



Office of Health Facility Complaints Investigative Report  
PUBLIC

|   |                      |                            |   |   |
|---|----------------------|----------------------------|---|---|
| <b>Facility Name:</b><br>Rakhma Inc.              |                      |                            | <b>Report Number:</b><br>HL20103011   | <b>Date of Visit:</b><br>April 7, 2017      |
| <b>Facility Address:</b><br>4953 Aldrich Ave. So. |                      |                            | <b>Time of Visit:</b><br>8:30 a.m. to 3:30 p.m.   | <b>Date Concluded:</b><br>December 22, 2017 |
| <b>Facility City:</b><br>Minneapolis              |                      |                            | <b>Investigator's Name and Title:</b><br>Kathleen Smith, DNP, RN, PHN, Special Investigator |   |
| <b>State:</b><br>Minnesota                        | <b>ZIP:</b><br>55419 | <b>County:</b><br>Hennepin |   |   |

Home Care Provider/Assisted Living

**Allegation(s):**

It is alleged that a resident was exploited when staff/alleged perpetrator (AP), collected a dollar and a lighter from the resident for personal use.

- State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

**Conclusion:**

Based on a preponderance of the evidence, financial exploitation is substantiated. The alleged perpetrator (AP) accepted a dollar and a lighter from the client.

The client had a diagnosis of cognitive impairment, and received medication management services from the home care provider. Additionally, the client was dependent on others for financial management assistance.

During an interview, the client stated the AP asked for money and a lighter, and the AP does not work for the home care provider any longer.

An interview with another staff member revealed the client stated the AP owed the client a dollar, cigarettes, and a lighter.

During an interview, administration with the home care provider stated during the investigation the AP stated a dollar and a lighter were borrowed and returned.

The AP did not respond to a subpoena for an interview.

The home care provider suspended the the AP during the investigation, after which the AP was terminated by the home care provider. The home care provider re-educated staff regarding maltreatment including financial exploitation.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

- Abuse
- Neglect
- Financial Exploitation
- Substantiated
- Not Substantiated
- Inconclusive based on the following information:

**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 had received training in the areas of vulnerable adults and maltreatment, including financial exploitation, but chose to accept money and items from a cognitively impaired client.

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:**

State Statutes for Home Care Providers (MN Statutes section 144A.43 - 144A.483) - Compliance Not Met  
The requirements under State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483) were not met.

State licensing orders were issued:  Yes  No

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

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met  
The requirements under State Statues for Chapters 144 &144A were not met.

State licensing orders were issued:  Yes  No

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

**Compliance Notes:**

**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;

(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.

**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
- Assessments
- Care Plan Records
- Facility Incident Reports
- Service Plan

**Other pertinent medical records:**

**Additional facility records:**

- Facility Internal Investigation Reports
- Personnel Records/Background Check, etc.
- Facility Policies and Procedures

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: \_\_\_\_\_

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

Interview with reporter(s)  Yes  No  N/A

Specify: \_\_\_\_\_

If unable to contact reporter, attempts were made on:

| Date:         | Time:     | Date:          | Time:     | Date:         | Time:      |
|---------------|-----------|----------------|-----------|---------------|------------|
| April 7, 2017 | 9:45 a.m. | April 12, 2017 | 3:15 p.m. | Nov. 14, 2017 | 11:30 a.m. |

Interview with family:  Yes  No  N/A Specify: VA is own representative

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: Two

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

**Tennessee Warnings**

Tennessee Warning given as required:  Yes  No

Total number of staff interviews: Four

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:     |
|---------------|------------|----------------|------------|---------------|-----------|
| April 7, 2017 | 10:00 a.m. | April 14, 2017 | 11:45 a.m. | Nov. 14, 2017 | 2:10 p.m. |

If unable to contact was subpoena issued:  Yes, date subpoena was issued Nov. 7, 2017  No

Were contacts made with any of the following:

Emergency Personnel  Police Officers  Medical Examiner  Other: Specify \_\_\_\_\_

Facility Name: Rakhma Inc.

Report Number: HL20103011

**Observations were conducted related to:**

- Cleanliness
- Dignity/Privacy Issues
- Safety Issues
- Meals
- Facility Tour

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: \_\_\_\_\_

cc:

**Health Regulation Division - Home Care & Assisted Living Program**

**The Office of Ombudsman for Long-Term Care**

**Saint Paul Police Department**

**Saint Paul City Attorney**

**Ramsey County Attorney**



*Protecting, Maintaining and Improving the Health of All Minnesotans*

February 22, 2018

Ms. Susan Eckstrom, Administrator  
Rakhma Peace Home  
4953 Aldrich Avenue South  
Minneapolis, MN 55419

RE: Complaint Numbers HL20103009, HL20103010, and HL20103011

Dear Ms. Eckstrom :

On January 19, 2018 an investigator of the Minnesota Department of Health, Office of Health Facility Complaints completed a re-inspection of your facility, to determine correction of orders found on the complaint investigation completed on November 17, 2017. At this time, these correction orders were found corrected.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Matthew Heffron'.

Matthew Heffron, JD, NREMT  
Health Regulations Division  
Supervisor, Office of Health Facility Complaints  
85 East Seventh Place, Suite 220  
P.O. Box 64970  
St. Paul, MN 55164-0970  
Telephone: (651) 201-4221 Fax: (651) 281-9796

MLH

Enclosure

cc: Home Health Care Assisted Living File  
Hennepin County Adult Protection  
Office of Ombudsman for Long Term Care  
MN Department of Human Services

Minnesota Department of Health

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>H20103</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/17/2017</b> |
|--|---|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RAKHMA PEACE HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4953 ALDRICH AVENUE SOUTH<br/>MINNEAPOLIS, MN 55419</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) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| 0 000              | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>On April 6, 2017, a complaint investigation was conducted to investigate complaint #HL20103009, #HL20103010 and HL20103011. No correction orders are issued for HL20103009 or HL20103010. Correction orders are issued for HL20103011. At the time of the survey, there were 10 clients that were receiving services under the comprehensive license. The following correction orders are issued:</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."</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> |                    |
| 0 325<br>SS=D      | <p>144A.44, Subd. 1(14) Free From Maltreatment</p> <p>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</p>  | 0 325         |  |                    |

|   |       |           |
|---|-------|-----------|
| Minnesota Department of Health<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|

Minnesota Department of Health

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>H20103</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/17/2017</b> |
|--|---|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RAKHMA PEACE HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4953 ALDRICH AVENUE SOUTH<br/>MINNEAPOLIS, MN 55419</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) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

|       |   |       |  |  |
|-------|---|-------|--|--|
| 0 325 | <p>Continued From page 1</p> <p>of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and document review, the facility failed to ensure a client was free from maltreatment when one of one client's (C1) was financially exploited.(C1).</p> <p>This practice resulted in a level 2 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 (one or a limited number of clients are affected).</p> <p>Findings include:</p> <p>C1 had a diagnosis of cognitive impairment and received services from the home care provider including medication management. A review of an assessment document dated October 31, 2016, indicated C1 required assistance managing finances.</p> <p>During an interview on April 7, 2017, at 10:30 a.m., C1 stated Unlicensed Personnel (ULP-S), had asked for money and a lighter, money and a lighter were given to OLP-S and not returned. Additionally, the incident was reported to the nurse and the house manager.</p> <p>An interview with administration on April 7, 2017, at 2:55 p.m., revealed during an interview the ULP-S stated one dollar was borrowed, along with a lighter from C1.</p> <p>During an interview with a registered nurse on</p> | 0 325 |  |  |
|-------|---|-------|--|--|



Minnesota Department of Health

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|--|---|---|---|
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|--------------------|---|---------------|---|--------------------|
| 0 325              | <p>Continued From page 2</p> <p>April 7, 2017. at 9:31 a.m., it was stated the ULP-S denied receiving anything from C1. It was also stated C1 keeps petty cash on hand.</p> <p>An interview on April 8, 2017, at 12:37 p.m. with ULP-F revealed C1 stated ULP-S owed money and a lighter to C1.</p> <p>ULP-S did not respond to interview requests.</p> <p>A review of a policy titled 1.20 Handling of Resident Finances and Property, revised August 14, 2015, notes staff may not borrow money or personal items from clients.</p> <p>A policy titled 1.24 Maltreatment Communication, Prevention and Reporting revised August 08, 2015, revealed the home care provider prohibits maltreatment and staff receive training regarding the bill of rights.</p> <p>TIME PERIOD FOR CORRECTION:<br/>TWENTY-ONE (21) DAYS</p> | 0 325         |   |                    |



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Certified Mail Number: 7015 1660 0000 4149 8310

December 15, 2017

Ms. Susan Eckstrom, Administrator  
Rakhma Peace Home  
4953 Aldrich Avenue South  
Minneapolis, MN 55419

RE: Complaint Number HL20103009, HL20103010, and HL20103011

Dear Ms. Eckstrom:

A complaint investigation (#HL20103009, HL20103010, and HL20103011) of the Home Care Provider named above was completed on November 17, 2017, for the purpose of assessing compliance with state licensing regulations. At the time of the investigation, the investigator from the Minnesota Department of Health, Office of Health Facility Complaints, noted one or more violations of these regulations. These state licensing orders are issued in accordance with Minnesota Statutes Sections 144A.43 to 144A.482.

State licensing orders are delineated on the attached State Form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by."

A written plan for correction of licensing orders is not required. Per Minnesota State Statute 144A.474 Subd. 8(c), the home care provider must document in the provider's records any action taken to comply with the correction order. A copy of this document of the home care provider's action may be requested at future surveys.

A licensed home care provider may request a correction order reconsideration regarding any correction order issued to the provider. The reconsideration must be in writing and received within 15 calendar days. Reconsiderations should be addressed to:

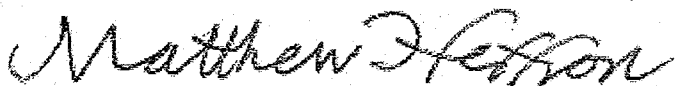
Rena Dressel, Health Program Rep. Sr  
Home Care Assisted Living Program  
Minnesota Department of Health  
P.O. Box 3879  
85 East Seventh Place

Rakhma Peace Home  
December 15, 2017  
Page 2

St. Paul, MN 55101

It is your responsibility to share the information contained in this letter and the results of the visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Matthew Heffron, JD, NREMT  
Health Regulations Division  
Supervisor, Office of Health Facility Complaints  
85 East Seventh Place, Suite 220  
P.O. Box 64970  
St. Paul, MN 55164-0970  
Telephone: (651) 201-4221 Fax: (651) 281-9796

MLH

Enclosure

cc: Home Health Care Assisted Living File  
Ramsey County Adult Protection  
Office of Ombudsman for Long Term Care  
MN Department of Human Services