

Protecting, Maintaining and Improving the Health of All Minnesotans

# Office of Health Facility Complaints Investigative Public Report

Maltreatment Report #: H5522027M Date Concluded: February 18, 2020

**Compliance #:** H5522020C

Name, Address, and County of Licensee

**Investigated:** 

Living Meadows of Luther 503 Benzel Ave SW Madelia, MN 56062 Watonwan County

Facility Type: Nursing Home Investigator's Name: Jessica Sellner, RN,

**Special Investigator** 

Finding: Substantiated, individual responsibility

#### **Nature of Visit:**

An investigator from 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.

#### Allegation(s):

It is alleged financial exploitation occurred when the alleged perpetrator (AP), a facility staff member, stole the resident's bank information and used the resident's funds for her own personal use.

### **Investigative Findings and Conclusion:**

Financial exploitation was substantiated. The AP was responsible for the maltreatment. The AP acknowledged using the resident's bank information to obtain approximately \$2100.00 of the resident's money for her own personal use.

The investigation included interviews with facility administrative staff. In addition, the investigator contacted law enforcement and the county attorney. The facility policy and procedures, staff training, and the AP's employee file were reviewed. In addition, the resident's medical record was reviewed.

The resident had no cognitive impairment and required minimal staff assistance with activities of daily living. The resident appointed a family member to assist in managing the resident's finances.

The facility investigation of the incident indicated the resident's family member contacted the facility after noticing charges in the resident's bank account, which were not authorized by the resident or the family member. The family member contacted the police and the bank to track the charges. The resident's bank information had been used online several times within a three-week period to pay house bills, such as electric and water, to the city offices. The housing address associated with the use of the resident's bank information was the address of the AP, who was employed at the facility as a housekeeper.

The police report indicated the AP obtained the resident's bank account information and used the resident's personal funds to pay approximately \$2100 of bills. The AP admitted to using the resident's personal funds to pay her bills.

In conclusion, financial exploitation was substantiated. The AP was responsible for the maltreatment. The AP admitted to using the resident's bank information to obtain approximately \$2100.00 of the resident's money for her own personal use.

## 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

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: No, unable to reach

### Action taken by facility:

The AP is no longer employed by the facility, and all staff were retrained on resident rights and maltreatment.

#### Action taken by the Minnesota Department of Health:

The facility was issued a correction order regarding the vulnerable adult's right to be free from maltreatment. 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:

Health Regulation Division – Licensing and Certification The Office of Ombudsman for Long-Term Care Watonwan County Attorney

PRINTED: 02/26/2020 FORM APPROVED

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	00695	B. WING	/ING		/2020		
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE				
LIVING MEADOWS AT LUTHER - MADELIA							
		N, MN 56062					
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE		
2 000 Initial Comments		2 000					
****ATTEN	NTION*****						
NH LICENSING CORRECTION ORDER							
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.							
corrected requires of the number and MN Rule with any of the lack of compliance. re-inspection with a result in the assess	nether a violation has been compliance with all rule provided at the tag ale number indicated below. It is several items, failure to the items will be considered Lack of compliance upon my item of multi-part rule will ment of a fine even if the item aring the initial inspection was						
that may result from orders provided that the Department with	hearing on any assessments non-compliance with these t a written request is made to nin 15 days of receipt of a nt for non-compliance.						
an allegation of mal #H5522027M and with the Minnesota	S: partment of Health investigated treatment, complaint #H5522028M, in accordance Reporting of Maltreatment of ct, Minn. Stat. 626.557.						
The following corrections to Health	ction order is issued for						

Minnesota Department of Health

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

(X6) DATE

TITLE

Electronically Signed

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		00695	B. WING	C 02/18/2020				
		00033			02/1	0/2020		
NAME OF I	PROVIDER OR SUPPLIER		,	STATE, ZIP CODE				
LIVING N	LIVING MEADOWS AT LUTHER - MADELIA  MADELIA, MN 56062							
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	CORRECTIVE ACTION SHOULD BE COMPLE REFERENCED TO THE APPROPRIATE DATE			
2 000	Continued From page 1		2 000					
	#H5522027M and H5522028M, 144.651, subd. 6.							
21850	electronic receipt of consistent with the Health Informational http://www.health.stobul.htm. The State delineated on the addineated on the added electronically. Althouse electronically. Althouse electronicate in the process, under the date your orders will electronically submit Department of Health Department Department of Health Department Department Of Health Department Depa	Ith orders being submitted ugh no plan of correction is Statutes/Rules, please enter "in the box available for text. electronic State licensure heading completion date, the II be corrected prior to itting to the Minnesota Ith.  651 Subd. 14 Patients &	21850					
	Residents shall be defined in the Vulne "Maltreatment" measure section 626.5572, sintentional and non-physical pain or injuction of the distress. Every resident in fully docu authorized in writing resident's physician period of time, and	om from maltreatment.  free from maltreatment as erable Adults Protection Act.  ans conduct described in subdivision 15, or the therapeutic infliction of ary, or any persistent course of a produce mental or emotional ident shall also be free from emical and physical restraints, mented emergencies, or as a for a specified and limited only when necessary to a from self-injury or injury to						

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		00695				C <b>02/18/2020</b>	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  503 BENZEL AVENUE SW  MADELIA, MN 56062							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
	Based on interviews facility failed to ensing reviewed (R1) was was financially exploit the facility stole the for their own persor Findings include:  On February 18, 20 Department of Heal determination that fand that an individual responsible for the with incidents which	ent is not met as evidenced s and document review, the ure one of one residents free from maltreatment. R1 oiated when an employee of resident's money and used it hal use.  20, the Minnesota Ith (MDH) issued a inancial exploitation occurred, al staff person was maltreatment, in connection n occurred at the facility. The ere was a preponderance of	21850	No Plan of Correction (PoC) requirement report for details.			

Minnesota Department of Health