



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Edgewood Vista Hermantown
4195 Westberg Road
Hermantown, MN 55811
Saint Louis County

Report #: HL20852027

Date: October 25, 2013

Date of Visit: October 3, 2013
Time of Visit: 10:30 a.m. – 2:30 p.m.

By: Deborah Neuberger, 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), took rings valued at \$1,000.00 and other amounts of money from clients #1, #2, #3, #4 and #5 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:

A preponderance of evidence indicates that financial exploitation occurred when the AP took valuable items and money from several clients without their permission. The AP confessed to police to theft from facility clients. The AP was charged with felony theft.

The AP was employed at the facility from 6/11/2013 – 8/29/2013.

Staffing records revealed the AP cared for Client #1. Facility records revealed during the time the AP cared for the client 4 rings went missing from the client's home, the exact date the items went missing is unknown. One ring was thought to be worth \$1,000.00. The AP confessed to taking the rings and pawning them at a local pawn shop.

Staffing records revealed the AP cared for Client #2. Facility records revealed the AP confessed to police that s/he took \$10.00 from client #2.

Staffing records revealed the AP cared for Client #3. Facility records revealed the client and his/her family discovered \$268.00 missing from the client's home during the time the AP cared for the client. The AP confessed to police that s/he took \$8.00 from client #3.

Client #3 was interviewed and stated s/he noticed money missing out of his/her wallet.

Staffing records revealed the AP cared for Client #4. Facility records revealed the AP confessed to taking some jewelry from client #4 and pawning it at a local pawn shop. Information related to the exact jewelry taken was not available.

Staffing records revealed the AP cared for Client #5. Facility records revealed during the time the AP cared for the client a necklace and \$200.00 went missing from the client's home. The AP confessed to taking the necklace and pawning it at a local pawn shop.

Client #5 was interviewed with her husband. Client #5's husband stated they noticed \$200.00 and a necklace missing during the time the AP worked at the facility. Since the AP has been gone, they have not noticed any items that have gone missing.

The police questioned the AP and the AP admitted taking jewelry and money from clients at the facility. The AP was called into the office and terminated, and during that conversation the AP stated she took the items because she was desperate because s/he had children to support.

The AP's personnel file was reviewed and revealed the AP had the required background check and no prior disciplinary action other than absence concerns.

The police were contacted and revealed felony theft charges were to be filed against the AP. The police report was reviewed and revealed the AP admitted to taking the necklace from Client #5 and pawning it and confessed to several other thefts from facility clients.

Attempts were made to interview the AP, including issuance of a subpoena, but the AP did not respond.

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 had policies and procedures in place to prohibit and protect clients from financial exploitation and trained staff members on those policies. Despite the training the AP took client's belongings and money without their permission, pawned the items, and used the money for him/herself.

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 Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Met

The facility was found to be in compliance with State Licensing Rules for Home Care (MN Rules Chapter 4668). 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.

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
- Medication Administration Records
- Facility Incident Reports
- ADL (Activities of Daily Living) Flow Sheets
- Physician Orders
- Nurses Notes
- Activities Reports
- Therapy and/or Ancillary Services Records
- Skin Assessments
- Care Guide
- Treatment Sheets
- Physician Progress Notes
- Laboratory and X-ray Reports
- Social Service Notes
- Meal Intake Records
- Weight Records
- 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
- 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: 11 clients 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: This was a facility report.

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: _____

Did you interview additional residents: Yes No

Total number of resident interviews: 6

Interview with staff: Yes No N/A Specify: _____

Tennessee Warning given as required: Yes No

Total number of staff interviews: 5

Physician interviewed: Yes No

Nurse Practitioner interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: The AP did not respond to the subpoena sent.

Attempts to contact: Date/time: 10/4/2013 9:30 a.m. unable to leave a message. 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
- Personal Care
- Nursing Services
- Infection Control
- Use of Equipment
- Call Light
- Medication Pass
- Dignity/Privacy Issues
- Safety Issues
- Cleanliness
- Transfers
- Other: _____
- Meals
- Restorative Care
- Facility Tour
- Injury
- Incontinence

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
Hermantown City Police Department
Saint Louis County Attorney
Hermantown City Attorney

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20852 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/07/2013 |
|--|---|---|---|

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|--|---|
| NAME OF PROVIDER OR SUPPLIER EDGEWOOD VISTA HERMANTOWN | STREET ADDRESS, CITY, STATE, ZIP CODE 4195 WESTBERG ROAD HERMANTOWN, MN 55811 |
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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 initiated to investigate case #HL20852027. No correction orders are issued.</p> | 0 000 | | |

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