

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: H53715548M
Compliance #: H53719043C

Date Concluded: June 20, 2024

Name, Address, and County of Licensee

Investigated:

Prairie View Senior Living
250 5th Street East
Tracy, MN 56175
Lyon County

Facility Type: Nursing Home

Evaluator's Name: Brooke Anderson
Special Investigator

Finding: Not Substantiated

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):

A facility nurse/alleged perpetrator (AP) financially exploited the resident when a full bottle of morphine went missing.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined financial exploitation was not substantiated. Although a bottle of morphine (narcotic pain medication) went missing, an alleged perpetrator (AP) could not be identified, and the facility replaced the medication. Facility staff contacted law enforcement and the pharmacy when they identified the morphine was missing. Additional morphine was obtained from the facility emergency kit and the resident did not miss any scheduled doses of the medication.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of the resident's records, facility internal investigation documentation, facility incident reports, personnel files, staff

schedules, a law enforcement report, related facility policies and procedures, and a previous related federal survey.

The resident resided in a nursing home. The resident's service plan included assistance with end-of-life cares and medication management. The resident's assessment indicated the resident received hospice care from an outside agency.

Facility documentation indicated that during a narcotic count at the end of an evening shift, staff discovered that a bottle of morphine was missing. Facility staff immediately contacted the pharmacy and obtained approval to take morphine from the emergency medication kit for the resident. Facility management contacted law enforcement and a search of the facility, staff belongings and personal vehicles was conducted.

The law enforcement report indicated the police could not determine if a staff member, resident, or visitor took the morphine bottle.

During investigative interviews, facility nursing staff denied taking the bottle of morphine and stated they complied with the police search of their belongings and personal vehicles. The facility nurses stated the morphine was never found but it did not affect the resident.

During an interview with the federal surveyor, an administrative nurse stated that the resident received a dose of the morphine at 8:00 p.m. and the medication was reported missing at 10:00 p.m. The resident did not go without the medication and the resident did not report increased pain at the time of the incident.

During an interview, facility management stated they were not able to determine where the morphine went or who took the morphine. Management staff stated there were problems with the facility's process related to narcotic box keys and who had access to the keys. Facility management stated after the incident, the key rings were separated and facility staff received education on controlled substances.

During an interview, a family member stated he was not aware of the incident.

In conclusion, the Minnesota Department of Health determined financial exploitation was not substantiated.

"Not Substantiated" means:

An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment 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: No, resident deceased.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

Facility management contacted 911. Law enforcement searched the facility, facility staff and other resident areas. Medication was obtained from the emergency kit for the resident and education was provided to all facility staff.

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: 00342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/15/2024
NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FIFTH STREET EAST TRACY, MN 56175		
(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 #H53715548M, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557. No correction orders are issued. The facility is enrolled in the electronic Plan of Correction (ePoC) and therefore a</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	Continued From page 1 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.	2 000			