



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Haven Homes of Maple Plain			Report Number: H5497014	Date of Visit: April 18, 2017
Facility Address: 1520 Wyman Avenue			Time of Visit: 8:45 a.m. to 3:30 p.m.	Date Concluded: October 9, 2017
Facility City: Maple Plain			Investigator's Name and Title: Michele Strahan, RN, Special Investigator	
State: Minnesota	ZIP: 55359	County: Hennepin		

Nursing Home

Allegation(s):

It is alleged that a resident was financially exploited when the alleged perpetrator stole the resident's ring and sold it to the local pawnshop. The total financial loss was unknown.

- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of evidence financial exploitation occurred when the alleged perpetrator (AP) stole the resident's ring, necklace, and sold both pieces of jewelry to a pawnshop. The items totaled more than \$3,500.00 dollars.

The resident resided at the facility for several years. The resident had diagnoses of dementia with short-term memory loss, hearing loss, and impaired vision.

The resident frequently wore a gold necklace shaped like a football, which the spouse gave the resident many years before. The resident owned a ring, which the resident wore on his/her right ring finger. The ring had a sapphire center, surrounded by diamonds. The resident's family member reported the ring and necklace missing to the facility. The facility contacted six of the resident's children who all recalled seeing the ring and necklace approximately two months prior during the holiday season. The facility notified the police. The police contacted pawnshops and compared the facility's staff names with the pawnshop records. The pawnshop records showed that the AP sold the ring, the necklace, and several other items at a pawnshop. During the investigation, the AP reported that s/he bought the necklace and ring from a co-worker, and was not aware that the items belonged to the resident. The police referred the case to the

County Attorney's Office pending charges.

The resident was interviewed, and s/he was alert and confused. The resident could not recall a ring or a necklace, and stated that everything was okay.

The AP was interviewed and stated that s/he did not steal the resident's ring or necklace. The AP stated that s/he bought two items of jewelry from a co-worker for \$100.00 dollars. S/he described the jewelry as a round gold pendant and a ring. The AP could not describe the ring. The AP stated that the co-worker was going on medical leave and needed money. The AP stated that s/he bought jewelry from a co-worker and sold the jewelry to a pawnshop for \$400.00 when s/he needed money.

The co-worker was interviewed and stated that s/he did not steal the resident's ring or necklace or sell any jewelry to anyone. The co-worker stated that the police contacted him/her while s/he was on medical leave from the facility, and that was when s/he became aware of the AP's allegation. The co-worker stated that she did not know when the incident allegedly took place and did not know the name of the AP. The co-worker stated s/he went out on medical leave and was not in need of money. The co-worker stated that the police informed him/her that s/he was cleared of any charges.

A family member was interviewed and stated that the gold necklace was from college. S/he stated that the necklace was priceless. The family member stated that the ring was appraised 12 years ago and was worth \$3,500 dollars at that time. The family member stated that the police returned the ring to the resident's family, but the necklace was not returned.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

- Abuse
- Neglect
- Financial Exploitation
- Substantiated
- Not Substantiated
- Inconclusive based on the following information:

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 AP was trained to follow the facility's policy and procedures for abuse prevention, which included the right of a vulnerable adult to be free from abuse, neglect, and exploitation including theft.

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:

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.

Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B) - Compliance Not Met

The requirements under the Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B), were not met.

Deficiencies are issued on form 2567: Yes No

(The 2567 will be available on the MDH website.)

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met

The requirements under State Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued: Yes No

(State licensing orders will be available on the MDH website.)

Compliance Notes:

Definitions:

Minnesota Statutes, section 626.5572, subdivision 9 - Financial exploitation

Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

(1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the 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:

Facility Name: Haven Homes of Maple Plain

Report Number: H5497014

Document Review: The following records were reviewed during the investigation:

- Medical Records
- Care Guide
- Medication Administration Records
- Weight Records
- Nurses Notes
- Assessments
- Physician Orders
- Treatment Sheets
- Physician Progress Notes
- Care Plan Records
- Social Service Notes
- Skin Assessments
- Facility Incident Reports
- Laboratory and X-ray Reports
- Therapy and/or Ancillary Services Records
- ADL (Activities of Daily Living) Flow Sheets

Other pertinent medical records:

Additional facility records:

- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Personnel Records/Background Check, etc.
- Facility In-service Records
- Facility Policies and Procedures

Number of additional resident(s) reviewed: Three

Were residents selected based on the allegation(s)? Yes No N/A

Specify: _____

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

Yes No N/A

Specify: _____

Interviews: The following interviews were conducted during the investigation:

Interview with reporter(s) Yes No N/A

Specify: _____

If unable to contact reporter, attempts were made on:

Date: _____ Time: _____ Date: _____ Time: _____ Date: _____ Time: _____

Interview with family: Yes No N/A Specify: _____

Did you interview the resident(s) identified in allegation:

Yes No N/A Specify: _____

Did you interview additional residents? Yes No

Total number of resident interviews: Six

Interview with staff: Yes No N/A Specify: _____

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: Eleven

Physician Interviewed: Yes No

Nurse Practitioner Interviewed: Yes No

Physician Assistant Interviewed: Yes No

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

Attempts to contact:

Date: _____ Time: _____ Date: _____ Time: _____ Date: _____ Time: _____

If unable to contact was subpoena issued: Yes, date subpoena was issued _____ No

Were contacts made with any of the following:

Emergency Personnel Police Officers Medical Examiner Other: Specify _____

Facility Name: Haven Homes of Maple Plain

Report Number: H5497014

Observations were conducted related to:

- Personal Care
- Nursing Services
- Infection Control
- Cleanliness
- Dignity/Privacy Issues
- Facility Tour

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: _____

cc:

Health Regulation Division - Licensing & Certification

Minnesota Board of Examiners for Nursing Home Administrators

The Office of Ombudsman for Long-Term Care

Maple Plain Police Department

Hennepin County Attorney

Maple Plain City Attorney

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

PRINTED: 08/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245497	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/17/2017
NAME OF PROVIDER OR SUPPLIER HAVEN HOMES OF MAPLE PLAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 WYMAN AVENUE MAPLE PLAIN, MN 55359		
(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	
F 000	INITIAL COMMENTS	F 000			
F 224 SS=D	<p>483.12(b)(1)-(3) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's symptoms.</p> <p>483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that one of four residents, (R1), reviewed were free from the misappropriation of property when a staff person stole R1's ring and necklace, and then sold the jewelry to a pawn</p>	F 224			

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

TITLE

(X6) DATE

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.

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

PRINTED: 08/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245497	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/17/2017
NAME OF PROVIDER OR SUPPLIER HAVEN HOMES OF MAPLE PLAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 WYMAN AVENUE MAPLE PLAIN, MN 55359		
(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	
F 224	<p>Continued From page 1 shop.</p> <p>The findings include:</p> <p>R1's medical record was reviewed. R1 was admitted to the facility with diagnoses of dementia with short-term memory loss, hearing loss, impaired vision, and osteoarthritis.</p> <p>R1's care plan dated 01/18/17, indicated R1 required the assistance of one to two staff for all activities of daily living, transferred from bed to chair with a mechanical lift, and was at risk for abuse from others related to physical limitations.</p> <p>The facilities internal investigation dated 02/16/17, indicated R1's family member reported to the facility that R1's ring was missing on 02/16/17. R1 typically wore the ring on her right ring finger. The ring was described as a blue sapphire center surrounded by diamonds. The police were called and during the police investigation, the names of facility staff were checked against records at a pawn shop.</p> <p>During an interview on 04/18/17, at 1:06 p.m. the Director of Nursing (DON-B) stated that R1 was also missing a gold necklace shaped like a football, which was reported by R1's family member on 02/16/17. She stated that the pawn shop records indicated Nursing Assistant (NA)-A had sold R1's ring and necklace to the pawn shop along with several other items.</p> <p>During an interview on 04/20/17, at 1:33 p.m. NA-A stated that she did not steal R1's ring or necklace. NA-A bought the two pieces of jewelry from NA-H. NA-A stated she did not recall R1 wearing any jewelry. NA-A stated she does not</p>	F 224			

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

PRINTED: 08/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245497	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/17/2017
NAME OF PROVIDER OR SUPPLIER HAVEN HOMES OF MAPLE PLAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 WYMAN AVENUE MAPLE PLAIN, MN 55359		
(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	
F 224	<p>Continued From page 2</p> <p>look at residents' jewelry while she cares for residents. NA-A stated she did recall that R1 wore a necklace with large bright beads one particular day. She stated that NA-H asked her for money. NA-H was going on medical leave and needed money. NA-A stated NA-H asked her to lend NA-H \$250.00. NA-A told NA-H that she only had \$150.00, and could not lend money. Then NA-H asked NA-A to buy some jewelry, which NA-A gave NA-H \$100.00. NA-A stated that the items she purchased from NA-H included a round gold pendant, no chain, and a ring. NA-A stated that she needed rent money and that is why she sold R1's ring and necklace to the pawn shop. NA-A stated that she sometimes purchased nice items for herself, would sell the items to the pawn shop when she needed money, and then buy the items back when she had enough money.</p> <p>During an interview on 04/20/17, at 10:20 p.m. NA-H was interviewed and stated she did not steal R1's ring or necklace. NA-H denied selling any jewelry to a co-worker. NA-H stated that the police contacted her while she was on medical leave from the facility. The police informed her that a co-worker reported NA-H sold R1's ring and necklace to a co-worker. NA-H stated that she did not know when the incident allegedly took place and did not know the name of the co-worker. NA-H stated that she went out on medical leave and was not in need of money. NA-H stated that the police informed her that she was cleared of any charges.</p> <p>R1's family member, (FM-A), was interviewed on 07/07/17, at 10:29 a.m. He stated that the gold necklace was from Harvard in 1948 or 1949. The football had a score engraved on the pendant.</p>	F 224			

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

PRINTED: 08/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245497	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/17/2017
NAME OF PROVIDER OR SUPPLIER HAVEN HOMES OF MAPLE PLAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 WYMAN AVENUE MAPLE PLAIN, MN 55359		
(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	
F 224	Continued From page 3 He stated that the necklace was priceless. He stated that the ring was appraised 12 years ago and was worth \$3,500 dollars at that time. FM-A stated that the police were returned the ring to R1's family, but not the pendant. A policy titled Dignity Policy dated April 2014, indicated that staff will not handle or move resident's personal belongings. A policy titled Vulnerable Adult Abuse Prohibition Plan dated November 2015, indicated that the facility prohibits exploitation of residents and misappropriation of residents' property by anyone.	F 224			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/17/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVEN HOMES OF MAPLE PLAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1520 WYMAN AVENUE MAPLE PLAIN, MN 55359
---	---

(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: A complaint investigation was conducted to investigate complaint #H5467014. As a result, the following correction orders are issued. The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at</p>	2 000		
-------	--	-------	--	--

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/17/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVEN HOMES OF MAPLE PLAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1520 WYMAN AVENUE MAPLE PLAIN, MN 55359
---	---

(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	Continued From page 1 http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. Then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.	2 000		
21850	MN St. Statute 144.651 Subd. 14 Patients & Residents of HC Fac.Bill of Rights Subd. 14. Freedom from maltreatment. Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every resident shall also be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others. This MN Requirement is not met as evidenced by: Based on interview and record review the facility failed to ensure that one of four residents, (R1), reviewed were free from maltreatment when a staff person stole R1's ring and necklace and	21850		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/17/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVEN HOMES OF MAPLE PLAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1520 WYMAN AVENUE MAPLE PLAIN, MN 55359
---	---

(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
21850	<p>Continued From page 2</p> <p>then sold the jewelry to a pawn shop.</p> <p>The findings include:</p> <p>R1's medical record was reviewed. R1 was admitted to the facility with diagnoses of dementia with short-term memory loss, hearing loss, impaired vision, and osteoarthritis.</p> <p>R1's care plan dated 01/18/17, indicated R1 required the assistance of one to two staff for all activities of daily living, transferred from bed to chair with a mechanical lift, and was at risk for abuse from others related to physical limitations.</p> <p>The facilities internal investigation dated 02/16/17, indicated R1's family member reported to the facility that R1's ring was missing on 02/16/17. R1 typically wore the ring on her right ring finger. The ring was described as a blue sapphire center surrounded by diamonds. The police were called and during the police investigation, the names of facility staff were checked against records at a pawn shop.</p> <p>During an interview on 04/18/17, at 1:06 p.m. the Director of Nursing (DON-B) stated that R1 was also missing a gold necklace shaped like a football, which was reported by R1's family member on 02/16/17. She stated that the pawn shop records indicated Nursing Assistant (NA)-A had sold R1's ring and necklace to the pawn shop along with several other items.</p> <p>During an interview on 04/20/17, at 1:33 p.m. NA-A stated that she did not steal R1's ring or necklace. NA-A bought the two pieces of jewelry from NA-H. NA-A stated she did not recall R1 wearing any jewelry. NA-A stated she does not look at residents' jewelry while she cares for</p>	21850		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/17/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVEN HOMES OF MAPLE PLAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1520 WYMAN AVENUE MAPLE PLAIN, MN 55359
---	---

(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
21850	<p>Continued From page 3</p> <p>residents. NA-A stated she did recall that R1 wore a necklace with large bright beads one particular day. She stated that NA-H asked her for money. NA-H was going on medical leave and needed money. NA-A stated NA-H asked her to lend NA-H \$250.00. NA-A told NA-H that she only had \$150.00, and could not lend money. Then NA-H asked NA-A to buy some jewelry, which NA-A gave NA-H \$100.00. NA-A stated that the items she purchased from NA-H included a round gold pendant, no chain, and a ring. NA-A stated that she needed rent money and that is why she sold R1's ring and necklace to the pawn shop. NA-A stated that she sometimes purchased nice items for herself, would sell the items to the pawn shop when she needed money, and then buy the items back when she had enough money.</p> <p>During an interview on 04/20/17, at 10:20 p.m. NA-H was interviewed and stated she did not steal R1's ring or necklace. NA-H denied selling any jewelry to a co-worker. NA-H stated that the police contacted her while she was on medical leave from the facility. The police informed her that a co-worker reported NA-H sold R1's ring and necklace to a co-worker. NA-H stated that she did not know when the incident allegedly took place and did not know the name of the co-worker. NA-H stated that she went out on medical leave and was not in need of money. NA-H stated that the police informed her that she was cleared of any charges.</p> <p>R1's family member, (FM-A), was interviewed on 07/07/17, at 10:29 a.m. He stated that the gold necklace was from Harvard in 1948 or 1949. The football had a score engraved on the pendant. He stated that the necklace was priceless. He stated that the ring was appraised 12 years ago</p>	21850		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/17/2017
NAME OF PROVIDER OR SUPPLIER HAVEN HOMES OF MAPLE PLAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 WYMAN AVENUE MAPLE PLAIN, MN 55359		
(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	
21850	<p>Continued From page 4</p> <p>and was worth \$3,500 dollars at that time. FM-A stated that the police were returned the ring to R1's family, but not the pendant.</p> <p>A policy titled Dignity Policy dated April 2014, indicated that staff will not handle or move resident's personal belongings.</p> <p>A policy titled Vulnerable Adult Abuse Prohibition Plan dated November 2015, indicated that the facility prohibits exploitation of residents and misappropriation of residents' property by anyone.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	21850			