



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Minneota Manor HCC  
700 North Monroe Street  
Minneota, MN 56264  
Lyon County

Report #: H5496008

Date: December 23, 2013

Date of Visit: October 25, 2013

By: Elizabeth Swan, R.N., Special Investigator

Time of Visit: 10:45 a.m.

- Type of Facility:**
- Nursing Home
  - SLF
  - Hospital
  - HHA
  - ICF/IID
  - Other: \_\_\_\_\_
  - Home Care Provider/Assisted Living
  - Home Care

- Facility Self Report
- Complaint

**Allegation(s):** It is alleged that financial exploitation occurred when the NAR, alleged perpetrator (AP) took a check from a resident's room without permission and forged the resident's name to make a purchase of \$86.89 at a nearby store.

**An unannounced visit was made at this facility and an investigation was conducted under:**

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)

- State Licensing Rules for Home Care (MN Rules Chapter 4668)
- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

**Conclusion:**

Minnesota Vulnerable Adults Act (MN 626.557)

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

Abuse       Neglect       Financial Exploitation was:

Substantiated     Not Substantiated     Inconclusive    based on the following information:

Based on a preponderance of evidence, financial exploitation occurred when the alleged perpetrator (AP) took a resident's check blank, and wrote a check for \$86.89 without the resident's permission. The AP forged the resident's signature and used the money for the AP's personal use.

The resident received staff assistance with activities of daily living skills. The AP worked for the facility, and provided cares to the resident at the time in question. The resident had no cognitive impairment.

A police report and interview revealed a place of business reported the check forgery. The person identified on the surveillance tape was the AP. Upon completion of her assigned shift which included evening cares for the resident, the AP immediately went from the facility to the grocery store where she bought groceries using the resident's check blank. The AP forged the resident's signature for the amount of \$86.89. The police report revealed the AP admitted to taking the resident's check blank, and admitted to buying the groceries with the resident's check blank. The AP admitted she endorsed the check by signing the resident's name.

At the time of the onsite visit, the resident stated the check blank was on top of her dresser. The AP took the check blank that was on top of the resident's dresser without the resident's permission. The resident was not aware the AP took the check.

This investigator contacted the AP by phone during the course of the investigation. The AP declined an interview, and did not respond to a subpoena for a requested interview.

The AP's employment was immediately terminated.

The police forwarded the case to the county attorney's office.

**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 facility provided training to the AP regarding the Vulnerable Adult Act and what constituted financial exploitation.

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:

#### **Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B) – Compliance Met**

The facility was found to be in compliance with Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B). No deficiencies were issued.

#### **State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) – Compliance Met**

The facility was found to be in compliance with State Licensing Rules for Nursing Homes (MN Rules Chapter 4658). No state orders were issued.

#### **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 Met**

The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

### **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:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Medical Records                   | <input checked="" type="checkbox"/> Care Guide        |
| <input type="checkbox"/> Medication Administration Records            | <input type="checkbox"/> Treatment Sheets             |
| <input checked="" type="checkbox"/> Facility Incident Reports         | <input type="checkbox"/> Physician Progress Notes     |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input type="checkbox"/> Physician Orders                             | <input type="checkbox"/> Social Service Notes         |
| <input checked="" type="checkbox"/> Nurses Notes                      | <input type="checkbox"/> Meal Intake Records          |
| <input type="checkbox"/> Activities Reports                           | <input type="checkbox"/> Weight Records               |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records    | <input checked="" type="checkbox"/> Assessments       |
| <input type="checkbox"/> Skin Assessments                             | <input checked="" type="checkbox"/> Care Plan Records |

**Other pertinent medical records:**



Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

Interview with Alleged Perpetrator(s):  Yes  No  N/A Specify: refused

Attempts to contact: Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_

If unable to contact was subpoena issued:  Yes , date subpoena was issued 11/21/2013  No

Were contacts made with any of the following:

Emergency personnel  Police Officers  Medical Examiner  Other: Specify \_\_\_\_\_

**Observations were conducted related to:**

- Wound Care
- Medication Pass
- Meals
- Personal Care
- Dignity/Privacy Issues
- Restorative Care
- Nursing Services
- Safety Issues
- Facility Tour
- Infection Control
- Cleanliness
- Injury
- Use of Equipment
- Transfers
- Incontinence
- Call Light
- Other: \_\_\_\_\_

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: \_\_\_\_\_

xc: Division of Compliance Monitoring - Licensing & Certification  
Minnesota Board of Examiners for Nursing Home Administrators  
Marshall City Police Department  
Lyon County Attorney  
Marshall City Attorney

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245496</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/05/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MINNEOTA MANOR HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 NORTH MONROE STREET MINNEOTA, MN 56264</b>
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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) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An abbreviated standard survey was initiated on October 25, 2013 to investigate case #H5496008 . Minneota Manor HCC is in compliance with 42 CFR Part 483, subpart B, requirements for Long Term Care Facilities.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  00887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/05/2013
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NAME OF PROVIDER OR SUPPLIER  MINNEOTA MANOR HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MONROE STREET MINNEOTA, MN 56264
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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: A complaint investigation was conducted to investigate complaint #H5496008. No correction orders issued.</p>	2 000		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_