



Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: H51867044M
Compliance #: H51863053C

Date Concluded: March 14, 2024

Name, Address, and County of Licensee

Investigated:

The Villas at Brookview
7505 Country Club Drive
Golden Valley, MN 55427
Hennepin County

Facility Type: Nursing Home

Evaluator's Name: Brooke Anderson, RN
Special Investigator

Finding: Inconclusive

Nature of Investigation:

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.

Initial Investigation Allegation(s):

The alleged perpetrator (AP), an agency staff member, financially exploited a resident when the AP used the resident's bank card to withdraw money for their own personal use.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined financial exploitation was inconclusive. Although unauthorized transactions were made using the resident's bank card, a specific alleged perpetrator (AP) could not be identified.

The investigator conducted interviews with facility staff members, including administrative staff and licensed staff. The investigation included review of the resident's record, facility documentation, employee files, a law enforcement report, and the previous related federal survey.

The resident resided in a nursing home. The resident's diagnoses included depression and anxiety. The resident's care plan included assistance with bed mobility, toileting, transfers, dressing, and grooming. The resident's assessment indicated the resident's cognition was intact.

Facility documents indicated the resident provided her bank card to the AP and asked the AP to go to the bank and withdraw cash. The AP agreed to withdraw cash for the resident on two separate occasions and provided the resident with the requested money and a receipt. The resident was later notified by the bank of additional unauthorized transactions made on the card, and a police report was filed.

Review of the resident's bank statements indicated the unauthorized transactions occurred on the days the AP had the resident's bank card in their possession.

A law enforcement report indicated video evidence was not provided by the bank; an AP could not be identified, and the case was closed.

During an interview, the resident stated she provided her bank card to the AP and asked the AP to go to the bank and withdraw cash. The AP returned with \$400 and the receipt. A few days later, the resident again asked the AP to go to the bank to withdraw cash. The AP returned with \$400 but did not provide a receipt. The resident recalled that the AP asked to borrow money, but the resident declined. The resident indicated her bank account statement included additional transactions made on the days the AP had the bank card in her possession.

During an interview, the AP stated the resident asked her on two separate occasions to withdraw cash for her at the bank, and she brought her back the cash along with a receipt. The AP stated she knew going to the bank for the resident was wrong but stated that other staff had done it. The AP denied taking money for her own personal use and denied completing additional unauthorized transactions using the resident's bank card.

During an interview, facility management stated the resident managed her own finances, and following the incident, the resident was given other options to obtain cash rather than asking facility staff. Facility management also stated that the AP was no longer employed at the facility.

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

Inconclusive: Minnesota Statutes, section 626.5572, Subdivision 11.

"Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.

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: No. Resident was responsible party.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The facility completed an internal investigation, provided other means to obtain cash for the resident, and the AP is no longer employed at the facility.

Action taken by the Minnesota Department of Health:

MDH previously investigated the issue during a complaint survey under federal regulations, and substantiated facility 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>.

You may also call 651-201-4200 to receive a copy via mail or email.

The purpose of this investigation was to determine any individual responsibility for alleged maltreatment under Minn. Stat. 626.557, the Maltreatment of Vulnerable Adults Act.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT BROOKVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427		
(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>*****ATTENTION*****</p> <p>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 #H51867044M , in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557. No correction orders are issued.</p>	2 000			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The facility is enrolled in the electronic Plan of Correction (ePoC) and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents.</p>	2 000			