



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Park Place Senior Living  
125 East Park Street  
Owatonna, MN 55060  
Steele County

Report #: HL21085001

Date: April 19, 2013

Date of Visit: November 29, 2012  
Time of Visit: 10:30 a.m. - 4:08 p.m.

By: Suzette Miller, 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):** The allegation is exploitation based on the following: A staff person/alleged perpetrator (AP) stole credit cards from Client #1 and Client #2. Charges in an amount exceeding \$900 were charged on credit cards.

**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 was substantiated when the AP took credit cards belonging to Client #1 and Client #2, without the clients' knowledge, and used the credit cards for the AP's personal use.

Client #1 exhibited occasional confusion and required staff assistance for some personal cares. Client #1's service agreement did not include any financial management services from the facility.

Client #1 was interviewed and verified facility staff provided daily personal services according to the contract and also stated facility staff had keys to access Client #1's apartment. Client #1 stated multiple transactions appeared on Client #1's credit card statement and these transactions were not made by Client #1. Client #1 stated these charges totaled around \$700 to \$800. Client #1 stated the credit card was never returned to Client #1's possession.

Client #2 exhibited confusion and required staff assistance for some personal cares. Client #2's service agreement did not include any financial management services from the facility. Client #2 was not interviewed during the investigator's onsite visit. An interview with Client #2's family member indicated that Client #2's credit card was missing for at least three days and upon review of Client #2's credit card statement, charges were noted that did not belong to Client #2.

The AP was offered an opportunity to be interviewed and did not respond.

Review of the police report showed the AP admitted to taking Client #1's and Client #2's credit cards from each client's apartment and used the credit cards for the AP's personal use. Charges on Client #1's credit card totaled \$733.83 and charges on Client #2's credit card totaled \$189.51. The police forwarded the findings to the county attorney's office for possible theft and fraud charges.

**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:

Prior to this allegation, the facility had developed policies regarding handling of client's finances and personal property, in addition to policies regarding protection of client's from financial vulnerability and maltreatment. The facility assessed the client's vulnerabilities upon admission and developed interventions to address any vulnerabilities. The facility trained the AP regarding client rights, handling of client's property and maltreatment of vulnerable adults.

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.

**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):

**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:

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

(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 checked="" type="checkbox"/> Medication Administration Records | <input type="checkbox"/> Treatment Sheets             |
| <input 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 checked="" type="checkbox"/> Nurses Notes                      | <input type="checkbox"/> Meal Intake Records          |
| <input type="checkbox"/> Activities Reports                           | <input type="checkbox"/> Weight Records               |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records    | <input checked="" type="checkbox"/> Assessments       |
| <input type="checkbox"/> Skin Assessments                             | <input checked="" type="checkbox"/> 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: client service agreements

Number of additional resident(s) reviewed: 1

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: facility self-reported incident

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: 4

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

Tennessee Warning given as required:  Yes  No

Total number of staff interviews: 3

Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

Interview with Alleged Perpetrator(s):  Yes  No  N/A Specify: The AP was offered an opportunity to be interviewed and the AP took no further action.

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:**

- Wound Care  Medication Pass  Meals
- Personal Care  Dignity/Privacy Issues  Restorative Care
- Nursing Services  Safety Issues  Facility Tour
- Infection Control  Cleanliness  Injury
- Use of Equipment  Transfers  Incontinence
- Call Light  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  
Steele County Medical Examiners  
Owatonna City Police Department  
Steele County Attorney  
Owatonna City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  H21085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/29/2012
NAME OF PROVIDER OR SUPPLIER  PARK PLACE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 125 EAST PARK STREET OWATONNA, MN 55060		
(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  A complaint investigation was initiated on November 29, 2012 to investigate complaint #HL21085001. No licensing orders are issued.	0 000		

Minnesota Department of Health

TITLE

(X6) DATE

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

STATE FORM

6899

77XK11

If continuation sheet 1 of 1