



Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL201663626M

Date Concluded: March 28, 2023

Compliance #: HL201666022C

Name, Address, and County of Licensee

Investigated:

Central Mn Senior Care Scandia Assisted Living
2323 Gorton Ave NW
Willmar, MN 56201
Kandiyohi County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name:

Jana Wegener, RN, Special Investigator

Finding: Not Substantiated

Nature of Visit:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):

The resident was financially exploited when the alleged perpetrator (AP), facility staff, used the resident's debit card to make various purchases and cash withdrawals totaling \$585.63 for her own use.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined financial exploitation was not substantiated. Although a police report indicated the AP was observed on video making various purchases using the resident's debit card, both the AP and resident stated the AP purchased items for the resident, not for the AP's personal use.

The investigator conducted interviews with facility staff members, including leadership staff, and unlicensed staff. The investigator contacted adult protection services (APS), law

enforcement, and the resident's family member. The investigation included a review of the resident's medical record, employee personnel files, training, disciplinary actions, schedules, and facility policies and procedures. The investigator reviewed police reports, APS investigation summary and documentation.

The resident resided in an assisted living facility with diagnoses including intracerebral hemorrhage, left sided hemiplegia (weakness), and major depressive disorder. The resident was cognitively intact and independent with managing his finances.

A police report indicated while investigating another facility staff for financial exploitation of the resident, the AP was observed on video surveillance making various purchases and cash withdrawals at three local businesses. The police report indicated when they interviewed the resident he denied having any issues with the transactions made by the AP.

During an interview an adult protection investigator stated she was involved in the resident's financial exploitation investigation with law enforcement. The investigator stated law enforcement watched videos of the AP making purchases using the resident's card. The investigator stated when interviewed, the resident confirmed he authorized the purchases made by the AP.

When interviewed the AP denied using the residents debit card to make purchases for her own personal use. The AP stated the resident gave her his debit card to run errands, make purchases, and cash withdrawals for the resident.

When interviewed the resident stated he gave his debit card to the AP to run errands and get things he needed.

The resident's family member stated the resident allowed staff to use his debit card to make purchases for the resident.

In conclusion, financial exploitation was not substantiated.

"Not Substantiated" means:

An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"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.

Vulnerable Adult interviewed: Yes

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: Yes

Action taken by facility:

The facility investigated and reported the potential maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC) and law enforcement.

Action taken by the Minnesota Department of Health:

No further action taken at this time.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2023
NAME OF PROVIDER OR SUPPLIER CENTRAL MINNESOTA SENIOR CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2323 GORTON AVENUE SW WILLMAR, MN 56201		
(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	Initial Comments On March 9, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL201663626M/# HL201666022C. No correction orders are issued.	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 for Assisted Living License 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 is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is 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.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>		

Minnesota Department of Health

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

TITLE

(X6) DATE