This document has been re-scanned to the MDH website.

The compliance revisit was completed on 11/4/16.

Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:
Alliance Health Services Incorporated
2260 Cliff Road
Eagan MN 55122
Dakota County

Report#: H7283021

Date: July 18, 2016

Date of Visit: March 14, 2016
Time of Visit: 8:30 a.m. – 3:30 p.m.

By: Barbara White, RN, Special Investigator

Type of Facility: ☐ Nursing Home ☒ HHA ☐ Home Care Provider
☐ SLF ☐ ICF/IID
☐ Hospital ☐ Other: ____________

☒ Facility Self Report ☐ Complaint

Allegation(s): **It is alleged** that a client was financially exploited when the alleged perpetrator took the client's spouse's jewelry.

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 Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)

☐ 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 the evidence financial exploitation occurred when the alleged perpetrator (AP) took jewelry from the client's home on two occasions and sold the jewelry to a pawn shop. The appraised value of the items was $6,793.

The client had received services from the home health agency since May 2015. The services included a home health aide 5 days a week for help with bathing and personal cares, and supervision from an RN every 60 days. The AP was assigned to work with the client since admission to the agency. The AP provided services in the home several days a week until January 2016.

The client's family member noticed that jewelry was missing and notified the agency nurse and the police.

The police report indicated the jewelry was traced to a pawn shop, records indicated that the AP received $826.00 from pawning the jewelry. The police interviewed the AP and the AP admitted taking the jewelry from the client's home and selling the jewelry to a pawn shop in August and September 2015. The appraised value of the items was $6,793.

Several attempts to contact the AP for an interview were unsuccessful.

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 home care provider had adequate policies in place to govern financial exploitation. The AP's personnel file indicated the AP had received the "Home Health Aide Handbook" which indicated employees must not accept gifts or borrow any material items or cash, violating the policy could result in immediate termination. The AP's personnel file showed the AP had received training about abuse, neglect, and financial exploitation, the

employee had completed a test noting that financial exploitation was "unauthorized use of a vulnerable adult's money".

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 HHA (Home Health Agencies) (42 CFR, Part 484) – Compliance Met
The facility was found to be in compliance with Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484). No deficiencies were issued.

State Statutes for Home Care Providers (MN Statutes, section 144A.43-144A.483) – Compliance Met
The facility was found to be in compliance with State Statutes for Home Care Providers (MN Statutes, section 144A.43-144A.483). No state licensing 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 Not Met
The requirements under State Statues for Chapters 144 &144A were not met.

State licensing orders were issued: ☒ Yes ☐ No If no, specify: ___________
(State licensing orders will be available on the MDH website.)

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;

(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;

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:

☒ Medical Records

☐ Medication Administration Records

☒ Facility Incident Reports

☒ ADL (Activities of Daily Living) Flow Sheets

☐ Physician Orders

☒ Nurses Notes

☐ Activities Reports

☐ Therapy and/or Ancillary Services Records

☐ Skin Assessments

☐ Service Plan

☒ Care Guide

☐ Treatment Sheets

☐ Physician Progress Notes

☐ Laboratory and X-ray Reports

☐ Social Service Notes

☐ Meal Intake Records

☐ Weight Records

☒ Assessments

☐ Care Plan Records

☐ Other, specify: __________

Other pertinent medical records:

☐ Hospital Records ☐ Ambulance/Paramedics ☐ Medical Examiner Records ☐ Death Certificate

☒ Police Report ☐ Other, specify: __________

Additional facility records:

☐ Resident/Family Council Minutes

☒ Personnel Records/Background Check, etc.

☒ Staff Time Sheets, Schedules, etc.

☒ Facility In-service Records

☒ Facility Internal Investigation Reports

☒ Facility Policies and Procedures

☐ Call Light Audits

☐ Other, specify: ________

Number of additional resident(s) reviewed: 3

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: The patient had discontinued services.

<u>Interviews:</u> The following interviews were conducted during the investigation:

Interview with complainant(s): ○ Yes ○ No ◉ N/A Specify: ________

If unable to contact complainant, 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: 2

Interview with staff: ◉ Yes ○ No ○ N/A Specify: ________

Tennessen Warning given as required: ◉ Yes ○ No

Total number of staff interviews: 5

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: 4/20/16 at 1 p.m. Date/time: 4/27/16 at 10 a.m. Date/time: 5/17/16

If unable to contact was subpoena issued: ● Yes , date subpoena was issued 4/1/2016 ○ 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 Specify: ________

Was equipment being operated in safe manner: ○ Yes ○ No ● N/A Specify: ________

Were photographs taken: ○ Yes ● No Specify: ________

xc: Health Regulation Division - Home Care & Assisted Living Program
The Office of Ombudsman for Long-Term Care
Eagan City Police Department
Dakota County Attorney
Eagan City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H02838	A. BUILDING: ______ B. WING ______	C 06/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLIANCE HEALTH SERVICES INC	2260 CLIFF ROAD EAGAN, MN 55122

(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
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, (this correction order is (or) these correction orders are-select one delete the one not used and remove the brackets) issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. A complaint investigation was conducted to investigate complaint #H7283021. The following violation is issued.	0 000	HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.	
0 325	144A.44, Subd. 1(14) Free From Maltreatment Subdivision 1. Statement of rights. A person who receives home care services has these rights: (14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act; This MN Requirement is not met as evidenced by: Based on document review and interview, the agency failed to ensure that 1 of 1 clients (C1) reviewed were free from maltreatment when the client was financially exploited by a home health	0 325		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02838	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED C 06/16/2016

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ALLIANCE HEALTH SERVICES INC	2260 CLIFF ROAD EAGAN, MN 55122

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0 325	Continued From page 1	0 325		

aide (HHA-F) when she stole jewelry from the client.

This resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and is issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or that a situation has occurred only occasionally.)

The findings include:

C1's record was reviewed. C1 received services from the agency in the client's home for a home health aide (HHA)
5 times a week for assistance with bathing and personal cares according to the HHA plan of care dated 5/26/15. Document review of HHA-F's time records revealed HHA-F provided services according to C1's care plan over 109 home visits between August 2, 2015 and January 20, 2016.

Family member (FM)-C was interviewed on 3/14/2016 at 10:45 a.m. and stated F-C had noticed several pieces of jewelry missing and reported to the agency and police. C1 was interviewed on 3/16/16 at 3:10 p.m. and verified that the jewelry was missing and that FM-C had reported to the police.

An interview with the Registered Nurse (RN- F) on 3/15/16 at 3:00 p.m. revealed that the family of C1 had reported several pieces of jewelry missing to her on 10/30/15. RN-F stated that both C1 and FM-C were very reliable reporters.

The Director of Nursing (DON) was interviewed

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H02838	A. BUILDING: ____ B. WING ____	C 06/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLIANCE HEALTH SERVICES INC	**2260 CLIFF ROAD EAGAN, MN 55122**

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0 325	Continued From page 2 on 2/14/2016 at 3:00 p.m. and stated that the agency had completed an investigation of the misplaced jewelry and that HHA-F had denied taking any items. She stated that the police were also investigating the incident and she was notified on 1/20/2016 that HHA-F had admitted taking the jewelry to the police, the agency terminated HHA-F's employment on that date. A police report dated 1/21/2016 indicated that on 1/20/2016 HHA-F admitted to the police officer that she had taken 2 rings and a number of necklaces and bracelets from the home of C1 and had pawned the items for cash at pawn shops. HHA-F admitted taking the items on 2 separate occasions. The appraised value of the jewelry was $6, 793.00. Time Period of Correction: Twenty-one (21) days.	0 325		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	247283	A. BUILDING ________ B. WING ________	C **06/16/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLIANCE HEALTH SERVICES INC	**2260 CLIFF ROAD** **EAGAN, MN 55122**

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G 000	INITIAL COMMENTS A complaint investigation was conducted to investigate case #H7283021. Alliance Health Services Inc. was found to be in compliance with 42 CFR, Part 484, requirements for Home Health Agencies.	G 000		

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.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
H02838 Y1	A. Building B. Wing Y2	10/21/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLIANCE HEALTH SERVICES INC	2260 CLIFF ROAD EAGAN, MN 55122

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00325 Reg. # 144A.44, Subd. 1(14) LSC	Correction Completed 06/16/2016	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/16/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: IV6712