



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Prairie River Home Care Inc.
25 1st Avenue Northeast, Suite 100
Buffalo, MN 55313
Wright County

Report #: H8056049

Date: December 4, 2015

Date of Visit: April 14, 2015
Time of Visit: 8:15 a.m.-2:15 p.m.

By: Jill Hagen, R.N., Special Investigator
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 client #1 was financially exploited when the alleged perpetrator (AP) took the patient's Rolex watch and \$600.00 for the AP's personal use.

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

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

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

Conclusion:

Minnesota Vulnerable Adults Act (MN 626.557)

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

Abuse Neglect Financial Exploitation was:

Substantiated Not Substantiated Inconclusive based on the following information:

Based on a preponderance of evidence the allegation of financial exploitation did occur. Although the AP denied taking client #1's watch and money, the AP stated he/she took client #2's watch and ring, pawned the items, and used the money for the AP's personal use.

Client #2 lives in the same home as client #1. Both received 24/7 services from the agency including supervision, homemaking tasks, and assistance with personal cares. Licensed nurses and home health aides provided those services.

Review of the police investigation regarding client #1's missing Rolex watch and money, the AP denied taking those items; however, admitted to taking client #2's watch and ring. The AP pawned client #2's watch and ring. Written transactions and video from the pawnshops identified the AP pawning the items on 12/29/2014. According to the police report, client #2's watch was valued at \$2,295.00 and the ring's value was not determined. Receipts from the pawnshop confirmed the AP pawned the watch for \$351.00 and the ring for \$250.00.

Interview with the primary caregiver for client #1 and client #2 indicated client #1's Rolex watch was missing the day following client #1's bath. According to the caregiver, the AP was responsible for removing the client's watch from his/her wrist prior to the client's bath. In addition, client #1 kept \$100.00 bills in his/her purse and was missing \$600.00. Client #1's Rolex watch and money were missing between 2/26/2015 and 3/3/2015.

Interview with the agency's manager established twelve staff had been in the client's home and had access to client #1's Rolex watch and money. All staff denied knowledge of the theft including the AP; however, the AP later admitted to the police that she pawned client #2's watch and ring.

The AP was interviewed and stated s/he had pawned client #2's watch and ring at a pawn shop and kept the money for her/his personal use. The AP denied taking client #1's Rolex watch and \$600.00.

The agency terminated the AP's employment.

Mitigating Factors:

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the individual(s) and/or facility is responsible for the

Abuse Neglect Financial Exploitation. This determination was based on the following:

The facility had policies and procedures related to exploitation in place and the AP was trained on these specific policies and procedures.

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 Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met

The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557). No state licensing orders were issued.

State Statutes Chapters 144 & 144A – Compliance Met

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

Facility Corrective Action:

The facility took the following corrective action(s): Prior to the on-site investigation, the facility completed a thorough investigation by interviewing all clients cared for by the AP. The facility re- educated staff regarding vulnerable adult and reporting including contacting the supervisor immediately with any concerns.

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;

(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.

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

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

Laboratory and X-ray Reports

Physician Orders

Social Service Notes

Nurses Notes

Meal Intake Records

Activities Reports

Weight Records

Therapy and/or Ancillary Services Records

Assessments

Skin 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

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: Two

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: Client #1 and client #2 continued with home services. Family requested client #1 and client #2 not be interviewed

Interviews: The following interviews were conducted during the investigation:

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

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: The family chose not to have client #1 and client #2 interviewed

Did you interview additional residents: Yes No

Total number of resident interviews: One client and client #3's spouse

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: Three

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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Wound Care | <input type="checkbox"/> Medication Pass | <input type="checkbox"/> Meals |
| <input checked="" type="checkbox"/> Personal Care | <input type="checkbox"/> Dignity/Privacy Issues | <input type="checkbox"/> Restorative Care |
| <input type="checkbox"/> Nursing Services | <input checked="" type="checkbox"/> Safety Issues | <input type="checkbox"/> 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: Health Regulation Division - Licensing & Certification
Wayzata City Police Department
Hennepin County Attorney
Wayzata City Attorney

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

PRINTED: 04/27/2015
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 04/24/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PRAIRIE RIVER HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 25 1ST AVENUE NE STE 100 BUFFALO, MN 55313
--	--

(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 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation was initiated to investigate case #H8056049. Prairie River Home Care was found to be in compliance with 42 CFR, Part 484, requirements for Home Health Agencies.</p>	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.