



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Prairie River Home Care Inc.  
25-1<sup>st</sup> Avenue Northeast, Suite 100  
Buffalo, MN 55313  
Wright County

Report#: H8056050

Date: November 17, 2015

Date of Visit: June 17 and 18, 2015

By: Jill Hagen, RN, Special Investigator

Time of Visit: 1:30 p.m.-4:30 p.m.  
8:00 a.m.-10:00 a.m.

- 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 patient was financially exploited when the alleged perpetrator (AP) took the client's money for his/her own 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 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 evidence financial exploitation occurred when the alleged perpetrator (AP) took \$160.00 of the client's money without the client's knowledge.

The client was alert and oriented and made his/her own decisions. The client received home care services one day a week for assistance from staff that included bathing, skin care, and light housekeeping.

Interview with a family member established on 5/1/2015, the client went to the drug store to obtain medications. When paying for the medications, the client's \$160.00 was missing from his/her wallet. The alleged perpetrator had provided services in the home that day. The family member contacted the agency management.

Interview with agency management established they contacted the AP immediately following the report of missing money from the client's wallet. The AP admitted taking the money for his/her personal use and returned \$80.00 to the agency. The AP said she had spent \$80.00 of the client's money. The agency notified the local police.

Interview with the AP established he/she admitted to taking \$160.00 from the client's wallet. This was his/her first visit to the client's home. When the client was in the living room, the AP opened the client's wallet and took \$160.00. The AP said he/she returned \$80.00 to the agency management and returned the rest of the money to the client's home the next day. The AP said he/she had financial problems at the time but said he/she was immediately remorseful.

According to the police report, because the AP returned the \$160.00 to the client, there were no charges against the AP.

The agency terminated the AP's employment on 5/1/2015.

**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 agency trained all employees with orientation and annually regarding their vulnerable adult policy and procedure that included financial exploitation. The agency completed background studies and reference checks on all new employees.

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.

<b>Compliance:</b>
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**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 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):

**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
- ADL (Activities of Daily Living) Flow Sheets
- Physician Orders
- Nurses Notes
- Activities Reports
- Therapy and/or Ancillary Services Records
- Skin Assessments
- Service Plan
- 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
- 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: 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: The client continued with agency services

**Interviews: The following interviews were conducted during the investigation:**

Interview with complainant(s):  Yes  No  N/A Specify: There was 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: Family requested the client not be interviewed

Did you interview additional residents:  Yes  No

Total number of resident interviews: Two

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

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 \_\_\_\_\_

**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: Two home visits with agency staff present for the visit

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 - Licensing & Certification  
Spring Lake Park City Police Department  
Anoka County Attorney  
Spring Lake Park City Attorney

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>248056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/22/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE RIVER HOME CARE INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>25 1ST AVENUE NE STE 100</b> <b>BUFFALO, MN 55313</b>		
(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	INITIAL COMMENTS  A complaint investigation was initiated to investigate case #H8056050. Prairie River Home Care 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.



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H03190</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/22/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE RIVER HOME CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>25 1ST AVENUE NE STE 100 BUFFALO, MN 55313</b>
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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
0 000	<p>Initial Comments</p> <p>A complaint investigation was conducted to investigate case #H8056050. No correction orders are issued.</p>	0 000		

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