



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Furness House  
1866 Furness Street  
Maplewood, MN 55109  
Ramsey County

Report #: HG462002

Date: July 1, 2014

Date of Visit: January 21, 2014  
Time of Visit: 8:10 a.m.-2:15 p.m.

By: Jolene Bertelsen, R.N., Special Investigator

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

- Facility Self Report
- Complaint

**Allegation(s):** It is alleged that financial exploitation occurred when a staff, alleged perpetrator/(AP) used client #1, #2, #3, #4, #5, #6, and #7's funds without 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:

Based on a preponderance of evidence financial exploitation occurred when the AP used the clients' debit cards and petty cash for personal use. The withdrawal amounts total: Client #1: \$3252.31, Client #2: \$1108.38, Client #3: \$1344.90, Client #4: \$3557.45, Client #5: \$3073.51, Client #6: \$4101.80, and Client #7: \$2354.97.

Client #1's Risk Management Plan documents s/he is unable to manage his/her own finances, and is at risk for financial exploitation. The AP was responsible for balancing the accounts, and management of finances for client #1.

Client #2's Risk Management Plan documents s/he has a limited knowledge of finances. The AP was responsible for balancing the accounts, and management of finances for client #2.

Client #3's Risk Management Plan documents s/he does not have the ability to manage his/her finances. Client #3's money is managed by his/her guardian. Any money needed for expenses was requested by the AP, and receipts were to be obtained for proof of purchase.

Client #4's Risk Management Plan documents s/he is unable to manage finances without staff assistance. The AP was responsible for balancing accounts, and management of finances for client #4.

Client #5's Risk Management Plan documents s/he is unable to manage finances without staff assistance. The AP was responsible for balancing accounts, and management of finances for client #5.

Client #6's Risk Management Plan documents s/he is unable to manage finances independently. The AP was responsible for balancing accounts, and management of finances for client #6.

Client #7's Risk Management Plan documents s/he is unable to manage finances independently. The AP was responsible for balancing accounts, and management of finances for client #7.

The AP was responsible for the management of finances for the clients including purchasing and submitting the receipts for all purchases completed for the clients of the facility. An administrative staff audit completed of the clients' bank accounts showed an unusual number of transactions on the accounts over a three year period, and missing receipts for items purchased for the clients by the AP. In addition, transactions were completed at places not frequented by any client, and at activities that were not attended by any client.

The AP stated the purchases made were for the clients and the receipts were on file at the facility. The AP denied using the clients' debit cards or petty cash for personnel use.

The police investigation is pending.

### **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 has policies and procedures in place regarding financial exploitation, and the AP received training regarding financial exploitation and management of the clients' accounts.

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 ICF/IID (42 CFR, Part 483, subpart I) – Compliance Met**

The facility was found to be in compliance with Federal Regulations for ICF/IID (42 CFR, Part 483, subpart I). No deficiencies were issued.

#### **State Licensing Rules for Supervised Living Facility (MN Rules Chapter 4665) – Compliance Met**

The facility was found to be in compliance with State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665). 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):

Prior to the site visit, the facility implemented a new monthly reporting process in which the ledger will be submitted to the corporate office, as well as all bank statements and receipts of purchase for each client of the facility. Therefore no federal or state deficiencies are issued.

**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:

(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.

(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:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Medical Records                   | <input checked="" type="checkbox"/> Care Guide        |
| <input type="checkbox"/> Medication Administration Records            | <input checked="" type="checkbox"/> Treatment Sheets  |
| <input checked="" type="checkbox"/> Facility Incident Reports         | <input type="checkbox"/> Physician Progress Notes     |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input type="checkbox"/> Physician Orders                             | <input type="checkbox"/> Social Service Notes         |
| <input type="checkbox"/> Nurses Notes                                 | <input type="checkbox"/> Meal Intake Records          |
| <input type="checkbox"/> Activities Reports                           | <input type="checkbox"/> 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:

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: \_\_\_\_\_

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

Interview with complainant(s):     Yes     No     N/A    Specify: The facility reported the incident.

If unable to contact complainant, attempts were made on:

Date/time: \_\_\_\_\_    Date/time: \_\_\_\_\_    Date/time: \_\_\_\_\_

Interview with family:     Yes     No     N/A    Specify: The guardians of client #1, #4, and #5 and the case managers of client #2, #3, and #6 were contacted.

Did you interview the resident(s) identified in allegation:     Yes     No     N/A    Specify: The clients were visited but unable to be interviewed due to their cognitive status.

Did you interview additional residents:     Yes     No

Total number of resident interviews: 2

Interview with staff:  Yes  No  N/A Specify: \_\_\_\_\_

**Tennessee Warning given as required:**  Yes  No

Total number of staff interviews: 9

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 checked="" type="checkbox"/> Dignity/Privacy Issues | <input type="checkbox"/> Restorative Care         |
| <input type="checkbox"/> Nursing Services         | <input checked="" type="checkbox"/> Safety Issues          | <input checked="" type="checkbox"/> Facility Tour |
| <input type="checkbox"/> Infection Control        | <input type="checkbox"/> Cleanliness                       | <input type="checkbox"/> Injury                   |
| <input type="checkbox"/> Use of Equipment         | <input type="checkbox"/> Transfers                         | <input type="checkbox"/> Incontinence             |
| <input type="checkbox"/> Call Light               | <input type="checkbox"/> 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  
Minnesota Ombudsman for Mental Health and Developmental Disabilities  
Maplewood City Police Department  
Ramsey County Attorney  
Maplewood City Attorney

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>24G462</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/31/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FURNESS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1866 FURNESS STREET MAPLEWOOD, MN 55109</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) COMPLETION DATE
W 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint investigation was conducted to investigate case #HG462002. Furness House is in compliance with 42 CFR 483 subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p>	W 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.