hours worked from January 1 - June 20, 2016 indicated ULP-AA worked the following dates and times: January 1, 2:00-10:30 p.m.; January 5, 2:00-10:30 p.m.; January 6, 4:00-10:00 p.m.; January 7, 2:00-10:00 p.m.; January 9, 2:00-10:30 p.m.; January 10, 6:00-10:30 p.m.; January 12, 2:00-10:30 p.m.; January 13, 2:00-10:00 p.m.; January 19, 2:00-10:00 p.m.; January 20, 2:00-10:00 p.m.; January 21, 2:00-10:30 p.m.; January 25, 2:00-10:00 p.m.; January 27, 2:00-10:00 p.m.; January 28, 2:00-10:30 p.m.; January 29, 2:00-10:30 p.m.; January 30, 2:00-10:30 p.m.; January 31, 2:00-10:30 p.m.</p> <p>February 1, 2:00-10:30 p.m.; February 3, 2:00-10:00 p.m.; February 4, 2:00-10:30 p.m.; February 6, 2:00-10:30 p.m.; February 7, 2:00-10:30 p.m.; February 8, 4:00-10:00 p.m.;</p>	0 325		

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0 325	<p>Continued From page 7</p> <p>February 10, 2:00-10:00 p.m.; February 11, 2:00-10:00 p.m.; February 12, 2:00-10:30 p.m.; February 15, 2:00-10:30 p.m.; February 17, 2:00-10:30 p.m.; February 18, 2:00-10:30 p.m.; February 19, 4:00-10:00 p.m.; February 20, 2:00-10:30 p.m.; February 21, 6:00 -10:00 a.m. & 6:00-10:30 p.m.; February 22, 2:00-10:00 p.m.; February 24, 2:00-10:30 p.m.; February 25, 2:00-10:30 p.m.; February 26, 2:00-10:30 p.m.</p> <p>March 2, 2:00-10:30 p.m.; March 3, 2:00-10:00 p.m.; March 4, 2:00-10:30 p.m.; March 5, 2:00-10:30 p.m.; March 6, 2:00-10:30 p.m.; March 7, 2:00-10:30 p.m.; March 9, 2:00-10:30 p.m.; March 10, 2:00-10:30 p.m.; March 11, 2:00-10:30 p.m.; March 14, 2:00-10:30 p.m.; March 17, 2:00-10:00 p.m.; March 18, 2:00-10:30 p.m.; March 19, 2:00-10:30 p.m.; March 20, 12:00-10:30 p.m.; March 23 2:00-10:30 p.m.; March 24, 2:00-10:15 p.m.; March 27, 4:00-10:00 p.m.; March 30, 2:00-10:30 p.m.; March 31, 2:00-10:00 p.m.</p> <p>April 1, 2:00-10:30 p.m.; April 2, 2:00-10:30 p.m.; April 3, 2:00-10:45 p.m.; April 4, 6:00-10:30 p.m.; April 5, 2:00-10:30 p.m.; April 6, 2:00-10:30 p.m.; April 7, 2:00-10:30 p.m.; April 10, 2:00-10:00 p.m.; April 11, 2:00-10:30 p.m.; April 12, 4:00-10:00 p.m.; April 15, 11:00 a.m. - 2:00 p.m. & 6:00-10:30 p.m.; April 16, 2:00-10:30 p.m.; April 17, 4:00-10:30 p.m.; April 18, 2:00-10:30 p.m.; April 19, 6:00-10:30 p.m.; April 20, 2:00-10:30 p.m.; April 21, 2:00-10:00 p.m.</p> <p>May 1, 2:00-10:30 p.m.; May 3, 2:00-10:00 p.m.; May 4, 2:00-10:30 p.m.; May 5, 2:00-10:30 p.m.; May 6, 2:00-10:00 p.m.; May 7, 12:15-9:00 p.m.; May 8, 2:00-10:00 p.m.; May 9, 2:00-10:30 p.m.; May 10, 2:00-10:30 p.m.; May 11, 2:00-10:30 p.m.; May 12, 2:00-10:30 p.m.; May 13,</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2016
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NAME OF PROVIDER OR SUPPLIER FULL CIRCLE SENIOR LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 LONDON ROAD DULUTH, MN 55805
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(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 8</p> <p>4:00-10:30 p.m.; May 15, 2:00-10:30 p.m.; May 17, 2:00-10:30 p.m.; May 18, 2:00-10:30 p.m.; May 19, 2:00-10:30 p.m.; May 20, 4:00-10:30 p.m.; May 21, 3:45-10:30 p.m.; May 23, 2:00-10:00 p.m.; May 25, 2:00-10:30 p.m.; May 26, 2:00-10:00 p.m.; May 27, 2:00-10:30 p.m.; May 28, 2:00-10:30 p.m.; May 29, 10:00 a.m.-10:30 p.m.; May 30, 2:00-10:30 p.m.; May 31, 2:00-10:30 p.m.</p> <p>June 2, 2:00-10:30 p.m.; June 3, 4:00-10:00 p.m.; June 4, 4:00-10:00 p.m.; June 5, 4:00-10:00 p.m.; June 6, 2:00-10:00 p.m.; June 7, 2:00-10:30 p.m.; June 11, 2:00-10:30 p.m.; June 12, 2:00-10:30 p.m.; June 13, 2:00-10:30 p.m.; June 14, 2:00-10:30 p.m.; June 16, 2:00-10:30 p.m.; June 17, 2:00-10:30 p.m.; June 18, 2:00-10:00 p.m.; June 19, 4:00-10:00 p.m.; June 20, 2:00-10:30 p.m.</p> <p>Interview and document review with the registered nurse (RN)-A on August 16, 2016 at 10:56 a.m. revealed the licensee received complaints from C1-C26 of missing money beginning on January 26, 2016 and ending on June 20, 2016. The provider notified the police each time along with the Office of Health Facility Complaints. RN-A documented twenty-six incidents of theft from clients C1-C26 between January 26, 2016 and June 21, 2016. Interview and document review with RN-A indicated she worked with the police investigating each incident but she and the police were unable to determine who the alleged perpetrator was.</p> <p>RN-A said during interview the facility got permission from C4 and set up a hidden camera in C4's room on June 20, 2016. The facility put \$120 in \$20 bills inside a Father's Day card in C4's room in camera view. RN-A said that when</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/26/2016
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NAME OF PROVIDER OR SUPPLIER FULL CIRCLE SENIOR LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 LONDON ROAD DULUTH, MN 55805
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0 325	<p>Continued From page 9</p> <p>reviewing camera footage, she observed ULP-AA take the \$120 out of the card and place the money in her left pants pocket . RN-A called police.</p> <p>Document review revealed a police report dated June 21, 2016 which indicated police and RN-A got permission from C4 to place a hidden camera in C4's room and the facility planted \$120, in \$20 bills, in C4's room in camera view on June 20, 2016. Police were called to the facility by RN-A to interview a staff member who had been observed by RN-A on the camera taking the \$120 from the card planted in C4's room. The report revealed police interviewed ULP-AA and she admitted to taking the \$120 from the card, \$10 from C1, \$20 from C2, \$40 from C3, and \$40 from C26.</p> <p>During interview with police on August 23, 2016 at 3:28 p.m. the police officer who investigated the thefts and wrote the report said based on his investigation he did not have any other suspects in the thefts and believes ULP-AA is responsible for all the thefts at the facility. He issued a citation to ULP-AA for misdemeanor theft for the thefts she admitted to from C1, C2, C3, and C26 as well as the theft of the \$120 from the facility.</p> <p>A undated policy titled "Minnesota Home Care Bills of Rights for Assisted Living Clients of Licensed Only Home Care Providers" indicated on page two that clients have a right to be free from financial exploitation and all forms of maltreatment covered under the Vulnerable Adults Act.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 325		