

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Sleepy Eye Area Home Health Facility Address: 1100 1st Avenue South			Report Number: HL20718002	Date of Visit: August 14, 2017	
			Time of Visit: 11:00 a.m. to 4:00 p.m.	Date Concluded: September 25, 2017	
Facility City: Sleepy Eye			Investigator's Name and Darin Hatch, Special Inve		
State: Minnesota	ZIP: 56085	County: Brown			
	vider/Assisted Liv	ing			

Allegation(s):

It is alleged that a client was financially exploited when a staff, alleged perpetrator (AP) #1, asked for and received \$100 from the client. It is also alleged that the client was financially exploited by AP #2 when AP #2 asked the client to withdraw \$1000 from the client's bank account.

- 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 evidence, financial exploitation did occurred when the alleged perpetrator (AP#1) used undue influence to borrow \$100 from the client.

Based on a preponderance of evidence, financial exploitation is not substantiated in relation to AP #2 taking \$1000 from the client's bank account for personal use. There was no evidence to support that allegation.

The client received services from a provider licensed a comprehensive home care provider.

A family member alerted staff that the client said s/he had borrowed \$100 to AP #1. Management interviewed AP #1, and AP #1 admitted to asking for and borrowing \$100 from the client. AP #1 wrote a statement admitting s/he asked for and borrowed the money from the client. When management interviewed the client, the client did not recall borrowing money to AP #1. There is no evidence that AP #1 paid the money back to the client.

A family member alerted staff that AP #2 went to the bank to pick up money for the client. The client asked staff to go to the bank for him/her and made contact with the bank to approve staff to pick up money. AP

Facility Name: Sleepy Eye Area Home Health Report Number: HL20718002

#2 went to the bank, picked-up \$1000 the client requested, and gave all the money to the client. Staff members counted the money with the client upon return from the bank.

During an interview, AP #2 said s/he was asked by a dietary staff to go to the bank and pick up money for the client. AP #2 said a dietary staff member told her/him that someone had already prearranged the withdrawal and all s/he had to do was show identification to collect the money. AP #2 went to the bank, identified themselves to bank staff, collected the money, and returned to the facility. AP#2 said s/he gave the money to the dietary staff and saw the dietary staff give the money to the activity director. AP #2 said s/he saw the activity director walk towards the client's room with the envelope of money. AP #2 denied taking any money for personal use.

During interviews, other staff said the client got all \$1000 and at no time did they suspect AP #2 financially exploited the client.

During an interview, the client's family said the client told the family s/he had borrowed money to staff and had also asked staff to go to the bank for him/her. Family contacted the bank and learned the client had made several withdrawals from his/her account. The family did not know where the money went.

A police report was taken for both incident, but no investigation was conducted for either incident.

During an interview, the client did not recall borrowing money to anyone or going to the bank.

Attempts to interview AP #1 were unsuccessful. AP #1's written statement said that she asked the client for money and borrowed money from the client.

The facility terminated AP #1. The facility disciplined AP #2 for performing activities outside the scope of her/his duties.

ner/ms water		
Minnesota Vulnerabl	e Adults Act (Minnesota Statu	ites, section 626.557)
Under the Minnesota ☐ Abuse ☐ Substantiated	Vulnerable Adults Act (Minn ☐ Neglect ☒ Not Substantiated	esota Statutes, section 626.557): ☑ Financial Exploitation ☐ Inconclusive based on the following information:
determined that the Abuse The home care prov	☐ Individual(s) and/or ☐ Fa ☐ Neglect ☐ Financial Exprider had policies in place to preserving the	tion 626.557, subdivision 9c (c) were considered and it was cility is responsible for the bloitation. This determination was based on the following: revent financial exploitation. The AP's personnel file e "Employee Handbook" which indicated any theft was for involuntary termination. The AP's personnel file

showed the AP received training in regards to the policies in place. 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. П No State licensing orders were issued: x Yes (State licensing orders will be available on the MDH website.) State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) - Compliance Not Met The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met. X Yes □ No State licensing orders were issued: (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: x Yes (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:

Facility Name: Sleepy Eye Area Home Health

Report Number: HL20718002

(2) obtains for the actor or another the performance of services by a third person for the wrongful

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

(b) In the absence of legal authority a person:

Report Number: HL20718002 Facility Name: Sleepy Eye Area Home Health

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.

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 7 - Not Substantiated

"Not Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.

The Investigation included the following:

Document Review: The following records were reviewed during the investigation:

- X Care Guide
- Nurses Notes
- x Assessments
- X Care Plan Records
- ▼ Facility Incident Reports
- 🗷 ADL (Activities of Daily Living) Flow Sheets
- Service Plan

Other pertinent medical records:

N Police Report

Additional facility records:

- X Staff Time Sheets, Schedules, etc.
- X Facility Internal Investigation Reports
- 🗵 Personnel Records/Background Check, etc.
- ▼ Facility In-service Records
- ▼ Facility Policies and Procedures

Facility Name: Sleepy Eye Area Home Health Report Number: HL20718002

	onal resident(s) revide elected based on the		Yes	○ No	● N/A	
	u I manarde coloct	-pd		Ü		
Specify: No add	itional records select identified in the alle	gation(s) prese	nt in the fa	cility at t	he time of the inv	estigation?
		Parion(-) I				
0	○ N/A					
Interviews: The	following interview	s were conduc	ted during	g the inve	estigation:	
Interview with re	eporter(s)	es O No	\bigcirc N/A			
Specify:		·				
If unable to cont	act reporter, attemp	ts were made o	on:			Timo
Date:		Date:	Time:		Date:	Time:
Interview with fa	amily: • Yes C					
Did you intervie	w the resident(s) ide	ntified in allega	ation:			
	o 🔾 N/A Specif					
	w additional residen		○ No			
	f resident interviews					
Interview with s	staff: ● Yes ○ 「	No ○ N/A	Specity: _			
	•		Maria Maria			
Tennessen War	r nings ning given as require	ed:	○ No			
	of staff interviews: \underline{T}					
		No	-			
	ner Interviewed:	Yes 💿 No)			
	tant Interviewed: (o			
	- Alleged Perpetrator(No	O N/A	Specify: AP #2 wa	s interviewed. Attem
Attempts to co						
Date:	Time:	Date:	Time:		Date:	Time:
8-15-17	3:54 p.m.	8-15-17	5:06 p	o.m. 	8-16-17 —	9:01 a.m.
If unable to co	ntact was subpoena	issued: Yes	, date subp	oena wa	s issued <u>8-16-17</u>	7
	made with any of th				_	
	y Personnel 🗷 Po	lice Officers] Medica	l Examine	er 🗌 Other: Sp	ecity

Facility Name: Sleepy Eye Area Home Health Report Number: HL20718002

Obs	servations were conducted related to:
X	Cleanliness
X	Dignity/Privacy Issues
X	Safety Issues
X	Meals
X	Facility Tour
Wa	s any involved equipment inspected: Yes No N/A s equipment being operated in safe manner: Yes No N/A ere photographs taken: Yes No Specify:
cc:	
He	alth Regulation Division - Home Care & Assisted Living Program
Th	e Office of Ombudsman for Long-Term Care
Sle	eepy Eye Police Department
Br	own County Attorney
Sle	eepy Eye City Attorney

PRINTED: 11/30/2017 FORM APPROVED

a Department of He	I /Y1) PROVIDER/SUPPLIER/GUA			(X3) DATE COMP	LETED
ND PLAN OF CORRECTION IDENTIFICATION NOWIDET. A. BUILDING: R-(A. BUILDING: _		 R-	С
		2/2017			
DOWNER OR SURPLIED		DDRESS, CITY, ST	ATE, ZIP CODE		
	1100 FIF	RST AVENUE SO	DUTH		
		Y EYE, MN 5608	85	CORRECTION	(X5)
(EAOLUDEDICIENC)	V MITST RE PHECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
Initial Comments		{0 000}			
November 22, 201 orders issued related Sleepy Eve Area H	7 to follow up on correction ted to complaint HL20718002. Home Health Inc. was found in				
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCE REGULATORY OR I Initial Comments A licensing order for November 22, 201 orders issued relations of the Sieneny Eye Area H	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20718 ROVIDER OR SUPPLIER STREET A 1100 FIR SLEEPY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A licensing order follow-up was completed on November 22, 2017 to follow up on correction arders issued related to complaint HL20718002	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST H20718 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST 1100 FIRST AVENUE SO SLEEPY EYE, MN 5600 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A licensing order follow-up was completed on November 22, 2017 to follow up on correction orders issued related to complaint HL20718002. Sleepy Eve Area Home Health Inc. was found in	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MOUTH ELECTRON OF CORRECTION (X2) MOUTH ELECTRON OF A. BUILDING: (X3) PROVIDER SUPPLIER (X4) PROVIDER (A. BUILDING: (X5) B. WING (X6) B. WING (X6) B. WING (X6) B. WING (X7) PROVIDER (A. BUILDING: (X6) B. WING (X7) PROVIDER (A. BUILDING: (X6) B. WING (X7) PROVIDER (A. BUILDING: (X6) B. WING (X6) B. WING	TOF DEFICIENCIES OF CORRECTION X1) PROVIDER SUPPLIER X, PROVIDER X, B, WING X, B, WING X, B, WING X, B, WING X, WIN

STATE FORM

V0T412

6899

If continuation sheet 1 of



Protecting, Maintaining and Improving the Health of All Minnesotans

November 30, 2017

Ms. Mary Boyde, Administrator Sleepy Eye Area Home Health 1100 First Avenue South Sleepy Eye, MN 56085

RE: Complaint Number HL20718002

Dear Ms. Boyde:

On November 22, 2017 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 August 30, 2017 with orders received by you on October 12, 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,

Matthew Heffron, JD, NREMT

Health Regulations Division

Supervisor, Office of Health Facility Complaints

Matthew Fersion

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 Brown County Adult Protection Office of Ombudsman for Long Term Care MN Department of Human Services

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 FIRST AVENUE SOUTH SLEEPY EYE AREA HOME HEALTH SLEEPY EYE, MN 56085 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (CACH CORRECTION SHOULD BE COM	/linnesota	Department of He	ealth (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR COMPLETE	VEY
NAME OF PROVIDER OR SUPPLIER SLEEPY EYE AREA HOME HEALTH SLEEPY EYE AREA HOME HEALTH SLEEPY EYE, NN 5605 SLUMMARY STATEMENT OF DEFICIENCIES (KA) ID FIRST AVENUE SOUTH SLEEPY EYE, NN 5605 SLUMMARY STATEMENT OF DEFICIENCIES (EACH DEPRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) O 0000 Initial Comments HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. Diagname of the survey of the surv	STATEMENT	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:				
MAME OF PROVIDER OR SUPPLIER SLEEPY EYE AREA HOME HEALTH SLEEPY EYE AREA HOME HEALTH SLEEPY EYE, MN 55085 PROVIDER'S PLAN OF CORRECTION SLEEPY EYE, MN 55085 PROVIDER'S PLAN OF CORRECTION GRACH CORRECTION SHOULD BE (EACH DEPICIENCY MIST BE PRECEDED BY PILL). REGULATORY OR LSC IDENTIFYING INFORMATION) O 000 Initial Comments O 000 Initial Comments HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A, 43 to 144A, 482, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. D 0 325 144A, 44, Subd. 1(14) Free From Maltreatment O 325 144A, 44, Subd. 1(14) Free From Maltreatment O 325				R.MING		L .	017
SLEEPY EYE AREA HOME HEALTH SLEEPY EYE, MN 56085 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED BY FULL TAG PREPARED BE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED BE ALTON MUST BE PRECEDED BY FULL TAG PREPARED BE ALTON MUST BE TAG DEFICIENCY MUST TAG PROPED BY THE PERIOD FOR CORRECTION TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPARED BE ALTON MUST BE PRECEDED BY FULL TAG PREPARED BE ALTON MUST BE TAG BY FULL TAG PREPARED BE ALTON MUST BE TAG BY FULL TA						•	
SLEEPY EYE AREA HOME HEALTH SLEEPY EYE, MN 56085	NAME OF PR	OVIDER OR SUPPLIER					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MOST BE PRECEDED BY FILL TAG) O 000 Initial Comments HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute to compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute to compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute on the state 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 is not met as evidenced by. "Following the surveyors indings is the Time Period for Correction." THE FOURTH COLUMN WHICH STATES, "PROVIDER 'S PLAN OF CORRECTION." THIS APPLIES TO CORRECTION "THIS APPLIES TO THE FOURTH COLUMN WHICH STATES, "PROVIDER 'S PLAN OF CORRECTION THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER 'S PLAN OF CORRECTION TORN." THIS APPLIES TO THE FOURTH COLUMN WHICH STATES, "PROVIDER 'S PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)	CI EEDV E	VE AREA HOME H					
Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. 10 accordance with all requirements are receiving services under the comprehensive license. The following to 325 144A.44, Subd. 1(14) Free From Maltreatment 0 accordance with limiting the State Clion Reduction of the late in documenting the State Licensing correction Orders as signed to Minnesota Department of Health is documenting the State Licensing correction Orders as long the miniment of the sate location orders are listed in the minimental papears in the far left column entitled "ID Prefix Tag." The state Statute number appears in the far left column entitled "ID Prefix Tag." The state Statute number appears in the far left column entitled "ID Prefix Tag." The state Statute number appears in the far left column of the state findings which are in violation of the state findin	SLEEFI L				PROVIDER'S PLAN OF CORRECT	ION	(X5) COMPLETE
HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HI.20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota Statute Statutes for Home Care Providers. The assigned tag number have been assigned to Minnesota State Statutes for Home Care Providers. The assigned to Minnesota State Statutes for Home Care Providers. The assigned to Minnesota State Statutes for Home Care Providers. The state Statutes for Home Care Providers. The assigned to Minnesota State Statutes for Home Care Providers. The assigned to Minnesota State Statutes for Home Care Providers. The state Statutes for Home Care Providers. The assigned to Minnesota State Statutes for Home Care Providers. The assigned to Minnesota State Statutes for Home Care Providers. The state Statute number appears in the far left column entitled "ID Prefix Tag." The state Statute number appears in the far left column entitled "ID Prefix Tag." The state Statute number appears in the state Statute for Home Care Providers. The assigned to Minnesota State Statute for Home Care Providers. The state Statute for Home Care Providers. The state Statute for Horizon Tag. The State Statute Licensing Correc	PREFIX	CAOU DESIGNATION	V MILIST RE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE C	DATE
HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. documenting the State Licensing. Carrection Orders using federal software. Tag numbers have been assigned to Minnesota Statustes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." 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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)	0 000	Initial Comments	,	0 000			
CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. Tag numbers have been assigned to Minnesota State Statute Status and Indicated Delow 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 is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state sevidenced by. "Following the surveyors findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER" S PLAN OF CORRECTION." THIS APPLES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)		*****ATTENTION*	****		documenting the State Licensing		
In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. 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 findings which are i		HOME CARE PRO	OVIDER LICENSING RDER		Tag numbers have been assigned	ea to	
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. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)		In accordance wit	h Minnesota Statutes, section		Providers. The assigned tag null appears in the far left column en	mber titled "ID	
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. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. "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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)		issued pursuant to	o a survey.		the corresponding text of the sta	ite Statute	-
indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)		corrected requires	s compliance with all vided at the Statute number		"Summary Statement of Deficient Column This column also include	ncies" les the	
INITIAL COMMENTS: On August 14, 2017, a complaint investigation was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)		indicated below. \ contains several i of the items will b	When Minnesota Statute items, failure to comply with any	,	requirement after the statement Minnesota requirement is not m	et as rveyors '	
On August 14, 2017, a complaint investigate complaint was initiated to investigate complaint #HL20718002. At the time of the survey, there were 23 clients that were receiving services under the comprehensive license. The following correction orders are issued. STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)					PLEASE DISREGARD THE HE	ADING OF	
tunder the comprehensive license. The letters of the state of the correction orders are issued. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2) 0 325 144A.44, Subd. 1(14) Free From Maltreatment		was initiated to in #HL20718002.	At the time of the survey, there that were receiving services		STATES, "PROVIDER'S PLAN CORRECTION." THIS APPLIE FEDERAL DEFICIENCIES ON	S TO LY. THIS	
tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2) 0 325 144A.44, Subd. 1(14) Free From Maltreatment 0 325		correction orders	s are issued.		THERE IS NO REQUIREMENT SUBMIT A PLAN OF CORRECT VIOLATIONS OF MINNESOTA	T TO CTION FOR	
0 325 144A.44, Subd. 1(14) Free From Main Catholic					tracking purposes and reflects and level issued pursuant to 1	the scope	
1 (2=1)	0 32	25 144A.44, Subd.	1(14) Free From Maltreatment	0 325			
Subdivision 1. Statement of rights. A person who receives home care services has these rights:	SS=I	Subdivision 1.5	Statement of rights. A person wh care services has these rights:	10			-
Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X	Minnesota			SIGNATURE	TITLE		(X6) DATE

Minnesot	a Department of He	alth	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
MIDIDITY					C	0/2017
		H20718	B. WING		1 08/30	0/2017
	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
		1100 FIRS	ST AVENUE S			
SLEEPY	EYE AREA HOME HE		EYE, MN 560	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	ALL DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
0 325			0 325			
	(14) the right to be abuse, neglect, fin forms of maltreatment or Adults Act and the This MN Requirer by: Based on docume licensee failed to client (C1) review when a staff mem client. The violativiolation (a violativiolation (a violatinealth or safety be harmed a client's likely to cause see death) and is issued one or a limited of a page or a limited of the same or a limited or safety in the same or a limited or a safety in the same or a limited or a safety in the same or a limited or a safety in the safety in th	e free from physical and verbal ancial exploitation, and all overed under the Vulnerable Maltreatment of Minors Act; ment is not met as evidenced ent review and interview, the ensure the right of one of one ed to be free from maltreatment on occurred as a level 2 on that did not harm a client's not health or safety, but was not be rious injury, impairment, or used at an isolated scope (when number of clients are affected on as occurred only occasionally.				
	comprehensive	iewed. C1 received home care services from the ng to a service agreement date 015.	d			
	August 14, 2017 member (F)-C to said he borrowe (ULP)-H as a loo recall the date. and ULP-H adm loan and ULP-H RD-A said she in recall borrowing	sidence director (RD)-A on at 12:26 p.m. revealed family old her on December 5, 2016 C at \$100 to unlicensed profession and while back but could not RD-A said she interviewed ULF at the she asked C1 for a \$100 at the wrote a statement of admission any money to ULP-H. RD-A employment of ULP-H. RD-A additional family members since	P-H on. aid			

Minnesota Department of Health STATE FORM

V0T411

Minnesot	a Department of He	alth (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE S	SURVEY
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		COMPL	EIED
	!				C	i i
		H20718	B. WING		08/30	0/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE	•	
		1100 FIR	ST AVENUE SC	DUTH		
SLEEPY	EYE AREA HOME HE	SLEEPY SLEEPY	EYE, MN 5608	5	ECTION	(X5)
(X4) ID PREFIX TAG	AEVOR DEFICIENC,	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETE DATE
0 325	Continued From pa	age 2	0 325			
0 020		pes not believe ULP-H has				
	revealed a docume Form" dated Dece which indicates UI	during the onsite investigation ent titled "Witness Statement ember 6, 2016 written by ULP-H _P-H admitted she borrowed owes C1 \$100, which she				
	Standards" dated	ployee Conduct and Work September 1, 2014 indicates on not to accept loans from	n			
	Neglect, and Misa Procedure" and d	Participant/Freedom from Abus appropriation Policy and ated November 2016 indicates have a right to be free from of resident/participant	1			
	TIME PERIOD For (21) days	OR CORRECTION: Twenty-or	ne			
0 80 SS=I	144A.479, Subd. Finances/Proper	5 Handling of Client's ty	0 800			
	property. (a) A ho clients with household be and purchasing otherwise manage care provider mu	g of client's finances and ome care provider may assist budgeting, including paying bills household goods, but may not ge a client's property. A home ust provide a client with receipt ns and purchases paid with the /hen receipts are not available,	s			

V0T411

PRINTED: 09/18/2017 FORM APPROVED

Minnesot	ta Department of He	alth	(VO) MILITIPLE	CONSTRUCTION	(X3) DATE	SURVEY
STATEMEN'	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		COMF	PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION OF THE PROPERTY	A. BOILDING.			c l
			B. WING		08/	30/2017
		H20718				
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
			ST AVENUE S			
SLEEPY	EYE AREA HOME H	SLEEPY SLEEPY	EYE, MN 560	085	CORRECTION	(X5)
(X4) ID PREFIX TAG	CAOU DEDICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
0 800	Continued From p	age 3	0 800			
	the transaction or documented. A ho maintain records o	purchase must be me care provider must of all such transactions.		·		
	a client's funds or any way convert a care provider's or	rovider or staff may not borrow personal or real property, nor i client's property to the home staff's possession.				
	provider or staff fivalue, or preclude or bequests made are exempt from	section precludes a home care from accepting gifts of minimal es the acceptance of donations e to a home care provider that income tax under section 501(a venue Code of 1986.				
	by: Based on docum licensee failed to money from one a staff person bo The violation occ violation that did safety but had th client's health or cause serious in issued at an isol limited number of situation has occ findings include:		is			
	comprehensive provider accord November 19, 2	riewed. C1 received home care services from the ing to a service agreement dat 2015. esidence director (RD)-A on 7 at 12:26 p.m. revealed family				
Minneso	August 14, 201	7 at 12:26 p.m. revealed family		VOT444	If co	ontinuation she

Minnesota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C08/30/2017 H20718 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1100 FIRST AVENUE SOUTH SLEEPY EYE AREA HOME HEALTH SLEEPY EYE, MN 56085 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 0.800 0 800 Continued From page 4 member (F)-C told her on December 5, 2016 C1 said he borrowed \$100 to unlicensed professional (ULP)-H as a loan a while back but could not recall the date. RD-A said she interviewed ULP-H and ULP-H admitted she asked C1 for a \$100 loan and ULP-H wrote a statement of admission. RD-A said she interviewed C1 but C1 did not recall borrowing any money to ULP-H. RD-A terminated the employment of ULP-H. RD-A said she spoke with additional family members since the incident and does not believe ULP-H has repaid C1. Document review during the onsite investigation revealed a document titled "Witness Statement Form" dated December 6, 2016 written by ULP-H which indicates ULP-H admitted she borrowed \$100 from C1 and owes C1 \$100, which she intends to pay back. A policy titled "Employee Conduct and Work Standards" dated September 1, 2014 indicates on page 45 staff are not to accept loans from residents. A policy titled "Resident/Client/Participant/Freedom from Abuse, Neglect, and Misappropriation Policy and Procedure" and dated November 2016 indicates on page one clients have a right to be free from "misappropriation of resident/participant property." TIME PERIOD FOR CORRECTION: Twenty-one (21) days

Minnesota Department of Health



Protecting, Maintaining and Improving the Health of All Minnesotans

Certified Mail Number: 7015 1660 0000 4149 7962

September 25, 2017

Ms. Mary Boyde, Administrator Sleepy Eye Area Home Health 1100 First Avenue South Sleepy Eye, MN 56085

RE: Complaint Number HL20718002

Dear Ms. Boyde:

A complaint investigation (#HL20718002) of the Home Care Provider named above was completed on August 30, 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:

Ms. Michelle Ness, Assistant Director Office of Health Facility Complaints Minnesota Department of Health P.O. Box 64970 St. Paul, MN 55164-0970 Sleepy Eye Area Home Health September 25, 2017 Page 2

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,

John Aglieco

Health Program Representative-Senior Minnesota Department of Health 85 East Seventh Place, Suite 220 PO Box 64970

St Paul, MN 55164-0970

Office 651-201-4212 Fax: 651-281-9796

ja Enclosure

cc: Home Health Care Assisted Living File Brown County Adult Protection Office of Ombudsman MN Department of Human Services