

Protecting, Maintaining and Improving the Health of All Minnesotans

# State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL29621004M Date Concluded: September 29, 2022

**Compliance #:** HL29621005C

Name, Address, and County of Licensee

**Investigated:** 

Synergy Homecare 9298 Central Avenue Northeast #202 Blaine, MN 55434 Anoka County

Facility Type: Home Care Provider Evaluator's Name: Peggy Boeck, RN,

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.

### Initial Investigation Allegation(s):

The Alleged Perpetrator (AP) financially exploited a client when the AP stole the client's credit card and made purchases for her own personal use totaling nearly \$2000.00.

### **Investigative Findings and Conclusion:**

The Minnesota Department of Health determined financial exploitation was substantiated. The AP was responsible for the maltreatment. The AP used the client's credit card to pay her utility bill and made purchases for herself through Instacart (an online grocery shopping service), Venmo (an online app that people use to transfer money), and at Walmart. The AP admitted to law enforcement and to her employer she used the client's credit card without his permission for her utility bill.

The investigator conducted interviews with facility administrative staff, the client, and investigating law enforcement officers from two police departments. The investigation included

review of personnel records, client records, policies and procedures related to client care, code of ethics, and maltreatment of vulnerable adults.

The client received comprehensive home care services in their home. The client's diagnoses included fractured femur and a history of stroke. The client's service plan included assistance with preparing grocery lists, grocery shopping, preparing meals/snacks, mailing bills and letters, housekeeping, laundry, assistance with bathing, dressing, transferring, walking, toileting, hygiene, and incontinence care. The AP provided cares for the client in his home.

A police report indicated the client discovered an unauthorized charge to a utility company on his credit card in an amount over \$900.00. The client called the utility company and discovered the payment was for the AP's utility bill. The police report indicated the client checked his credit card statement and found additional unauthorized charges (Instacart, Venmo, and Walmart). The report indicated an officer spoke with the AP, who admitted to using the client's card to pay her utility bill. The AP did not admit to police any other unauthorized use of the client's card.

The police report indicated law enforcement investigated purchases (on two different dates) from Instacart associated with an email address in the AP's name totaling nearly \$400.00. The report indicated the client's card was also used in person at Walmart on another date for purchases over \$250.00. The police obtained a copy of the Walmart receipt and a surveillance photo of the person who made the purchases at Walmart. The client identified the AP in the Walmart surveillance photo and verified unauthorized items on the receipt (such as scrub pants, scrub top). The \$500 sent to Venmo could not be verified as Venmo would not provide records of details of the transaction.

Personnel records indicated the AP worked for the facility for less than one year. The facility provided training to the AP regarding vulnerable adults, maltreatment, and healthy boundaries.

During an interview, an administrative staff stated she spoke with the AP regarding the allegation. The AP admitted she used the client's credit card for her utility bill.

During an interview, the client stated the AP worked in his home assisting the client with cares for about three months. The client stated he gave the AP his credit card so she could buy him groceries and items the client needed twice per month. The client stated he was disabled and unable to leave the house to do his own shopping. The client stated the AP should not do this kind of work anymore because she was a thief. The client stated he received notice from the county attorney they charged the AP with financial exploitation of a vulnerable adult.

During an interview, a police officer verified the charges.

The AP did not respond to multiple phone calls or a subpoena requesting an interview.

In conclusion financial exploitation is substantiated.

### Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

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

## Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"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.
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult.
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

Vulnerable Adult interviewed: Yes

Family/Responsible Party interviewed: None identified

**Alleged Perpetrator interviewed**: No, the AP did not respond to requests for an interview or a subpoena.

# Action taken by facility:

The AP no longer works for the facility.

# 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
The Office of Ombudsman for Mental Health and Developmental Disabilities
Washington County Attorney
Forest Lake City Attorney
Forest Lake Police Department
North Branch Police Department

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Minnesota Department of Health

|   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED  |  |  |  |  |  |  |
|---|---|---|--|---|--|--|--|--|--|--|--|
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|   |   | H29621  | B. WING                                  |   | 09/07/2022   |  |  |  |  |  |  |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE                |   |   |  |   |  |  |  |  |  |  |  |
| SYNERGY HOME CARE NORTHEAST METRO  9298 CENTRAL AVE NE, STE 202  BLAINE, MN 55434 |   |   |  |   |  |  |  |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |   | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)  | ON SHOULD BE COMPLETE HE APPROPRIATE DATE  |  |  |  |  |  |  |
| 0 000   | Initial Comments  |   | 0 000                                    |   |  |  |  |  |  |  |  |
|   | ******ATTENTION******  HOME CARE PROVIDER CORRECTION ORDER  In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order is issued pursuant to a complaint investigation.  Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.  INITIAL COMMENTS:  #HL29621005C/#HL29621004M  On September 7, 2022, the Minnesota Department of Health conducted a complaint |   |  | Minnesota Department of Health is documenting the State Licensing Correction Orders using federal so Tag numbers have been assigned Minnesota State Statutes for Home Providers. The assigned tag num appears in the far left column entite Prefix Tag." The state Statute number the corresponding text of the state out of compliance is listed in the "Summary Statement of Deficient column. This column also includes findings which are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the evaluation for Complex Diskers Diskers Period for Complex Diskers Period for Complex Diskers Period for Complex Diskers Period For Correction." This Applies Tederal Deficiencies Only. | sing federal software. Deen assigned to Satutes for Home Care Signed tag number Off column entitled "ID Off the Statute number and Off the state Statute Off the state Statute Off Deficiencies" Off also includes the Off violation of the state Off the Stat |  |  |  |  |  |  |
|   | following correction<br>the complaint invest<br>receiving services to<br>Comprehensive lice   | ction order is issued for                             |  | THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION VIOLATIONS OF MINNESOTA STATUTES.  THE LETTER IN THE LEFT COLUMNS OF TRACKING PURPOS REFLECTS THE SCOPE AND LETTER IN THE SUBDIVISION 11 (b)(1)(2).  | O<br>ON FOR<br>FATE<br>JMN IS<br>SES AND<br>EVEL   |  |  |  |  |  |  |
| 0 325   |   | )(14) Free From Maltreatment                          | 0 325                                    |   |  |  |  |  |  |  |  |
| Minnesota D   | Subdivision 1.State epartment of Health   | ment of rights. (a) A client who                      |  |   |  |  |  |  |  |  |  |

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

TITLE (X6) DATE

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED       |  |  |  |  |
|---|--|--|--|---|-------------------------------------|--|--|--|--|
|   |  | H29621   | B. WING                                  |   | C<br>09/07/2022                     |  |  |  |  |
| NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  9298 CENTRAL AVE NE, STE 202  BLAINE, MN 55434 |  |  |  |   |                                     |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)                           | TIVE ACTION SHOULD BE COMPLETE DATE |  |  |  |  |
| 0 325   | in an assisted living chapter 144G has to (14) be free from planeglect, financial expanding the maltreatment cover Adults Act and the Interview facility failed to ensure reviewed (C1) was was financially explaned in the Interviewed (C1) was was | e services in the community or a facility licensed under hese rights: hysical and verbal abuse, exploitation, and all forms of red under the Vulnerable Maltreatment of Minors Act;  ent is not met as evidenced and document review, the ure one of one clients free from maltreatment. C1 oited.  022, the Minnesota lth (MDH) issued a financial exploitation occurred, all staff person was maltreatment, in connection to occurred. The MDH is a preponderance of | 0 325                                    | No Plan of Correction (PoC) requi<br>Please refer to the public maltreat<br>report (report sent separately) for<br>of this tag. | ment                                |  |  |  |  |

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