Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL33357001M
Compliance #: HL33357002C

Date Concluded: September 20, 2022

Name, Address, and County of Licensee Investigated:
Arbor Glen Senior Living
11020 39th Street North
Lake Elmo, MN 55042
Washington County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name: Willette Shafer, 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 multiple residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6) when the AP used the residents' account numbers to purchase personal items.

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 residents' account numbers to purchase items that were ordered in the AP's name and delivered to the AP's home address. Law enforcement conducted a search at the AP's home and found several items purchased using the residents' bank accounts. The AP had pictures of the residents' account numbers on her cell phone.

The investigator conducted interviews with facility staff members, including administrative staff. The investigation included review of resident records, contracted staff record, facility

policies, and the internal investigation. The investigator also contacted law enforcement and reviewed the law enforcement report.

All six residents, resident 1, resident 2, resident 3, resident 4, resident 5 and resident 6 resided in the assisted living facility.

During an interview, the director of nursing (DON) said a bank called the facility to report suspicious charges on resident 2 and resident 3's accounts. The DON said the bank reported the suspicious charges to the residents' family and law enforcement. The DON said law enforcement contacted her and there were multiple charges on the residents' accounts sent to the AP's address and addressed in the AP's name. The DON said she also contacted all the residents and the residents' families who lived at the facility and encouraged them to review their bank statements. The DON said resident 1, resident 4, resident 5, and resident 6 reported obscure charges on their bank accounts. The DON said the AP was a contracted housekeeper and she had access to all the residents' apartments.

According to the law enforcement report, a bank employee reported fraudulent charges connected to numerous resident accounts. The fraudulent charges showed shipping labels with the AP's name and home address on them. The residents and residents' families denied giving authorization to use the bank accounts for purchases. Resident 1's unauthorized charges totaled $330.12. Resident 2's unauthorized charges totaled $920.63. Resident 3's unauthorized charges totaled $939.16. Resident 4's unauthorized charges totaled $500. Resident 5's unauthorized charges totaled $500. Resident 6's unauthorized charges totaled $300. The AP's phone numbers, and email were linked with these purchases. The law enforcement report indicated several cash transfers were made from resident 3's account with the AP's name listed as the sender. Law enforcement searched the AP's home and found several items that corresponded with the item descriptions on the residents' accounts. Law enforcement searched the AP's cellphone and found photos of resident 1's bank cards , front and back account numbers and verification codes. The AP's cell phone also showed pictures of money transfer receipts into the AP's name. The law enforcement report indicated the AP's attorney asked about reimbursement to the victims rather than criminal charges. Law enforcement denied the request.

Per email correspondence, the facility was unable to provide a completed background check for the AP. A background check was sent from the cleaning company the AP worked for. The AP's background check indicated the social security number (SSN) documented by the AP as "possible invalid SSN." A copy of the AP's SSN card was not sent as part of the AP's file.

In conclusion, the Minnesota Department of Health determined financial exploitation was 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;

Vulnerable Adult interviewed: No, resident interviews would not provide any additional information for the case.
Family/Responsible Party interviewed: No, family interviews would not provide an additional information for the case.
Alleged Perpetrator interviewed: No, AP declined the interview.

Action taken by facility:
The facility conducted an internal investigation. The facility informed residents and family members to review resident's bank statements. The AP no longer works at the facility. The facility completed maltreatment education with staff members.

Action taken by the Minnesota Department of Health:
The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

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
Lake Elmo City Attorney
Lake Elmo Police Department

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33357	A. BUILDING: _____ B. WING _____	C 07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GLEN SENIOR LIVING	11020 39TH STREET NORTH LAKE ELMO, MN 55042

(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	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are 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: #HL33357002C/#HL33357001M On July 20, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 56 clients receiving services under the provider's Assisted Living with Dementia Care license. The following correction orders are issued for #HL33357002C/#HL33357001M, tag identification 650, 2360.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License 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. 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. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2 and 3.	
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33357	A. BUILDING: _____ B. WING _____	C 07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GLEN SENIOR LIVING	11020 39TH STREET NORTH LAKE ELMO, MN 55042

(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
0 650	Continued From page 1 each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for one of one employee (Housekeeper (HSK)-A) with employee records reviewed. This practice resulted in a level two violation (a	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33357	A. BUILDING: _____ B. WING _____	C 07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GLEN SENIOR LIVING	11020 39TH STREET NORTH LAKE ELMO, MN 55042

(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
0 650	Continued From page 2 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: HSK-A began contracted employment on June 30, 2021, to provide cleaning services to the licensee's residents. HSK-A 's employee record lacked evidence of a completed background study on file. On July 21, 2022, at 02:22 p.m., director of nursing (DON)-B said HSK-A was a contracted housekeeper. DON-B said she wasn't sure if a background check was completed or requested from the contracted cleaning service provider. DON-A said she would follow up with the executive director. On August 3, 2022, at 9:36 a.m., an email was sent to DON-B requesting HSK-A's background check. DON-B replied that the request was escalated to their corporate office as they maintain the contracted employee files. On August 5, 2022, the contracted janitorial service forwarded a copy of HSK-A's background check. The background check indicated HSK-A's social security number may be invalid. The file sent lacked a copy of a social security card. On August 8, 2022, at 9:57 a.m., the licensee's administrative assistant (AA)-C replied to the	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33357	A. BUILDING: _____ B. WING _____	C 07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GLEN SENIOR LIVING	11020 39TH STREET NORTH LAKE ELMO, MN 55042

(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
0 650	Continued From page 3 email from the contracted janitorial service with HSK-A's background check attached, requesting a copy of the attached background check. The licensee did not provide a copy of HSK-A's background check. The licensee's Background Studies policy dated March 2013, lacked information on contracted employees. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
02360	144G.91 Subd. 8 Freedom from maltreatment Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act. This MN Requirement is not met as evidenced by: Based on interviews, and document review, the facility failed to ensure 6 of 56 residents (R1, R2, R3, R4, R5, R6) were free from maltreatment. R1, R2, R3, R4, R5, and R6 were financially exploited. Findings include: On September 20, 2022, 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.	02360	No plan of correction required for tag 2360. Please refer to the public maltreatment report (sent separately) for details.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33357	A. BUILDING: _____ B. WING _____	C 07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GLEN SENIOR LIVING	**11020 39TH STREET NORTH LAKE ELMO, MN 55042**

(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