



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Prairie River Home Care Inc
227 East Main Street #200
Mankato, MN 56001
Blue Earth County

Report #: H8056041

Date: August 6, 2013

Date of Visit: July 8, 2013

Time of Visit: 9:00 a.m. – 1:00 p.m.

By: Deborah Neuberger, R.N., Special Investigator

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

- Facility Self Report
- Complaint

Allegation(s): It is alleged that financial exploitation occurred when a staff person, alleged perpetrator (AP) took and used an ATM card to make numerous withdrawals totaling \$1,200.00 without the patient's permission.

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:

Financial exploitation is substantiated. The AP was observed on video surveillance making numerous withdrawals from the patient's bank account without the patient's knowledge or permission.

The patient received home health aide services 2 times per week and received assistance with shopping. The patient was assessed by the agency as being vulnerable in the area of financial issues. The AP was one of the staff members assigned to care for the patient.

The patient was interviewed and stated the AP shopped for groceries for him/her. The patient stated s/he gives the AP his/her food stamps to grocery shop for him/her and sometimes adds a little extra in cash to that to pay for items on the list that are not covered by food stamps. The patient stated s/he never gave the AP his/her bank card to get cash out of the bank. The bank card is kept in a drawer in the bedroom near the bed.

The AP was interviewed and stated the patient gave the AP the bank card to buy groceries for the patient. The AP stated s/he spent about \$80.00 - \$100.00 a week on groceries for the patient. The AP stated s/he also purchased sheets and cleaning supplies for the patient. The AP stated s/he spent another \$100.00 every 2 weeks on cleaning supplies for the patient. The AP stated all shopping was completed on days s/he worked for the patient. The AP denied s/he took money from the patient's account without his/her permission.

The police detective assigned to the case stated there was \$1,200.00 missing from the patient's account. The detective stated the video surveillance photos match the AP. The withdrawals were made on:

4/16/2013 \$300.00 (The AP did not care for the client on this day.)

4/21/2013 \$100.00 (The AP did not care for the client on this day.)

5/4/2013 \$200.00

5/5/2013 \$200.00 (The AP did not care for the client on this day.)

5/18/2013 \$200.00

5/19/2012 \$200.00 (The AP did not care for the client on this day.)

The total withdrawn from the patient's account was \$1,200.00. The detective stated s/he would be recommending charges against the AP.

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 by the agency on abuse and neglect and financial exploitation. Despite the agency training, the AP took the patient's bank card and used it to withdraw money from the patient's account without the patient's permission.

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 Not Met**

The requirements under Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484) were not met.

Deficiencies are issued on form 2567: Yes No If no, specify: _____

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

State Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Met

The facility was found to be in compliance with State Licensing Rules for Home Care (MN Rules Chapter 4668). No state licensing orders were issued.

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Not Met

The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.

State licensing orders were issued: Yes No If no, specify: _____

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

State Statutes Chapters 144 & 144A – Compliance Not Met

The requirements under State Statutes 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 19 - Substantiated

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

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; or

(2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

The Investigation included the following:

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

Medical Records

Care Guide

Medication Administration Records

Treatment Sheets

Facility Incident Reports

Physician Progress Notes

- ADL (Activities of Daily Living) Flow Sheets
- Physician Orders
- Nurses Notes
- Activities Reports
- Therapy and/or Ancillary Services Records
- Skin Assessments
- Laboratory and X-ray Reports
- Social Service Notes
- Meal Intake Records
- Weight Records
- Assessments
- Care Plan Records

Other pertinent medical records:

- Hospital Records
- Ambulance/Paramedics
- Medical Examiner Records
- Death Certificate
- Police Report

Additional facility records:

- Resident/Family Council Minutes
- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Call Light Audits
- Personnel Records/Background Check, etc.
- Facility In-service Records
- Facility Policies and Procedures
- 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: This is a home care agency.

Interviews: 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: No family was listed.

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: N/A

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: 3

Physician interviewed: Yes No

Nurse Practitioner 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 _____

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
Rochester City Police Department, Detective Rikhus
Olmsted County Attorney
Rochester City Attorney

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

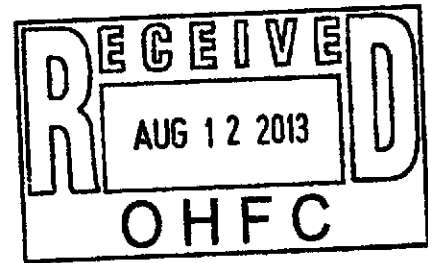
PRINTED: 07/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2013
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NAME OF PROVIDER OR SUPPLIER PRAIRIE RIVER HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 227 EAST MAIN STREET #200 MANKATO, MN 56002
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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)	(X6) COMPLETION DATE
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G 000	INITIAL COMMENTS A complaint investigation was initiated to investigate case #H8056041 and #H8056042. As a result the following deficiencies are issued. G101 was issued related to investigation #H8056042. G107 was issued related to investigation #H8056041.	G 000		
G 101	484.10 PATIENT RIGHTS The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights. This STANDARD is not met as evidenced by: Based on interview and record review the agency failed to protect and promote a patient's rights when the agency failed to ensure the person who receives home care is treated with respect for 1 of 4 patients reviewed (P2), who was forced to look at a Home Health Aide's genital ring. Findings include: P2's medical record was reviewed. Physician's orders dated 4/27/2013 were reviewed and revealed P2 was admitted to the agency in late 2012 with diagnoses that included Post Traumatic Stress Disorder and anxiety and P2 was assessed as being potentially vulnerable related to physical and cognitive issues, including depression and anxiety. P 2 was interviewed on 7/9/13 at 1:50 p.m. and stated that HHA-E was inappropriate while in her home. P2 stated HHA-E slept at P2's home, took	G 101	Re-train all staff on client rights. Training may include self study, on-line training, classroom and/or 1:1. Ongoing compliance will be achieved by initiating annual re-education of client rights. Person responsible: Lori Seemann, RN, COO	8-29-13



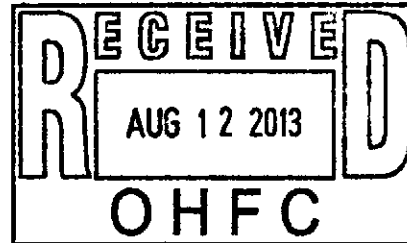
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lori Seemann, RN</i>	TITLE C.O.O.	(X8) DATE 8/8/13
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting 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.

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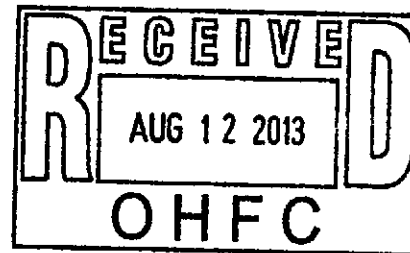
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2013
NAME OF PROVIDER OR SUPPLIER PRAIRIE RIVER HOME CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 227 EAST MAIN STREET #200 MANKATO, MN 56002		
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G 101	Continued From page 1 showers at P2's home and one time came into the room with P2 while HHA-E was in a towel, attempted to show P2 her genital ring and grabbed the back of P2's head and pulled it down to HHA-E's groin in an attempt to force P2 to look at HHA-E's genital ring. P2 stated that P2 experiences fear with most people due to her diagnoses and is afraid of HHA-E. P2 stated she informed the agency of her concerns and the agency removed HHA-E from caring for her. Mental Health Worker (MH-D) was interviewed on 7/10/2013 at 2:40 p.m. and stated P2 felt she was being taken advantage of by a caregiver. P2 told MH-D in late May 2013 that HHA-E was staying in her home, making P2 sleep on the couch, attempted to force P2 to look at her genitals and took medications from P2. General Manager-F, (GM-F) was interviewed on 7/9/2013 at 10:10 a.m. and stated that the agency was made aware of a concern when P2 informed the agency on 5/17/2013 that HHA-E was inappropriate in her home. HHA-E had been sleeping in P2's home, had taken some of P2's medications, and had attempted to force P2 to look at her genital ring while she was naked in the client's home. GM-F stated the agency immediately suspended HHA-E, ordered HHA-E not to contact P2 and ordered HHA-E in to have a drug test. GM-F stated that they made several appointments for HHA-E to have the drug test and HHA-E never took the test. GM-F stated they assisted P2 to contact the police about the incident.	G 101			
G 107	484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP	G 107			



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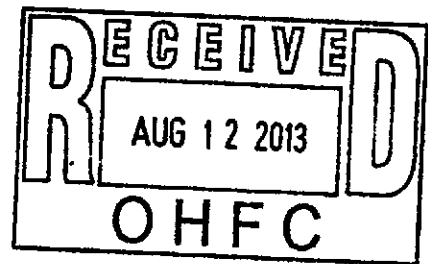
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2013
NAME OF PROVIDER OR SUPPLIER PRAIRIE RIVER HOME CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 227 EAST MAIN STREET #200 MANKATO, MN 56002		
(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	
G 107	<p>Continued From page 2</p> <p>The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the agency failed to investigate an allegation of financial exploitation for 1 of 4 patients (P1) reviewed.</p> <p>Findings include:</p> <p>P1's medical record was reviewed. Physicians's orders dated 8/1/2013 were review and revealed P1 was admitted to the agency in 2012 with diagnoses that included Anxiety Disorder and cataracts. P1 received home health aide, homemaker and nurse visits from the agency. Home Health Aide/PCA clinical note documentation for P1 was reviewed and revealed Home Health Aide-C, (HHA-C) was the staff member responsible for assisting P 1 with bathing, and grocery shopping.</p> <p>Registered Nurse (RN-B) was interviewed on 7/8/2013 at 12:10 p.m. and stated P1 told him in late May, 2013 about money missing from her account. The only one with access to her bank account cards was HHA-C. RN-B then told General Manager (GM-A) about the possible financial exploitation.</p> <p>GM-A was interviewed on 7/8/2013 at 9:00 a.m.</p>	G 107	<ol style="list-style-type: none"> All mandated reporters will be re-trained on the vulnerable adult reporting process including reporting time-frames and reporting to the common entry point. Training may include self study, on-line training, classroom and/or 1:1. Company procedure will be revised to reflect urgency of reporting. Unusual occurrence reporting form will be redesigned to include prompts to assure compliance with vulnerability reporting process. Ongoing compliance will be monitored by 100% review of vulnerable adult occurrence reports by the Director of Quality Management and appropriate General Manager. Person Responsible: Lori Seemann, RN, COO 	8-29-13	



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G 107	<p>Continued From page 3</p> <p>and stated that the agency was contacted by the county social worker and informed that there was a suspicion of financial exploitation regarding some withdrawals from P1's bank account totaling about \$600.00 that P1 did not make. An internal investigation was not initiated after the agency was made aware of a suspicion of financial exploitation because GM-A was told the county would call her back if the theft was determined to be by the agency employee. GM-A stated all employees who worked with P1 prior to the suspicion of financial exploitation were continuing to provide care to P1, including HHA-C at the time of the site visit, 5 weeks after the agency was made aware of the allegation.</p> <p>The agency policy titled Abuse/Neglect/Exploitation Assessment and dated 11/15/05 (revised) was reviewed and revealed under "Procedure 2. The employee/contract personnel should complete a Concern, Complaint, Unusual Occurrence report including specific information relating to the occurrence and forward the report to the General Manager/designee who will: A. Conduct an immediate initial investigation into the suspected abuse/neglect/exploitation and document additional information as appropriate."</p>	G 107			



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/12/2013
NAME OF PROVIDER OR SUPPLIER PRAIRIE RIVER HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 227 EAST MAIN STREET #200 MANKATO, MN 56002		
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0 000	<p>Initial comments</p> <p>A complaint investigation was initiated to investigate case #H8056041 and #H8056042. The following correction orders are issued.</p> <p>MN Statute 144A.44 Subd. 1 (14) was issued related to investigation #H8056042. MN Statute 628.557 Subd. 3 was issued related to investigation #H8056042.</p> <p>When corrections are completed please sign and date, make a copy of the form for your records and return the original to the MN Department of Health, Division of Compliance Monitoring, Office of Health Facility Complaints; 85 East Seventh Place, Suite 220, P.O. Box 64970, St. Paul, Minnesota 55164-0970.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	

Minnesota Department of Health

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

[Handwritten Signature]

TITLE
C.O.O.

(X8) DATE

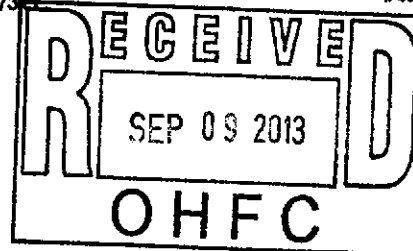
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STATE FORM

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If continuation sheet 1 of 6



Minnesota Department of Health

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0 090	Continued From page 1	0 090		
0 090	144A.44 Subd.1(14) Treated with respect	0 090		
	<p>Subdivision 1. Statement of rights. A person who receives home care services has these rights:</p> <p>(14) the right to be treated with courtesy and respect, and to have the patient's property treated with respect;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the agency failed to ensure the person who receives home care is treated with respect for 1 of 4 patients reviewed (P2), who was forced to look at a Home Health Aide's genital ring.</p> <p>Findings include:</p> <p>Physician's orders dated 4/27/2013 were reviewed and revealed P2 was admitted to the agency in late 2012 with diagnoses that included Post Traumatic Stress Disorder and anxiety and P2 was assessed as being potentially vulnerable related to physical and cognitive issues, including depression and anxiety.</p> <p>P 2 was interviewed on 7/9/13 at 1:50 p.m. and stated that HHA-E was inappropriate while in her home. P2 stated HHA-E slept at P2'S home, took showers at P2's home and one time came into the room with P2 while HHA-E was in a towel, attempted to show P2 her genital ring and grabbed the back of P2's head and pulled it down to HHA-E's groin in an attempt to force P2 to look at HHA-E's genital ring. P2 stated that P2</p>			

Minnesota Department of Health

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0 090	Continued From page 2 experiences fear with most people due to her diagnoses and is afraid of HHA-E. P2 stated she informed the agency of her concerns and the agency removed HHA-E from caring for her. Mental Health Worker (MH-D) was interviewed on 7/10/2013 at 2:40 p.m. and stated P2 felt she was being taken advantage of by a caregiver. P2 told MH-D that HHA-E was staying in her home, making P2 sleep on the couch, attempted to force P2 to look at her genitals and took medications from P2. General Manager-F, (GM-F) was interviewed on 7/9/2013 at 10:10 a.m. and stated that the agency was made aware of a concern when P2 informed them that HHA-E was inappropriate in her home in late May, 2013. HHA-E had been sleeping in P2's home, had taken some of P2's medications, and had attempted to force P2 to look at her genital ring while she was naked in the client's home. GM-F stated the agency immediately suspended HHA-E. GM-F stated they assisted P2 to contact the police about the incident. TIME PERIOD FOR CORRECTION: Thirty (30) days.	0 090		
0 605	626.557 Subd.3 Timing of report Subd. 3. Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated	0 605		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2013
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NAME OF PROVIDER OR SUPPLIER PRAIRIE RIVER HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 227 EAST MAIN STREET #200 MANKATO, MN 56002
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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) COMPLETE DATE
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0 605	<p>Continued From page 3</p> <p>reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section</p>	0 605		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2013
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NAME OF PROVIDER OR SUPPLIER PRAIRIE RIVER HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 227 EAST MAIN STREET #200 MANKATO, MN 56002
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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) COMPLETE DATE
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0 605	<p>Continued From page 4</p> <p>626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the agency failed to immediately report an incident of suspected maltreatment to the state common entry point for 1 of 4 patients reviewed (P2), who informed the agency that a caregiver, from the agency had taken P2's medications and forced P2 to look at her genitals.</p> <p>Findings include:</p> <p>Medical record review revealed P2 was admitted to the agency in late 2012 with diagnoses that included Post Traumatic Stress Disorder and anxiety. P2's physician's orders dated 4/27/13 revealed P 2 was assessed as being potentially vulnerable related to physical and cognitive issues including depression and anxiety.</p> <p>P 2 was interviewed on 7/9/13 at 1:50 p.m. and stated that HHA-E was inappropriate while in her home. P2 stated HHA-E slept at P2's home, took showers at P2's home and one time came into the room with P2 while HHA-E was in a towel, and attempted to show P2 her genital ring and grabbed the back of P2's head and pulled it down to HHA-E's groin in an attempt to force P2 to look at HHA-E's genital ring. P2 stated that P2</p>	0 605		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2013	
NAME OF PROVIDER OR SUPPLIER PRAIRIE RIVER HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 227 EAST MAIN STREET #200 MANKATO, MN 56002		
(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
0 605	<p>Continued From page 5</p> <p>experiences fear with most people due to her diagnoses and is afraid of HHA-E.</p> <p>Mental Health Worker (MH-D) was interviewed on 7/10/2013 at 2:40 p.m. and stated P2 felt she was being taken advantage of by a caregiver. P2 told MH-D in late May that HHA-E was staying in her home, making P2 sleep on the couch, attempted to force P2 to look at her genitals and took medications from P2.</p> <p>General Manager-F, (GM-F) was interviewed on 7/9/2013 at 10:10 a.m. and stated that the agency was made aware of a concern when P2 informed the agency on 5/17/2013 that HHA-E had been sleeping in P2's home, had taken some of P2's medications, and had attempted to force P2 to look at her genital ring while she was naked in the client's home. The agency immediately suspended HHA-E, ordered HHA-E not to contact P2. The agency never reported the suspected maltreatment to the state common entry point.</p> <p>The policy titled Abuse/Neglect/Exploitation Assessment dated revised 11/15/05 was reviewed and revealed under "Procedure 3. After discussion with the Vice President, the General Manager, should assure that a verbal report is made as soon as possible to the appropriate police department, county sheriff's office, local welfare agency, local adult/child protective service, or appropriate licensing or certifying agency."</p> <p>TIME PERIOD FOR CORRECTION: Thirty (30) days.</p>	0 605		



Protecting, Maintaining and Improving the Health of Minnesotans

Post Correction Order Follow-Up/Federal Certification Review Report
PUBLIC DATA

Facility:

Prairie River Home Care Inc
227 East Main Street #200
Mankato, MN 56002
Blue Earth County

Report #: H8056041 and H8056042

Date: September 20, 2013

Date of Visit: September 19, 2013
Time of Visit: 8:50 a.m.

By: Deborah Neuberger, R.N.
Special Investigator

Nature of Visit

An unannounced visit was made in order to follow-up two federal deficiencies and two state licensing orders which were issued on July 25, 2013, as the result of an investigation which had been completed on July 12, 2013.

The status of each order is as follow:

- 1 144A.44 Subd.1(14) - Corrected
- 2 626.557 Subd.3 - Corrected

See Attached 2567B for status of federal deficiencies.

xc: Minnesota Department of Health -Licensing & Certification Division

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 248056	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/19/2013
Name of Facility PRAIRIE RIVER HOME CARE INC	Street Address, City, State, Zip Code 227 EAST MAIN STREET #200 MANKATO, MN 56002	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction 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 CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>G0101</u> Reg. # <u>484.10</u> LSC _____	Correction Completed <u>09/19/2013</u>	ID Prefix <u>G0107</u> Reg. # <u>484.10(b)(5)</u> LSC _____	Correction Completed <u>09/19/2013</u>	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	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
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By <u>KL/sd</u>	Date: <u>09/29/13</u>	Signature of Surveyor: <u>10567</u>	Date: <u>09/19/13</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: <u>7/12/2013</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number H03190	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/19/2013
Name of Facility PRAIRIE RIVER HOME CARE INC	Street Address, City, State, Zip Code 227 EAST MAIN STREET #200 MANKATO, MN 56002	

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>00090</u> Reg. # <u>144A.44 Subd.1(14)</u> LSC _____	Correction Completed 09/19/2013	ID Prefix <u>00605</u> Reg. # <u>626.557 Subd.3</u> LSC _____	Correction Completed 09/19/2013	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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <u>KL/sd</u>	Date: <u>09/29/13</u>	Signature of Surveyor: <u>10567</u>	Date: <u>09/19/13</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: <u>7/12/2013</u>		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		
		YES NO		